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Unfolding Worries

Supporting Children to Recognise and Manage their Anxiety

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Abstract

We have a crisis on our hands and its victims are our children. Childhood anxiety increases the risk of educational underachievement, depression, substance misuse, and suicide in early adulthood. Irish studies show that one in three children are likely to have experienced a mental disorder by the time they are thirteen years old and by twenty-four years old, that number will have risen to one in two. Anxiety disorders are one of the top contributors to the global burden of disease for young people. High levels of anxiety in school-aged children affect both their quality of life and their ability to benefit fully from their school experiences. School is one of the most important places for the promotion of mental health. The classroom teacher is the best placed professional to work sensitively and consistently with children to effect educational outcomes.

My study focused on how I, a Resource Teacher in a large mixed senior school, supported four sixth class children to use vital life skills to recognise and manage anxiety with the involvement of their parents and class teachers.

I was concerned with children not having the skills to recognise and manage 'normal' anxiety which if left untreated could lead to mental health problems. I was driven by my values of empowerment, social justice, equality, hope and positivity to do action research in an effort to address my inadequacies in supporting a growing number of children with anxiety.

My objective was to test my living theory of social justice to empower children to develop self-regulation skills for immediate transformation and potentially lifelong application.

My Intervention entailed six one-hour lessons that aimed to give children with no anxiety diagnosis, anxiety recognition and management skills. My anxiety management strategies included discussion, mindfulness and positive self-talk. My anxiety recognition strategies included reflection, emotional literacy, identifying how our body reacts to different feelings, building on self-confidence, self-esteem and self-awareness.

I deemed a mixed method approach as the most suitable for my action research. My findings showed that hidden anxiety was present in all four Intervention children. The children grew to quickly recognise anxiety in themselves and each other. Once the anxiety was recognised, they applied the strategies learned which were further supported by their parents and class teachers if needed. The discussion highlighted the transformational changes each child experienced in their own unique way.

Parents grew in self-confidence and knowledge using the Intervention strategies resulting in their child being better able to manage their worries. All teachers reported the usefulness of learning the strategies for supporting anxious children.

This study contributed to a life-long transformation of my personal and professional development. Schools are ideal for supporting children's social and emotional development. Based on my learning and critical reflection of my Intervention, I plan to further adapt and integrate these strategies throughout my teaching career to children and advising parents and colleagues who seek advice on them from me.

Acknowledgements

Firstly, I would like to thank my supervisor Deirdre Forde. I initially came to you with frustrations I found within my practice and with ideas that I did not know how to approach or implement. Your invaluable guidance led me to action research. Thank you for your support, expertise and belief in my work.

Next, I would like to thank the staff of Maynooth University Froebel Department of Primary and Early Childhood Education for supporting me with the necessary tools to grow within my chosen research area. I also acknowledge the relationships with my fellow students on the Master of Education course; their guidance acted as both reassurance and encouragement for me throughout.

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To the children, their parents and class teachers involved in my study, I offer my utmost gratitude. Thank you for teaching me what I could never learn in a textbook. There is not enough word count within my thesis to fully express the growth, emotion, good nature or commitment that you all had. As my Intervention evolved, so did I, so did we all.

I would like to express my appreciation to my family, friends, critical friends and work colleagues for your words and acts of support and guidance. To my girls, I thank you for your consistent understanding and encouragement. I was motivated by your pride and belief in me.

Finally, I would like to thank my mother, Bríd. I thank you most for the rays of support, love, and positivity you gave me. To you Mam, I am eternally grateful.

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Acronyms

CAMHS	Child Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CPP	Child-Parent Psychotherapy
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DEIS	Delivering Equality of Opportunity in Schools
DOH	Department of Health
EU	European Union
FCBT	Family Cognitive Behavioural Therapy
GAD	General Anxiety Disorder
HSE	Health Service Executive
MHI	Mental Health Ireland
NEPS	National Educational Psychological Service
NCCA	National Council for Curriculum and Assessment
NPC	National Parents Council
OCD	Obsessive-Compulsive Disorder
OECD	Organisation for Economic Cooperation and Development
PCIT	Parent-Child Interaction Therapy
PST	Positive Self-Talk
RCSI	Royal College of Surgeons in Ireland
SAD	Social Anxiety Disorder
SIP	School Improvement Plan
SPHE	Social Personal and Health Education
SSE	School Self Evaluation
TES	Teacher Education Section
UNICEF	United Nations International Children's Fund
WHO	World Health Organisation

1. Introduction

Although unsettling, anxious feelings are experienced by everybody (Mental Health Ireland, 2015). A moderate amount of anxiety or fear can actually serve as an adaptive function, such as protecting oneself or as motivation when trying to learn new things (Yale Medicine, 2018; Dacey et al., 2016). Anxiety and fear in children are seen as either a normative phase of development, or as a temperament style that increases the child's risk for developing an anxiety disorder in later childhood, adolescence or adulthood (Spence, 2018; MHI, 2015; Cannon et al., 2013; Egger & Angold, 2006).

The origins of anxiety in children are multidimensional including genetics, temperament, parenting, conditioning experiences, and cognitive styles (Spence, 2018; Higa-McMillan et al., 2014). Anxiety disorders are among the most common mental health problems of childhood and adolescence (Spence, 2018) and are one of the top contributors to the global burden of disease for young people (Organisation of Economic and Development, 2015). Ireland has the fourth-highest teen suicide rate in the EU (United Nations Children's Fund, 2017). The Royal College of Surgeons in Ireland (RCSI) reports:

- One in three young people is likely to have experienced a mental disorder by the time they are thirteen years old
- By twenty-four years old that number will have risen to one in two
- Ireland ranks higher than America or the United Kingdom who have done the same study with peers (Cannon et al., 2013).

There is a significant proportion of children who report moderate levels of anxiety but do not meet full diagnostic criteria for any anxiety disorder (Spence, 2018). Often these children do not receive treatment until a number of years after initial onset (OECD, 2015; Kessler et al., 2007). These children still show functioning difficulties at home, school and other environments and are at increased risk for progression to a clinical anxiety disorder and/or

other disorders (Costello et al., 1999 cited in Spence, 2018). Even if treatment is sought, children risk being put on a waiting list. An Irish Barnardos report (2018) showed that nearly 2,700 children were waiting to be seen by Child Adolescent Mental Health Services (CAMHS) with over 400 children waiting longer than a year. It is crucial that those who seek to promote high academic standards and those who seek to promote mental, emotional and social health realise that they are on the same side and that social and emotional education can support academic learning (Weare, 2000).

Schools play a crucial role in the promotion of wellbeing in children through a range of activities and approaches to support their academic, physical, mental, emotional, social and spiritual development (Department of Education and Skills, 2018; Fazel et al., 2014; Johnson, 2014; Herzig, 2012; World Health Organisation, 2001).

The Department of Education and Skills aims to ensure that the experience of children and young people from the early years and throughout their primary and post-primary education will be one that enhances, promotes, values and nurtures their wellbeing (DES, 2018). The vision of the Department will ensure by 2023:

- *"The promotion of wellbeing will be at the core of the ethos of every school*
- *All schools will provide evidence-informed approaches and support, appropriate to need, to promote the wellbeing of all their children*
- *Ireland will be recognised as a leader in this area"* (DES, 2018: 5).

This vision will be achieved through:

i. A whole-school approach
ii. Every school using the School Self-Evaluation (SSE) must show evidence of their holistic wellbeing promotion and development in implementing all elements of the Social, Personal and Health Education (SPHE) curriculum

iii. Adopting the National Educational Psychological Service (NEPS) Continuum of Support and building effective inter-agency relationships

iv. School staff wellbeing inclusive of the whole-school approach

v. Collaboration from all members of the school community, sectors and agencies (Croke Park, 2019; DES, 2018).

Schools will be supported in this process by using the Wellbeing Practice Framework and online Wellbeing Resources and by the Department of Education Support Services (DES, 2018). This is further discussed in the literature review.

The current national policies and circulars on Wellbeing and Mental Health in Ireland are:

- Circular 22/2010 Social, Personal and Health Education (SPHE) Best Practice Guidelines for Primary Schools (2010)
- Wellbeing in Primary Schools: Guidelines for Mental Health Promotion (DES, 2015)
- Wellbeing Policy Statement and Framework for Practice (DES, 2018).

Coincidentally, as I embarked on my action research study in 2018, the new Wellbeing Policy Statement and Framework was introduced in Ireland. My study is an account of how I, as a Resource Teacher in a senior primary school in a disadvantaged area of Dublin, Ireland, have improved my teaching to support children with recognising and managing their anxiety. I have generated a living theory of learning to teach in a manner that promotes and ensures equality, empowerment, positivity, social justice and hope as I believe every child can ultimately benefit from the flexibility of the strategies I used in my Intervention, tailored for different ages and backgrounds. I positively supported four children to gain skills to recognise and manage anxiety and I am confident these children are empowered to use them when/if in need throughout their lifetime.

I have taught in many schools, from the slums of India to all boy/girl schools, DEIS schools, Special schools, Gaelscoils, large mixed schools and smaller four teacher schools. As

diverse as all these schools are, the one common issue was that of children presenting with anxiety and not having the language or skills to recognise and manage it. This was of great concern to me and challenged my teaching as I believe all children deserve the right to a healthy and fulfilling life where they are exposed to a wellbeing culture throughout schooling so that it is part of a life-long process for greater individual and societal health (DES, 2018). I began my transformational process through completing basic courses and workshops run by professionals in mindfulness, yoga, sensory strategies and wellbeing for children and teachers. My objective was to develop my professional practice to empower not only children but also parents and teachers with the knowledge, skills and strategies to empower children to recognise and manage anxiety. As a teacher with additional training, I have taken the first step in a larger and transformational process of my thinking and practice by undertaking an action research study and questioning the literature, theory and research in the field.

Whitehead (2008:104) states that each person has a unique living-educational-theory and argues that, "*a living-theory is an explanation produced by an individual for their educational influence in their own learning, in the learning of others*…". Whitehead (1989) discusses how values are fundamental in the practice of teaching, as education is a value-laden practical activity.

Veugelers and Veddar (2003) discuss how acquiring skills to reflect on values is necessary for keeping a critical distance with regards to values, observing different perspectives, and making judgements on one's own behavior and behaviour of others.

Hope, positivity, fairness, social justice, empowerment and equality link together as my core values. Growing up, I have had second-hand exposure to oppressed people in developing countries through my mother's work which brings hope. I have taught in the slums of Kolkata, India which gave me direct exposure to those who thirst for the same hope. Growing

up in a disadvantaged area, I again have had direct exposure and personal experience to those who are less privileged and who have been seriously affected by mental health problems.

As McNiff (2002) states, action research is a strategy to help you live in a way that you feel is a good way. It helps you live out the things you believe in, and it enables you to give good reasons every step of the way. As self-reflection is central to action research, developing this skill allows me to sustain awareness of my values in my everyday practice. My action research is strengthening me to actively live out my values as I believe that every child should have the skills to recognise and manage their anxiety when applicable.

I was motivated to do this action research as I care about the wellbeing of my students, and fear that if they do not possess crucial life skills, some may become the terrifying and realistic mental health statistics that Ireland faces, which is unacceptable and unjust for any child. I respect the individuality of each child and understood the possibilities of my Intervention needing to be positively refined to address the anxiety needs of my study participants. I hoped that I used my expertise wisely for the formation of my intervention to enable the children to apply the anxiety recognition and management techniques learned throughout their lifetime.

My study focused on piloting an anxiety recognition and management Intervention in an Irish school setting with four sixth class children (with no anxiety disorder diagnosis), as that was the year group I was assigned to and the capacity my Resource room could hold. Their parents and class teachers were also involved.

The action research questions that I explored during the six-lesson intervention were:

1. How did sixth class children describe their feelings and behaviours about anxiety before engaging in anxiety recognition and management strategies?
2. How did sixth class children engage with and respond to anxiety recognition and management strategies during the intervention lessons?

3. How did sixth class children, who completed a six-lesson intervention on anxiety recognition and management strategies, assess their experience and describe how they have used and will use them in the future?
4. How did parents of the children assess their children's experience of the six-lesson intervention?
5. How did class teachers of the children assess their experience of the six-lesson intervention?

The chapters of my thesis include the literature review on the action research topic, methodology applied, my study findings, followed by a discussion and conclusion of the study.

2. Literature Review

2.1 *Action Research*

"*Reflecting on and learning from our practice is perhaps the most natural and innate process in the business of being human"* (McAteer, 2013: 7). It's an instinctive and unintentional need to develop by reflecting on our past processes and watching others in order to refine and essentially improve from the last attempt in order to develop the skill of walking, talking or whatever the end goal may be. This process comes quite naturally to the child and as the child generally looks through an egocentric lens it could be said that the developing child has an instinctive understanding of the nature of action research (McAteer, 2013).

According to McAteer (2013), action research for many teachers has been presented to them through the academic processes of their initial and continuing education, which can be quite a philosophical challenge. McAteer (2013) argues that somewhere between infancy and adulthood, our naive understanding of the world changes through the processes and procedures of a more formal learning environment. As the educational curriculum becomes more routinised, we begin to look to those rituals and routines as sources of learning that are practiced and are dependent on the cultural context of an individual, their distinctive work and the social boundaries they may have (McAteer, 2013).

For the purpose of my study, applying action research required me to delve back into my developmental, egocentric child self to essentially make this process 'all about me'. According to McNiff (2002), action research is a practical way of looking at my own work and reflecting on whether or not that work is how I would like it to be. Action research can also be referred to as practitioner-based research as it entails;

i. Beginning with an idea
ii. Trying it out
iii. Continuously checking whether it is in line with the intended goal
iv. Refining it when appropriate (McNiff, 2002).

McNiff (2002) supports the idea of self-reflection being central to the action research method. As Dewy states (1933: 78), *"we do not learn from experience ... we learn from reflecting on experience*".

2.1.1 *Reflection*

Dewey (1933, cited in Pollard, 2002) discusses how reflection can happen when one is willing to endure suspense and to undergo the trouble of searching. This act can essentially be lost in the busy life of an adult, where a more pragmatic response is welcomed when learning how to do something rather than exploring the nature of that something (McAteer, 2013).

Reflection helps us make sense of events, develop leadership capacity, improve responses through emotional intelligence, develop mindfulness to engage in activities and develop resources for managing life which improves quality learning for our students (Sherwood and Horten-Deutsch, 2012). By introducing alternatives through reflective analysis, children can begin to visualize and reconstruct their views of how to act in a situation. Teachers not only help children question their assumptions but also help lead them to develop new approaches. We can then see the duality of learning that happens in the reflective dialogue between children and teachers, which requires an open approach to themselves as mindful teachers (Sherwood and Horten-Deutsch, 2012).

2.2 ***Wellbeing***

Wellbeing is comprised of many interrelated aspects including being active, responsible, connected, resilient, appreciated, respected and aware (DES & NCCA, 2017). The following definition of wellbeing aims to take account of its multi-dimensional nature:

"Wellbeing is present when a person realises their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing and has a sense of purpose, connection and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life" (WHO, 2001).

Dodge et al. (2012) say wellbeing is basically our ability to manage challenges that we face every day. The capacity that we have to balance these challenges is what generates our level of wellbeing. They defined stable wellbeing occurring *"when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa"* (Dodge et al., 2012: 230).

Figure 1. Wellbeing Definition (Dodge et al., 2012: 230).

Wellbeing is experienced at a personal level but is associated with and connected to a broad range of risk and protective factors that exist at the individual, relational, community, cultural and societal levels (DES, 2018). Having good emotional wellbeing helps people to deal with the challenges of transitioning from childhood to adolescence and adulthood (Choi, 2018 cited in Spence).

2.3 *Anxiety*

According to Dacey et al. (2016: 5), "*anxiety is a general frightened response to a source that is not readily identifiable"*. It is an "*ongoing sense of worry without a specific cause"* (MHI, 2015). Anxiety is an emotion characterized by:

- ✓ Feelings of tension
- ✓ Worried thoughts (the focus of my study)
- ✓ Pains in areas such as the stomach or head
- ✓ Physical changes like increased blood pressure and shortness of breath (American Psychiatric Association, 2019).

Anxiety is a natural reaction and a necessary warning response experienced by all (MHI, 2015). It can become a serious disorder when it is excessive and uncontrollable when there does not seem to be any reason for it, and when it begins to present itself through a variety of physical and affective symptoms, as well as slight to severe changes in cognitive abilities and behaviour (APA, 2019). It is normal to experience anxiety in everyday situations. However, persistent and excessive anxiety can cause more serious mental health problems (MHI, 2015).

2.3.1 *Fear*

Fear is a response to an urgent danger that is focused on a "*specific object, individual, or circumstance"* (Dacey et al., 2016: 5). While fear arises when a threat is certain and/or detected, anxiety may manifest without the presence of actual danger or when a threat is imminent and close by (Muris, 2007). Our bodies prepare for immediate flight or fight response to an action which results in increased heart rate, respiration and muscle tension. LeDoux (1996), argues that fear is a universal and innate response. Fear may be evolutionarily adaptive and possess survival value (Ollendick & Horsch, 2007).

2.3.2 *Worry*

Muris (2007) says worry usually refers to the negative thinking of something bad that might happen in the future and has adaptive features as it prepares for unexpected aversive events. Worry is a default option, a cognitive avoidance response to perceived threat prompted because of no availability of knowledge to deal with that threat (Borkevec et al., 2004). Cognitive development can lead to enhanced worry elaboration which, in turn, increases the possibility of a personal worry to emerge (Muris, 2007).

2.4 *Contributing Factors to Anxiety*

Anxiety does not have an age requirement. Rockhill estimates that 9% to 10% of preschool children have an anxiety disorder (Rockhill et al., 2010). Trauma and stress can trigger the onset of anxiety in children during the first year of life, indeed Kluger (2011) shows that 10% of children from birth to 3 years old struggle with anxiety.

Several factors can contribute to anxiety in children such as genetics, gender, cultural differences, the home and school environment, age, social stereotyping, parents own mental health issues, lower educational attainment, the level of agreement between different informants for fear of stigma, childhood sexual abuse, upbringing traumas and depending on how resilience is when coping with such situations (DES, 2018; Spence, 2018; Fjermestad et al., 2017; MHI, 2015; Blanco et al., 2014; Headley & Campbell, 2011). Furthermore, students with learning disabilities or special needs often face more anxiety than general education students (Nelson & Harwood, 2011).

Bullying that affects children can persist into adulthood increasing the prevalence of anxiety, depression, and self-harm for both the perpetrator and the victim (Wolke, 2013., Meltzer et al., 2011). Bullying behaviour consists of intentionality, repetitiveness, power imbalance and causing negative effects (Smith, 2014). It can be subdivided into specific behaviours including physical (e.g., kicking), verbal (e.g., saying hurtful things), relational (e.g., gossiping), and cyberbullying (e.g., posting negative comments about a person online)

(Foody et al., 2017). The only nationwide study conducted by the Anti-Bullying Centre in Trinity College, Dublin between 1993-1997, reported that one-third of Irish primary school children were bullied in the previous school term (O'Moore et al., 1997). Bullying in school or by peers is sadly still too common but the pervasive nature of social media means that bullying can continue beyond the school gates, and can even take place anonymously (OECD, 2018).

Cyberbullying incorporates similar elements to traditional bullying such as intentionality, power imbalance, and negative effects (Samara et al., 2017. Cyberbullying is defined as "*an aggressive, intentional act carried out by a group or individual, using mobile phones or the internet, repeatedly and overtime against a victim who cannot easily defend him or herself*" (Smith et al., 2008: 376).

The proliferation of digital technology has fuelled concerns among both adults and young people that the use of these technologies and social media are exacerbating feelings of anxiety and depression, disturbing sleep patterns and are leading to cyber-bullying (OECD, 2018). Awareness of the potentially harmful impact of promoting particular body images in the media is increasing as it can cause body image concerns for an individual as they look at unrealistic, filtered, airbrushed and selecting images of other's (OECD, 2018; Xie et al., 2010).

Although small amounts of internet usage can be positive, excessive use of digital technologies and social media is associated with mental illness (McCrae et al., 2017). Internet addiction includes symptoms of high anxiety when not using a smartphone, or reliance on the virtual world which causes disturbances to normal daily life (Korean Internet & Security Agency and Ministry of Science and ICT, 2017).

It is now clear that associations do exist between internet use and mental wellbeing in children (OECD, 2018). For the first time, the WHO (2019) gave recommendations on how much screen time children under five years should have:

- One-year-olds, sedentary screen time (such as watching TV or videos, playing computer games) is not recommended
- Two to four-year-olds, sedentary screen time should be no more than one hour, with less being better.

Although no guidelines have yet been made by the WHO for children over the age of five years, they have found that extreme internet users (more than 6 hours per day) reported that they were most likely to have lower life satisfaction and wellbeing whilst moderate internet users (one to two hours per day) had the highest life satisfaction. The OECD's PISA Survey had similar findings (OECD, 2017; WHO, 2016).

Parental anxiety, parental control, and parental rejection can all be associated with symptoms of anxiety in children (McLeod et al., 2007). Parental anxiety has risen throughout the 21st century leading parents to "*limit children's opportunities to explore the world as they grow to adulthood*" (Stearns, 2009: 290). Affrunti and Ginsburg (2012) describe parental overcontrol as an excessive amount of involvement in a child's activities, daily routines, or emotional experiences with the encouragement of dependence on the parents. Overcontrolling behaviours by parents restrict a child's access to grow and learn in their own environment reducing their ability to cope on his/her own which leads to an increased level of anxiety in the child (Affrunti & Ginsburg, 2012). Granting a child autonomy encourages their independence, thereby allowing a child to gain a sense of mastery of their environment and reducing his/her levels of anxiety (Wood et al., 2003).

2.5 *The Types of Anxiety Experienced by Children*

Anxiety disorders in children may present in a variety of forms, such as separation anxiety, social anxiety, generalized anxiety, obsessive-compulsive disorder and specific phobias (Spence, 2018; Cannon et al., 2013). A diagnosis of an anxiety disorder requires persistence of symptoms over a specified period, evidence that the anxiety is out of proportion with reality and causes clinically significant distress to functioning in areas of life (Spence, 2018). It is common to see children diagnosed with more than one type of anxiety, with as many as 70-80% receiving multiple diagnoses (Yale Medicine, 2018; Spence, 2018; Dacey et al., 2016).

2.5.1 *Social Anxiety*

Social Anxiety Disorder (SAD) is also known as agoraphobia or social phobia (Weeks, 2014). A child who presents with this type of anxiety disorder will be reluctant to partake in most social interactions (Dadds & Barrett, 2001). The child will avoid social settings that act as a catalyst for the child's anxiety, due to the belief that they will be uncomfortable around others, will embarrass themselves or will struggle to communicate (Dadds & Barrett, 2001). With this belief, the child becomes anxious about the negative evaluation from others (McLoone et al., 2006). Generally, socially anxious children are reluctant to make friends and can often have a restricted friendship group (McLoone et al., 2006).

2.5.2 *Separation Anxiety*

Children that present with separation anxiety often display high levels of distress when "*separated or threatened with separation from a major attachment figure, most commonly the child's parents"* (McLoone, 2006: 222). For children, a certain level of separation anxiety is a normal part of childhood progression, however, if the anxiety presents at high levels of persistent distress with respect to their developmental stage, a diagnosis can be explored (Spence, 2018). According to (Ginsburg et al., 1998; Verduin & Kendall, 2008), it is children with separation anxiety that are more likely to struggle with peer liking, negative interactions with friends and acceptance.

2.5.3 *Generalized Anxiety Disorder*

General Anxiety Disorder (GAD) is often identified as uncontrollable, persistent levels of anxiety to several different things that arise in everyday life situations where regulating emotions is extremely troublesome for these children, to the extent where it limits their everyday life (Dacey et al., 2016). Children with GAD can often have somatic symptoms that relate to the body going into a state of panic where symptoms include feelings of illness, dizziness, breathing difficulties, shaking, sweating, difficulties concentrating and sleep disturbances (MHI, 2015; Yale Medicine, 2018; McLoone, 2006).

2.5.4 *Obsessive-Compulsive Disorder*

Obsessive-Compulsive Disorder (OCD) is characterised by "*unwanted, intrusive, or repetitive feelings that make the individual feel driven to do something to get rid of the obsessive thoughts"* (MHI, 2015: 5). Children with OCD are troubled by persistent and recurring thoughts, known as obsessions, that "*consume their attention for more than one hour a day and generally involve exaggerated anxiety or fears"* (Dacey et al., 2016: 38). Children with OCD try to alleviate their anxiety by performing compulsive rituals like counting or washing their hands thus creating disruption to the child's day to day life (Dacey et al., 2016). Usually, the problem lies in how often the child feels the need to perform the repetitive act rather than the act itself (Dacey et al., 2016).

2.5.5 *Specific Phobia*

Specific phobias are characterised by a "*distinct and extreme fear associated with a single stimulus or situation, occurring invariably upon its presentation"* (McLoone, 2006: 223). Children develop avoidant behaviour to a singular stimulus such as objects, the natural environment or events (Spence, 1998). The reaction to the stimulus can cause children to experience somatic symptoms such as headaches, breathing difficulties and sweating, like that of GAD (Yale Medicine, 2018; McLoone, 2006). This type of anxiety can easily go unnoticed in the school setting as a specific catalyst is required for the anxiety to present.

2.6 *Negative Outcomes for Children Who Experience Anxiety*

There is evidence that a significant proportion of childhood anxiety disorders take a chronic course and, although they may change form, can last into adulthood (Spence, 2018; MHI, 2018; Samara et al., 2017; Wolke, 2013). An Irish study found 22.6% of 11-13 years old children met a lifetime diagnosis for anxiety (Cannon et al., 2013). High levels of anxiety in school-aged children affect both their quality of life and their ability to benefit fully from their school experiences (Spence, 2018; Tramonte & Willms, 2010). Anxious children expect more negative emotion, adopt more maladaptive action plans, overestimate danger and underestimate their ability to cope and make threatening judgements of ambiguous scenarios based on limited information (Waters et al., 2008; Chorpita et al., 2005).

Childhood anxiety increases the risk of anxiety, depression, substance misuse, educational underachievement and suicide in early adulthood (Stallard et al., 2014; Cannon et al., 2013). Chronic or long-lasting anxiety can affect concentration, have a damaging effect on relationships or even stop people leaving the house (Spence, 2018; MHI, 2015).

The associated health-related burden, economic and societal costs are considerable, and the need to improve the mental health of children is being increasingly recognised as a priority at the global level (Kyu, 2016 cited in Spence 2018; Snell et al., 2013; Kieling et al., 2011)). Nobel prize winner Laureate Heckman (2000, cited in Anticich, 2012:158) believes that "*from an economic perspective, attending to the social and emotional needs of young children is the best investment we can make"*.

2.7 *Strategies to Prevent, Recognise and Manage Anxiety for Children*

Coping is the different responses a person uses to get through a stressful situation (Ader & Erkin, 2010). It is crucial to be able to recognise the different forms of anxiety in children and how they are affected, as well as supporting them to adopt positive coping strategies (MHI, 2015).

2.7.1 *Cognitive Behaviour Therapy*

Most anxiety prevention programmes utilise CBT, focusing on emotional and cognitive awareness, positive self-talk, attentional training, relaxation, problem-solving, behavioural experiments and cognitive restructuring (Stallard, 2010). Children who were exposed to such anxiety prevention programmes are less likely to develop anxiety problems due to the deployment of adaptive coping strategies (Barrett & Turner, 2001).

Universal interventions such as CBT, are a type of therapy that works by helping you to understand that your thoughts and actions can affect the way you feel (MHI, 2015). Silverman et al. (2008) found that a variety of CBT treatment modalities can lead to positive treatment outcome for children with anxiety disorders.

In Higa-McMillan et al. (2014) reviews of studies on the treatment of child anxiety between 1967 and mid-2013, there is substantial support for CBT as an effective and appropriate first-line treatment for children with anxiety disorders. However, it does not tell us what the active or key ingredients are in CBT programmes, nor the best sequence for combining these common elements. Preliminary research suggests that providing exposure-based practices (involves starting with the cause of anxiety that the child is able to tolerate and dealing with it until anxiety reduces) earlier in treatment, results in shorter treatment duration (Gryczkowski et al., 2013). Universal programmes are also perceived as less stigmatising (Fisak et al., 2011) and can reach all children regardless of anxiety symptoms (Masia-Warner et al., 2006).

The CBT programme, FRIENDS for Life, was developed in Australia in 2000 and is delivered over ten weeks (Stallard, 2014; Stallard, 2010). This teaches children various ways to handle difficult situations, and it encourages them to consider their bodies as their friends, to be their own friend, make friends, and talk to their friends (Barrett & Turner, 2001). It is the only evidence-based programme endorsed by the WHO for the prevention and treatment of anxiety and depression in children and has had variable success as a universal

intervention. Stallard et al. (2014) and Merry et al. (2012) suggest that children identified as at low risk of mental health problems might benefit more from these interventions than would those at higher risk.

Parental factors influence the development and maintenance of preventing and responding to anxiety in their children. A growing number of child-parent interventions have been developed. They support the integration of parents in child therapy to apply skills from the clinician's office to the home environment and for both the children and the parents to learn and practice better methods to cope with issues of anxiety that may be pervasive within the household (Bögels & Siqueland, 2006). Some of the most common child-parent interventions include family cognitive behavioural therapy (FCBT), parent-child interaction therapy (PCIT), child-parent psychotherapy (CPP), and theraplay (Brendel, 2014).

2.7.2 *Mindfulness*

Mindfulness is a variation of CBT. The interest in secular mindfulness strategies including meditation, yoga, and other techniques as methods to support wellness in children is growing (Greenberg, 2012). Mindfulness is being aware of your physical and mental states and is similar to keeping an on-going mental log of a person's mental and physical activities (Zelazo & Lyons, 2012). Siegel (2007) states that mindfulness sharpens our focus on the present, we engage with ourselves and with others, making a more authentic connection, with more reflection and consideration. Weare (2013) believes mindfulness-based activities which are concrete, light-hearted and focused on fun work best with children. Mindfulness has numerous benefits, including:

i. Effectiveness of stress responses
ii. Improvements in attention behaviour and emotion regulation
iii. Social-emotional proficiency
iv. Decreased anxiety (Parker et al., 2014).

Practicing mindfulness can begin with simply using and paying attention to all five senses- what you see, hear, feel, smell, and taste (Buchanan, 2017). "*We experience life through the senses and movements, through which we have sensory and kinaesthetic feedback*" (Bruce, 2012: 7). These experiences can be transformative and developmental for the child (Bruce, 2012). Children who are engaged in mindfulness activities such as yoga and meditation showed improvements in wellbeing and classroom learning because children are calmer and find it easier to pay attention and complete tasks (Eggleston, 2015). Yoga is a relaxation technique while meditation is training the mind to be calm and peaceful and with practice people can get quite good at it (Siegel, 2007; Buchanan, 2017).

2.7.3 *Positive Self-Talk*

Psychologists believe that our self-concept is influenced by the continuous process of internal dialogue (Qualter et al., 2015). The ability to manufacture and adapt our internal and external perceptions of reality is referred to as the practice of self-awareness, which is typically negotiated by the use of self-talk (Houghton & Neck, 2002). Self-talk can be referred to one's external or internal dialogue, with the attempt to develop self-awareness, understanding, motivation or direction (Brinthaupt & Dove, 2012; Jemmer, 2009). In Buddha's teachings, self-talk has been viewed as a method of controlled thinking where we as humans are shaped by our thoughts (Bhikku, 1997). Contemporary psychology has integrated Tibetan teachings of 'Bon', where positive thinking is practiced as a part of life and thoughts are seen as energy that can transcend into positive thinking which in turn is responsible for positive emotions and actions that follow (Hansard, 2004; Shonin et al., 2014). Kley et al. (2012) discuss how negative self-talk has been associated with anxiety in both adults and children where conversations consist of future worries or threats. In contrast, high levels of positive self-talk have been associated with motivational use for improving achievement and giving meaning to life (Hidayat & Budiman, 2014; Boyraz & Lightsy, 2012).

2.8 *School-Based Strategies to Recognise and Manage Anxiety*

2.8.1 *Value of School*

School is one of the most important places for the promotion of mental health (DES, 2018; Weare & Gray, 2003; WHO, 2001). Symptoms of anxiety are present in children's earliest years of development and the effects can be observed in the educational environment (Buss, 2011; Campbell & Headley, 2011; Loades & Mastroyannopoulou, 2010; Miller, 2008). Herzig et al. (2012) suggest that schools are optimal for strategic support of anxiety disorders, as there are various opportunities to help students confront the many anxiety-provoking situations present at school, and peers and teachers may be enlisted to assist. For example, children that present with social anxiety may be helped to face anxious feelings associated with reading aloud, presenting, performance in sports or drama, and approaching unfamiliar peers and authority figures.

The principles of school mental health have been encouraged since Plato's *Republic* when he promoted the importance of the school setting to children's social development (Fazel et al., 2014). Fazel et al. (2014) maintain that schools play an important role in children's development from peer relations, social interactions, academic achievements, cognitive development, emotional regulation, behavioural outcomes and physical and moral progression.

2.8.2 *Circle Time*

The Mosley Model of Circle Time is a widely used method in classrooms by primary teachers in Ireland (Collins, 2013). Depending on how it is delivered, Circle Time can potentially enable children to:

- Build friendships, create trust and eliminate put downs
- Promote personal and collective responsibility
- Encourage self-discipline and promote better behaviour
- Develop personal integrity
- Develop empathy
- Teach assertiveness skills
- Create a sense of belonging
- Promote understanding and solve problems
- Improve listening skills
- Gives equality of voice
- Create a positive atmosphere (Collins, 2013; Mosley, 1993).

The main aim promoted in the Mosley Model is self-esteem while Collins (2013) believes promoting self-esteem should be a guiding principle and promoting empowerment should take the main focus. In an Irish study of Circle Time in primary schools, Collins (2013) found that teachers managing feelings in Circle Time were mostly relating to classroom management/yard issues. Collins (2013) stresses how the equality of children's voice needs to be broadened to include voice and participation for agency allowing Circle Time to become a safe environment for children to use their voice not only in relation to social, personal, class or yard issues but also in terms of rights, democratic and citizenship issues. With this view in mind, a new Irish model of Circle Time could be developed that is based on an empowering vision and use of children's voice, which could facilitate children to take their place more assertively as citizens in twenty-first-century Ireland (Collins, 2013).

2.8.3 *Screening*

Due to a variety of factors, the early signs and symptoms of anxiety are frequently unidentified or misidentified by teachers (OECD, 2018; Jovanovic, 2013). This lack of early identification leads to missed opportunities for prevention and early intervention from the start of the child's career in the educational system (Spence, 2018). Identifying and supporting children who may be at risk is key to successful mental health promotion (DES, 2018). Various informants such as the child, parent, or teacher may differ on the presence and severity of anxiety problems being experienced by the child (Becker et al., 2016; Hamblin et al., 2016; Weems et al., 2011, cited in Spence, 2018). Spence (2018) states how assessment of anxiety in children should ideally include a multi-informant, multi-method approach, with measures tailored to the age of the child, and the purpose of the evaluation. Screening poses the risk of over-identification of children (false positives) and failure to recognise a condition (false negatives) (Gould et al.,2003; Goodman et al., 2000). Provided these risks are managed, and if screening is done with standardised methods and by well-trained staff, with the informed consent of children and caregivers and within the context of available service capacity for those who screen positive, this technique can provide a useful mechanism for schools to identify and support students with mental health disorders (Goodman et al., 2000; Weist et al., 2007).

2.8.4 *Universal Approach*

Universal promotion of mental health programmes often focuses on social and emotional skills, positive behaviours, social inclusion, effective problem solving, and good citizenry (Wells et al., 2003; Sklad et al., 2012; Schachter et al., 2008). A meta-analysis carried out by Payton et al. (2008), found that there were academic benefits of mental health promotion in schools as schools with social-emotional learning programmes had an average increase of 11–17 percentile points on standardised tests compared with scores from non-intervention schools (Durlak et al., 2011). In whole-school and classroom-based interventions, universal

promotion programmes are often delivered by the school's own staff (Severson et al., 2002), and are done in both primary and secondary schools (Cheyne et al., 2014).

Universal approaches in schools have been applied for a broad range of problems, including anxiety disorders (Johnson et al., 2014). Stallard (2014) argues that universal approaches have appeal because they are the least intrusive, potentially incur the lowest cost, and therefore have the greatest chance of adoption in the school setting. The aim of a universal approach is to promote student wellbeing, prevent the development or worsening of mental health problems, and improve the effectiveness of education (Lean & Colucci, 2013). Johnson et al. (2014) caution that universal approaches can be difficult to implement as they need a concerted effort by administrative leadership and all school staff. However, research advocates for the inclusion of both universal and targeted approaches in schools as both can effectively prevent and address anxiety for many children (Werner-Seidler et al., 2017).

In a systematic review of CBT-based interventions, Neil et al. (2009) assessed 12 randomised controlled trials using relaxation, communication skills, cognitive-based therapy and found that the universal programmes had the largest effect when compared with selective and indicated programmes. Children who have completed FRIENDS in a school-based setting showed both reductions in anxious symptomology, behavioural difficulties, and behavioural inhibition, as well as increases in protective factors such as social and emotional competence (Anticich et al., 2013).

Teaching self-regulation, in early childhood is important to reduce the development of school-related anxiety at an early age (Zelazo & Lyons, 2012). Costello and Lawlor (2014) affirm that school-based mindfulness programmes could be implemented as a subset of SPHE, as the development of pupils' social and emotional skills is the subject's chief aim. These skills include "*self-awareness, the ability to manage emotions, optimism, persistence, and resilience, all of which are outcomes of mindfulness*" and part of a cognitive behaviour therapy approach for anxiety (Costello & Lawlor, 2014: 35).

Figure 2 below shows a three levelled flexible framework where schools can address educational and wellbeing needs of students (DES, 2018):

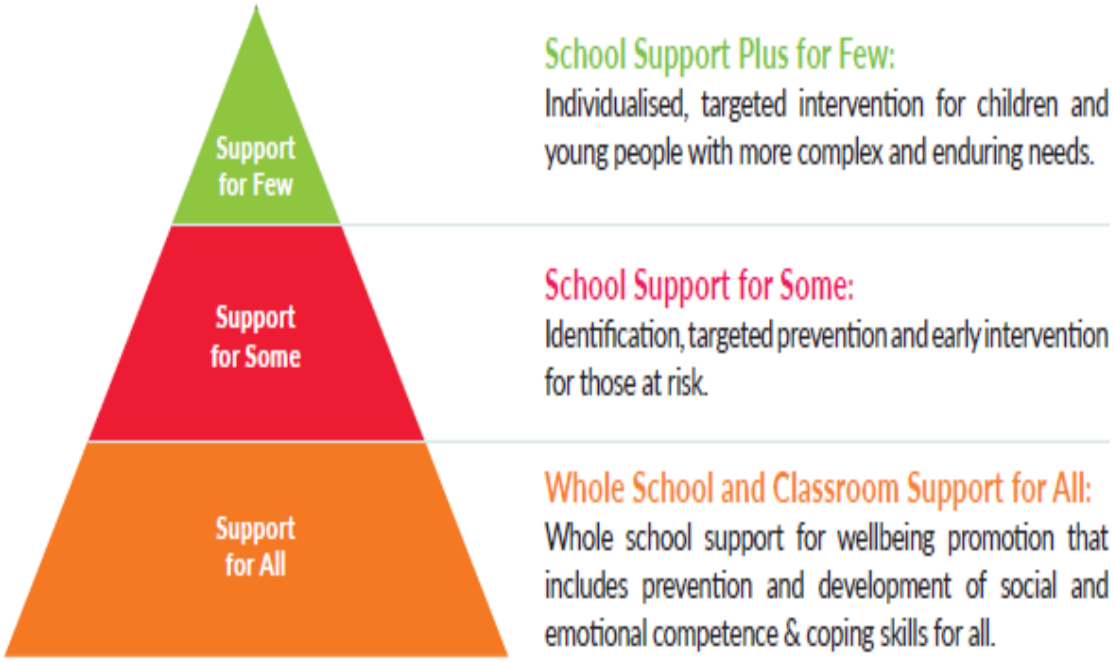


Figure 2. Three Level Flexible Wellbeing Framework (DES, 2018:14).

2.9 *Support Within Schools to Children with Anxiety*

Schools in Ireland must include wellbeing promotion as a focus for their School Self-Evaluation (SSE) which involves the tracking of development, implementation and review of wellbeing promotion in their schools (DES, 2018). The Department of Education considers that the following four areas of wellbeing promotion are key:

- Culture and environment
- Curriculum (teaching and learning)
- Policy and planning
- Relationships and partnerships (DES, 2018).

Figure 3. Whole School Approach (DES 2018:18).

It is recognised that the relationship teachers develop with the child is a key influence on wellbeing development as access to 'one good adult' who can guide and support a child at a vulnerable time is an identified protective factor (DES, 2018). Teachers also need support to increase their knowledge and strategies they employ to deal with problems, stress, exhaustion, and frustration (Wagner, 2012). The DES Wellbeing Steering Committee has the responsibility to ensure the Wellbeing policy is implemented, coordinated and reviewed (DES, 2018). The committee consists of representatives from the Curriculum and Assessment Policy (CAP) Unit, Teacher Education Section (TES), the Inspectorate and the National Educational Psychological Service (NEPS). The implementation of the Policy will be supported by a Wellbeing Advisory Group. A Wellbeing Implementation Working Group

will lead this work and provide regular progress reports to the Steering Committee and to the Minister (DES, 2018).

Responsibility also falls on Department agencies, state-funded bodies and other stakeholders such as the Department of Health (DOH) and the Department of Children and Youth Affairs (DCYA), to ensure the policy is implemented across the educational system (DES, 2018). It was highlighted at the recent Wellbeing for Teachers and Learners Conference (Croke Park, 2019), hosted by the Teaching Council of Ireland, where all stakeholders in Education were represented, that wellbeing in schools is a collaborative effort and is the responsibility of all in the school community.

The role of the teacher is paramount to children's wellbeing (OECD, 2017), and reaches beyond teaching and learning. Teachers can effectively identify mental health problems in students, making them good gatekeepers and referral sources for mental health care (Severson, 2002). Although teacher-implemented mental health promotion and prevention activities have a substantial effect on the psychosocial and academic performance of students, some models have been less effective than health-led interventions (Kellam, 2011; Stallard, 2014). However, because of the demands placed on teachers to support the academic success of their students, the introduction of an additional role of supporting student mental health is less feasible unless teachers are given sufficient training and time to do these responsibilities (Shepherd, 2013). Family plays a major role in supporting the child with anxiety. According to a survey carried out in Ireland, mental health and wellbeing training for parents was the most sought-after training followed by internet safety (NPC, 2017).) The aim of the programme was to inform Parents' Associations on their role as part of the whole school community and to give parents an understanding of the importance of parental involvement and responsibility when supporting their children in the home and school. The National Parents Council describes how the Training and Development Programme "*supports parents to work in positive partnership with the school, and it seeks*

to empower parents in their role as the primary educators of their children' regarding all aspects of their development" (NPC Annual Report, 2017:8). Early educators such as Friedrich Froebel further support this idea, as he perceived the family as central to a child's educative life and learning and furthermore acknowledges "*the life of the family as a part of the life of the community"* (Froebel, 1902:166, cited in Bruce, 2019: 28).

3. Methodology

3.1 *Introduction*

This chapter describes the research approach, the research questions and instrumentation I took to understand how children in a sixth class with no anxiety diagnosis recognised, experienced and responded to anxiety prior to, during, and after engaging in anxiety recognition and management strategies over six weekly lessons. My study set out to help children with their current anxieties so they could successfully manage them and hopefully continue to use the strategies in the long term when in need.

For the purpose of my study "*anxiety is typified by tension, apprehension and worry"* experienced by the child (Muris, 2007: 2).

3.2 *Research Approach*

The key study questions that I explored during the six-lesson intervention were:

1. How did sixth class children describe their feelings and behaviours about anxiety before engaging in anxiety recognition and management strategies?
2. How did sixth class children engage with and respond to anxiety recognition and management strategies during the intervention lessons?
3. How did sixth class children, who completed a six-lesson intervention on anxiety recognition and management strategies, assess their experience and describe how they have used and will use them in the future?
4. How do parents of the children assess their children's experience of the six-lesson intervention?
5. How did class teachers of the children assess their experience of the six-lesson intervention?

The purpose of my study was to understand how children in sixth class recognised, experienced and responded to anxiety prior to, during, and after receiving instruction in anxiety recognition and management strategies regardless of their anxiety status. I deemed

a mixed method approach as the most suitable approach to answer my key study questions. I used surveys, questionnaires, journaling, note taking and interviews in mixed forms of structured and semi-structured open-ended questions which looked for depth and meaning to gain quantitative and qualitative data that was valid and reliable (Cohen et al., 2018).

3.2.1 *Mixed Research*

Mixed research involves the mixing of both quantitative and qualitative research ideas, approaches and techniques in a single research study (Johnson et al., 2017). The mixture of research paradigms was important to my research as I attempted to solve diverse and complex problems that I was faced within my professional practice**.** Quantitative data helped in providing background to the cause and effect of anxiety whilst the qualitative data showed what the children experienced and how they responded to the Intervention (Babbie, 2014).

3.2.2 *Qualitative Research*

Qualitative research allowed me collect meaningful data that provided a rich description of the study participants beliefs, thoughts, and perceptions (Forster & Eperjesi, 2017) and to view human behaviour as being fluid, dynamic and changing in the construction of their different realities and perspectives and how they acted in response to it (Johnson et al., 2017). This allowed me to understand the study participants in their natural environment. I was able to comprehend the experiences of the children and how it related to their context (Denzin & Lincoln, 2005). Qualitative data was collected through semi-structured interviews and note taking. The qualitative approach also helped me to understand how the study participants interpreted themselves, their experiences, and the world in which they lived (Mertens, 2005). Themes and patterns emerged during and after the data collection (Newton & Rudestam, 2001).

3.2.3 *Quantitative Research*

Quantitative data was used in my study to quantify phenomena using numbers (Forster & Eperjesi, 2017) allowing me to identify cause and effect that enabled me to make probabilistic (causes that usually produce an outcome) predictions and generalisations

(Johnson et al., 2017). Quantitative data was collected in the form of surveys, questionnaires and journals.

3.2.4 *Research Paradigms*

Research paradigms is an approach to thinking about and doing research and therefore, producing knowledge (Johnson et al., 2017). A mixture of paradigms; constructivism, pragmatism and transformative are three major paradigms that guided my action research methodology. Questions about the ontology (the nature of reality), epistemology (the nature of the knowledge and the relationships between the knower and would-be known) and methodology (how the knower can go about obtaining the desired knowledge and understanding) helped define my research paradigms (Denzin & Lincoln, 2005). Cohen et al. (2018) emphasise that research does not need to be paradigm driven as there are possibilities of different kinds of design being present within the overall study and that the logic of each design type can be integrated into the overall logic of the entire study.

3.2.4.1 *Constructivism*

The constructivism paradigm understands the multiple constructions of meaning and knowledge, going beyond the directly observable to the interpretation of internal states (Robson, 2002). According to Cohen et al. (2018), the constructivist paradigm understands that an objective of research is to recognise a phenomenon as it is individually or socially interpreted by the participants themselves. As multiple perspectives are necessary for better understanding and meaning of knowledge, I collected several perspectives from a range of different people in the form of qualitative data. The assumption of multiple realities enhanced the natural flow of human behaviour which promoted a natural and holistic approach to my research (Cohen et al., 2018).

3.2.4.2 *Pragmatism*

Pragmatism is rooted in both quantitative and qualitative research (Cohen et al., 2018). The research paradigm focuses on framing and answering the research question, which is varied in its designs, methods of data collection, driven by fitness for purpose and employing

quantitative and qualitative data collection as relevant (Cohen et al., 2018). My research design was planned and conducted based on what best helped me to answer the research questions and the result is pragmatic knowledge (Johnson et al., 2017).

3.2.4.3 *Transformative*

My research took a transformative approach in the sense that it deliberately sought to improve the life situation of the participants involved (Cohen et al., 2018). Supporting children, as well as their parents and class teachers to recognise and manage their anxiety allowed me to collaborate with them in a world characterized by a political, negotiated view of reality which gave the study participants a personal role of being their own power agent which focused on issues such as empowerment, social justice, marginalisation, voice and action (Cohen et al., 2018).

3.3 *Ethical Considerations*

3.3.1 *Ethics Approval*

Ethics approval was sought and obtained from the Research and Ethics Committee of the Froebel Department, Maynooth University (Appendix 1). The Head of the Froebel Department provided approval for me to approach my school for participation, and my school Principal affirmed that approval.

3.3.2 *Study Participants*

My school is a large mixed multi-denominational senior primary school with four hundred and forty-eight pupils and twenty-five teaching staff. It is situated in a disadvantaged area of Dublin. As a sixth class Resource Teacher, my room had the capacity for four children to complete Intervention lessons. Based on this, four sixth class children that I taught on a regular basis were invited to take part in the study. None of the children had an anxiety disorder diagnosis.

3.3.3 *Informed Consent and Assent*

I discussed the planned research with my Principal and wrote a letter to the Board of Management (Appendix 3), which informed them of my research to be undertaken in the school. I gave the prospective participants (children, their parents and class teachers) a broad outline of the Intervention lessons and an information sheet that included the study purpose, it's duration, possible benefits and data confidentiality (Johnson et al., 2017) at individual meetings (Appendix 4). Sharing the descriptions of the features of the study ensured their willingness to participate (Johnson et al., 2017; Forster & Eperjesi, 2017).

The children, their parents and class teachers were invited to meet with me separately where they were formally invited to partake in the Intervention and were asked to sign Informed Consent (Appendix 2), and of whom willingly consented. I prepared relevant informed consent letters in line with appropriate policies, prior to meeting with each participant. I sought and received assent from all, through their signed informed consent of their commitment and approval to participate in this research.

3.3.4 *Power Dynamics*

To minimise power dynamics and to help the class teachers, parents and children to feel at ease, I developed and discussed a contract of understanding at the beginning of the Intervention. I addressed reflexivity by applying the research and the analysis in a systematic way which minimised any bias as much as possible. Reflexivity refers to the way in which all accounts of social settings, descriptions, analysis, and criticisms are mutually interdependent (Cohen et al., 2018).

I followed up as appropriate with the research participants on a daily (children and teachers) and weekly basis (parents). I emphasised with all participants in person that their participation is completely voluntary and that they could withdraw at any time without penalty or needing to give a reason (Johnson et al., 2017). As the children cannot make decisions about consent, I first obtained consent from their parents after they had been informed of the features of the study that might affect their willingness to allow their child

to participate (Johnson et al., 2017). Once I had the parents written consent, I again discussed the study in more detail with the children. When I was confident that the child had understood all aspects of the study, and were willing to participate, I then received their written consent (Johnson et al., 2017). I informed parents, children and class teachers that if they had any concerns, I would arrange to meet with them in person, via phone call or email, where details were given in the information letter.

3.3.5 *Vulnerability*

The main ethical issues that I considered was the vulnerability of the child to anxiety and which children should be selected for the research. I felt it was ethically sound to select the children who I taught on a regular basis. As a teacher and researcher, I always have the best interests of the child centre stage in accordance with the Maynooth University Policy for Child Welfare (2017) and the United Nations Convention on the Rights of the Child (2010). As I already taught the children from the beginning of the school year, rapport and trust were established allowing for a safe environment to do my Intervention. The research was presented and worked through in a jargon-free, child-friendly manner.

3.3.6 *Sensitivity*

Ethically speaking, I considered all factors in the research design to ensure that the participants were safeguarded (Cohen et al., 2018). The Intervention lessons were designed to reflect the participant's context, background, existing knowledge of their worries which helped to ensure that the children would be safeguarded throughout their involvement in my study (Cohen et al., 2018; Beauchamp, 2015). Raising awareness of anxiety factors was thought provoking which could have resulted in a disclosure of sensitive information or of the child feeling more worried than prior to the study lessons. Following Intervention lessons, I counteracted any negative thoughts that created additional worries for the child by informing the child that they could talk to their parents, their class teacher or me. Had a sensitive disclosure been made by one of the participants about themselves, their family,

school or teacher at any time throughout the study (Cohen et al., 2018), I would have followed our school Child Safeguarding Statement which fits in to the Department of Education's overall Safeguarding policy (DES, 2017) and informed our school Designated Liaison Person (DLP), who is our Principal or our deputy DLP who is our Deputy Principal. Had I observed that my Intervention was unsettling a child I would have adapted my approach to gathering data (Forster & Eperjesi, 2017) and reminded the child of their right to withdraw.

3.3.7 *Data Storage*

Data from my research was and still is kept in both hard and soft copy format. Electronic data was and still is stored on my work computer (which is encrypted, and password protected) in line with the Data Protection Policy of my school. Records pertaining to the school are kept for a minimum of seven years by the school. All soft copy data pertaining to the research is kept in a locked cabinet in my classroom. Hard and soft copy files only use initials or pseudonyms. Participants were ensured that confidentiality will always be maintained to the best of my ability. Confidentiality of my study was an agreement with the participants about maintaining their privacy and what I would do with the information obtained throughout the study (Johnson et al., 2017). Participants were made aware that my findings may be published on the school website or in a journal article.

3.4 ***My Study Intervention***

My study was focused on piloting an anxiety recognition and management programme in an Irish school setting. This study focused on the school and home environment and situations of and responses to anxiety that arose for the children in the school and their home.

3.4.1 *Researcher Background*

I am a graduate of Maynooth University Froebel Department of Primary and Early Childhood Education and currently work as a Resource Teacher, where I am constantly upskilling myself to improve my teaching practice. The skills that I acquired during

workshops and basic courses on teacher and child wellbeing, mindfulness, yoga and sensory strategies enabled me to respond appropriately, be reflective on my teaching practice, recognise and manage my own physical, mental or emotional exhaustion. This gave me the inspiration and confidence to design and implement my study.

I found conducting my study an emotional process as it involved the management of my own emotions (Dickson-Swift et al., 2009 cited in Cohen et al., 2018). "*Emotional and cognitive actions and reactions are not as separable as we might find convenient"* (Cohen et al., 2018: 236). My study involved face to face interaction with participants, particularly the children who frequently discussed their worries with me in the study group and I always endeavoured to support the child in a human and compassionate way. Given the sensitivity of my study subject, natural empathy allowed me to establish a bond and connection with the children throughout my study where a safe and supportive space to share their worries was created.

3.5 *Intervention Strategies*

The research design included the following anxiety recognition strategies:

i. Feelings word bank (building vocabulary on feelings)
ii. Body cues (identifying how our body reacts to different feelings)
iii. Body Senses (building self-awareness on the senses that influence our feelings)
iv. 'Confidence' Booklet (activities on building self-esteem, self-love and self-confidence)
v. Worry meter (to build independence and awareness when dealing with a worry)
vi. Reflection.

The research design included instruction in three research-based anxiety management strategies:

a) Discussion i.e. Circle Time, throughout the lessons

b) Mindfulness i.e. deep breathing, yoga, meditation

c) Positive self-talk.

3.5.1 *Intervention Approach*

The study took place over eight weeks in my school and began with the Introduction, followed by six Intervention lessons, finally, interviews and end line surveys were completed one week after the final Intervention lesson.

The overall goal of the Intervention was designed to support children to recognise and manage their anxiety. To achieve this, the following short-term goals were established:

1. Expand the children's emotional literacy
2. Create self-awareness
3. Instil confidence, positive self-belief and build self-esteem in the children
4. Allow the children to express their feelings
5. Practice a range of relaxation techniques
6. Engage the children in their own positive change
7. Develop an action plan to recognise and manage worries
8. Engage the children in reflections on their experiences with anxiety and their use of the strategies to manage anxiety.

3.5.2 *Introduction Lesson*

An introduction was given to all participants individually in person to explain the purpose of the study. This allowed opportunities for parents and teachers to discuss any questions that they had about what I shared with them. An information sheet was also given to parents and class teachers. Finally, parents were instructed to discuss the study with their children in their homes to ensure their full understanding. An introduction lesson was given to the children after their parents had spoken to them and gone through the information sheet with

them. The introduction lesson allowed the children space and time to ask any further questions, sign their Consent Form and be shown an example of the journal (Appendix 12) that they had to fill out daily. I also emphasised with the children that there was no penalty for spelling errors throughout the entire Intervention and their response could entail pictures, words, or full sentences.

3.5.3 *Intervention Lessons*

A copy of the Intervention lessons was given to the parents and class teachers of the children on each day of the classroom Intervention after the class. This allowed for discussion between parent, class teacher and child on the Intervention lesson that took place that day.

Children met with me weekly for Intervention lesson activities, discussions and data collection. After the initial meeting, parents corresponded through notes and weekly phone calls or emails with me. Parents made daily recordings of their child using a journal (Appendix 5) which I designed for the purpose of this study. Class teachers also wrote daily about their pupil in a journal (Appendix 6) and had daily informal meetings with me during the Intervention.

Each lesson was one hour in length. Every weekly lesson included:

- Circle time
- Reflective task before and after the lesson
- Confidence Booklet activities.

New activities were introduced each week. Details of each lesson are outlined in Appendix 7.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
-Reflection -Circle Time -Group contract -Confidence Booklet -Deep breathing -Reflection	-Reflection -Circle Time -Confidence Booklet -Feelings -Body cues response to feelings -Roleplay -Deep breathing -Reflection	-Reflection -Circle Time -Confidence Booklet -Awareness of Senses e.g. mindful eating, lavender eye pillow -Meditation -Reflection	-Reflection -Circle Time -Confidence Booklet -Worry meter -Meditation -Reflection	-Reflection -Circle Time -Confidence Booklet -Positive Self Talk -Chair yoga with deep breathing -Reflection	-Reflection -Circle Time -Confidence Booklet -Personal Action plan -Floor yoga with deep breathing and meditation -Reflection

Table 1. Summary of my Weekly Intervention

3.5.4 *Reflection*

Reflective tasks were completed at the beginning and end of each Intervention session (Appendix 8). The Reflective tasks at the beginning of the lesson semi-structured to rate on a number scale (1-10) how they were feeling at present with 1 feeling the worst they have ever felt and 10 being the best feeling they have ever felt. Through words or drawing pictures the children identified reasons why they felt like the number they rated themselves.

At the end of each lesson, the children were given the same reflective sheets, which had an additional four questions that helped the children build their self-awareness (Appendix 9). Children could decide what activities made their rate go up or down which further developed their ability to identify things that made them feel good/not good.

The children were given the opportunity to discuss their reflective sheets, only if they wished to at the beginning and end of each lesson. This promoted self-awareness, agency to voice, encouraged the use of emotional literacy and enabled the children to identify experiences that made them feel good/not good.

3.5.5 Circle Time

Circle Time allowed for enhanced self-esteem and development of social and personal skills (Mosley, 1993) as well as promoting the use of voice, inclusion, equality and empowerment (Collins, 2013). My aim for Circle Time was to ensure that the children had an equal opportunity to ask one another their 'check-in' Circle Time questions which they created themselves, or speak about achievements or worries that they may have had during that week, which they documented in their daily journal. This allowed the children to express, reflect, problem solve and grow emotionally. In alignment with the United Nations International Children's Emergency Fund (UNICEF, 2009) clarification on participation and to live through my values, it was important to ensure that no child felt pressured to participate, children were free to form their own opinions, decide whether or not to express them and decide whether or not to participate in activities or events (Desk Review, UNICEF March 2009).

3.6 *Data Collection Methods*

Brookfield (2017) supports the idea of others being a valued source in reflection as he includes them in his four-lens reflection approach. Applying Brookfield's four lens approach to my chosen topic of 'anxiety in children pre, during and post the Intervention' involved looking through the lens of my pupils, my peers, relevant theory as well as my own lens. Brookfield emphasises that viewing what we do through these four different lenses helps us uncover when and how certain assumptions work and when distorted or incomplete assumptions need further investigation (Brookfield, 2017). According to Sullivan et al. (2016: 46), "*this makes your action research project quite different from traditional, technicity approaches to research, where an external perspective is valued*".

I used the following methods for data collection:

- Base and end-line surveys
- Reflective Journaling
- Journaling
- Observations
- Questionnaires
- Note-taking
- Interviews.

3.6.1 *Surveys*

Cohen et al. (2018) state that data is gathered at a particular point in time when surveying with the intention of describing the nature of existing conditions, which may vary in their levels of complexity. I chose the Spence Anxiety Scale to use for my baseline and end line with the children and their parents. Permission was granted by Professor Susan Spence to use her Spence Anxiety Scale with the participants. The survey gave me an indication of where each child and their parent were at regarding the child's anxiety at the beginning and end of the Intervention.

3.6.2 *Reflective Journaling*

Literature has confirmed the value of reflection in the teaching practice (Korthagen & Vasalos, 2010). In order to refine my Intervention, reflection was an essential requirement for action, modifications and progression to be made. Keeping a reflective journal enhanced my critical thinking process as it heightened my awareness of what was happening for me in my professional environment, while teaching and learning were taking place (Sullivan et al., 2016). Writing in my reflective journal enabled me to re-examine everyday occurrences or incidents with fresh eyes after each Intervention lesson (McNiff, 2002). It acted as a tool that supported my action research and teaching practice as I professionally developed by

continuously rechecking my work with fresh eyes and determined if my work was on track or if it needed to be modified.

3.6.3 *Journaling*

Journal writing, created the opportunity for daily prompted and spontaneous, open-ended data to be collected for the study. I had initial meetings in person with all participants to explain and show examples of the journaling process. Details of the journaling method were also given in written form to parents and class teachers.

Journaling was conducted for the duration of the study by the children, their parents (seven days per week) and their class teachers (five school days per week). My critical friends helped me with the journal design as other opinions assured me that the journal didn't hold a daunting feeling as it was intended to be seen as a purposeful learning process rather than extra work to both parents and children. To further ensure minimum effort and maximum gain, I asked all study participants (pupils, parents, and teachers) to help me ensure that the journaling was not tedious as it was my first time designing one. I told participants that I greatly appreciate their feedback on the journal design at any stage of the Intervention as I would like to use journaling with future classes, so their opinions mattered greatly. The name of each day and week were on the journal, Teacher D in week four advised me to include the date of each day. I took his advice and added corresponding dates to the journal. All other participants assured me that no change needed to be made to the journal as all reported they found it quick and easy to fill out. The journal entries posed open-ended questions which provided the data on how the children themselves identified and responded to the strategies when feeling anxious**.** Journal entries from class teachers, parents and myself provided data on how the children identified worries and responded to the Intervention strategies.

Initially, journaling was alien to all participants' everyday routine and resulted in a low level of compliance and required gentle reminders to be given to participants' (except Teachers A

and B). As the Intervention progressed, journaling became part of the participant's daily routine which resulted in active learning among the children, their parents and class teachers, who remained engaged with the content and experiences throughout the Intervention.

To enhance the purpose and essence of journaling and indeed the objective of my Intervention, I gave a more active participatory role to journaling by encouraging the children to discuss any writings from their journal that week if they wished during their Circle Time. This allowed confidence, support, relationships, and trust to be built as it prompted honest views of the participants which in many cases were relatable to the other participants.

The children's class teachers and I journaled during the school week throughout the Intervention. Using a journal as a data collection tool allowed me to more naturally explore, probe, or ask clarifying questions. This provided rich data in the form of ongoing and naturally produced information for my study.

3.6.4 *Observation*

Data that I obtained from observing the children in a natural undisturbed setting where the children spoke in their own terms and behaved 'naturally' (Cohen et al., 2018) was recorded in my notebook. According to McNiff (2016), all research begins with observation as notes are taken and recorded systematically. I made observations during the times I took the children for lessons both inside and outside of the Intervention class. When observing the children in their natural school environment, I noted what I saw and heard and avoided making statements or comments about the meaning of my observations (Forster & Ejister, 2017).

3.6.5 *Questionnaires*

"*Surveys in education often use self-completion questionnaires*" (Cohen et al., 2018: 335). Semi-structured reflective sheets were completed by the children at the beginning and end of each lesson. Children identified and rated how they felt on a scale between one and ten with a rating of one being the worst and ten being the best. To heighten their self-awareness,

the children also identified why they felt that way. Also, to allow for more flexibility and responsiveness by the children, they had the option to use the tools of writing, drawing or discussing on how they were feeling and what has happened in their day to have them feeling that way no matter what number they chose between one and ten on the reflective scale. Open discussion was welcomed and usually took place after completion of the reflective questionnaires which allowed children to further articulate their feelings and learning. Parents and teachers were given pre and post-study questionnaires.

3.6.6 *Note Taking*

I took notes in a notebook on observations that I made throughout my Intervention. Note-taking was used to aid my memory when reflecting on the Intervention lesson and when I observed the child's behaviour outside of the Intervention lesson that was pertinent to the Intervention. I included space for notes in the daily journal design of the class teachers, parents and children where they had the option to take notes if they wished on good or bad feelings or experiences had during the week.

3.6.7 *Interviews*

Interviewing enhanced the educational aims of my action research. Interviews were conducted using the Interview Guide Approach (Cohen et al., 2018) with the children at the end of my study. Interviews can lead to new topics, provide richer data and can lead to enhanced insights (McNiff, 2016). However, I did recognise the possible limitations of interviews, as children may have given information that they thought I wanted to hear, rather than being entirely honest in their responses (Forster & Eperjesi, 2017). Triangulating information sourced from interviews and other data collection methods strengthened the validity and reliability of data collected.

3.6.8 *Triangulation*

A triangulation of data was obtained from a range of people to support and validate the explanations I gave to my study findings (McNiff, 2016). The children, their parents, class teachers and I were sources of the same data for the study. This triangulation of data enabled

me to achieve the intended objectives and to see if something new was discovered. I could consider whether my findings matched the evidence presented by all participants and if the process was clearly explained (Forster & Eperjesi, 2017). I was able to explain more fully the richness and complexity of my research when it was studied from more than one standpoint (Cohen et al., 2018).

3.6.9 *Validation Group*

According to Beauchamp (2015) reflection isn't necessarily made in isolation. McNiff (2002) highlights the importance of having critical friends and a validation group when undertaking an action research project as a critique helps us to evaluate the quality of the action research study. My validation group comprised of work colleagues, friends and participants who commented fairly but critically on my research Intervention (McNiff, 2016). The role of my validation group was to ensure that I demonstrated critical engagement and methodological rigour while my role was to learn from the experience and to make sure that my work was to standard (McNiff, 2016).

3.6.10 *Critical Friends*

The critical friends in my study were willing to sympathetically and critically discuss my work. My critical friends consisted of past college friends, my supervisor and a close relative. My supervisor challenged me to interrogate and extend my thinking by developing reflective critique to understand my practice within complex social, cultural and historical practices (McNiff, 2016). My critical friends and validation group listened to and scrutinised my study and gave their constructive feedback. Although I was not compelled to act on their feedback, I did value their judgment and see them as an important source for the action research process.

4. Data Analysis

4.1 *Introduction*

The purpose of this chapter is to report the findings of my study. This chapter will:

a) Describe how I coded and analysed the data collected

b) Present the findings of my study.

My study used action research methodology to explore how pupils in sixth class experienced and responded to anxiety prior to, during, and after receiving instruction in anxiety recognition and management strategies.

The definition of anxiety that I used throughout my study is taken from the American Psychological Association (2019) who define anxiety as an emotion characterized by:

- ✓ Feelings of tension
- ✓ Worried thoughts (the focus of my study)
- ✓ Sick pains in areas such as the stomach or head
- ✓ Physical changes like increased blood pressure and shortness of breath.

The 'worried thoughts' component of anxiety was the focus of my study. It is the 'normal' anxious feelings of the pupils that were collected in the data as none of them had a clinical diagnosis of anxiety.

Data was collected through journals, pre and post surveys, questionnaires, observation, notes, and interviews.

4.2 *Coding*

"*While coding is not an exact science, it can summarise, distil or condense data and not reduce them"* (Saldana, 2016: 5). According to Saldana (2016), there is a diverse opinion among scholars on coding when doing qualitative analysis. Saldana (2016) further discusses how coding is just one way of analysing qualitative data and that there are times when it is inappropriate to use coding as it depends on the researcher's individual values, attitudes and belief systems about their qualitative enquiry. "*All coding is a judgement call since we bring*

our subjectivities, our personalities and our predispositions to the process" (Sipe & Ghiso, 2004: 482). Coding is the transitional process between data collection and more extensive data analysis. Cohen et al., (2018) discuss how coding helps the researcher to identify similar information by detecting frequencies (which code occur most commonly) and patterns (which codes occur together). It is a cyclical act which required me to read and re-read, code and recode (Cohen et al., 2018) to reach my full understanding and interpretation of my data. I used the following forms of coding:

a) Precoding

I pre-coded my data by circling and yellow highlighting significant participant quotes, actions or emotions that struck me and were worthy of attention (Saldana, 2016).

b) Process coding

Process coding captured the action (Saldana, 2016) in my study. I coded the processes of actions intertwined with the "*dynamics of time, things that emerged, changed, occurred in particular sequences, or become strategically implemented*" (Johnson et al., 2017: 601).

c) Emotion coding

I used emotion coding to label the emotions recalled and/or experienced by the participants. This type of coding was useful as I explored the intrapersonal and interpersonal experiences and actions of my study participants.

d) Categories

"*A category is a word or phrase describing some segment of data that is explicit"* (Rossman and Rallis, 2003:282). Categories acted as the basic building blocks to my qualitative data analysis as it allowed me to make sense of my data (Johnson et al., 2017). Some categories were more general whilst others were more specific (Cohen et al., 2018).

e) Themes

A theme can be an outcome of coding, categorisation or analytical reflection" (Saldana, 2016: 15) *and is a phrase or sentence describing more subtle and tacit processes"* (Rossman & Rallis, 2003:282). Theming the codes, categories, words and analytical reflections that emerged frequently in my data helped me summarise my findings (Johnson et al., 2017). Johnson et al., (2017) discuss how theming the data is known as thematic analysis and the importance of continuing to theme the data even after the themes have been identified to ensure further relationships in the data are not overlooked (Johnson et al., 2017).

4.3 *Findings*

4.3.1 *Introduction*

Richards (2009) makes a distinction between *"writing up"* a report of findings and *"telling*" what is going on through the findings. I will tell the experiences of the pupils as they learned and responded to anxiety recognition and management which for me is a rich story of emotions, behaviours and growth.

To maintain confidentiality, I termed each pupil, their parent and class teacher with a capital letter, i.e. Pupil A, Pupil B, Pupil C and Pupil D.

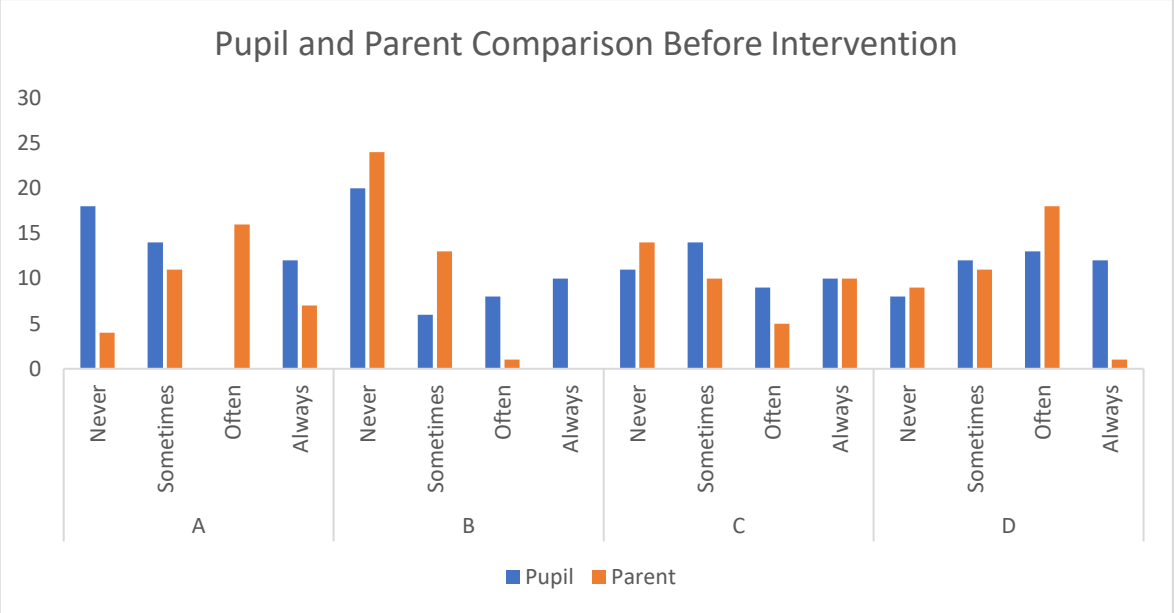
I will describe my findings under the following themes:

1. Hidden Anxiety
2. Parental Engagement is Essential
3. Children Empowerment
4. Teachers Self-Growth.

4.3.2 *Hidden Anxiety*

Each child completed the Spence Children's Anxiety Scale (Appendix 10) which showed what worries they experienced and how frequently. Their parents also completed the Spence Children's Anxiety Scale Parents Report (Appendix 11). The children and their parents completed the Anxiety Scale Reports independently of one another. There were variations between the children's response and their parents with parents tending to say that their child was worried less frequently than their child recorded on their Spence Children Anxiety Scale Report.

The following graph shows the perception of worries and their frequencies experienced by Pupils A, B, C and D. For comparison it also shows their parents perception of their child's worries and their frequencies before the Intervention on the Spence Anxiety Scale.



Graph 1. Pupil and Parent Comparison of Worries Experienced Before the Intervention

The graph shows the number of worries that Pupil's experienced as recorded in the Spence Anxiety Survey in comparison to their parent's record. There is a clear difference between worries "*always*" experienced by pupils A, B and D versus what their parents recorded under 'always', indicating that their parents were not aware that their children had worries.

Pupil's A, C and D under "*sometimes*" experienced more worries than their parents recorded. Parents B, C, and D recorded their child "*never"* experienced worries more frequently than the pupils recorded. When comparing the Parents pre-Intervention data to the children's it is apparent that all the Pupil's experience worries more frequently than their parents are aware of.

All teachers answered a pre-questionnaire about the Intervention Pupils (Appendix 13). When asked 'how often does your pupil experience worries" Teachers A, B and C circled 'rarely' which indicated that their Pupils A, B and C express no worries to their class teachers on a regular basis. To cope with the worries, Teachers B and C documented that they have not observed their Pupil's worried. Teacher A said her pupil withdraws herself the rare times she does have a worry. Teacher D is aware that Pupil D "*often"* experiences worry and "*often*" needs to be prompted to take a "*break*" which indicates that Pupil D struggles to recognise and manage his worries independently.

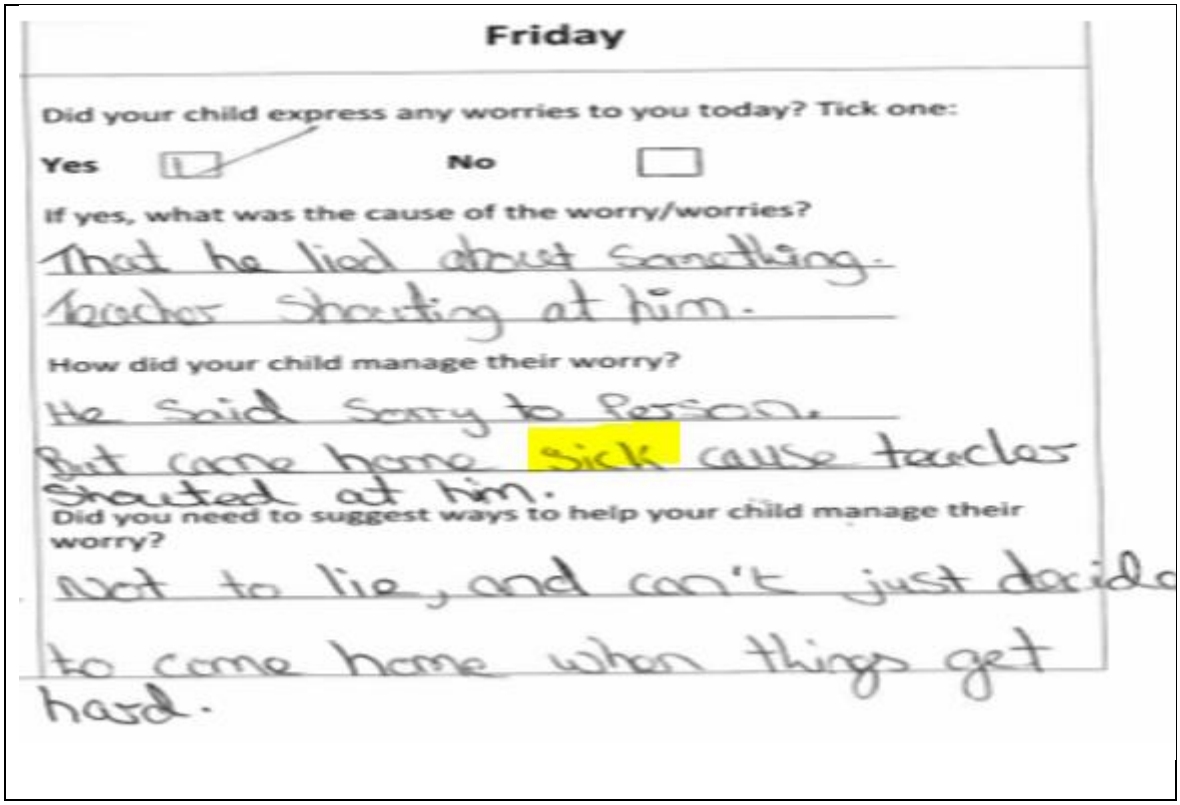
When comparing the Teachers pre-Intervention data to the Pupil's, it is apparent that Pupil's A, B and C do experience worries but have never vocalised any of their worries to their teacher or displayed worry symptoms in the classroom. Teacher A was very surprised by the data as she had no idea of her pupils anxious. She documented in her post questionnaire that the Intervention has "*given me more of an awareness about hidden anxiety*".

The triangulation of data between the children, their parents and their teachers, validate that all children experience worries more frequently than their parents are aware of. It also validates that Pupils A, B, and C experience worries more frequently than their teachers realised. This may be that the pupils have high resilience and are dealing with the worries independently without needing support from an adult, or that the children are suffering in silence and have not got the skills to recognise or manage their worries. Either way, hidden anxiety was present in all children to their parents and in three out of four children to their class teachers.

4.3.3 *Parental Engagement is Essential*

One parent of each child took the lead role in the Intervention by attending the Intervention meetings with me, journaling daily, completing the Spence Anxiety Scale Parent Report and post Intervention questionnaire. The parents of the Intervention consisted of three mothers and one father. Parents became very involved in the Intervention and grew in confidence in a number of ways e.g. through calling me or informally meeting me to check in on their child's engagement in the Intervention or seeking advice as encouraged by me. The growth in the parent's self-confidence and knowledge using the Intervention strategies with their child resulted in the child being better able to manage their worries.

Parent B's growth in using the Intervention strategies is evident in the following journal entries:


Friday

Did your child express any worries to you today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

That he lied about something.
Teacher shouting at him.

How did your child manage their worry?

He said sorry to person.
But come home sick cause teacher shouted at him.

Did you need to suggest ways to help your child manage their worry?

not to lie, and can't just decide to come home when things get hard.

Figure 4: Parent B Journal Entry, Week One

Parent B's journal entry documents a component from the American Psychological Association's definition of anxiety which I am using for this study, where a person can experience "*sick*" feelings such as "*pains in the stomach or head*" when anxious (APA,

2019). According to the data of Parent B, Pupil B went home "*sick*" when it was discovered he "*lied about something*" and "*said sorry to person*". As this was Week One of the Intervention journaling, recognition and management strategies had not yet been given to Parent or Pupil B, therefore no strategy had been used by either.

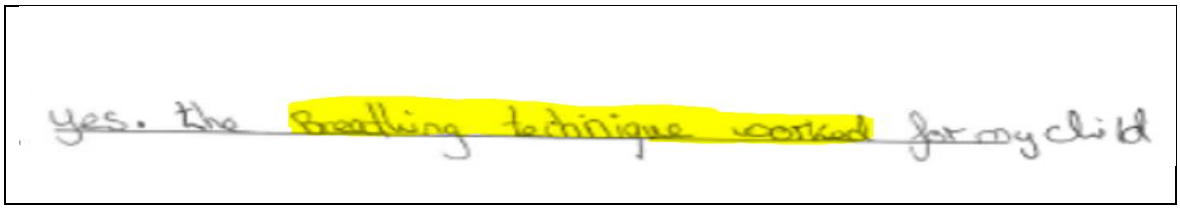


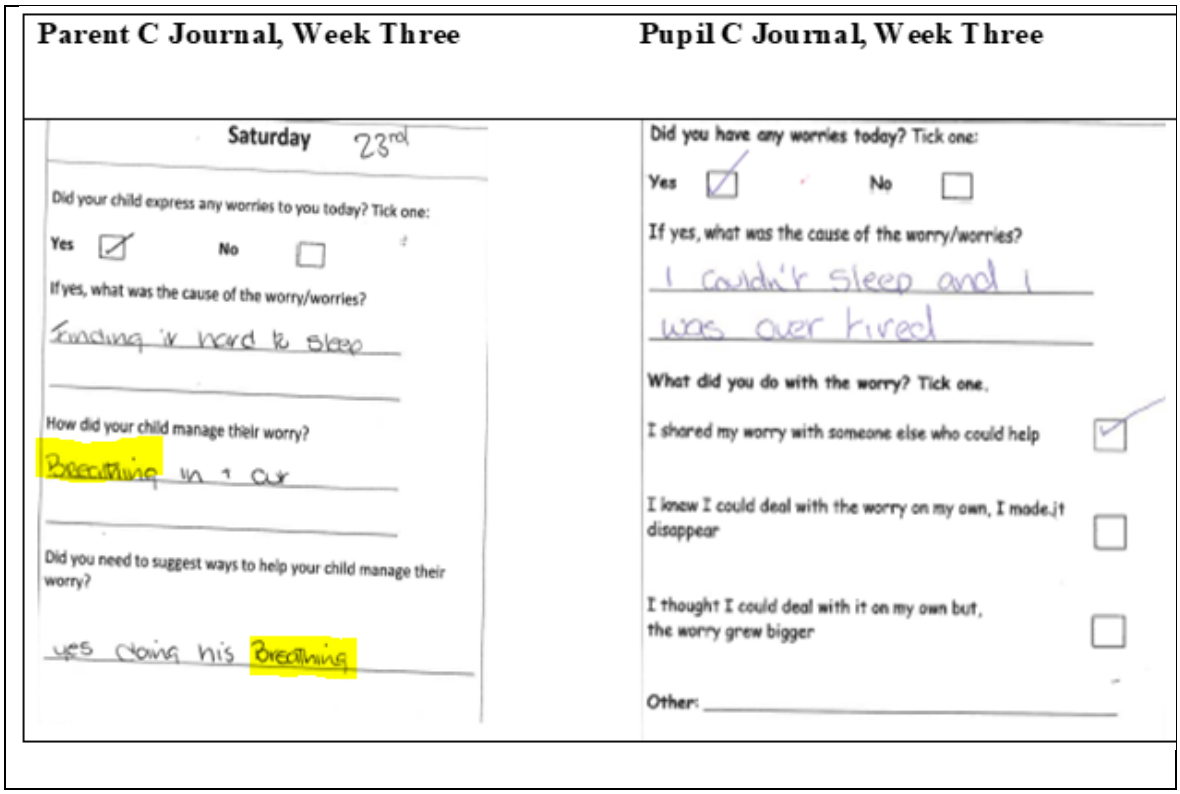
Figure 5. Parent B Journal Entry, Week Three

In Week Three of journaling, Parent B encouraged her child to use the "*breathing*" strategy.

Parent B stated her child has effectively taken on the strategy of "*breathing*" which has resulted in him being much "*calmer*" at home. It is evident from Parent B's journaling that her knowledge on anxiety management has progressed as she uses the Intervention strategies that I had given her with her child, in comparison to Week One where no strategy had been used.

Parent C stated in the Introduction meeting and in the pre-questionnaire how her child can often struggle to sleep as he feels anxious for reasons that are unknown to him.

The following journal entries in Week Three validate how Parent C encouraged her child to use an Intervention strategy when worried. Pupil C in comparison recorded how he sought advice and used the strategy of breathing which was suggested by his parent.



Parent C Journal, Week Three

Saturday 23rd

Did your child express any worries to you today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

finding it hard to sleep

How did your child manage their worry?

Breathing in + out

Did you need to suggest ways to help your child manage their worry?

yes doing his Breathing

Pupil C Journal, Week Three

Did you have any worries today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

I couldn't sleep and I was over tired

What did you do with the worry? Tick one.

I shared my worry with someone else who could help ☑

I knew I could deal with the worry on my own, I made it disappear ☐

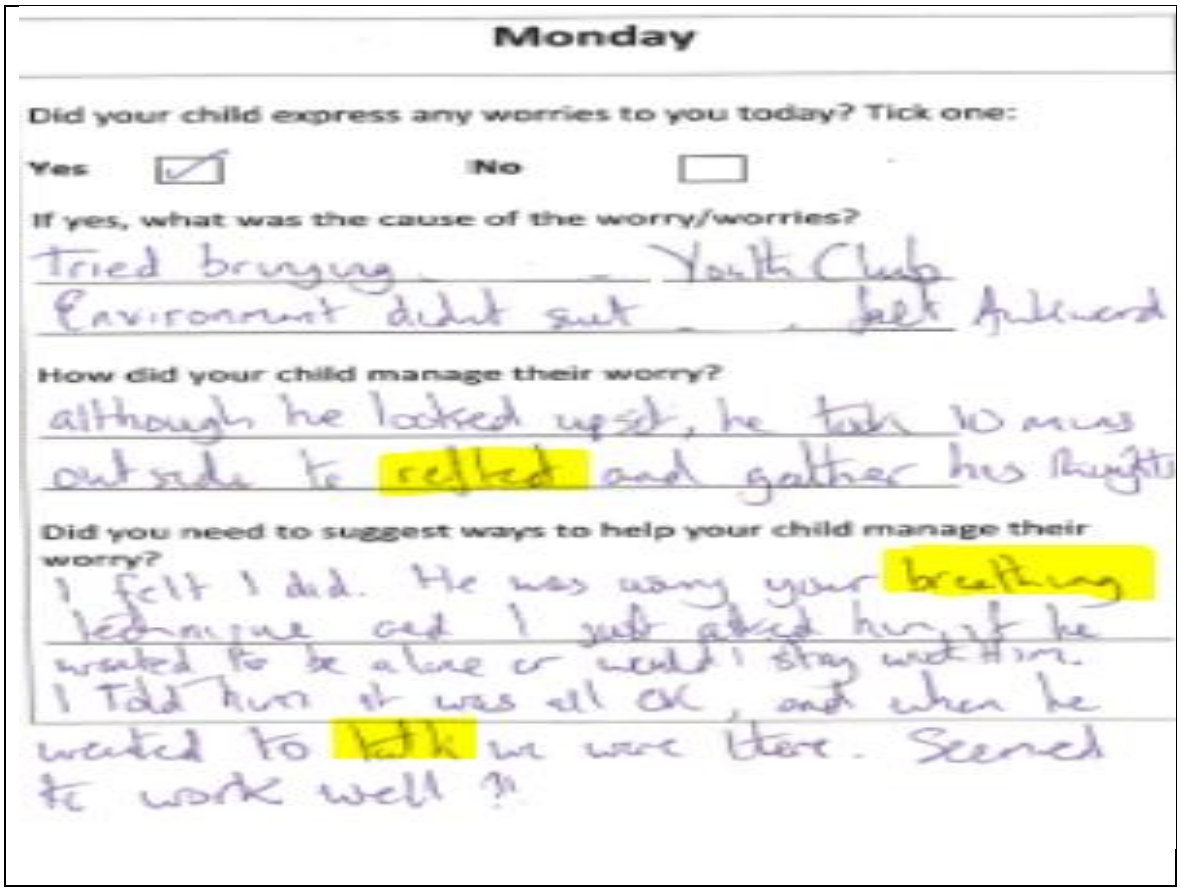
I thought I could deal with it on my own but, the worry grew bigger ☐

Other: _____

Figure 6. Parent C and Pupil C Triangulation

I reflected on this data in my reflective journal using Brookfield's four lens approach. I noted that even though Pupil C knew the deep breathing strategy and practiced it within the Intervention group, the data showed that when Pupil C was in a worried state, learned strategies can be forgotten but that the helpful reminder from his parent was beneficial to him in his time of need.

The data I have highlighted below is an example of Parent D using the Intervention strategies and techniques that were included in the Lesson plans I had given in his parent journal.



Monday

Did your child express any worries to you today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

Tried bringing _____ Youth Club

Environment didnt suit _____ felt Awkward

How did your child manage their worry?

although he looked upset, he took 10 mins outside to reflect and gather his thoughts

Did you need to suggest ways to help your child manage their worry?

I felt I did. He was using your breathing technique and I just asked him if he wanted to be alone or would I stay with him. I told him it was all OK, and when he wanted to talk we were there. Seemed to work well !!

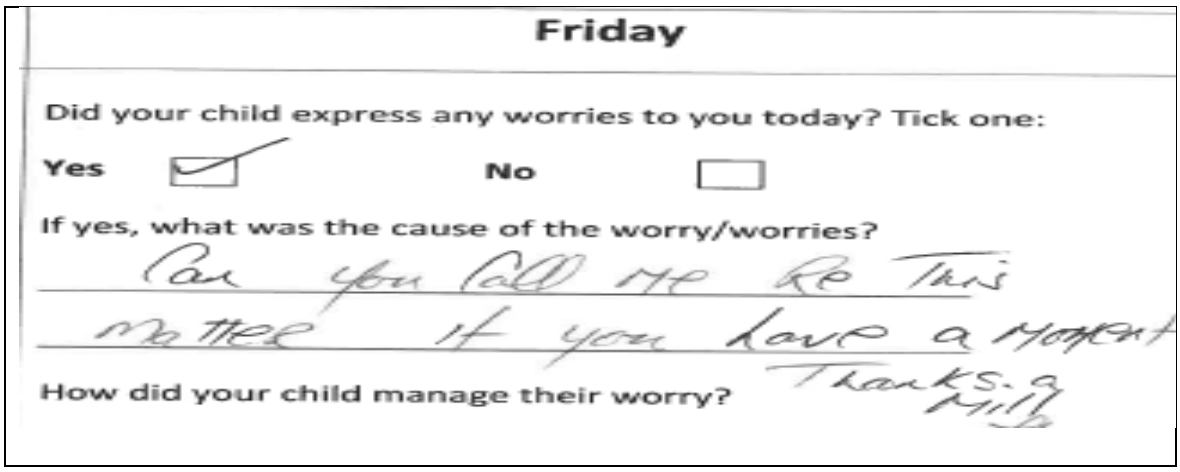
*Pupil's name was taken out of this journal entry for ethical reasons.

Figure 7. Parent D Using Intervention Strategies

Parent D stated in his journal how he had encouraged *"talking"* and "*breathing*" to his child when in need. Pupil D was able to verbalise to his parent the additional support he needed which was to *"reflect"* on his thoughts.

As the Intervention progressed, the theme of parents sharing their child's progress and seeking advice from me emerged. This process strengthened the teacher, parent and child rapport.

The following Journal entry is an example of when Parent A used the journal to seek advice from me:


Friday

Did your child express any worries to you today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

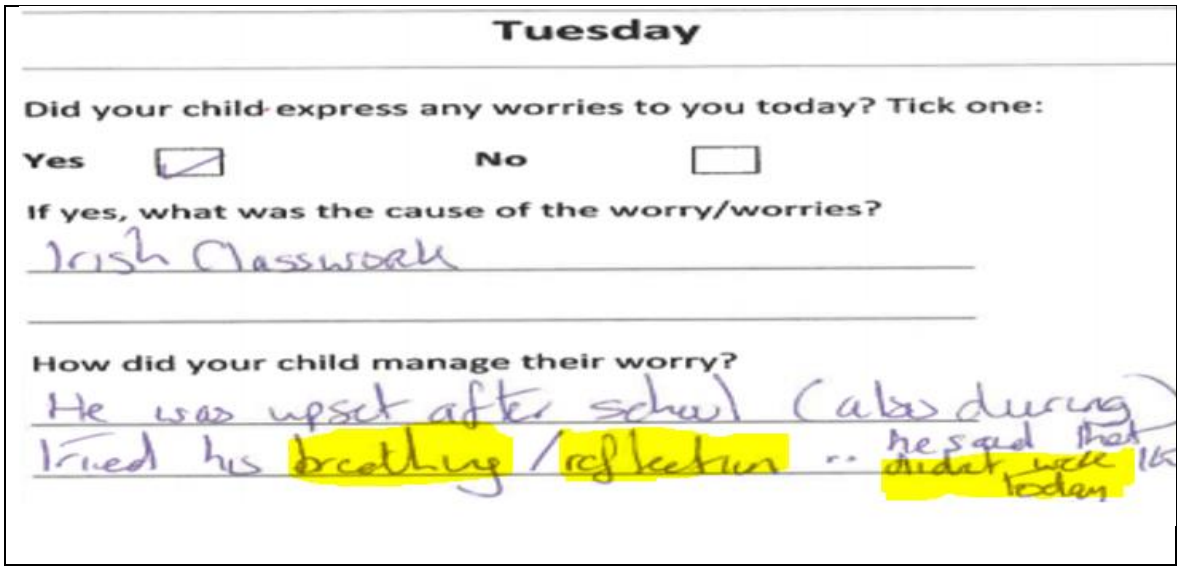
Can you call me Re This matter if you have a moment

How did your child manage their worry?

Thanks. a Mill

Figure 8. Parent A Journal Entry, Week Two

During the phone call, Parent A said she was very thankful that she felt like she had a dedicated support person to turn to if an issue arose with her child. This is an indication of trust gained between the parent and I.


Tuesday

Did your child express any worries to you today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

Irish Classwork

How did your child manage their worry?

He was upset after school (also during) Tried his breathing / reflection .. he said that didn't work today

Figure 9. Parent D Journal Entry, Week Five

Parent D stated in his journal how he had encouraged the breathing strategy with his child. In Week Five there was a particular day his child became anxious and that "*breathing/reflection did not work*".

He stated in his journal that they used their family mantra of "*WWMKS (What Would Ms. Kennedy Say)*" i.e. (me, the Researcher).

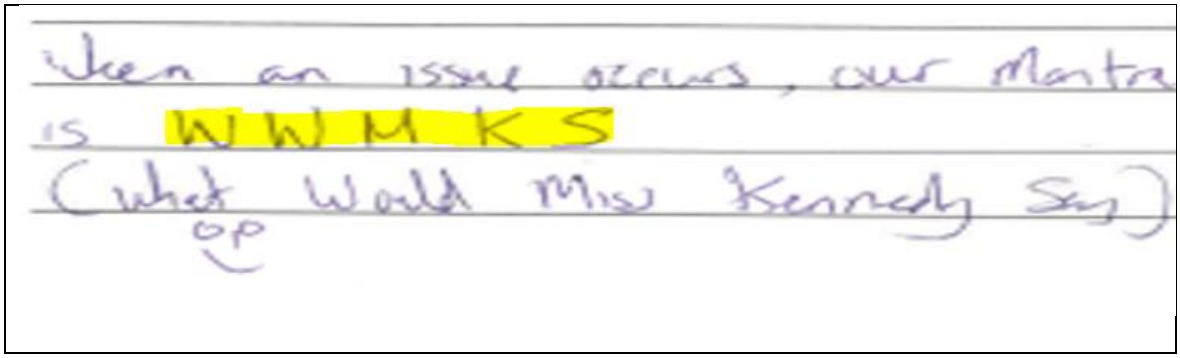


Figure 10. Parent D Family Mantra

Pupil D was then able to roleplay my response (the Researcher) and tell his parent the additional support and strategies I would give him. Pupil D told Parent D I would use Positive Self Talk (PST) and talk to him about his worry. Parent D stated in the journal that he did what his son instructed him to do and by the end of the talk his child had calmed down and "*let go"* of his worry. I noted how Pupil D effectively adopted role play, which was done in Lesson Two of the Intervention. Parent D detailed in an informal phone call with me post Intervention and in the post questionnaire how he has noticed and values his child's ability to deal with his worries, which are "*invaluable life skills"*.

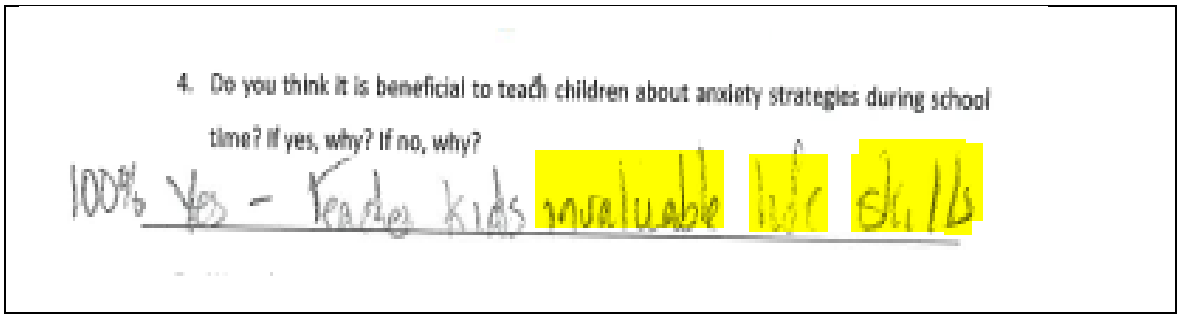


Figure 11. Parent D Post Intervention Questionnaire

Parent A wrote in her post Intervention questionnaire that the strategies "*helps open up feelings to others*".

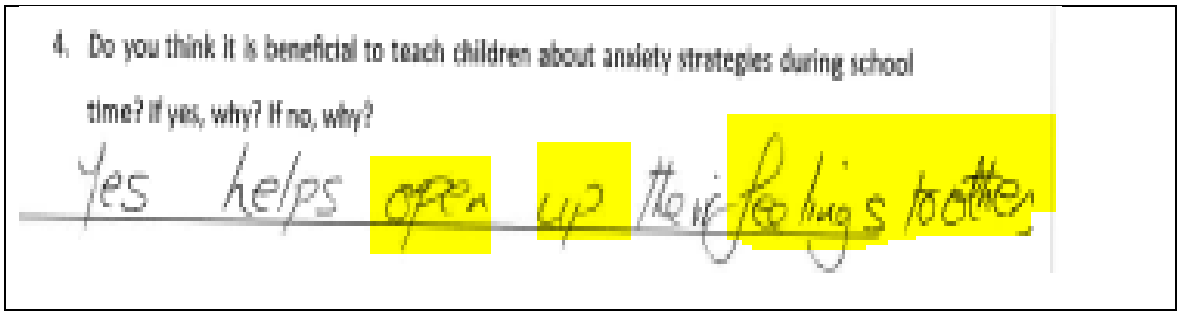


Figure 12. Parent A post Intervention Questionnaire

Throughout the Intervention, it became evident from the data collected that parents were becoming more confident applying the Intervention strategies into their home lives and saw the impact it was having on their children. In the samples of data mentioned and in many other data samples, "*breathing*" was documented as the most encouraged and effective strategy used by the parents to help their child when worried, alongside *"talking*". When asked in the post Intervention interview if it was a good idea to include parents in the Intervention Pupil A answered *"yeh, because they haven't been to school in ages* ", Pupil D responded in his separate interview *"now they have more tactics to calm you down and make you feel less worried"*. My data has shown a growth in the parent's knowledge of anxiety strategies. It also demonstrates how essential parent's involvement has been to support their child in using the strategies in their time of need and in developing their own agency.

Pupil D stated in his post Intervention interview *"it's really good to branch out to people and talk to different people about your worries and your parents are some of the people that understand you the most, so imagine how better that will benefit you than if they weren't there"*. I noted how Pupil D used the words "*branch out*", this was a term used in the Confidence Booklet "Tree of Life" activity where pupils put trusted support people that they could talk to on their branches, as shown below.

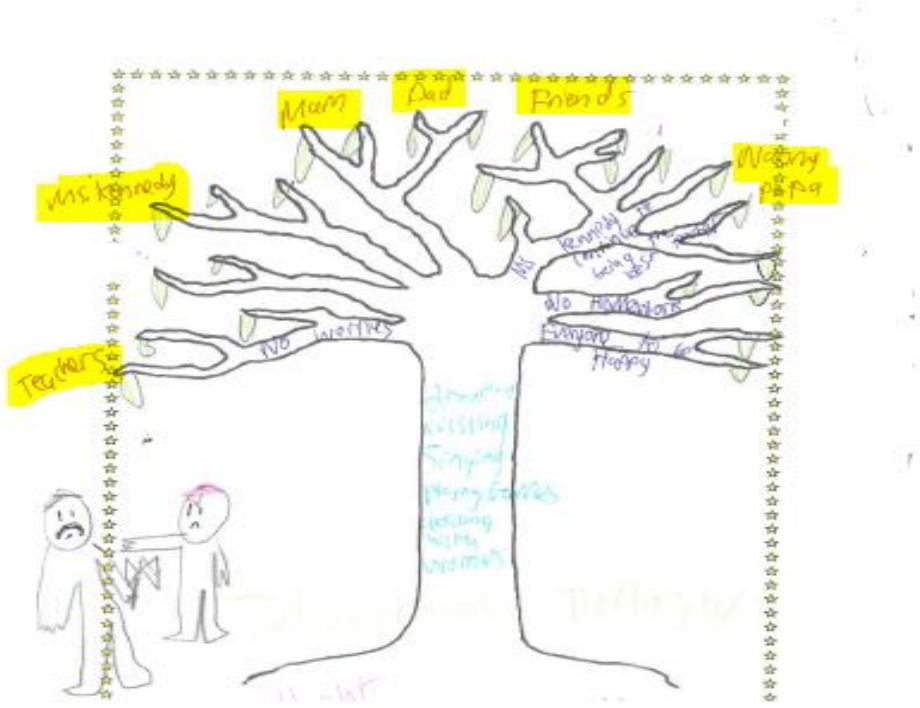


Figure 13. Pupil D Tree of Life

Pupil D identified, his ", *teachers*, *Ms. Kennedy* (the Researcher), *Mam*, *Dad*, *Nanny* and *Papa*." Additional names were taken out for ethical reasons, which was a sibling and the school Principal. He told the group "*in my picture the man with the axe is represented as a worry trying to chop my tree down, but as you can see, I won't let him"*

4.3.4 *Children's Empowerment*

Conversations within the group were never pushed at any stage during the Intervention lessons. Each child had the freedom to participate if they wished.

The Circle Time questions 'How are you?', 'What went well for you today?', 'Is there anything about today that could have been better'? were created by the children and written on a poster to use as a prompt for the beginning of each Circle Time session. Initially, in Lesson One all pupils were hesitant to answer and replied with monosyllabic answers; Pupil B replying with '*grand*' and Pupil A answering '*fine*'. I role modelled answers to each

question which contained both positives and negatives. Often the children would look over to me for recognition or reassurance before or after they had spoken.

The reluctance to speak during early Intervention Lessons was also seen through the triangulation of journaling which is demonstrated in the example shown below:

Triangulation of journaling of Pupil D's absent voice in the beginnings of the Intervention:

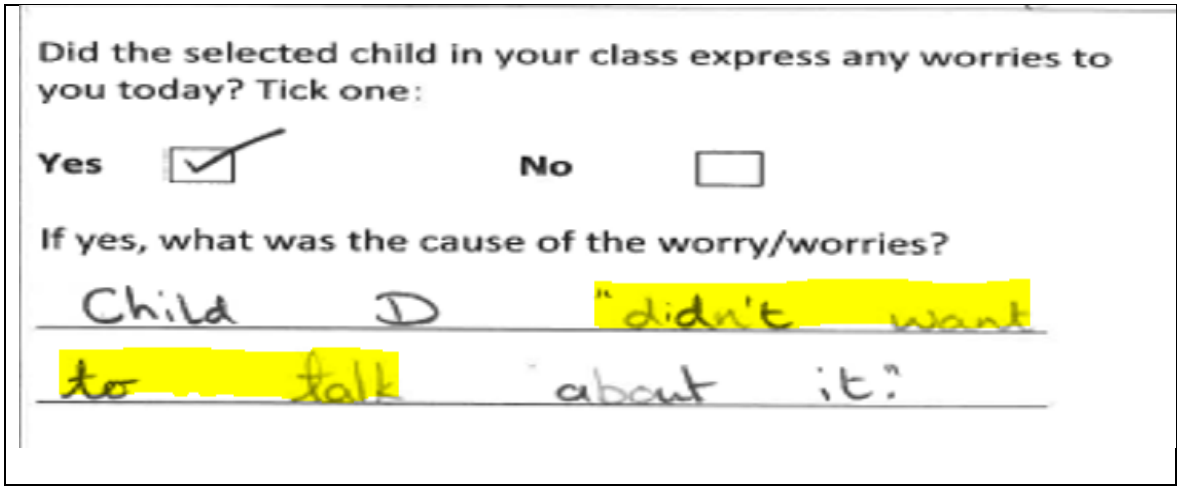


Figure 14. Teacher D Journal, Week One

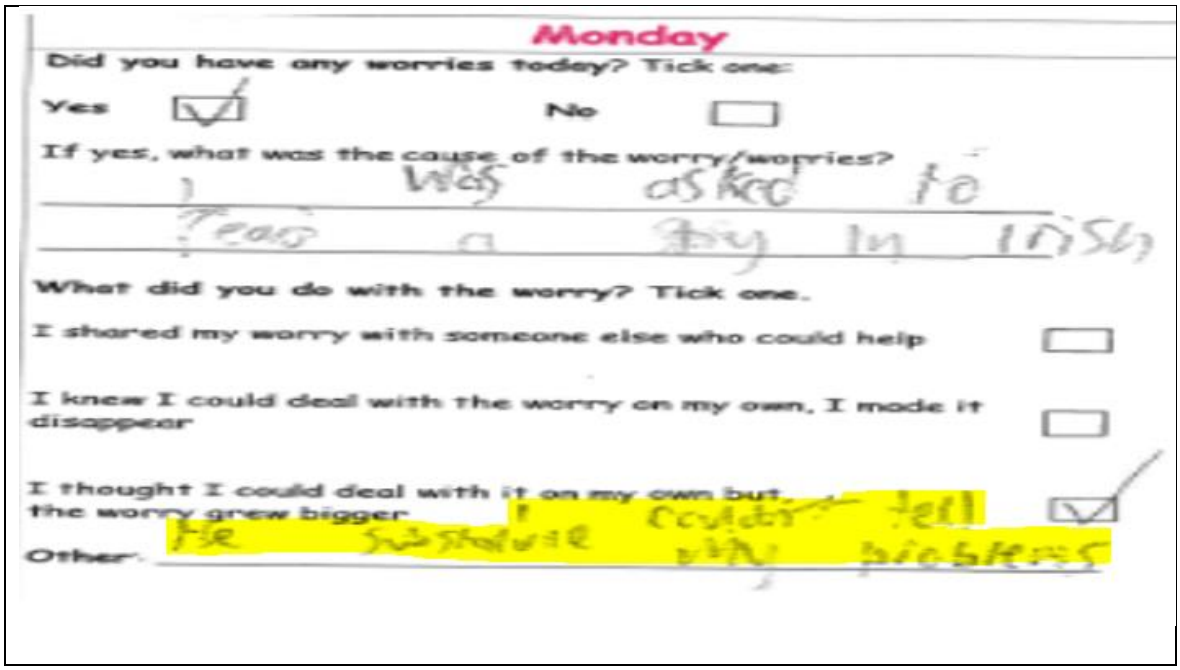
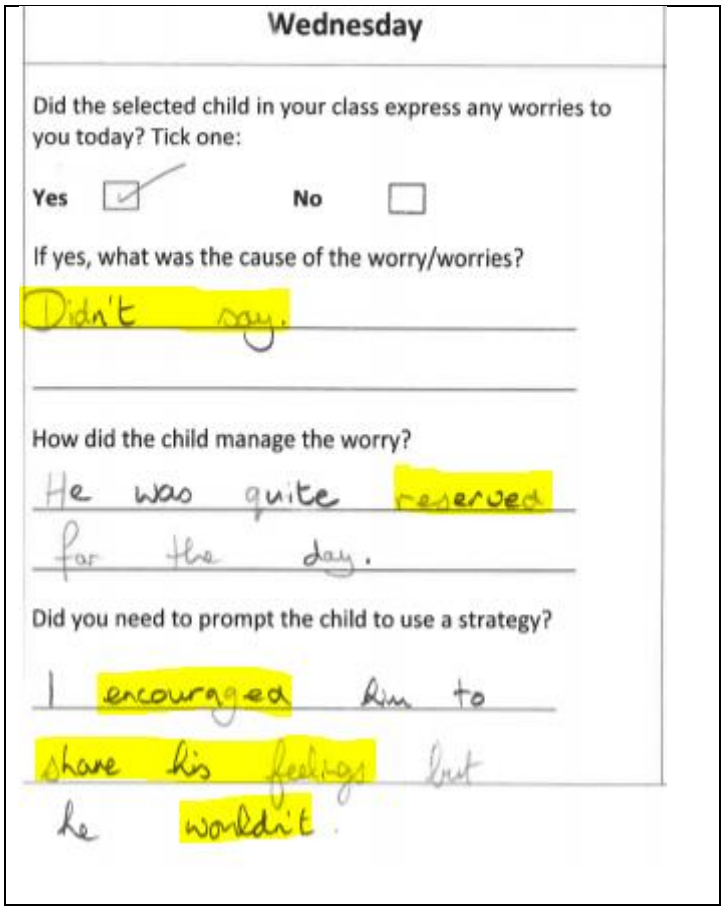


Figure 15. Pupil D "*couldn't tell the substitute my problems*"



Wednesday

Did the selected child in your class express any worries to you today? Tick one:

Yes ☑ **No** ☐

If yes, what was the cause of the worry/worries?

Didn't say.

How did the child manage the worry?

He was quite reserved for the day.

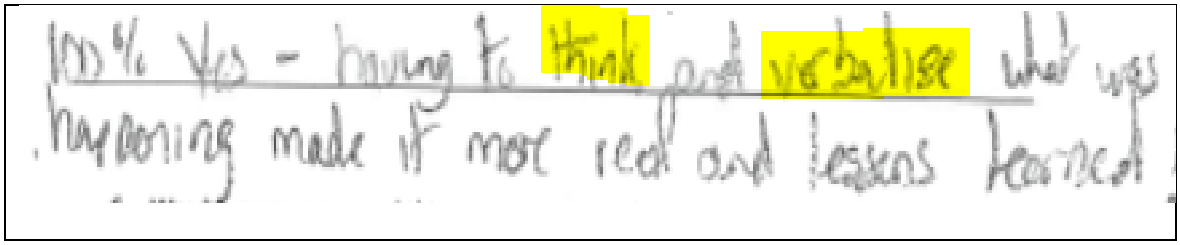
Did you need to prompt the child to use a strategy?

I encouraged him to share his feelings but he workdit.

Figure 16. Teacher D Journal, Week Two

As Circle Time progressed, the rapport and trust within the group and with me grew, the pupils noticeably became more relaxed as the Intervention routine, language and strategies became more familiar to them. As the Intervention progressed so did the pupil's empowerment**.**

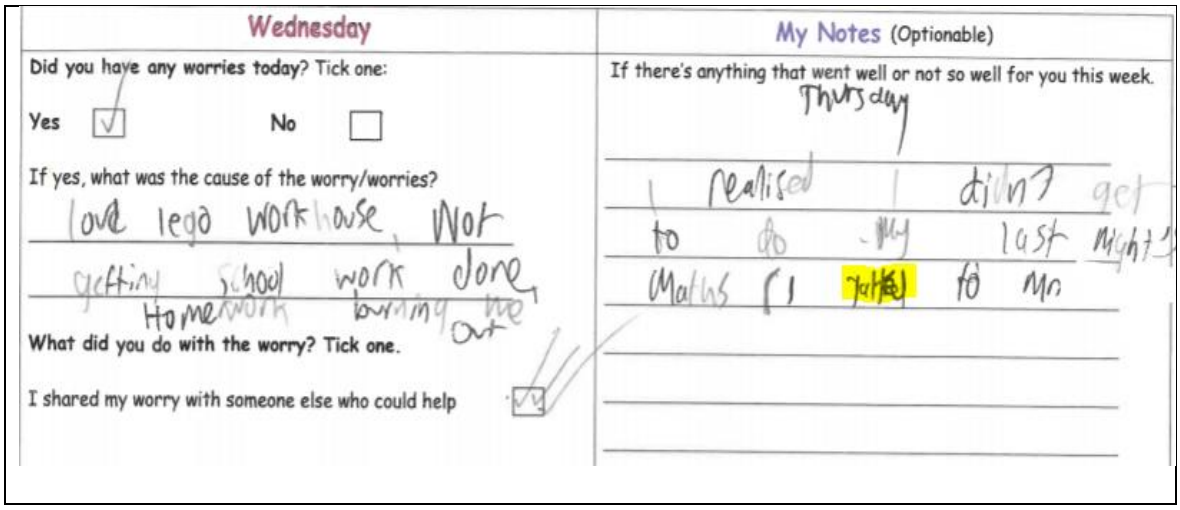
Parent D documented how his son could "*think and verbalise what was happening*":



100% Yes - having to think and verbalise what was happening made it more real and lessons learned

Figure 17. Example of Pupil D's Growth in Using His Voice

Pupil D documented how he shared and *"talked"* about his worries to someone who could help.



*Teacher D's name taken out of data for ethical reasons.

Figure 18. Pupil D Shared and *"talked"* About His Worries

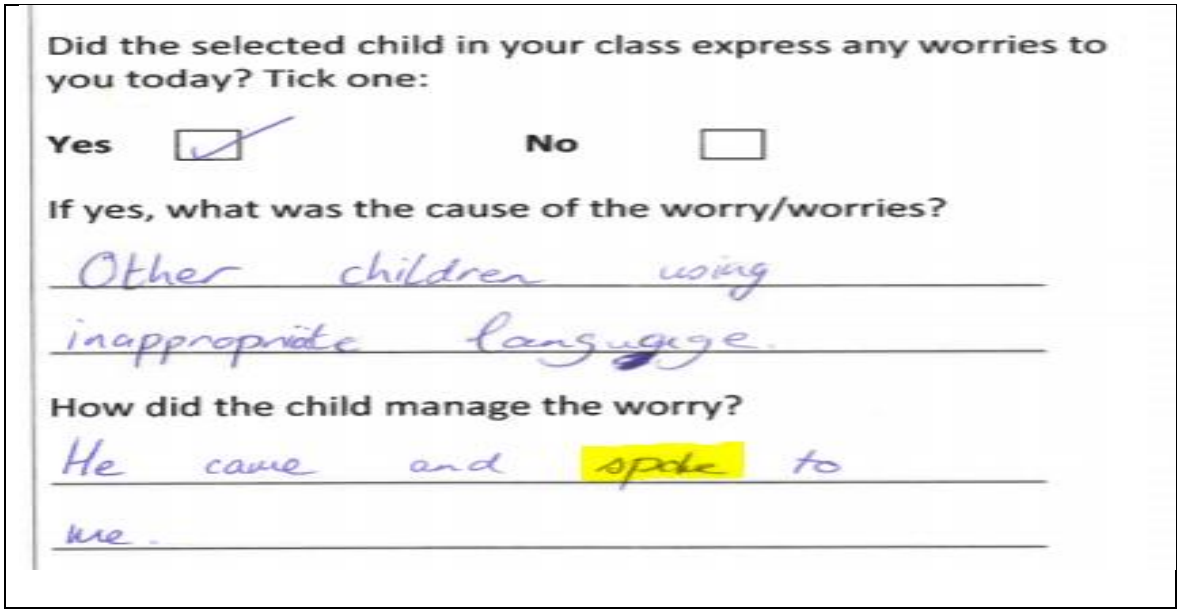


Figure 19. Teacher D Recorded How His Pupil Came and Spoke to Him in Week Four.

The triangulation of data collected is an example of Pupil D's journey. According to the data, Pupil D often chose not to talk when worried which regularly resulted in "*the worry grew bigger"* at the beginning of the Intervention. The data also highlights the importance of good rapport. This pupil "*couldn't tell the substitute his problems*" or the Intervention group in the early stages. The data showed how Pupil D developed talking skills and emotional

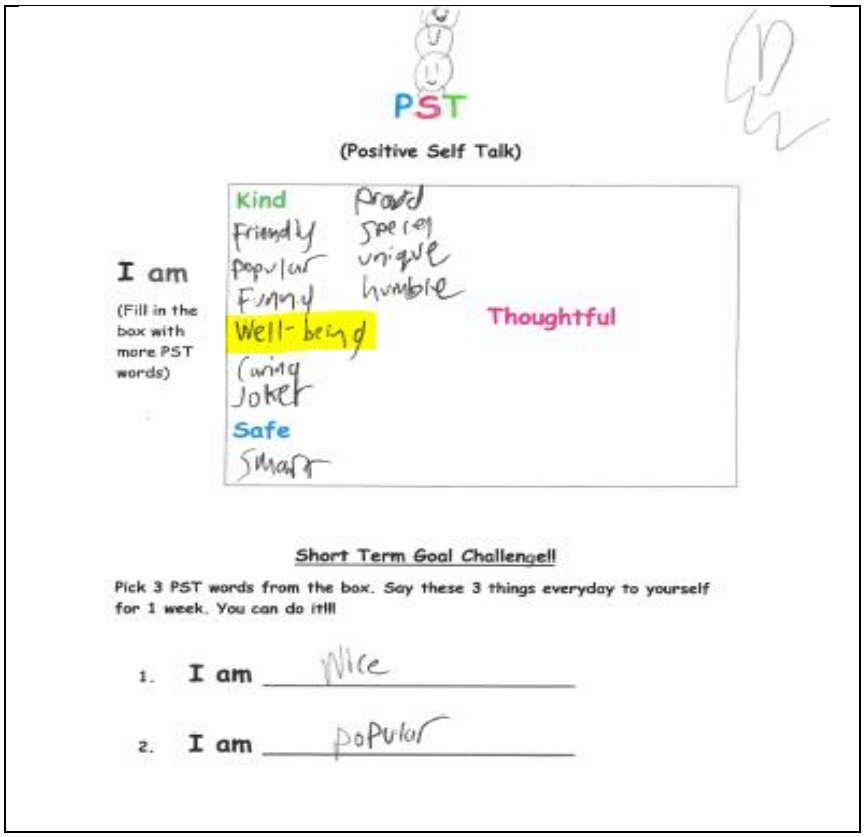
literacy within a short space of time where he used his voice to talk to his parent, teacher and the Intervention group. As recorded in his post Intervention interview "*branching out to others and finding out that I'm not the only one with these problems, other people have these problems as well"* is what helped Pupil D most.

The development of voice was also evident in all of the other Intervention participants who shared a similar journey in sharing their worries. By the end of the Intervention Pupils A, B and C were still reluctant to voice worries to their class teachers according to the data. However, they showed an increase in choosing the Intervention group and their parents to voice their worries. Pupil D had grown in confidence to voice his worries to his parent, class teacher and the Intervention group.

As the Intervention Lessons progressed, the children looked less to me for reassurance when speaking and voiced their opinions more regularly during Lesson activities. PST was introduced in the fifth Lesson.

As a group, we came up with the PST mantra of "*we are kind, we are special, we are funny"*, we repeated this mantra three times. The children then came up with their own personal PST mantra. They were given the choice to read it to the group. All pupils chose to read it aloud: Pupil C said, *"I am trustworthy, I am proud, I am a good listener, I am popular, and I am wellbeing".*

I noted that Pupil C had the agency to pick more than three phrases for his mantra and both Pupil C and D wrote wellbeing in their PST box. This was a great indicator for me that a wellbeing attitude was being adopted, fostered and empowered.



*Third mantra is taken out for ethical reasons.

Figure 20. Pupil C, PST Worksheet

Despite it not being part of my Intervention plan, during Lesson Four the children showed agency in asking to do meditation (Appendix 1) outside as it was a sunny day, which I agreed to. The children made comments on "*the smell of the grass*" and how "*the sun feels so nice*". I reflected that day and recorded how happy each child was outdoors.

During Lesson Five, Pupil D wrote in his post Lesson Reflection sheet which he read aloud to the group that he enjoyed 'yoga'. This pupil asked could he have his lavender eye pillow beside him during the floor yoga lesson as "*the smell helps me feel more relaxed"'*. I felt overjoyed with how this Pupil identified what makes him feel relaxed but also how he could voice and make a request for his own benefit despite the other children not making the same request which demonstrated empowerment, agency and independence.

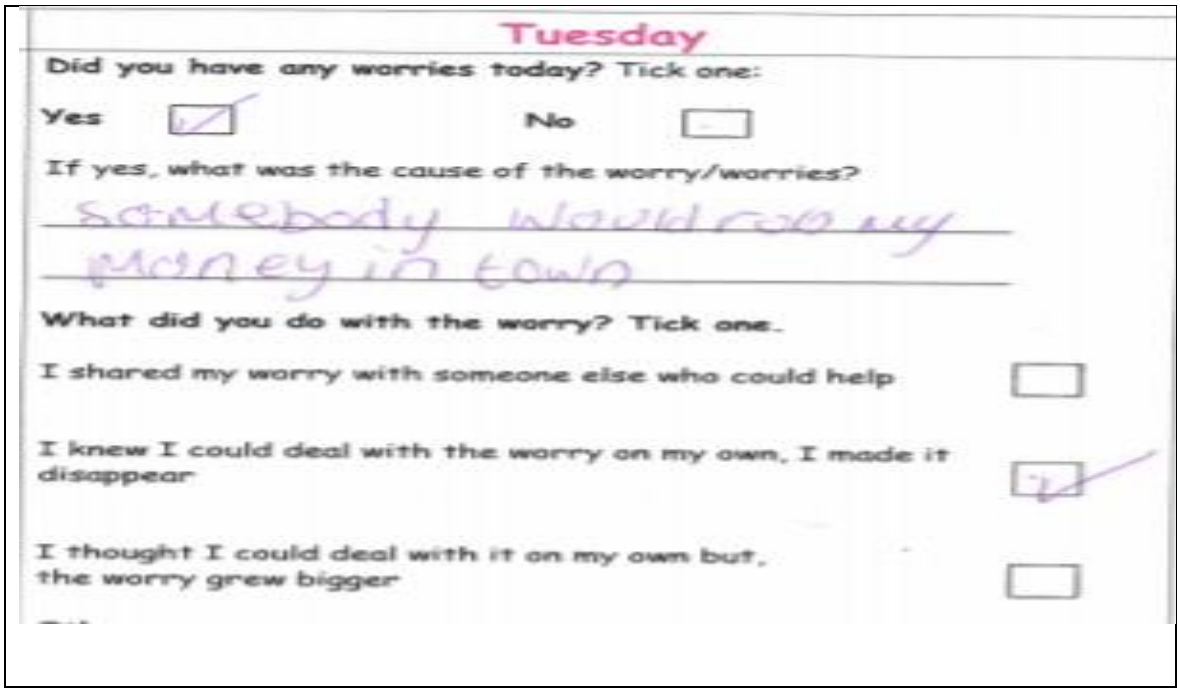
4.3.4.1 Growth in Confidence

In the early sessions of Circle Time, the most commonly discussed worries were mostly school related such as the "*Entrance exam, Talent show, tests and homework"*. As the

Intervention progressed and rapport grew within the group, I noted how the children became more confident as they shared deeper and more personal worries with one another during Circle Time. Their emotional literacy was applied as I could hear words from their Feelings Word Bank being used; "*my parents arguing gave me a headache"*, "*my brother was annoying me", "cycling lessons with the school makes me feel uncomfortable*" and *"I feel frustrated that I can't do swimming lessons with my class".*

In Lesson Four, Pupil B bravely voiced to the group that he is conscious of his body image and is attending Slimming World. Pupil's A and C responded with '*my mam is in Slimming World too'*. Both pupils said how their parents enjoy the classes which were to the delight of Pupil B as he was smiling. Pupil C contributed by saying, "*I used to feel insecure about my body and sometimes it would have me worried, I try to not really think about it anymore but now I'm eating the stuff that Slimming World tell us to eat, it's actually really nice, it doesn't really feel like I'm on a diet"*. Pupil D responded with "*hey I think you look great and if the worry is trying to tell you that you don't, you gotta tell yourself some PST. Can I also say that it sounds like you're learning new things in this Slimming World place, once you feel happy that is the main thing, a healthy body equals a healthy mind*". Pupil B shared a very personal worry that day. The group response was of encouragement and support which gave me feelings of pride. Pupil B was very surprised when Pupil C said he had felt the same way about his own body, reassuring his peer that he was not alone with that worry. This for me demonstrates real growth in self-confidence where two boys comfortably discussed their worries on their body image within a group.

Pupil A had the confidence to share a journal entry with the group in Lesson Four. She was worried *"somebody would rob my money in town"* and she said she used the strategy of Positive Self Talk to overcome that worry independently. The Intervention group participants all contributed to the conversation.


Tuesday

Did you have any worries today? Tick one:

Yes ☑ No ☐

If yes, what was the cause of the worry/worries?

somebody would rob my money in town

What did you do with the worry? Tick one.

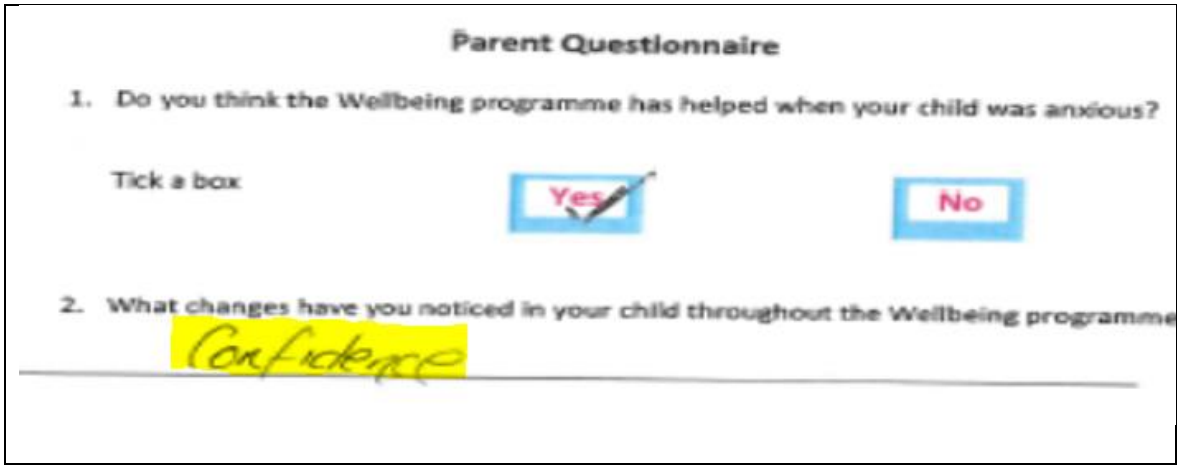
I shared my worry with someone else who could help ☐

I knew I could deal with the worry on my own, I made it disappear ☑

I thought I could deal with it on my own but, the worry grew bigger ☐

Figure 21. Pupil A Journal Entry, Week Four

Pupil A's confidence is emerging through her journaling and group discussions as she is independently overcoming worries using the Intervention strategies. This corresponds with her parent's data as Parent A noted in the post questionnaire a change in her child's confidence.


Parent Questionnaire

1. Do you think the Wellbeing programme has helped when your child was anxious?

Tick a box Yes ☑ No

2. What changes have you noticed in your child throughout the Wellbeing programme

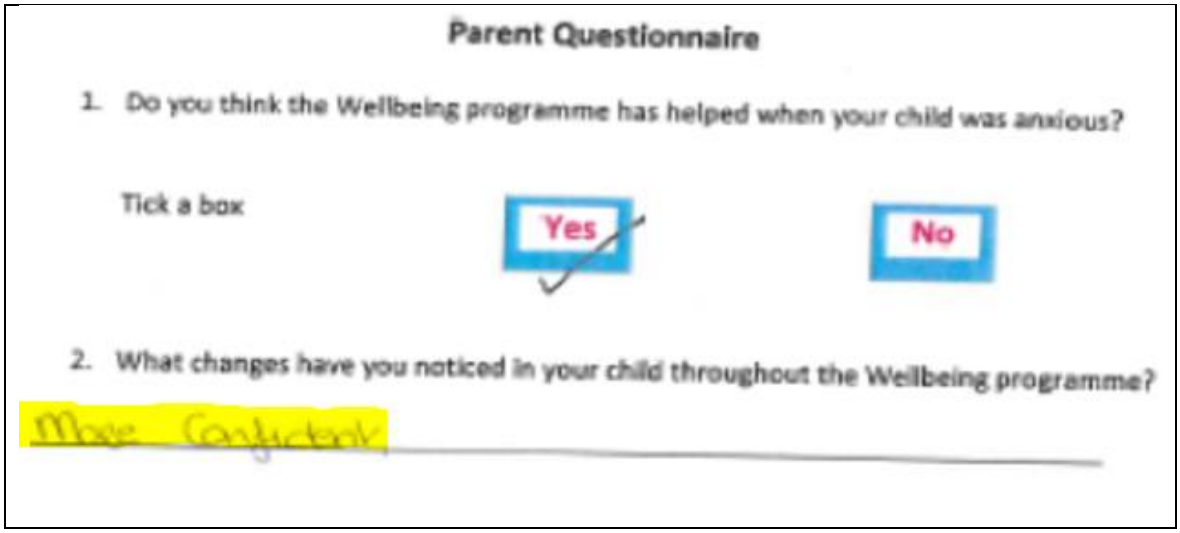
Confidence

Figure 22. Parent A Journal: Pupil A Confidence

The data collected in Teacher A's post questionnaire further supports the change in Pupil A's confidence. When asked 'Have you noticed any change in your pupil in other areas?' Teacher A wrote: *"more confident when speaking to me and during group work*". The

triangulation of data from pupil, parent and teacher validates the growth in Pupil A's confidence.

Similar recordings were made with Pupil C. For example, Teacher C stated in his post questionnaire that "*confidence has blossomed*!" when asked if he noticed any changes in his pupil post Intervention.


Parent Questionnaire

1. Do you think the Wellbeing programme has helped when your child was anxious?

Tick a box

Yes

No

2. What changes have you noticed in your child throughout the Wellbeing programme?

Figure 23. Parent C Post Questionnaire; growth in confidence in her son

In Lesson Five with the group, Pupil C looked embarrassed and sounded nervous and tense as he bravely shared with the group in Circle Time, "*I get really worried when my mam and dad leave the house even when someone's minding me"*. This worry was also documented by his parent in the pre-Intervention Spence Anxiety Scale Parental Report but the pupil did not document it in his Spence Anxiety Scale Report. After disclosing the worry, Pupil A put up her hand straight away and said "*yeh I used to always feel like that, sometimes I would get upset and ring my mam to come home"*. I could immediately see the look of relief on Pupil C's face as he spoke more confidently responding with "*yeh I usually ring a couple of times when they're out*". Pupil A said, "*I usually look at movies or something like that to take my mind off it"*. Pupil B contributed by saying he used to not like his mam and dad going away "*but now I do because whoever is minding me usually lets me stay up later on my Xbox*" The children giggled to this response. Pupil D said, "*I hated my mam and dad*

going away like really hated it until one day my dad explained that parents deserve to have a break too and then I realised, yeh you're kinda right dad".

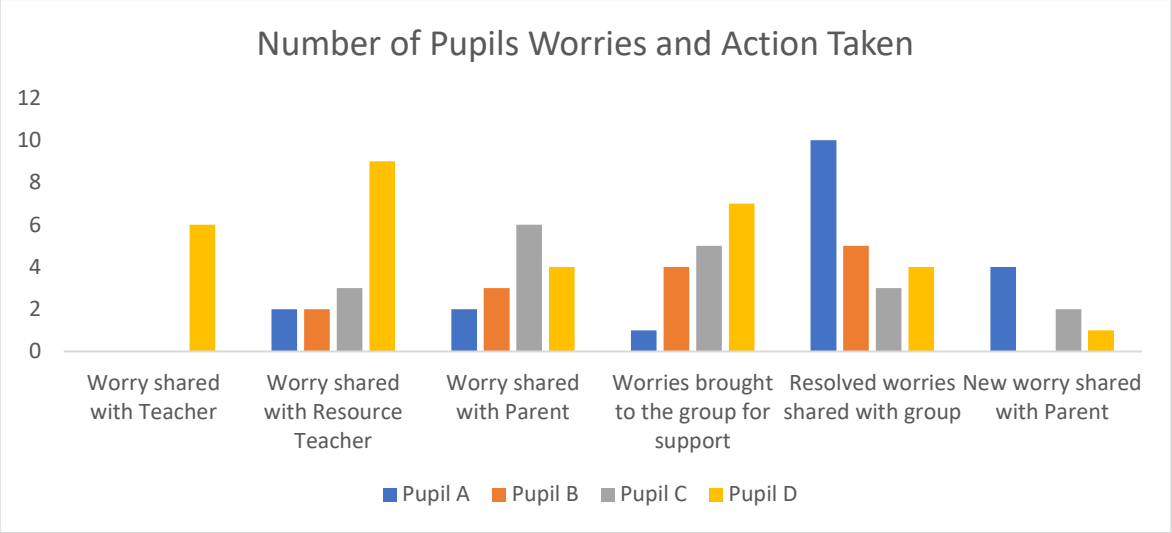
In that particular Circle Time discussion, the children shared their own stories and strategies with Pupil C and helped him construct a plan for the next time his parents are away. These strategies included "*PST, deep breathing, meditation, playing games, playing with friends, picking an activity that you like doing and talking to your parents*". Pupil C later confided in me that he didn't think the rest of the group would "*get it*" or understand his worry. He thought other people might think its "*weird or stupid*". He was surprised that all pupils genuinely could contribute to helping him without judgement. I reminded him of all the loving and supportive people he has in his life and that he is never alone with a worry no matter how big or small he thinks it is.

During Lesson Six, a short recap was given on the previous Lessons. The children were never tested in any areas of the Lessons but could readily remember in detail a variety of strategies they could use for each informal question I gave them. When asked 'how do you know if you are worried' Pupil C responded with "*my skin gets hot and my palms are sweaty that's how I know I feel worried",* he further explained that "*I can use my worry meter to decide if I can deal with it on my own or go to someone I trust like my mam or dad"*. When further questioned what if mam and dad are not around to talk to what would you do then', Pupil C replied "*I can wait until they're ready or pick someone else from my trust circle or do something like hurling or knock for my friends to help cheer me up"*.

Prior to the Intervention Pupil A expressed how she would have been reluctant to read aloud in class. Post Intervention she said, '*I don't mind reading in front of the class now'*. She is now confidently raising her hand to read or participate in class with me, which corresponds with her class teachers post questionnaire feedback.

Pupil D recorded in his Confidence Booklet that he is now "*good at dealing with worries"*. Pupil's A, B and C expressed no worries to their teachers throughout the Intervention. By

Week Two the experience of writing their worries in their daily journal built their confidence to discuss them with the group during Circle Time.



Graph 2: Number of Pupils' Worries; recorded by the pupils, their parents and class teachers

Initially, the children were hesitant in sharing their journal writings with the group. By Lesson Three of the intervention the pupils were expressing their worries recorded in their journal to the group without any prompting.

The highest rating on the graph above shows how the children experienced worries and had the confidence to share them with the Intervention group in Circle Time. This demonstrates how the children opened up when given the opportunity to talk about their worries in a safe space.

The growth in confidence is validated by the triangulation of data collected. As the intervention progressed, my role to demonstrate and lead the children in Circle Time lessened as I beautifully witnessed the children's confidence and agency strengthen as they took the lead to advise, trust, talk, question, encourage and support one another in both their good days and bad.

4.3.4.2 *Happiness*

Throughout the Intervention, the theme of happiness emerged. All pupils rated how they felt before and after each lesson with ten being the best they have ever felt and one being the worst that they have ever felt. All children rated a higher number after each lesson indicating that they felt happier after each lesson. On many occasions, the children felt happy on arrival as they were excited to be immersed in a wellbeing programme, as seen below.

Pupil C feeling "*happy*" and "*excited*" before Lesson One began.

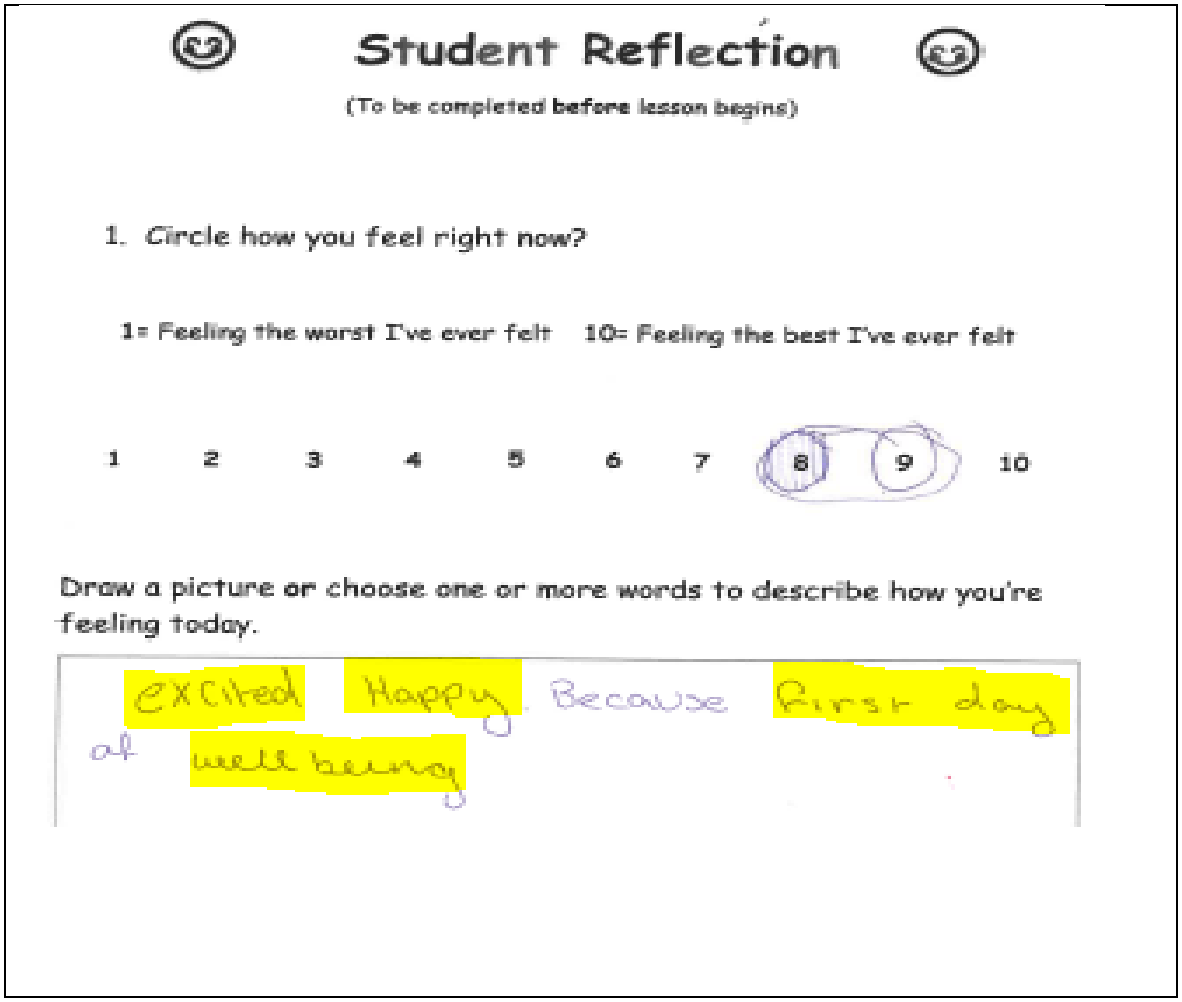
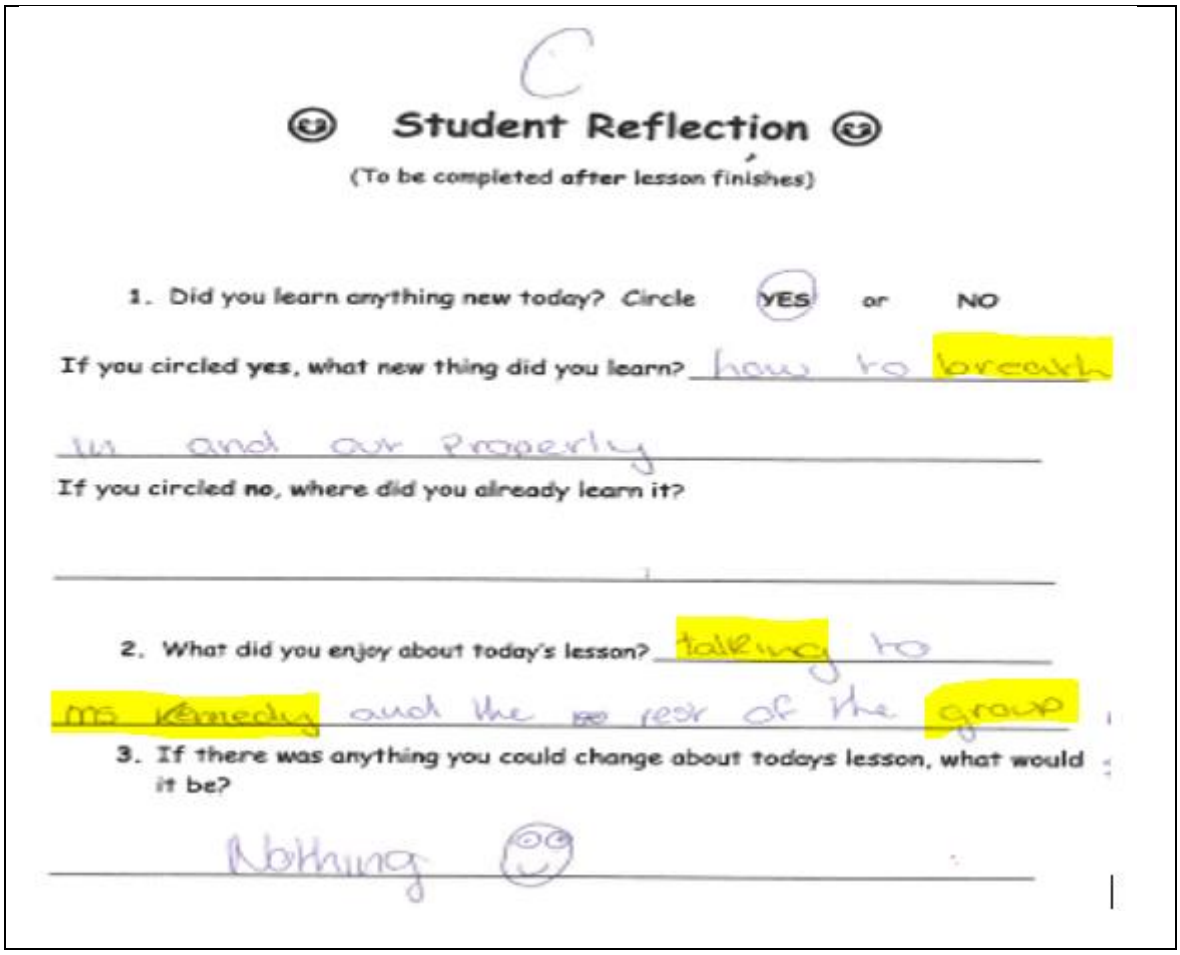


Figure 24. Pupil C feeling "*happy*" and "*excited*" Before Lesson One Began

During our breathing session in Week Three, I noted how all pupils chose to close their eyes without prompting. When another class was heard walking by Pupil B opened his eyes, took a quick glance and returned to his deep breathing position. The other three Pupils did not open their eyes for the possible distraction and remained focused on their breathing. Pupil A wrote in Week Three of her post-lesson reflection sheet that she felt happier after deep

breathing, *"I feel so relaxed because after doing it I got used to it"*. She explained to the group that deep breathing wasn't easy for her in Week One and after doing it each week she felt she was getting used to it and therefore found it more relaxing.

Pupil C recorded that he enjoyed "*talking to Ms.Kennedy (researcher) and the rest of the group*" as the most enjoyable part of the lesson.



C

Student Reflection

(To be completed after lesson finishes)

1. Did you learn anything new today? Circle YES or NO

If you circled yes, what new thing did you learn? how to breath in and our Properly

If you circled no, where did you already learn it?

2. What did you enjoy about today's lesson? talking to Ms Kennedy and the rest of the group

3. If there was anything you could change about todays lesson, what would it be?

Nothing

Figure 25. Pupil C Reflection Lesson Two

Pupil B's ratings were off the chart at +15 when he identified how he felt after meditation. This was a strong indication that he was extremely "*happy*" as well as excited, *"awesome*" and "*brilliant"*.

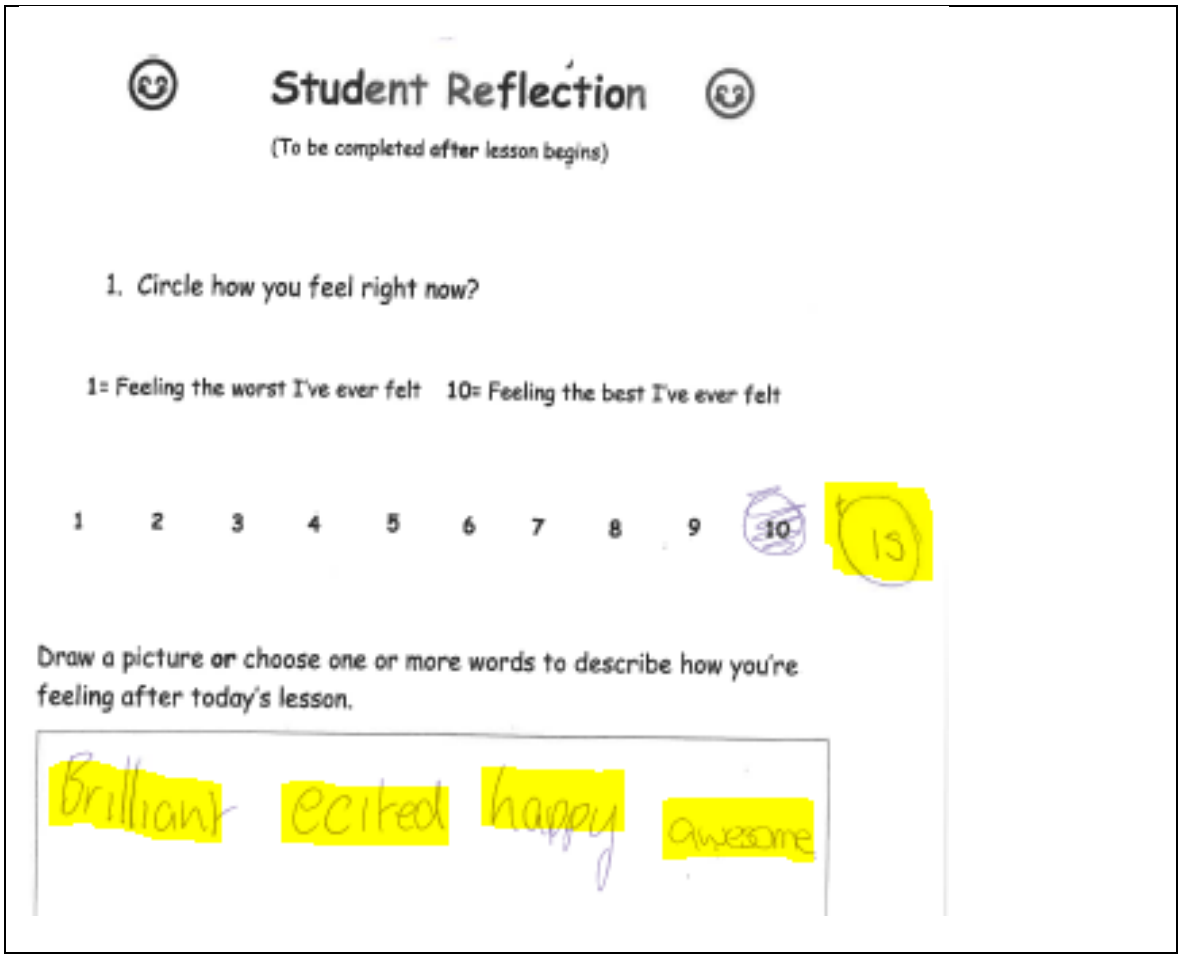


Figure 26. Pupil B Reflection Week Five

This corresponds with Pupil B's parent as she saw a change her son being "*more calmer, not angry*" which indicates a happier child as Pupil B suggests from his data.

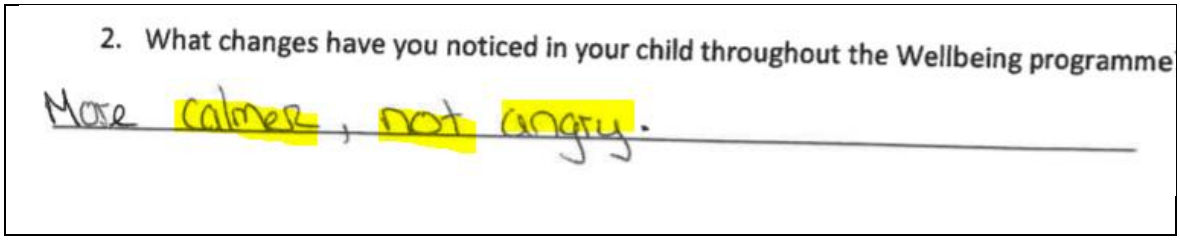
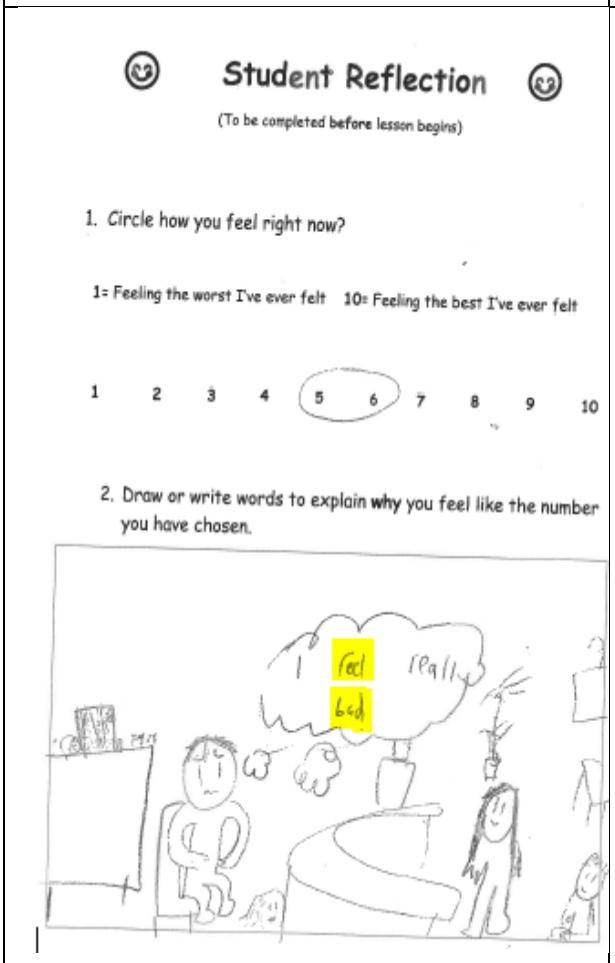
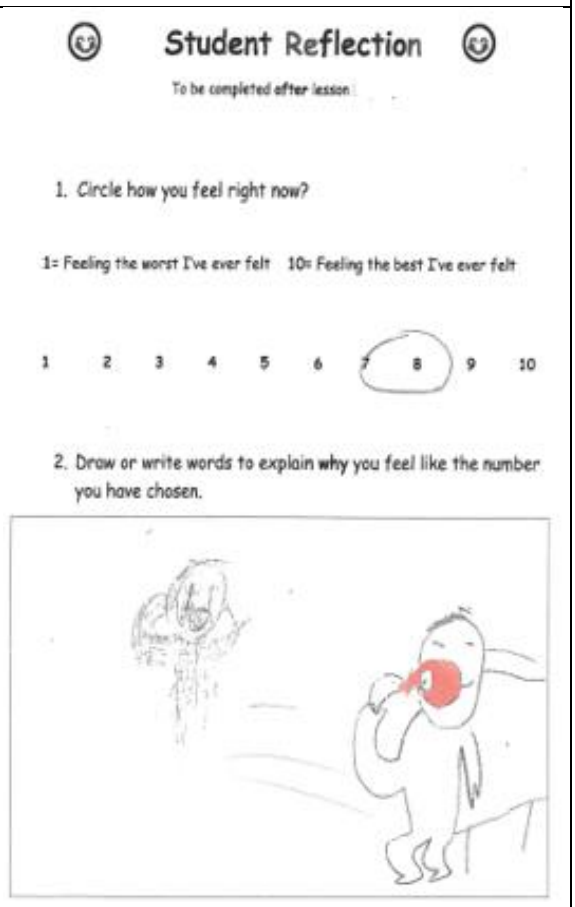


Figure 27. Parent B Post Questionnaire

Teacher C answered '*Yes, although this boy is reluctant to express his worries to me, he has become a lot happier in class*' in his post Intervention questionnaire when asked if he noticed any changes in his pupil.

Pupil D recorded before Lesson Four began how he felt *"really bad"* that day. He discussed his worries with the Intervention group. This Lesson included making a lavender eye pillow

and combined deep breathing with mindfulness meditation. Pupil D recorded that he most enjoyed "*mindfulness*" as he learned *"what it was like to leave my body"*. I did not foresee the language of Pupil D's recorded answers that day, it told me that he truly captured the essence of mindful meditation in a time when he was in need. His self-score rating after the lesson was higher than before the lesson indicating that he felt happier. His visual drawings also portray his before (in the Intervention room with the group) and after Lesson (out-of-body experience with lavender pillow) thoughts and feelings as explained to the group by the pupil.

Pupil D **before** lesson reflection.	Pupil D **after** lesson reflection.
	

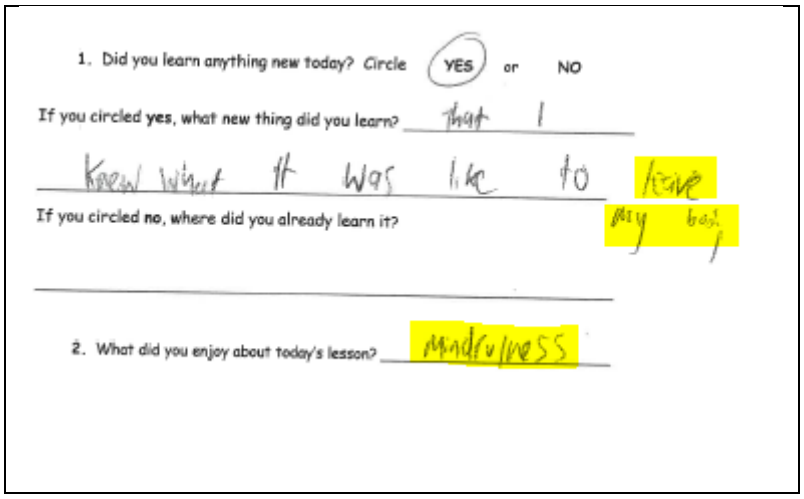


Figure 28. Pupil D Before and After Lesson Reflection Comparison

Parent D wrote in the journal entry below how his child was "*happy*" when he was "*in control*" of the situation by being able to "*explain*" to his parent why he was upset. Pupil D identified and requested a solution to his parent in order to help himself feel better. Not only is this an example of the child's happiness but also of his use of voice.

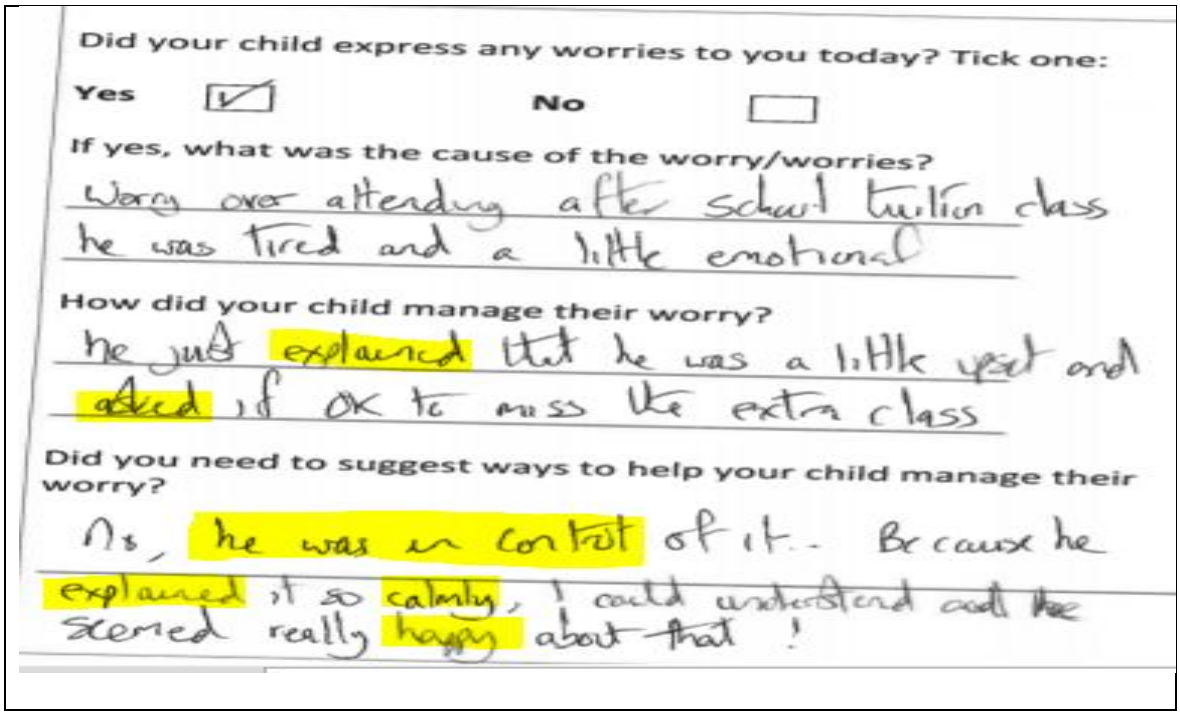
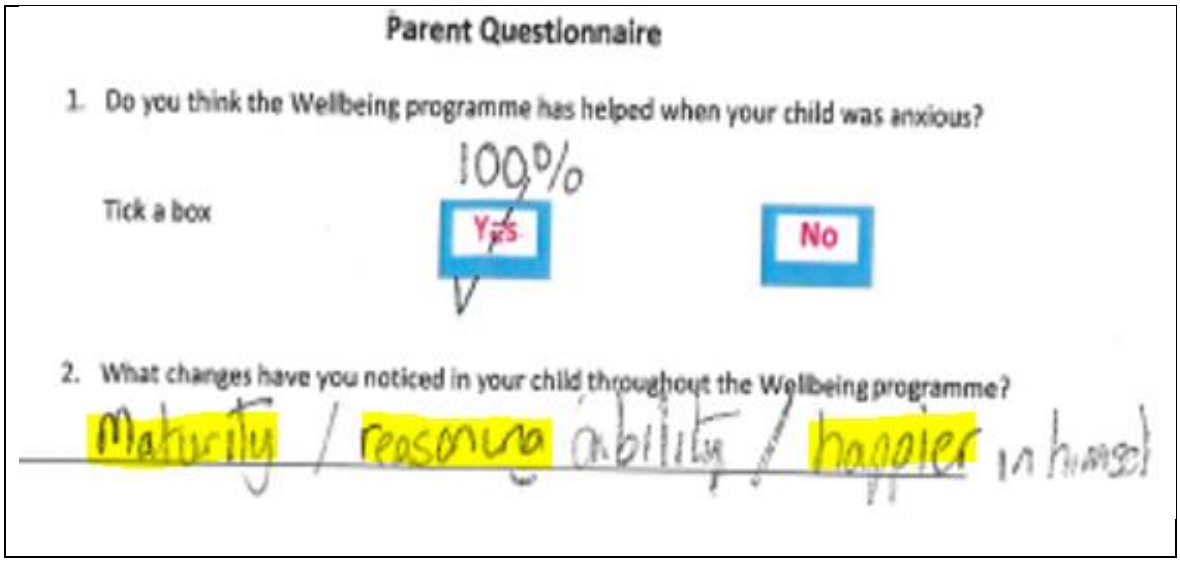


Figure 29. Parent D Journal Entry, Week Four


Parent Questionnaire

1. Do you think the Wellbeing programme has helped when your child was anxious?

Tick a box

100%

Yes

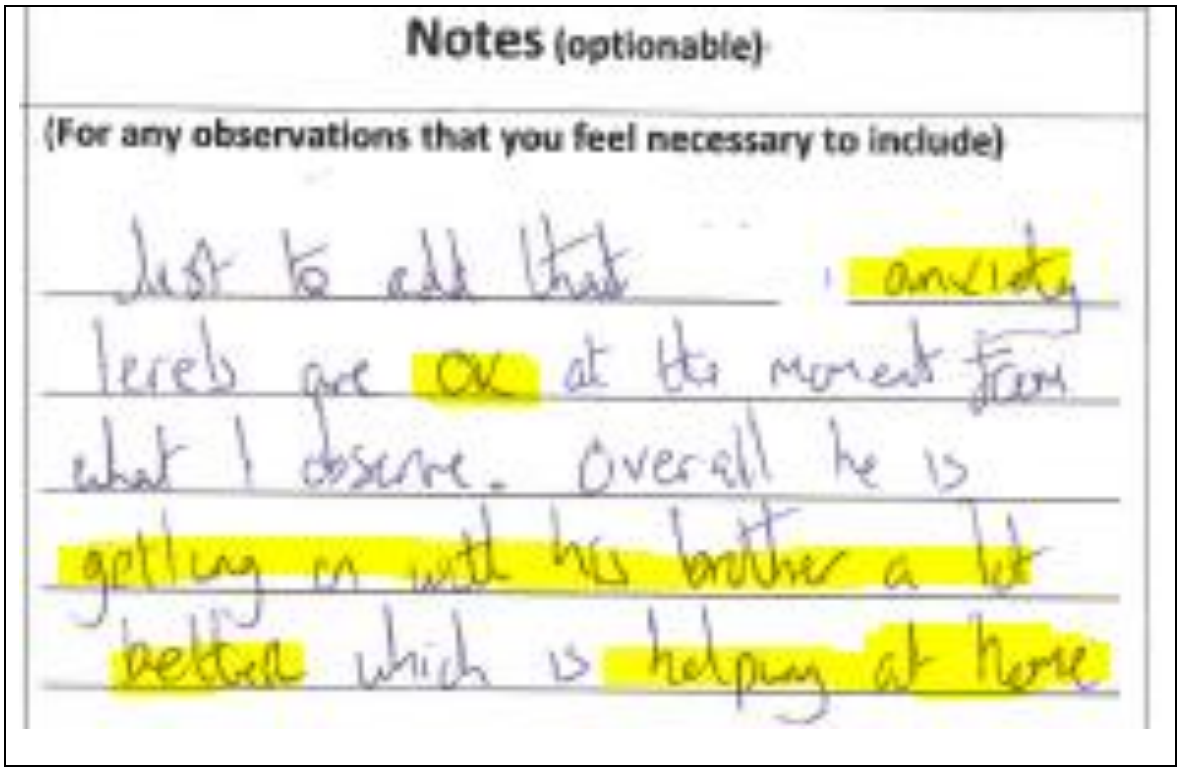
No

2. What changes have you noticed in your child throughout the Wellbeing programme?

Maturity / reasoning ability / happier in himself

Figure 30. Parent D Post Intervention Questionnaire; his son is "*happier in himself"*

Parent D in Week Six recording how his son "*is getting on with his brother a lot better which is helping at home*", which indicates a happier home life:


Notes (optionable)

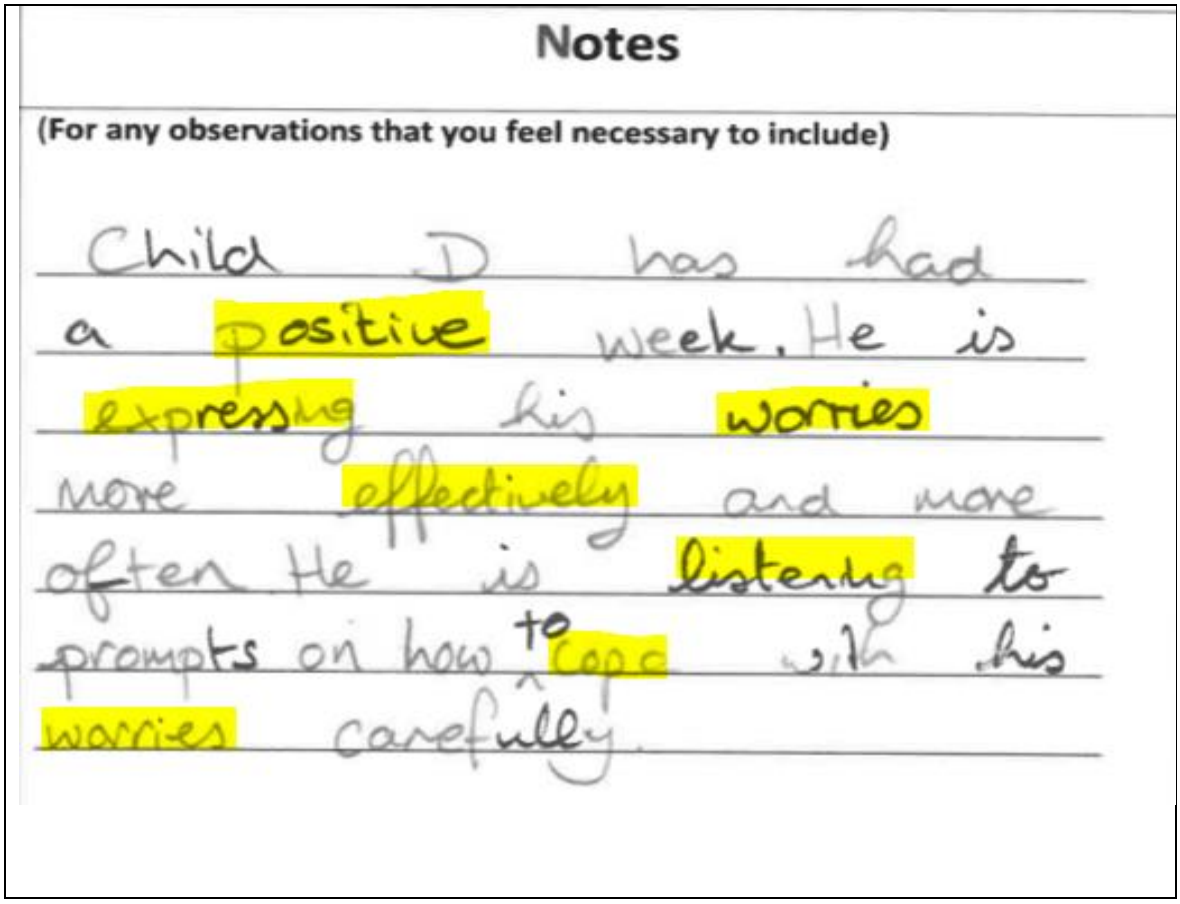
(For any observations that you feel necessary to include)

Just to add that anxiety levels are OK at the moment from what I observe. Overall he is getting on with his brother a lot better which is helping at home

*Name removed for ethical reasons

Figure 31. Parent D Journal Week Six

Teacher D noted how Pupil D was having a positive week which indicates that he is happier in class.


Notes

(For any observations that you feel necessary to include)

Child D has had a positive week. He is expressing his worries more effectively and more often. He is listening to prompts on how to cope with his worries carefully.

Figure 32. Teacher D Journal Entry Week Five

4.4 *Teacher Self-Growth*

The following emerged from the Teachers assessment of their Pupil's during the Intervention:

a) Teacher unaware of hidden anxiety among their pupils
b) Growth in learning new strategies.

In conclusion, while teachers were focused on delivering the curriculum, they found that the Intervention taught them new skills and gave them the confidence where they can recognise and support a child with or without worries, resulting in a more confident and happier child, with improved classroom and sport engagement.

4.5 *Summary of Findings*

In applying Brookfield's (2017) four lens approach, the value of giving the children a voice and listening to their understanding and experiences of anxiety recognition and management strategies was transformational. The data collected from the journals, pre and post questionnaires, the Spence Anxiety Reports for Children and Parents, observations and notes

showed how the pupils were empowered and developed agency leading to a significant change in their ability to recognise and manage their own and each other's worries.

The value of giving these children a voice and listening to their understanding and experiences of anxiety while they applied new vocabulary and strategies was enormous. The theoretical lens that provided the deepest advocacy perspective for this study was the Critical Theory. The data collected from the journals and the pre-questionnaires and post-questionnaires, the Spencer Anxiety Scale reports, showed how they were empowered and developed agency leading to a significant positive change in the pupil's ability to recognise and manage their own anxiety.

In feedback from the children, positive self-talk and deep breathing were the most useful as "*they are easy and don't take very much time….nobody knows you are doing them*". "*I will keep on doing these for the rest of my life."*

The data showed that pupils were empowered and often transformed by learning and practicing anxiety recognition and management strategies given by a Resource Teacher in the classroom with the support of class teachers and parents of the pupils. The Post-Script (Appendix 24) is a snapshot of the positive results experienced by the children following the Intervention.

5. Discussion

In this chapter, I will discuss my findings with reference to relevant literature. I will also look at the findings of other studies where similar interventions were made in schools.

5.1 *Hidden Anxiety*

I found it very revealing that worries children were experiencing were not observed by parents or teachers. This was mainly due to their lack of emotional literacy or confidence in sharing them with a teacher, parent or the group. Different anxiety ratings were also found between children, their parents and teacher (Federer et al., 2001). The reasons are attributed to several factors; age and cultural differences, different perspectives between adults and children and situational specificity of symptoms (Spence, 2018).

Other studies found the early signs and symptoms of anxiety are frequently unidentified or misidentified by teachers (Jovanovic, 2013). Teachers underreport emotional symptoms amongst their pupils (Youngstrom & Loeber, 2000). While research has discovered that primary teachers are able to identify moderate to severe anxiety symptoms (Headley & Campbell, 2011; Loades & Mastroyannooulou, 2010) and has proven that prevention and intervention programmes within the school environment are effective (Miller, 2009), these studies have not been able to determine teachers' ability to identify the subtle early signs of anxiety.

The reliability of parents reporting anxiety disorders relies on the insight and honesty of the parent and his/her information obtained and may, therefore, be susceptible to the biased perceptions or motivations of the parent (Rapee, 2002). Just as I experienced, a failure to find convergence between child and adult reporting did not mean that children could not provide meaningful self-report on their anxieties (Martini et al., 1990).

5.2. *Child Empowerment; growth in confidence and happiness*

The key result of my Intervention was witnessing the children gain agency and value in their opinions and experiences, as shared during Circle Time, in their journals and in frequent spontaneous conversation. The Intervention data showed growth in the children's ability to articulate their worries, particularly with the Intervention group. At times it was difficult for me to witness fear, hesitancy or embarrassment within the children as they voluntarily opened up to the group with more personal worries. It was important for me not to intervene when this happened (unless necessary) as I wanted to capture the natural response of the group without having influenced their opinion. During these times, I learned of the compassion, kindness and empathy children had for one another as they constructively supported each other in a humane way with any worry that was brought to the group's attention which had me beaming with pride as their Resource Teacher. I now feel confident that the children know that talking is a way to cope with a worry and having someone to listen can help them feel supported, identify the trigger, which can break a cycle of avoidance, making them better equipped to recognise and manage anxiety (MHI, 2015).

Despite it not being part of my Intervention plan, during Lesson Four the children showed agency in asking to do meditation outside as it was a sunny day. I agreed to their request as my values and belief in using a holistic approach to children's learning through the senses, learning and valuing nature came through (Bruce, 2012). The children made comments on "*the smell of the grass*" and how "*the sun feels so nice*". The bigger role that nature plays in our lives, the greater sense of wellbeing we will feel (Berman et al., 2008). My Intervention framework was flexible as I constantly considered the wellbeing and holistic needs of children which is similar to Figure 2 in my literature review which shows a three levelled flexible framework to support children's wellbeing in schools (DES, 2018:14).

The value of teaching them anxiety recognition and management strategies was transformative for them resulting in their feeling "*happy*". They loved the sessions and experienced the difference the strategies made to their lives.

Teaching student's self-regulation "*the self-control of thought, action, and emotion*" (Zelazo & Lyons, 2012: 154) can reduce anxiety and increase academic and sports performance (Ader & Erktin, 2010). In my Intervention, class Teachers A and B recorded in their post questionnaire that their pupils had better engagement in class. Teacher C who is also the hurling coach to Pupil C emphasised to me in an informal meeting in Week Five of my Intervention how well Pupil C had been playing lately. He said, "*I don't know if it had anything to do with the Intervention but there has been a noticeable change in his performance regarding his confidence and self-esteem on the pitch"*. In another informal meeting in Week Six Teacher D said that Pupil D had been "*needing less breaks in class and his ability to articulate his worries to him has significantly improved*". During the middle of the Intervention the pupils sat their Entrance Exam for secondary school. No reports were received from the class teachers, parents or children that this exam caused any worry, in comparison to the beginning of the Intervention where "*spelling tests*" were mentioned or recorded in the Pupil's journal as a worry to some of the children.

Deep breathing followed by positive self-talk was the most frequently cited strategies used by the children. Positive self-talk was identified by all the children in my Intervention as one of the most useful anxiety-reducing techniques alongside deep breathing as both can be done discreetly and without anyone noticing. Given the powerful impact that these simple strategies of deep breathing and positive self-talk had, I will now compare my findings with other similar studies. Lohaus and Klein-Hessling (2003) found the deep breathing technique was the most frequently used strategy that reduced anxiety recorded by parents and their children in school. The purpose of this study was similar to my Intervention with the focus on empowering the children and enabling them to utilize relaxation techniques when they

felt anxious. Similarly, Semple et al. (2010) found using CBT (mindfulness, breathing and meditation) during ninety-minute sessions over twelve weeks, was effective for reducing anxiety in children with the highest levels of anxiety, but no significant reduction was shown for children with lower levels of anxiety. Children reported a significant decrease in attention problems after completion of the sessions. In Beauchemin et al. (2008) study to determine the effects of mindfulness meditation on students in a class over five weeks, students rated their social and behaviour skills much higher at the end of the study. Teachers' ratings of students' academic skills increased significantly as well.

5.3 *Parental Engagement is Essential*

By working closely with the parents, I was able to support them in understanding the Intervention strategies and how to apply them. Parental engagement in the Intervention proved hugely beneficial for them in their own growth in self-confidence and agency and in supporting their child to recognise and manage their anxieties.

Warm, responsive parenting styles are associated with positive child adjustment across social, emotional, and academic domains (Kim-Cohen et al., 2004). Inclusion of parents in the treatment of childhood anxiety is associated with greater improvements in both children and in their parent's management of anxiety (Bögels & Phares, 2008). Parents play an important role in monitoring progress and reinforcing the skills within the home environment after they have received parent training techniques (Higa-McMillan et al., 2016). Silverman et al. (2008) found that children responded significantly better to CBT and family support than CBT alone.

Manassis et al. (2014) found that the type of parental involvement that included parents learning to use contingency anxiety management strategies resulted in increased gains between posttreatment and one-year follow-up. On the contrary, other studies show where parents of anxious children are more involved are less encouraging of autonomy and independence than parents of non-anxious children (Hudson & Rapee, 2001). These studies

found a modest association between parenting and child anxiety suggesting that understanding the origins of children's anxiety requires identifying factors other than parenting to support the child with anxiety.

5.4 *Teachers Self-growth*

Emotional aspects of anxiety should be addressed by teachers along with the cognitive aspects (Bensoussan, 2012). The teachers in my Intervention appreciated the anxiety recognition and management strategies that they learned. Teacher C recorded in his post questionnaire that the Intervention "*has given me new skills as a teacher to recognise anxiety in children*". Teacher B wrote that "*it was great to see what was being covered and for tips"* and Teacher D documented "*I have become a lot more patient and feel more able to cope with a child who has anxiety*". It showed that teachers need support to increase their knowledge and the strategies they employ to deal with problems, stress, exhaustion, and frustration (Wagner, 2012). Teachers can be taught mindfulness-based CBT for use in the classroom. In a UK study, teachers commented that they had found the FRIENDS programme beneficial for themselves and they learned a lot about emotional health (language and skills) for their own personal development, as well as gaining more emotional insight into the children (Skryabina et al., 2016).

5.5 *School-Based Interventions*

Implementing my Intervention in my school had many advantages such as support from the school Principal, sharing with other teachers, my own pupils and their parents. My Intervention showed evidence of short-term benefits reported by the children (teachers and parents) as the six sessions progressed with the four pupils, their parents and class teachers. The transformative change I found among pupils and their parents over the Intervention indicated that this number of sessions were required. However, it is important to emphasise that my rapport began developing with the children at the beginning of the school year, six months prior to the Intervention commencing. The transformative change was found within

the teachers in my Intervention, who recorded that they felt better equipped to recognise and manage anxiety with their current and future students. However, by the sixth lesson, children had become confident and perhaps if the sessions had continued, I would have needed to take a different approach.

Schools provide an accessible and convenient location to deliver mental health Interventions. Miller (2008;2009) believes that educators are in a unique position to identify anxiety symptoms and plan for next steps because of their opportunity to observe and interact with children regularly over a substantial period.

According to the most recent policies, frameworks and conferences held by the Teaching Council on Wellbeing, Ireland's education sectors are expected to play a significant role in promoting and supporting the mental health of children. While no statistically significant effect of FRIENDS was observed, assessing the secondary outcomes of self-esteem and worries indicates that there were positive changes in these areas, as commonly noted by teachers and parents increase in children's confidence and self-esteem (Stallard et al., 2014; Skryabina et al., 2016).

Miller's (2008; 2009) research on the implementation of the FRIENDS for Life programme reports that some of the Interventions are effective and successful, and at the same time, others seem ineffective and unsuccessful. She stresses that it is a challenge to determine the rationale for this as there are many barriers to conducting research within the school environment. Of note from her work is that regardless of the results of intervention programmes, they improve awareness of anxiety for children, parents and educators and ultimately increase the numbers of referrals clinical specialists receive.

The study by Skryabina et al. (2016) of the FRIENDS programme in 40 schools in the UK providing primary education to children aged 7–11 years reported overall experience of the programme was very positive, with all three major components of the CBT programme (emotional, cognitive, and behavioural) being well accepted and valuable in teaching

children important skills, particularly emotional regulation and coping. Children provided examples of using the skills learned to manage their emotions and solve problems. However, teachers were concerned that the programme overlapped with the current school curriculum, required additional time and almost half were unable to identify any tangible changes in the children's behaviour. The concerns raised by teachers question the longer-term sustainability of the programme.

Mackenzie and Williams (2018) review of 12 studies which aimed to assess the quality, content and evidence of efficacy of universally delivered (to all pupils aged 5–16 years), school-based, mental health interventions designed to promote mental health/well-being and resilience found only four studies were rated 'excellent' quality. They concluded that the current evidence suggests there are neutral to small effects of universal, school-based interventions in the UK that aim to promote emotional or mental well-being.

5.7 *Limitations*

Given the nature of my study and despite my additional training, I found it was necessary to seek tailored support from my supervisor, who has expertise in child mental health. This highlights the need for teachers to be trained in Interventions of this sort to minimise their limitations.

In promoting wellbeing to others, I had to maintain my own wellbeing. My study was limited at times, for example, when I did not sleep well or gave time to exercise as it had an effect on my energy levels and thought process. Achieving consistent wellbeing proved difficult when trying to balance full-time work and study life.

6. Conclusion

High levels of anxiety in school-aged children affect both their quality of life and their ability to benefit fully from their school experiences (Spence, 2018; Tramonte & Willms, 2010). Developing, nurturing and sustaining our wellbeing is a lifelong process (DES, 2018). My vision for this study was to support children in recognising and managing anxiety which further promotes their personal wellbeing. I learned through my short Intervention that children were quickly able to recognise anxiety in themselves and each other. Once the anxiety was recognised, they applied the strategies learned.

My values of hope, positivity, social justice, equality and empowerment inspired me to upskill and implement vital life skills to the children throughout the Intervention. I believe every child can ultimately benefit from the flexibility of the strategies I used in my Intervention which was tailored for different ages and backgrounds. I generated a living theory of learning to teach in a manner that promoted and ensured I positively supported four children to gain skills to recognise and manage anxiety. I am confident these children are empowered to use them when/if in need throughout their lifetime.

The development of my thinking, through the process of self-reflection and action, enabled me to strengthen my Intervention strategies as I implemented each lesson. Based on my learning and critical reflection of my Intervention, I plan to further adapt and introduce these strategies throughout my teaching career as I feel more confident delivering anxiety recognition and management skill lessons to the children and more confident advising parents and colleagues who seek advice from me.

I am now absolutely convinced of the need for wellbeing promotion to prevent, recognise and manage anxiety in the school setting. As Pupil D recorded, wellbeing "*is one of the most important things up there with maths, science, geography, English, Irish. Like maths and stuff, it is really important to manage wellbeing, because say you're a maths professor and you know the value of pie and you can solve any maths problem in the world but you don't*

have the time to and you're constantly stressing and you don't know what to do. If the teachers taught you how to handle your mental wellbeing you'd be much better in that situation, you'd be able to calm yourself down and keep going on. So, learning that sort of stuff in school is up there with some of the most important subjects."

As nearly 2,700 children are waiting to be seen by the Child Adolescent Mental Health Services (CAMHS) with over 400 children waiting longer than a year (Barnardos, 2018). This is a crisis and the crisis is probably greater as these figures do not take into account those children who have not been referred to this or other similar services. Rather than wait for these children to fail, it is a moral imperative and a matter of urgency to implement in full the DES Wellbeing Policy (2018). Our children deserve their whole being, heart and mind, to be educated and our teachers deserve the resources and time to do so. Symptoms of anxiety are present in children's earliest years of development and the effects can be observed in the educational environment (Buss, 2011; Campbell & Headley, 2011; Loades & Mastroyannopoulou, 2010; Miller, 2008). As anxiety is the most common psychological disorder of childhood and adolescence, identification and prevention efforts must occur early in the child's life, to help children develop self-regulation skills from as young an age as possible (Cartwright-Hatton et al., 2006; American Psychiatric Association, 2013).

My Intervention with four pupils, their parents and class teachers had a very positive impact over the six Lessons and beyond. My Intervention findings are supported by many similar Interventions – in particular, the FRIENDS programme. It has convinced me that this type of Intervention should be a key component of early childhood, primary and secondary school education to support social and emotional development that will have a lasting impact into adulthood. My research has shown that children still worry without showing visible signs or voicing their worries to someone who can help.

My Intervention and my literature review have convinced me that anxiety recognition and reduction strategies must involve the wider school community of students, parents and

teachers. When teachers, parents and children are provided with the training and strategies, they are better equipped to prevent the anxiety that might arise, to identify anxiety when it is exhibited and to intervene with effective strategies. All parties need as much information and knowledge as possible so that they themselves can respond to anxieties and/or continue to identify concerns and seek support as needed.

I very much welcome the new Wellbeing Policy Statement and Framework for Practice 2018-2023, delivered by Ireland's Minister for Education, where all schools are compelled to show evidence of wellbeing promotion that is supported by strong leadership, quality teaching and learning (DES, 2018).

Integrative strategies that combine the evidence base for the effectiveness of interventions to support positive gains in students' social-emotional and academic outcomes is strong (Fazel et al, 2014). A large range of evidence shows that children learn more effectively if they are happy in their work, believe in themselves, and feel supported (DES, 2018). The knowledge base of anxiety recognition and reduction strategies is expanding. Integrating classroom-level and student-level interventions have the potential to sustain educational, health, and mental health improvements for children (Fazel et al., 2014).

Both ethical and scientific justifications exist for the integration of mental health and education when coupled with the use of evidence-based practices promote the healthy development of children (Fazel et al., 2014).

Fazel et al. (2014) argue that future research should focus on system-level implementation and maintenance of these integrative interventions over time. In light of common stigmas associated with mental health, school-based interventions may also promote more positive attitudes towards wellbeing (Spence, 2018). Normalising conversations regarding wellbeing could prevent mental health problems and could increase the likelihood of students receiving early treatment when required (Spence 2018; Weist, 1999).

Recent studies carried out in Ireland highlight the need to ensure investment in targeted mental health services for early prevention, detection and intervention are available for children to protect against the risks associated with mental ill-health (Cannon et al., 2013).

6.1 *Recommendations*

I strongly recommend that education policymakers, decision makers and curriculum personnel look at the whole child and provide the support and encouragement needed to increase achievement and wellbeing in our children today. The DES (2018) Wellbeing Policy and Framework for Practice 2018-2023 outlines its implementation mainly through S.P.H.E. To be fully effective, it needs to be creatively embedding anxiety reducing strategies into other curriculum subjects such as art, music, religion, drama and physical education where children, staff and families will benefit and opportunities for future success will become a real possibility.

I strongly recommend that such initiatives are resourced, funded and sufficient time allocated for their implementation. Training teachers in wellbeing promotion skills not only assists in preventing anxiety but also the identification and referral for children who need support. This will help teachers feel less overwhelmed by the emotional and behavioural challenges in their classroom.

I further recommend that high-quality and large-scale evidence-based research is carried out in order to robustly test any gains in social, emotional and academic outcomes in the short or long term for children and on the wider educational or health system. This can further define an influence ethical and scientific justifications for expanding wellbeing in schools.

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Appendices

Appendix 1. Ethics Approval

Ethics Approval for Master of Education (Research in Practice)

Student name:

Student Number:

Supervisor:

Programme:

Thesis title:

Research Question(s):

Intended start date of data collection:

Professional Ethical Codes or Guidelines used:

1(a) Research Participants: Who will be involved in this research? *(Tick all that apply)*

Early years / pre-school	
Primary school students	
Secondary school students	
Young people (aged 16 – 18 years)	
Adults	

Provide a brief description of the individuals and their proposed role in your research below:

1(b) Recruitment and Participation/sampling approach: *How will these participants become involved in your research? What type of sampling is involved? Please describe the formal and informal recruitment processes? Please describe the type of participation and level of engagement of participants? Are there gatekeepers and what is their part of sampling process?*

2. Summary of Planned Research (*please indicate anonymised location type, purpose and aims of research, research questions and design, methods to be used and time frame, process of analysis) [250 words]*

3.Ethical Issues: Please outline the main ethical issues which may arise in the course of undertaking this research. *Outline the nature of consent and assent pertaining to participants. (You should discuss these concerns and outline the responses/supports you will provide in the boxes below)*

Vulnerability *(minimising risk, discomfort, coping with unforeseen outcomes, can any aspect of the research give rise to any form of harm to participants, including the researcher)?)*

Power dynamics *(between researcher-participants, amongst participants, insider-research, reflexivity, gatekeepers, working with your colleagues, working with students, etc)*:

Informed consent and assent *(for participants - and guardians where appropriate. Please also note* any *other approvals that may be required from other bodies (i.e. Board of Management.):*

Sensitivity *(topics that may be potentially sensitive, intrusive or stressful, have you considered what to do in relation to dealing with the aftermath of a sensitive disclosure? how do you intend to deal with unexpected outcomes?)*

Data storage *(where will the findings be stored; will they be published? And by whom?)*

Attachments
Please attach, where available and applicable, information letters, consent forms and other materials that will be used to inform potential participants about this research.

Declaration *(Please sign and date)*

'I confirm that to the best of my knowledge this is a full description of the ethical issues that may arise in the course of undertaking this research.' If any of the conditions of this proposed research change, I confirm that I will re-negotiate ethical clearance with my supervisor.

Signed: _____ Date: _____

Appendix 2. Informed Consent

Maynooth University
National University of Ireland Maynooth

Child's name …….

I am doing a project about ways of teaching children to recognise when they are worried and skills to help them stay relaxed when this happens. You are invited to join this project by taking part in activities and discussions in a small group with me in school. You are invited to do two surveys, an interview and to keep a daily record which you will share with me for six weeks. Your class teacher and I will also keep a daily record of how you are doing during the project.

I have asked your Mum/Dad or Guardian to talk to you about this project.

If you have any questions, I would be very happy to answer them. If you join the project and change your mind after we start, that's ok too. You don't need to give a reason.

If you understand and would like to be part of the project?

Tick a box

Yes

No

Signed:_____ Date:_____

Maynooth University Froebel Department of Primary and Early Childhood Education

Roinn Froebel Don Bhun- agus Luath-Oideachas
Ollscoil Mhá Nuad

PARENTAL CONSENT FORM

I have read the information provided in the attached letter and all of my questions have been satisfactorily answered. I understand the study and voluntarily agree to the participation of my child in this study.

Name of Child _____

Parent / Guardian Signature_____

Date: _____

Contact details: **E:**

Maynooth University Froebel Department of Primary and Early Childhood Education

Roinn Froebel Don Bhun- agus Luath-Oideachas
Ollscoil Mhá Nuad

TEACHER CONSENT FORM

I have read the information provided in the attached letter and all my questions have been satisfactorily answered. I fully understand what is asked of me for this study. I voluntarily agree to participate.

Teacher Signature: _____

Date: _____

Contact details: **E:**

Appendix 3. Letter to Board of Management

Dear Board of Management,

I am currently undertaking a Masters in Education (Action Research) with Froebel Department of Education, Maynooth University. Self-Study Action research is a method of research whereby you study an area of your practice which you seek to improve or transform and to develop new knowledge within. The aim of my research is to improve my skills as a teacher by investigating and developing Wellbeing programme to support children to recognise and manage their anxiety when needed.

My thesis will look at supporting children by giving them tools and strategies to recognise and manage their anxiety. I will be developing a tested intervention programme which is suited to all children in senior school but for the purpose of my study and my resource setting, four children that I teach, their parents and class teachers will be involved. Through the methodology of action research, I will be focusing on myself in this study and how best I can improve my teaching of supporting children to recognize and manage their anxiety when needed. I will be observing and conferring with the children and parents during the intervention to collate data for this study. I will be putting this intervention in place the last week of January for six weeks and will analyze the data collected post-intervention. I will assess and collect data during their participation through observations, surveys, daily journals, interviews and note taking while adhering to the school Data Protection Policy and the school Child Safeguarding Policy.

The anonymity of the participants and the school will be maintained throughout and after the study to the best of my ability. All information gathered will remain confidential and will be destroyed in a stated timeframe in accordance with University guidelines.

In accordance with the Maynooth University Ethics Policy, the children and parents will be given letters of assent. I will provide their parents with an information letter which they can read together with their child detailing their roles in this study. Furthermore, if at any stage a child or parent decides to opt-out of this study, it is within their rights and will be adhered to. They will have been informed that they are free to make this decision at any stage without any repercussions attached to the decision.

The intervention is designed to be shared with my colleagues and other teaching professionals if they wish to use it with their class. I hope that you deem this to be a worthwhile endeavour for me to undertake this research.

If you have any queries on any part of this research project, feel free to contact me by email at:

Thank you for taking the time to read and consider this,

Yours Faithfully,

Aislinn Kennedy

Appendix 4. Participant Intervention Information

Maynooth University Froebel Department of Primary and Early Childhood Education

Roinn Froebel Don Bhun- agus Luath-Oideachas
Ollscoil Mhá Nuad.

Information Sheet for Teachers

Who is this information sheet for?

This information sheet is for class teachers of the selected children.

What is this action research project about?

Self-Study Action research is a method of research whereby you study an area of your practice which you seek to improve or transform and to develop new knowledge within. This project will involve an analysis of an area of my own practice. I am doing this research to find techniques to help children recognise and manage their anxiety when needed. I am required to produce a thesis documenting this action research project.

What are the research questions?

1. How did sixth class children describe their feelings and behaviours about anxiety before engaging in anxiety recognition and management strategies?
2. How did sixth class children engage with and respond to anxiety recognition and management strategies during the intervention lessons?
3. How did sixth class children, who completed a six-lesson intervention on anxiety recognition and management strategies, assess their experience and describe how they have used and will use them in the future?
4. How did parents of the children assess their children's experience of the six-lesson intervention?

5. How did class teachers of the children assess their experience of the six-lesson intervention?

What sorts of research methods will be used?

- Observation
- Daily Journal
- Questionnaires
- Note taking
- Interviews
- Reflective tasks.

Who else will be involved?

The study will be carried out by me, Aislinn Kennedy, as part of the Master of Education course in the Froebel Department of Primary and Early Childhood Education. It will be conducted in a small group setting with a maximum of four children. The class teacher and parents of the selected participants will also be involved in the data collection and supporting the child.

What are you being asked to do?

You are being asked for your consent to permit me to undertake this study with the selected child/children in your class.

Selected students, their class teachers and parents will keep a daily journal for the duration of the intervention.

Please note, you can withdraw from the study at any time without reason.

What will happen with the information collected?

I will write a thesis which will be supervised by Deirdre Forde and submitted for assessment to the module leader Dr. Bernadette Wrynn. It will be examined by the Department staff at Maynooth University. The external examiners will also access the final thesis.

In all cases the information that is collected will be treated with the utmost confidentiality and the analysis will be reported anonymously.

The data captured will only be used for the purpose of the research as part of the Master of Education in the Froebel Department, Maynooth University and will be destroyed in accordance with University guidelines.

If you have any queries, please do not hesitate to ask.

Contact details: **E:**

Maynooth University Froebel Department of Primary and Early Childhood Education

Roinn Froebel Don Bhun- agus Luath-Oideachas
Ollscoil Mhá Nuad.

Information Sheet

Parents and Guardians

Who is this information sheet for?

This information sheet is for parents and guardians of the selected participants.

What is this Action Research Project about?

The aim of my research is to improve my skills as a teacher by investigating and developing a *Wellbeing* programme to support children to recognise and manage their anxiety when needed.

This project will involve teaching the Intervention children ways to recognize and manage their anxiety over approximately a six-week period. I will observe, take reflective notes, interview, and use questionnaires and surveys at the beginning, throughout and at the end of the study.

If the project is successful it may be used by other teachers to support other children.

I aim to answer the following research questions in my thesis:

1. How did sixth class children describe their feelings and behaviours about anxiety before engaging in anxiety recognition and management strategies?
2. How did sixth class children engage with and respond to anxiety recognition and management strategies during the intervention lessons?
3. How did sixth class children, who completed a six-lesson intervention on anxiety recognition and management strategies, assess their experience and describe how they have used and will use them in the future?
4. How did parents of the children assess their children's experience of the six-lesson intervention?
5. How did class teachers of the children assess their experience of the six-lesson intervention?

Who else will be involved?

The study will be carried out by me, Aislinn Kennedy, as part of the Master of Education course in the Froebel Department of Primary and Early Childhood Education, Maynooth. It will be conducted in a small group setting with a maximum of four children. The class teachers and parents of the selected children will also be involved in the data collection and supporting the child.

What are you being asked to do?

You are being asked for your consent to permit me to undertake this research with your child. Parents and children that partake will be asked to complete a survey at the beginning and end of the study. Selected students, their class teachers and parents will keep a daily journal for the duration of the intervention.

Data from the research will be kept in both hard and soft copy format. Electronic data will be stored on my work computer (which is encrypted) in line with the Data Protection Policy of my school. All soft copy data pertaining to the research will be kept in a locked cabinet in my classroom. Hard and soft copy files will only use initials or pseudonyms.

In all cases the information that is collected will be treated with the utmost confidentiality and the analysis will be reported anonymously. This means at no stage the identity of your child will be revealed.

Please note, you can withdraw from the study at any time without reason.

What will happen with the information collected?

I will write a thesis which will be submitted for assessment to the module leader Dr. Bernadette Wrynn and will be examined by the Froebel Department staff at Maynooth University. The external examiners will also access the final thesis.

The data captured will only be used for the purpose of the research as part of the Master of Education in the Froebel Department, Maynooth University and will be destroyed in accordance with University guidelines.

Contact details: **E:**

Appendix 5. Parents Daily Journal

Wednesday	**Notes** (optionable)
Did your child express any worries to you today? Tick one: **Yes** ☐ **No** ☐ If yes, what was the cause of the worry/worries? _____ _____ How did your child manage their worry? _____ _____ Did you need to suggest ways to help your child manage their worry? _____	**(For any observations that you feel necessary to include)** _____ _____ _____ _____ _____ _____ _____ _____ _____

Appendix 6. Teachers Daily Journal

Wednesday	**Notes** (optionable) (For any observations that you feel necessary to include)
Did the Intervention pupil in your class express any worries to you today? Tick one: **Yes** ☐ **No** ☐ If yes, what was the cause of the worry/worries? _____ _____ How did the child manage the worry? _____ _____ Did you need to prompt your pupil to use a strategy? _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

Appendix 7. Weekly Lesson Plans

Week 1

Introduction

- **Reflection:** Discuss what is reflection? How can it benefit us? Fill in reflective sheet before the lesson begins and discuss.
- **Circle time**: How are you? Is there anything that went well/not so well for you today? Children create their own circle time questions and display them on a poster.

  Note: Remind children that weekly journaling will be included in next week's Circle Time.

Main Activities

- **Group guide**: Children decide necessary guidelines to create a comfortable environment. Display on a poster for every Intervention Lesson.
- **Confidence Booklet (Appendix 14)**: Likes and interests. Fill out sheet and discuss.

Conclusion

- **Breathing**: discussed how with practice this technique can be used to target worry, anger, insomnia, distraction, making decisions, overreaction or managing strong feelings (Le Messieur, 2004: 135).
- Children were taken through a short introductory breathing exercise.

- **Reflection:** Fill out after lesson reflection sheet. Compare with before lesson sheet and discuss.

Week 2

Introduction

- **Reflection:** Short recap. What is reflection? How can it benefit us? Fill in reflective sheet before lesson begins and discuss.

Circle Time: Circle time questions. Discuss first week of journal writing.

Confidence Booklet (Appendix 14): Hobbies and personal strengths. Fill out sheet and discuss.

Main Activities

- **Feelings:** Good and bad and the in-between feelings. The children were given a feeling word bank sheet (Appendix 15) and asked to brainstorm together all the words they know for good, bad and in between feelings.
- Fill out a feeling's worksheet (Appendix 16) and discuss scenarios where each emotion could be felt. Add any new words from the worksheet into word bank.
- **Body Cues:** Discuss how our body cues can give us clues to help us figure out how we are feeling. It can also give other people clues to predict how we are feeling. Fill in worksheet and discuss different scenarios we can experience good and bad feelings and the effect that can have on our body.
- **Role Play:** Using 'feeling' cards and costumes, one child (or more) at a time act out a feeling while the rest of the group guess what it is.

Conclusion

- **Breathing:** A brief discussion on meditation benefits was had (recap of last week). We focused on breathing in good energy. I led the children through a teacher designed guided breathing meditation (Appendix 18).
- **Reflection:** Fill out after lesson reflection sheet. Compare with before lesson sheet and discuss.

Week 3

Introduction

- **Reflection:** Fill in sheet before lesson begins and discuss.
- **Circle Time:** Circle time questions/journal discussion.
- **Confidence Booklet (Appendix 14)**: Favourite people to be with and favourite places to go. Fill in sheets and discuss.

Main Activities

- **How do Feelings Start?** Recap of last week's activities, good and bad feeling word bank and body cues.
- Discuss and give examples to identify how feelings start i.e. when we think about something or when our senses influence our feelings (seeing, touching, hearing, tasting or smelling something).
- Give children their 'Feelings Word Bank' to identify how they feel in an activity with a variety of scenarios involving the thoughts and senses i.e. incense stick, mindful eating, "your family has won a trip to Disneyland' sign. Discuss.
- **Activity:** Making a relaxation lavender eye pillow. Children colour in a white sock with a design of their choice, partially fill it with rice and used a few drops of lavender oil for the scent. Tie knot in sock.

Conclusion

- **Relaxation technique:** Chair yoga with breathing led by teacher (Appendix 18).

  To further heighten and demonstrate how senses influence our feelings, add an incense stick to the chair yoga experience.

- Reflection: Fill out after lesson reflection sheet. Compare with before lesson sheet and discuss.

Week 4

Introduction

- **Reflection:** fill in sheet before lesson begins and discuss.
- **Circle time:** circle time questions/journal discussion.
- **Confidence Booklet (Appendix 14)**: The Tree of Life. Discuss values, what they are and how we can live through our values, aspirations we have, likes/dislikes we have, important people in our lives and the identity we have as individuals. Fill in sheet and discuss.

Main Activities

- **Recap:** on the previous three weeks i.e. We know the names of the different types of feelings (feelings word bank), how feelings start (senses/thoughts) and how feelings affect how our body feels and looks (body cues).
- **Discuss**: how keeping worried feelings under control can be tricky. Further discuss options we have when we experience worry feelings. The Worry Meter was introduced (Le Messieur, 2014). There are four sections to our Worry Meter:
    1. The worst worry ever
    2. A worry I need to share with someone else
    3. A worry I know I can deal with on my own
    4. A tiny worry. It came and went quickly.

- **Discuss:** How the worry meter works i.e. when faced with a worry, the child decides where the arrow should point.

  Emphasise how we do not need the meter to be physically in our hands to decide options. This meter can be mentally used too.

  Children create their own Worry Meter with half a paper plate, markers, paper (for arrow) and a split pin. Divide plate into four sections, label and colour.

Conclusion

- **Chair Yoga:** with focus on breathing.
- **Reflection:** Fill out after lesson reflection sheet. Compare with before lesson sheet and discuss.

Week 5

Introduction

- **Reflection:** fill in sheet before lesson begins and discuss.
- **Circle time:** Circle time questions/journal discussion.

Main Activities

- **Recap:** We know the names of the different feelings (feeling word bank), how feelings start (senses/thoughts) and how feelings affect how our body feels and looks (body ques) and how to approach a worry (using the worry meter).
- **Introduction to PST (Positive Self Talk):** Show the Ron Weasley video clip https://www.youtube.com/watch?v=rmB8ALhdw9I.

  The video clip entails Ron Weasley feeling negative about himself. When Harry Potter gives Ron a magic potion, Ron immediately feels more confident. Ron tells himself positive things and plays the best he has ever done in his sport. What Ron does not know is the potion that Harry gave him was not magic at all. He performed his best by himself.

  Discuss the video and the power of the mind and its influence on our feelings and actions, how we can sometimes be our own worst critic.
- **Design:** PST mantra for their Confidence Booklet and discuss situations where the PST mantra might be used to motivate themselves.

  Short term goal challenge to say their PST mantra to themselves every day.

Conclusion

- **Floor Yoga:** Focused on breathing and PST chant.
- **Reflection**: Fill out after lesson reflection sheet. Compare with before lesson sheet and discuss.

Week 6

- **Reflection**: Fill in sheet before lesson begins and discuss.
- **Circle time**: Circle time questions/journal discussion. Feelings on last Intervention lesson.

Main Activities

- **Recap on the previous weeks:** We know the names of the different types of feelings (feeling word bank), how feelings start (senses/thoughts) and how feelings affect how our body feels and looks (body ques). We know PST, 'Confidence Booklet activities.
- **Action Plan**: Using their folder which has all the activity sheets from previous weeks the children design their own unique 'Action Plan' for when they have a worry. Decorate the Action Plan and discuss.

Conclusion

- **Floor Yoga**: Focus on breathing and PST mantra.
- **Reflection**: Fill out after lesson reflection sheet. Compare with before lesson sheet and discuss.

Appendix 8. Reflective Tasks – Beginning of Lesson

Student Reflection

(To be completed **before** lesson begins)

1. Circle how you feel right now?

1= Feeling the worst I've ever felt **10**= Feeling the best I've ever felt

1 2 3 4 5 6 7 8 9 10

2. Draw or write words to explain **why** you feel like the number you have chosen.

Appendix 9. Reflective Tasks – End of Lesson

Student Reflection

(To be completed **after** lesson)

1. Circle how you feel right now?

1= Feeling the worst I've ever felt **10**= Feeling the best I've ever felt

1 2 3 4 5 6 7 8 9 10

2. Draw or write words to explain **why** you feel like the number you have chosen.

😊 Student Reflection 😊

(To be completed **after** lesson)

1. Did you learn anything new today? Circle **YES** or **NO**

If you circled **yes**, what new thing did you learn? _____

_____

If you circled **no**, where did you already learn it?

_____

2. What did you enjoy about today's lesson?

_____

3. If there was anything you could change about today's lesson, what would it be?

_____

_____

Appendix 10. Spence Children's Anxiety Scale

SPENCE CHILDREN'S ANXIETY SCALE

Your Name: _____ **Date:** _____

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1.	I worry about things	Never	Sometimes	Often	Always
2.	I am scared of the dark	Never	Sometimes	Often	Always
3.	When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4.	I feel afraid	Never	Sometimes	Often	Always
5.	I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6.	I feel scared when I have to take a test	Never	Sometimes	Often	Always
7.	I feel afraid if I have to use public toilets or bathrooms	Never	Sometimes	Often	Always
8.	I worry about being away from my parents	Never	Sometimes	Often	Always
9.	I feel afraid that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
10.	I worry that I will do badly at my school work	Never	Sometimes	Often	Always
11.	I am popular amongst other kids my own age	Never	Sometimes	Often	Always
12.	I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
13.	I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
14.	I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
15.	I feel scared if I have to sleep on my own	Never	Sometimes	Often	Always
16.	I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
17.	I am good at sports	Never	Sometimes	Often	Always
18.	I am scared of dogs	Never	Sometimes	Often	Always
19.	I can't seem to get bad or silly thoughts out of my head	Never	Sometimes	Often	Always
20.	When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
21.	I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
22.	I worry that something bad will happen to me	Never	Sometimes	Often	Always
23.	I am scared of going to the doctors or dentists	Never	Sometimes	Often	Always
24.	When I have a problem, I feel shaky	Never	Sometimes	Often	Always
25.	I am scared of being in high places or lifts (elevators)	Never	Sometimes	Often	Always

26.	I am a good person	Never	Sometimes	Often	Always
27.	I have to think of special thoughts to stop bad things from happening (like numbers or words)	Never	Sometimes	Often	Always
28	I feel scared if I have to travel in the car, or on a Bus or a train	Never	Sometimes	Often	Always
29.	I worry what other people think of me	Never	Sometimes	Often	Always
30.	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
31.	I feel happy	Never	Sometimes	Often	Always
32.	All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
33.	I am scared of insects or spiders	Never	Sometimes	Often	Always
34.	I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
35.	I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
36.	My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
37.	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
38.	I like myself	Never	Sometimes	Often	Always
39.	I am afraid of being in small closed places, like tunnels or small rooms.	Never	Sometimes	Often	Always
40.	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	Never	Sometimes	Often	Always
41.	I get bothered by bad or silly thoughts or pictures in my mind	Never	Sometimes	Often	Always
42.	I have to do some things in just the right way to stop bad things happening	Never	Sometimes	Often	Always
43.	I am proud of my school work	Never	Sometimes	Often	Always
44.	I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always
45.	Is there something else that you are really afraid of?	YES	NO		
	Please write down what it is_____				
	_____				
	_____				
	How often are you afraid of this thing?	Never	Sometimes	Often	Always

Appendix 11. Spence Anxiety Parent's Report

SPENCE CHILDREN'S ANXIETY SCALE
(Parent Report)

Your Name: _____ **Date:** _____

Your Child's Name: _____

BELOW IS A LIST OF ITEMS THAT DESCRIBE CHILDREN. FOR EACH ITEM PLEASE CIRCLE THE RESPONSE THAT BEST DESCRIBES YOUR CHILD. PLEASE ANSWER ALL THE ITEMS.

1.	My child worries about things.....	Never	Sometimes	Often	Always
2.	My child is scared of the dark.....	Never	Sometimes	Often	Always
3.	When my child has a problem, s(he) complains of having a funny feeling in his / her stomach	Never	Sometimes	Often	Always
4.	My child complains of feeling afraid.....	Never	Sometimes	Often	Always
5.	My child would feel afraid of being on his/her own at home.....	Never	Sometimes	Often	Always
6.	My child is scared when s(he) has to take a test.....	Never	Sometimes	Often	Always
7.	My child is afraid when (s)he has to use public toilets or bathrooms.....	Never	Sometimes	Often	Always
8.	My child worries about being away from us / me.....	Never	Sometimes	Often	Always
9.	My child feels afraid that (s)he will make a fool of him/herself in front of people.....	Never	Sometimes	Often	Always
10.	My child worries that (s)he will do badly at school.....	Never	Sometimes	Often	Always
11.	My child worries that something awful will happen to someone in our family.....	Never	Sometimes	Often	Always
12.	My child complains of suddenly feeling as if (s)he can't breathe when there is no reason for this.....	Never	Sometimes	Often	Always
13.	My child has to keep checking that (s)he has done things right (like the switch is off, or the door is locked)..	Never	Sometimes	Often	Always
14.	My child is scared if (s)he has to sleep on his/her own.....	Never	Sometimes	Often	Always
15.	My child has trouble going to school in the mornings because (s)he feels nervous or afraid.....	Never	Sometimes	Often	Always
16.	My child is scared of dogs	Never	Sometimes	Often	Always
17.	My child can't seem to get bad or silly thoughts out of his / her head.....	Never	Sometimes	Often	Always
18.	When my child has a problem, s(he) complains of his/her heart beating really fast.....	Never	Sometimes	Often	Always

21.	My child is scared of going to the doctor or dentist	Never	Sometimes	Often	Always
22.	When my child has a problem, (s)he feels shaky.....	Never	Sometimes	Often	Always
23.	My child is scared of heights (eg. being at the top of a cliff).....	Never	Sometimes	Often	Always
24.	My child has to think special thoughts (like numbers or words) to stop bad things from happening.....	Never	Sometimes	Often	Always
25.	My child feels scared if (s)he has to travel in the car, or on a bus or train	Never	Sometimes	Often	Always
26.	My child worries what other people think of him/her.....	Never	Sometimes	Often	Always
27.	My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).....	Never	Sometimes	Often	Always
28	All of a sudden my child feels really scared for no reason at all.....	Never	Sometimes	Often	Always
29.	My child is scared of insects or spiders.....	Never	Sometimes	Often	Always
30.	My child complains of suddenly becoming dizzy or faint when there is no reason for this.....	Never	Sometimes	Often	Always
31.	My child feels afraid when (s)he has to talk in front of the class.....	Never	Sometimes	Often	Always
32.	My child's complains of his / her heart suddenly starting to beat too quickly for no reason	Never	Sometimes	Often	Always
33.	My child worries that (s)he will suddenly get a scared feeling when there is nothing to be afraid of.....	Never	Sometimes	Often	Always

Appendix 12. Child Daily Journal

Wednesday	My Notes (Optionable)
Did you have any worries today? Tick one: **Yes** ☐ **No** ☐ If yes, what was the cause of the worry/worries? _____ _____ **What did you do with the worry? Tick one.** I shared my worry with someone else who could help ☐ I knew I could deal with the worry on my own, I made it disappear ☐ I thought I could deal with it on my own but, the worry grew bigger ☐ **Other**: _____	If there's anything that went well or not so well for you this week. _____ _____ _____ _____ _____ _____ _____ _____ _____

Appendix 13. Teachers Pre-questionnaire for Pupils

Teacher Questionnaire

1. How often does child in your class express worries to you? **Circle one:**

Always (*once a day or more)*

Often (*once a week or more*)

Sometimes (*once a month or more*)

Rarely (*less than once a month*)

2. How does the child cope when worried?

_____

_____

3. What is the usual cause of the worry?

_____

_____

Thank you.

Table 2. Teacher Pre – questionnaire Answers

Teacher	A	B	C	D
How often does the child in your class express worries to you?	*"Rarely (less than once a month)"*	*"Rarely (less than once a month)"*	*"Rarely (less than once a month)"*	*"Often (once a week or more)"*
How does the child in your class cope when worried?	*"Withdraws/acts out verbally"*	*"Doesn't display worry in school most of the time"*	*"Rarely expresses worries to me"*	*"Has a five-minute break card, often needs prompt to use card."*
What is the usual cause of the worry?	*"School work"*	*"If expressed, only in Irish"*	*"School work"*	*"Subject issues and a range of different things".*

Appendix 14. Confidence Booklet

My Confidence Booklet!

My name is _____

I am _____ years old.

I live in _____

Here is a picture of something I like….

The people I enjoy spending time with are:

My favourite places to go are:

The Tree of Life

Roots

Where did you come from? Where were you born? Who were the important people in your early life? Who helped you know what you know?

Ground

Where do you live now? What activities do you enjoy? What hobbies do you have?

Trunk

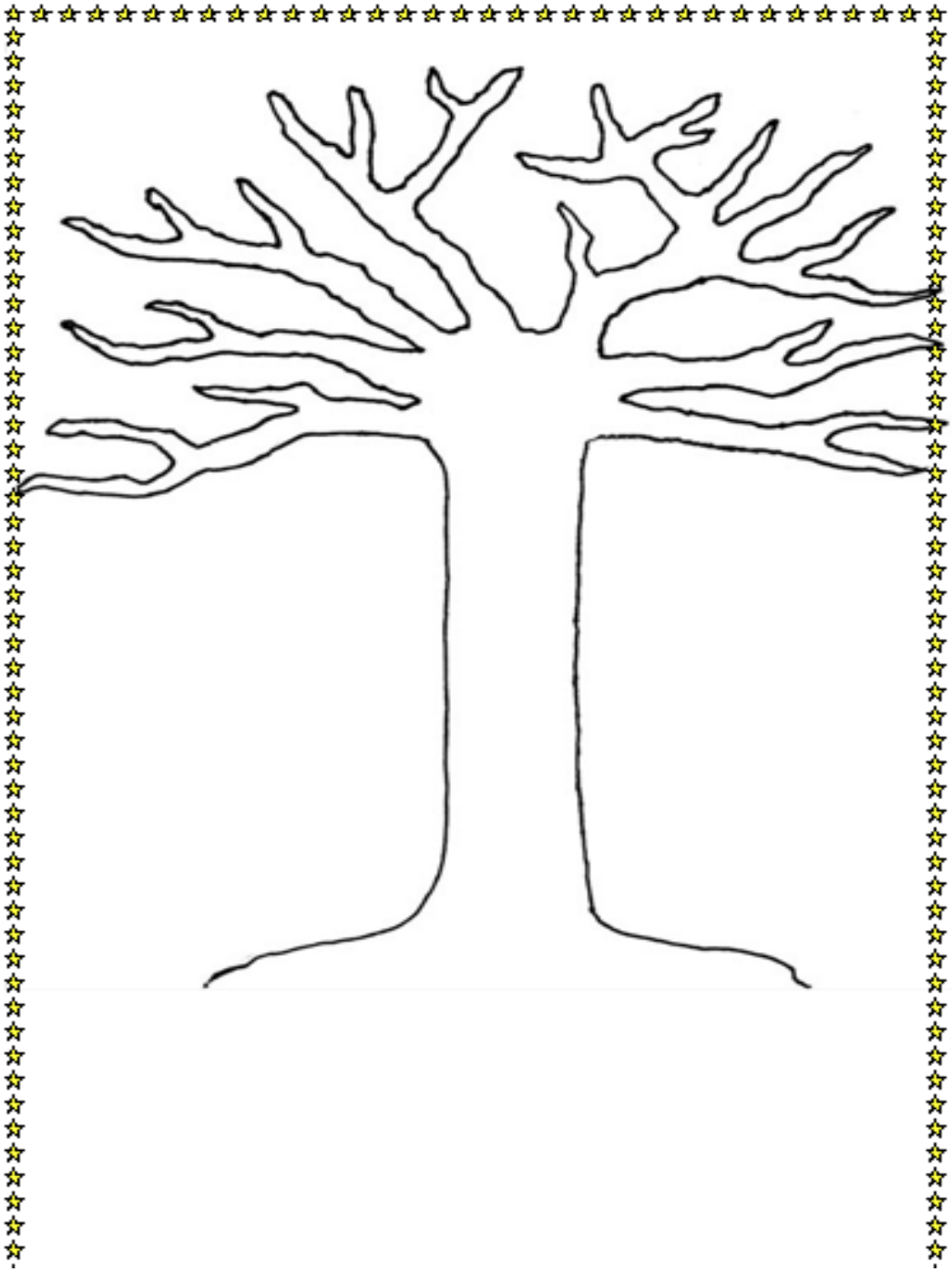
What are your skills? What are you good at? (Include soft skills like being kind, patient, a good listener)

Branches

What are your hopes, dreams and wishes? What would you like to be when you are older?

Leaves

Who are the people who are important to you? Include family, friends and people who you trust.



I am good at:

My favourite things about school are:

Feelings React to Our Senses

Think about big feelings (**good/ bad** or **both**) you have from things that you **see**, **hear, touch, taste** or **think about**.

Use pictures or words to fill in this chart.

See
Hear
Taste
Touch
Think

PST

(Positive Self Talk)

I am

(Fill in the box with more PST words)

Kind

Thoughtful

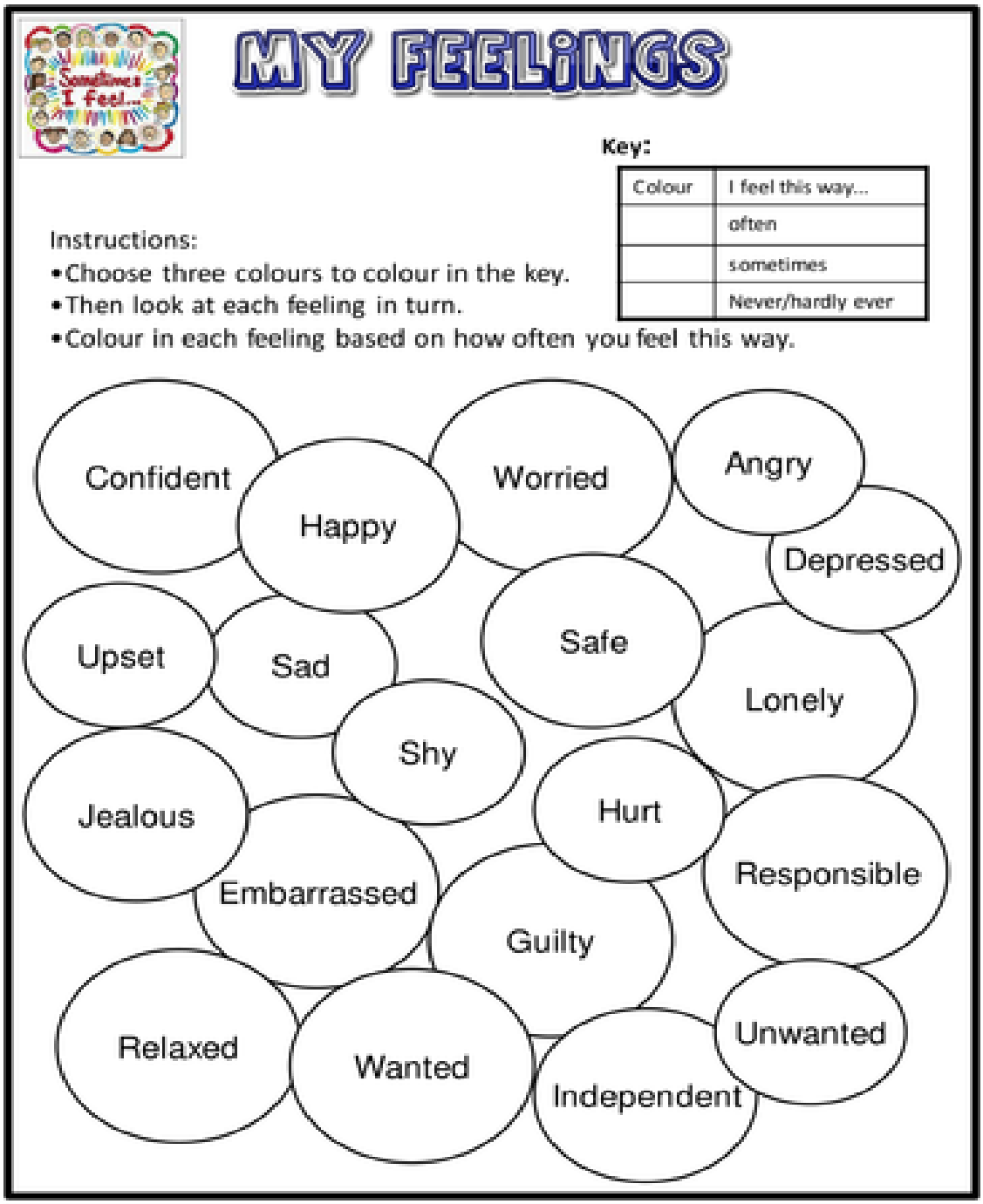
Safe

Short Term Goal Challenge!!

Pick 3 PST words from the box. Say these 3 things everyday to yourself for 1 week. You can do it!!!

1. **I am** _____
2. **I am** _____
3. **I am** _____

Appendix 15. Feelings Word Bank



My Feelings Word Bank

Create your own Feelings Word Bank!

Use words from the Feelings Worksheets to help you.

Happy

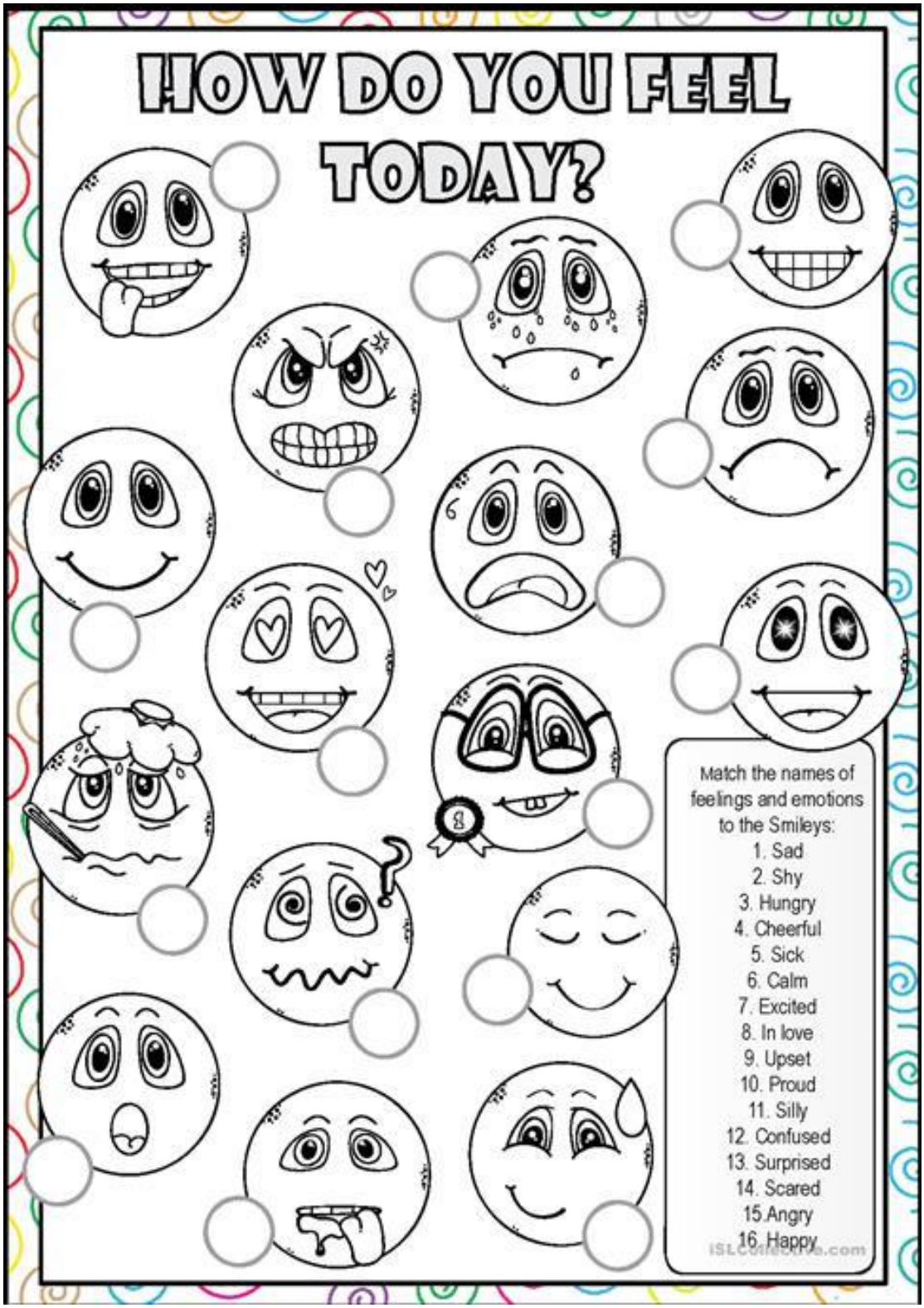
Upset

Sad

Angry

Delighted

Appendix 16. Feelings Worksheet



Appendix 17. Body Cue Worksheet

Body Cues

My body cues can help me understand how I am feeling. (Write or draw)

When I feel happy, my body:	When I feel sad, my body:
When I feel mad, my body:	When I feel worried, my body:

Appendix 18. Meditation

My Intervention meditations were an easy introductory process that required three "rules":

1. find a place and a posture that will allow you to relax without falling asleep
2. pay attention to your breathing while both inhaling and exhaling
3. be patient with yourself (Siegel, 2007).

Mantra meditation.

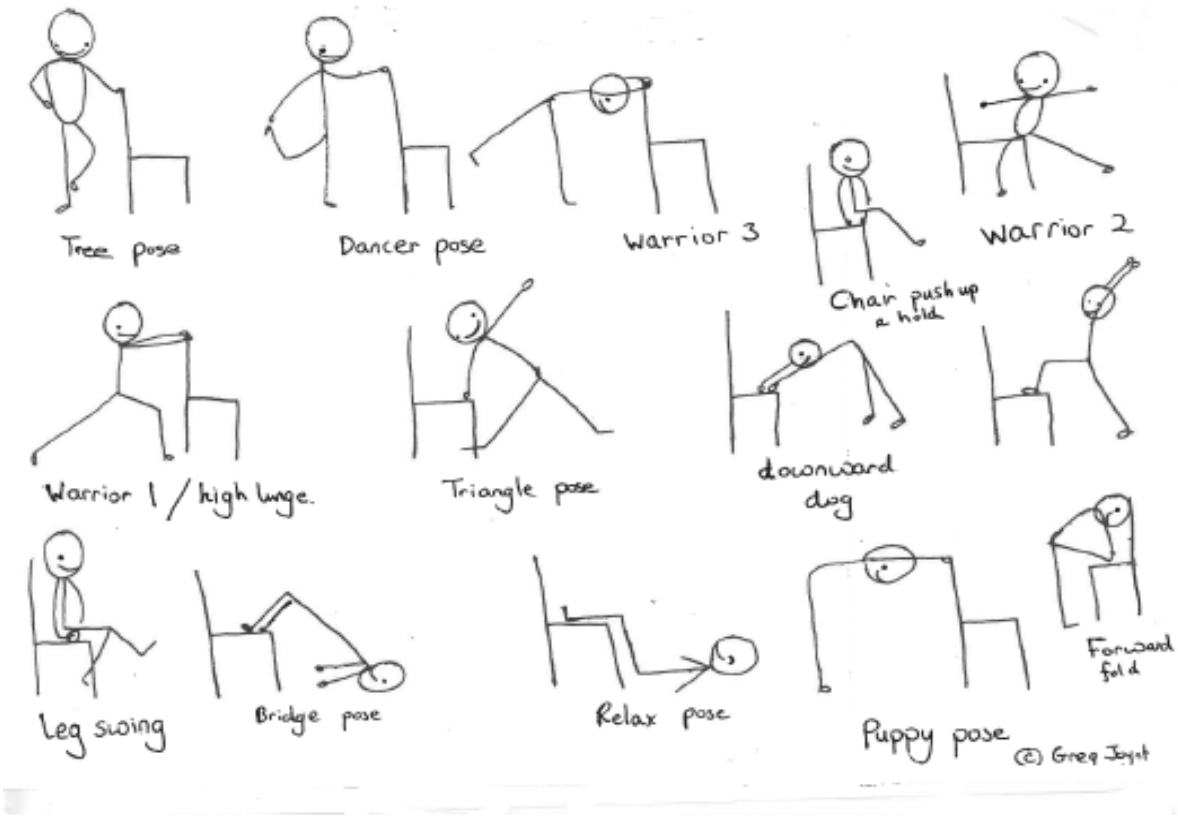
This required saying simple statements that are repeated silently with the breath, such as ‘Breathing in, I smile’ and ‘Breathing out, I calm’ (Hanh, 2005).

Loving Kindness Meditation

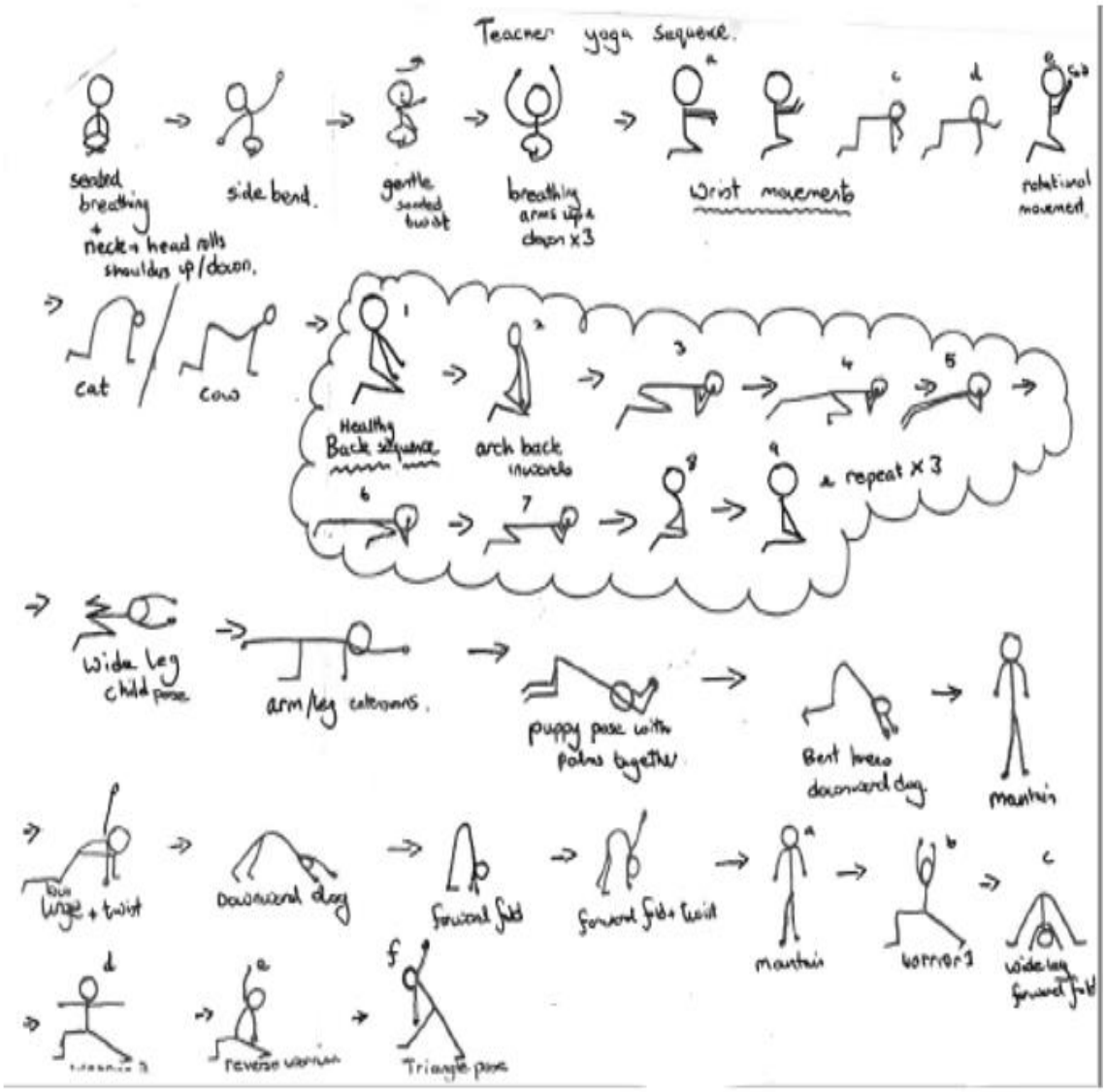
I said the phrase "*May you be happy, may you be well, may you experience peace and love*," (Csaszar & Buchanan, 2015) and asked the children to repeat it each time after me while thinking of themselves, and to consider others in their wider circle such as, family, friends, acquaintances, enemies, and people in our world.

Note: Both meditations were used in my Intervention either independently or incorporated with yoga. I always introduced the phrase and asked the children to repeat, only if they wished to. After repeatedly saying the phrase I told the children to continue breathing while saying the phrase in their heads. The children also had opportunities to pick their own phrase for their internal talk, or a phrase for the group

Appendix 19. Chair Yoga


Tree pose
Dancer pose
Warrior 3
Chair push up a hold
Warrior 2
Warrior 1 / high lunge.
Triangle pose
downward dog
Leg swing
Bridge pose
Relax pose
Puppy pose
Forward fold
© Greg Joyce

Appendix 20. Floor Yoga



Appendix 21. Action Plan

_____Action Plan

My feelings start when I:

Think

Hear

See

Taste

Touch

Smell

My body knows when I am worried when….

_____

I can use my feelings word bank (in my head or folder) to talk about my worry.

Good Feelings

In between Feelings

Bad Feelings

My worry meter (in my head or in my folder) gives me options.

Option 1

It's a worry I know I can deal with on my own

Option 2

It's a worry I think I should talk to someone about

Option 3

It's a little worry that comes and goes quickly

Option 4

Worst worry ever! I need support.

The important people in my life who can support me with my worries are:

_____

My PST chant is: I am _____

I am_____

I am _____

If my support people are busy, I can calm my worries down by:

_____

_____

Appendix 22. Post Intervention Pupil Interviews Transcribed

Pupil A: Post Intervention Interview Transcribed

1. Do you feel you are better able to recognise and manage your worries now?

   "Yeh, because before I didn't recognise them but when I done the Wellbeing I did".

2. What helped you most in the study?

   "The lavender pillow because it helped calm me down"

3. Was there anything that was not helpful?

   "No"

4. Do you think you would use the strategies you learned again? If so, when?

   "Yeh I think I will use the strategies again, I will use them for my whole life and especially like every single day".

5. Do you think it was a good idea for your parents to be part of the study?

   "Yeh because they haven't been to school in ages or have done homework in ages so yeh I think it was a good idea".

6. Do you think teachers should teach children in school how to recognise and manage their anxiety?

   "Yeh because in like 3rd class they might not know how to recognise their anxiety so they should teach them".

Pupil B: Post Intervention Interview Transcribed

1. Do you feel you are better able to recognise and manage your worries now?

   "Yeh, I'm not as angry anymore".

2. What helped you most in the study?

   "Breathing".

3. Was there anything that was not helpful?

   "*No, I liked doing everything".*

4. Do you think you would use the strategies you learned again? If so, when?

   "*I liked everything, but I think breathing and PST, I can use them the most".*

5. Do you think it was a good idea for your parents to be part of the study?

   "*Yeh because my mam knows what to do now when I'm angry or worried".*

6. Do you think teachers should teach children in school how to recognise and manage their anxiety?

   "*Yeh, because it's fun and now I don't throw my remote at the T.V".*

Pupil C: Post Intervention Interview Transcribed

1. Do you feel you are better able to recognise and manage your worries now?

   "Yeh because I have more tactics on how to calm them down and to relax".

2. What helped you most in the study?

   "PST".

3. Was there anything that was not helpful?

   "No, everything was helpful".

4. Do you think you would use the strategies you learned again? If so, when?

   "*I would use PST and I would think I'd use it again if I was completing one of my goals and I was getting really worried or stressed out".*

5. Do you think it was a good idea for your parents to be part of the study?

   "Yes, I do because they have more tactics to calm you down and make you feel less worried".

6. Do you think teachers should teach children in school how to recognise and manage their anxiety?

   "I do because if you're feeling worried and like unrelaxed and you don't really know how to manage it or know that you're feeling worried, if the teacher then explained it and will be able to be like 'right I know this is worry and my tactics will help calm this down".

Pupil D: Post Intervention Interview Transcribed

1. Do you feel you are better able to recognise and manage your worries now?

   "Definitely, since the start of the year, no wait, from the start of the year until the end of the year, doing the Wellbeing programme helped me an absolute ton with managing and identifying my worries".

2. What helped you most in the study?

   "Probably just branching out to others, finding out that I'm not the only one with these problems, other people have these problems as well. So just branching out, talking to other people about it and managing worries basically yeh".

3. Was there anything that was not helpful?

   "Honestly, I don't see anything that was unnecessary, although some people might say that the role-playing part on the second day was unnecessary but I really think it was necessary to help spark the imagination and help our brains move a bit more".

4. Do you think you would use the strategies you learned again? If so, when?

   "Well first off I would, they are very necessary life skills. For an example if I was really worried like if I had my own house and I was running out of money or whatever and I wouldn't be able to pay my taxes or my rent, sorry for the realism,

   I would just use my PST, my breathing and I would just do my job and I would get the money and I would pay the rent. Sorry for the realism".

5. Do you think it was a good idea for your parents to be part of the study?

   "Like with question two, it was a very good idea to include my parents because like in question two I already mentioned it's really good to branch out to people and talk to people about your worries and your parents are some of the people that understand you the most so imagine how better that will benefit you than if they weren't there".

6. Do you think teachers should teach children in school how to recognise and manage their anxiety?

   "*Well that is one of the most important things up there with maths, science, geography, English, Irish. Well like maths and stuff, it is really important to manage wellbeing, because say you're a maths professor and you know the value of pie and you can solve any maths problem in the world but you don't have the time to and you're constantly stressing and you don't know what to do. If the teachers taught you how to handle your mental wellbeing you'd be much better in that situation, you'd be able to calm yourself down and keep going on. So, learning that sort of stuff in school is up there with some of the most important subjects.*

Appendix 23. Parent Post-Study Questionnaire

1. Do you think the Wellbeing programme has helped when your child was anxious?

   Tick a box Yes No

2. What changes have you noticed in your child throughout the Wellbeing programme?

_____

3. Do you feel the strategies of breathing, positive self-talk and relaxation techniques will help in the future if your child is anxious?

   Tick a box Yes No

4. Do you think it is beneficial to teach children about anxiety strategies during school time? If yes, why? If no, why?

_____

5. Was the support of Ms. Kennedy (i.e. daily journals, Wellbeing programme, collaborating with parents, strategies given) helpful in helping your child to recognise and manage their anxiety? If yes, how? If no, why not?

_____

6. Would you recommend this programme to other schools?

   Tick a box Yes No

Appendix 24. Post-Script

Post-Script

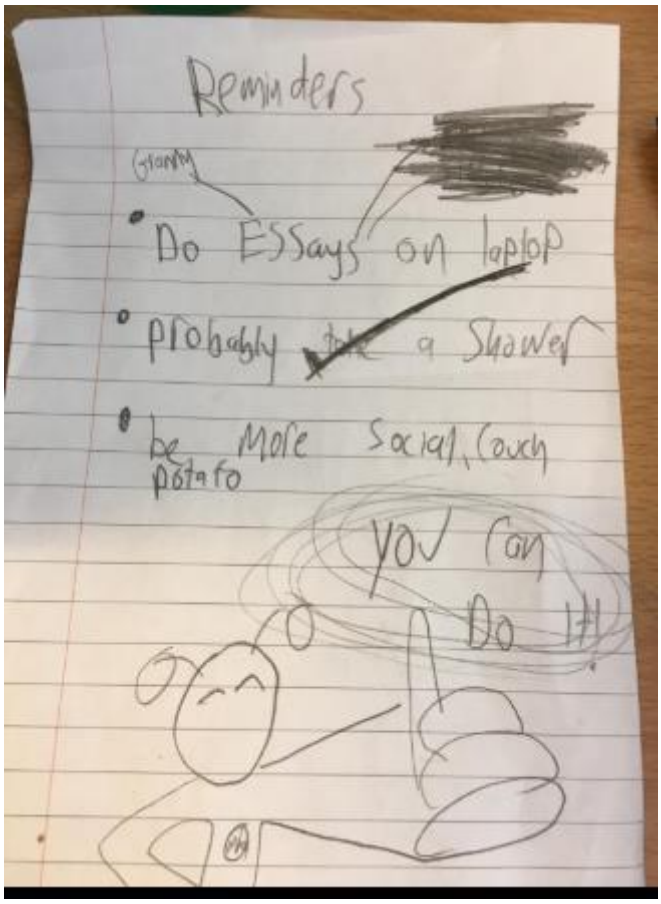
The following post-script is a snapshot of some of the children's experiences following the Intervention.

Post-Intervention, Pupil A still showed enthusiasm during English time with me by eagerly putting up her hand to read and contributing to discussions when possible. She was chosen by Teacher A to do a reading during Confirmation mass. Her normal anxious feelings were managed as she read confidently in front of a large crowd.

Pupil B regularly asked me if the wellbeing programme could continue until the end of the school year. He proudly tells me that his X-box is still intact as he does his breathing rather than throw his remote control at it.

Since the Intervention, Pupil C's parents have been on their first "*mammy and daddy*" holiday away from home in eight years. In the weekend that they spent away, strategies were put in place in agreement with Pupil C. Two phone calls per day were made in comparison to a large number of texts and phone calls that they would have previously received from Pupil C as stated by Parent C. Their weekend away was a success and Pupil C felt no anxiety. Parent C has said to me how life-changing this has been for their family. Parents C state that they are already planning their second trip. Pupil C is looking forward to his first sleepover in a friend's house during the summer holidays. A goal he has wanted to achieve for a very long time.

Teacher D and Parent D have often told me post Intervention that although Pupil D experiences anxious days at times, there is still an enormous improvement in his ability to use the learned Intervention strategies and articulate his feelings through words or drawings. Teacher D saw the drawing below left on Pupil D's desk. Pupil D later showed and explained to me that he regularly creates a "PSD" (Positive-Self Drawing), as shown below.



Permission was granted by all participants to include the information and the drawing in a short post-Intervention script as they were eager to share their post Intervention wellbeing story with others. The children have continued to apply their anxiety recognition and management strategies after the Intervention and even created their own strategies i.e. PSD. As the children transition onto secondary school my values of positivity and hope remain strong as I believe the children that I supported during my Intervention will continue to feel empowered to use their skills to recognise and manage their anxiety throughout their lifetime when applicable.