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**Jessica Fox-Lopp**  
Department of Special  
Education, Gonzaga University,  
Spokane, WA 99258-0025  
USA.

**T.F. McLaughlin**  
Department of Special  
Education, Gonzaga University,  
Spokane, WA 99258-0025  
USA.

## The effects of classroom interventions on anxiety disorders in elementary school children: a brief review

Jessica Fox-Lopp, T.F. McLaughlin

### Abstract

The purpose of this brief review was to evaluate the efficacy of classroom interventions for elementary children with anxiety disorders, specifically Generalized Anxiety Disorder, Social Phobia, and test anxiety. Three common interventions for these anxiety disorders are hypnosis, meditation, and cognitive behavioral therapy. Cognitive behavioral therapy as proven to be the most test and reliable intervention for treating anxiety disorders. Early intervention and prevention interventions have also been shown to dramatically decrease the risk of students for developing anxiety disorders later in life. Teachers should also be trained to detect and seek help for children in their classrooms who are suffering from anxiety.

**Keywords:** Anxiety, elementary, classroom interventions, CBT, non-meditation interventions, hypnosis, efficacy

### 1. Introduction

Anxiety is commonly defined as apprehension, uneasiness, or worries about something that one believes will affect their well-being. Certain amounts of anxiety are normal and even helpful <sup>[1]</sup>. However, when one has excessive or constant anxiety it becomes a problem and hindrance to performing everyday tasks. Anxiety disorders are just beginning to receive the attention they deserve. Many researchers call the problem of anxiety disorders in youth pervasive <sup>[2, 3]</sup>. It is suggested that as many as 6-11% of elementary school aged children suffer from some type of anxiety disorder <sup>[4, 2, 5]</sup>.

Prolonged anxiety and stress has a negative impact on a child's psychological health. Anxiety can be detrimental to a child's functioning at home, school, and with their peers <sup>[6]</sup>. Excessive anxiety can obstruct a child's ability to cope, cause changes in the child's behavior, and lead to negative emotional behavior and self-talk <sup>[8]</sup>. Anxiety disorders also dramatically increase the risk that a child will develop depression in adolescence and adulthood <sup>[9]</sup>. Anxiety is a predictor of poor achievement in school <sup>[10]</sup>. Anxiety can even have detrimental physical effects. People with anxiety disorders often suffer from muscular tension, excessive arousal of sympathetic nervous system responses, and extra secretions from the endocrine system <sup>[10, 11]</sup>.

Types of anxiety disorders acknowledge in the DSM-V include Separation Anxiety Disorder, Specific Phobia, Social Phobia, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, and Post Traumatic Stress Disorder <sup>[12, 13, 14]</sup>. The majority of the studies discussed in this paper used children who suffered from either Social Phobia, Generalized Anxiety Disorder, or Test Anxiety.

Generalized Anxiety Disorder (GAD) is characterized by chronic, excessive worry about a variety of things. Some common worries are about the future, perfectionism in terms or school, and extracurricular activities <sup>[15, 16, 17]</sup>. Nervous habits, difficulty concentrating, disrupted sleeping patterns, and decreased self-confidence are also signs that a child may be suffering from GAD <sup>[15]</sup>. Children with GAD often have physical manifestations of anxiety, for example, headaches, body aches, and stomach aches, and shortness of breath.

Symptoms of social phobia include an extreme fear of speaking in public, a fear of embarrassing oneself in front of peers, and avoidance of social situations <sup>[17, 18]</sup>. Children with social phobias are often extremely quiet and lacking in social skills since they avoid social situations. These children are much less likely to participate in class which can lead to educational and social deficits <sup>[19]</sup>.

**Correspondence:**  
**Jessica Fox-Lopp**  
Department of Special  
Education, Gonzaga  
University, Spokane, WA  
99258-0025 USA.

Text anxiety is a specific type of anxiety that is characterized by extreme anxiety when faced with an academic performance measure such as a quiz or test. Therefore, academic tests may not be reliable indicators of knowledge since children with test anxiety will freeze up while taking a test even when they know the material [17, 20, 21]. Students with test anxiety may exhibit interfering thoughts, feeling, and off-task behaviors when confronted with testing situations [21, 22, 23]. King and Ollendick [24] suggest that as many as 10-30% of school aged children suffer from test anxiety.

Some children are more prone to developing anxiety than their peers. There are several factors that can contribute a child's risk for anxiety. Children from low socio-economic homes and communities are more at-risk to developing anxiety [25]. Children who have an external locus of control, or who believe that outside forces, not themselves, are more influential in event outcomes, have a higher likelihood of anxiety [8, 3]. Females have a significantly higher risk for anxiety [25]. If a child's parent has anxiety or engages in certain parenting practices then they are more likely to have anxiety themselves [26, 27, 28]. Race and cultural background are also factors when assessing risk [29]. Genetics can also have an impact on whether or not one has and to what degree they experience anxiety [30, 27]. The causes behind an individual's anxiety can influence the type of intervention that a trained professional develops for them [20].

The purpose of this brief review was to evaluate the efficacy of classroom interventions for elementary children with anxiety disorders. The most common non-pharmacological interventions for anxiety include Cognitive Behavioral Training (CBT), meditation, and hypnosis. The most researched and efficacious intervention for anxiety in children is CBT. CBT can be conducted in through various strategies and in different settings. There are several types of CBT used in the following studies.

## 2. Methodology and Search Procedures

The peer-reviewed articles available on non-pharmacological interventions for anxiety were abundant. The main method for articles was carried out electronically through the Foley Center Library website at Gonzaga University. The databases searched included: PsychInfo, Web of Knowledge, ERIC, PubMed, and Google Scholar. The search terms included anxiety/interventions/elementary to classroom interventions/elementary school/anxiety disorders to anxiety in children/classroom/intervention. These electronic searches found several articles related to the topic of non-medicinal classroom intervention for elementary children with anxiety. The reference sections of the articles found were also utilized to find additional materials that were not located in my electronic searches.

## 3. Hypnosis

Our hypnosis is defined as a "procedure where the therapist suggests to the subject the he or she experiences changes in perception, thoughts, behaviors, and feelings" [31]. Byron [31] calls hypnosis a useful, therapeutic tool for facilitating relaxation and treating anxiety. Another aspect of hypnosis is self-hypnosis. This is where an individual learns to perform the hypnosis on himself or herself. A benefit of self-hypnosis

is that it can be implemented at most times and places. It may also provide a sense of empowerment for the child who knows how to use it [31].

The purpose of Byron's study was to determine if self-hypnosis, including imagery, would help the participant experience less anxiety and improve the participant's self-confidence. The participant was a 15-year-old student suffering from severe social anxiety that prohibited him from fully participating in school. The study's aim was to teach the participant to relax and feel as if he had control over his anxiety. The study took place in the participant's home. The intervention consisted of three sessions of hypnosis and one session of self-hypnosis. For session one, the author mentions that he walks the participant through "ego strengthening using Stanton's 'snowball' imagery and confidence building using Benson's 'biscuits' imagery, where the client makes biscuits to eat containing ingredients from positive elements of the client's life." [31] Session 2 used age progression where the client imagines the time in his life when he has achieved all of his goals. The third hypnosis session employed age progression again and instruction on self-hypnosis. The fourth session included practice with the researcher to achieve self-hypnosis. Data were gathered at one month, three months, and six months to follow up on the intervention. The baseline was repeated and the researcher checked-in on the participant's use of self-hypnosis. The researcher provided measures of pre- and post-intervention scores on the *Beck Anxiety Inventory* [32]. The results show reduction in nine of the features for anxiety. Results also show maintenance six months after the intervention. This study had several weaknesses. First, the hypnosis intervention was not the only thing being done to treat the participant's anxiety. The participant had been receiving therapy services before and after the hypnosis intervention. Another weakness is that the only measure of anxiety used was the *Beck Anxiety Inventory* [32]. The study also took place in the participant's home and there was no measure of inter-observer reliability [33]. These issues could lead one to question the efficacy of the research.

The second study on the efficacy of hypnosis for treating anxiety disorders was conducted by Bothe and his colleagues on elementary school children [34]. The purpose of their study was to test how effective a daily stress management techniques derived from hypnosis techniques and delivered in the classroom would be on self-reported anxiety and autonomic reactivity use a biofeedback computer program which measures heart rate variability (HRV) as a measure of relaxation [34]. The participants were third grade students of about 8 years old. The two classes were randomly assigned to the control group, with 13 students, or intervention group, with 15 students. Data were collected before and after the 4-month stress management intervention period and again after one school year to test for maintenance. The pre and post test measures was the *Revised Children's Manifest Anxiety Scale* and HRV [35]. HRV was also measured for three minutes per child using a computer biofeedback program where each child was told to relax. The classroom teacher or the intervention group was trained on the intervention and implemented it in her classroom for 10 minutes during class after lunch period every day. The intervention included

instruction on deep breathing and “journey’s through imagery” with the goal of a hypnotic trance [34]. The researcher reported the study’s results as successful. When compared, baseline data were similar across groups and post intervention data showed a significant decrease in the total anxiety raw scores for the intervention class. Baseline data for HRV was very similar while in post intervention the change in measurement was not statistically significant. This study has several weaknesses. The change from data for anxiety scores from baseline to post intervention was very slight. The control group and the intervention group started off with very dissimilar results on the pretreatment measures and the control group’s anxiety decreased as well. No reliability was taken for the intervention group [33]. These issues and the vague intervention methodology lead one to question the efficacy of a hypnosis intervention for children with anxiety.

#### 4. Meditation

Meditation is defined as reflections and contemplations or time spent in quiet thought [36]. Some meditation techniques involve the use of music and art to calm and individual and add a level of fun to the experience [37]. Relaxation is also referred to as a “stress management technique” [36, 37, 38]. Barnes, Bauza, and Treiber [39] claim that mediation interventions can lead to improved emotional and behavioral self-regulation, frustration tolerance, and increased self-control. Overall, the goal of mediation interventions is to provide the participants with relaxation strategies to use when the participants feel the onset of anxiety. There is no specific procedure for a mediation intervention so interventions may look differently and incorporate different relaxation techniques that the researchers intend to evaluate. The aim of Cheek and colleagues’ study was to use a relaxation training intervention designed to reduce 16 elementary students’ test anxiety [36]. The study was conducted in an elementary school with grades K-5. The student’s who were selected for the study had exhibited signs to test anxiety during the first school wide testing of the year. The intervention consisted of three sessions. During the first group session the students responded to questions about their test anxiety using a 1 to 10 scale. During second group session students were taught “Stop, Drop, and Roll” relaxation techniques that were to be used when students first began experiencing anxiety. They were instructed that when they felt the first physical signs of anxiety to stop, drop their heads, and roll them around gently while taking deep breaths. Throughout the final group session students continued practicing the “Stop, Drop, and Roll” technique while working on art therapy. The results show that following the administration of the next statewide test the students reported that they felt more relaxed. A limitation of this study was there is no evidence that the intervention was responsible for the students’ decreased test anxiety. The researchers also did not report their data of student rating scores on the 1 through 10 anxiety scales [36]. The description of the procedures of the intervention was unclear. These issues lead one to question the reliability and effectiveness of the use of meditation and relaxation techniques used in this study.

The goal of Linden [40] was to test if meditation training for third-grade students would help decrease test anxiety as measured by the *Test Anxiety Scale for Children (TASC)*. The participants were all Puerto Rican children in an economically disadvantaged neighborhood. The participants who seemed to experience test anxiety were singled out and put into one of three groups—the meditation group, guidance group, and a control group. The participants in the guidance group met with the guidance counselor once per week for 45 minutes for a total of 18 weeks where the students received information on test anxiety. The student assigned to the mediation group met twice per week for 25 minutes. The students in the mediation group were instructed to get comfortable and sit quietly while trying to keep their attention “within themselves” [40]. The children received instructions for breathing exercises and were prompted repeatedly to focus on themselves, their breathing, and their body. The meditation group’s scores changed significantly while the guidance group’s scores changed only slightly. Some limitations of this study were that all groups, even the control group, had test anxiety measures decrease from pre test to post test. Another weakness of the study was the participants in the guidance group and the meditation group had different intervention schedules, one met once a week and the latter met twice a week. The study is also very limited in terms of the population studied. Further investigation of meditation as a method for decreasing anxiety is necessary to determine if it is effective.

#### 5. Cognitive Behavior Therapy

CBT is a type of therapy which focuses on examining the relationships between one’s behaviors, thoughts, and feelings [41]. CBT helps individuals notice patterns of thinking and negative self-talk that need to be modified. For example, a child who thinks “I am in danger,” in social situations may have social phobia. Cognitive behavioral therapists would help a child recognize that this thought pattern is not rational and help them modify their thoughts and develop more beneficial responses to their feelings of anxiety [41]. CBT has been proven to be an effective treatment for anxiety disorders in elementary school children [13, 42, 4, 43, 44, 45, 15, 5, 3, 46, 18, 6].

The aim of the Bernstein study [13] was to compare the effects of three interventions of elementary school children with anxiety. There were 61 participants between the ages of 7 to 11 years old. The children were first selected for participation based on teacher recommendations and then students were screened out through the *Multidimensional Anxiety Scale for Children (MASC)* [13]. Inclusion in the trial required diagnosis of SAD or GAD in accordance with the *DSM-IV*. The researchers performed analyses to test the variance between groups and the groups were determined to be equivalent. Children in the control condition were allowed to use any services in the school that a child with anxiety would normally use. The two intervention groups were group CBT (and group CBT plus parent training). The groups met nine times a week for 60-minute sessions. The CBT that was implemented was the FRIENDS program. The results showed that both interventions were significantly more effective than no intervention. The results of post treatment

MASC scores show that there was also a significant advantage to the group that had CBT plus parent training. A three month follow up was conducted and it was determined that children maintained the benefits of CBT. The strengths of this study include that all participants had an anxiety diagnosis, the all three groups were determined to be equivalent, and that the study functioned as a secondary and tertiary prevention program in the school. Limitations of this study were that it was conducted in a rural, primarily white school so results cannot be generalized to urban and nonwhite groups. This study was extremely effective for the participants in reducing anxiety in elementary school children.

The goal of Miller and colleagues [5] study was to test the effectiveness of a CBT program, *Taming Worry Dragons* (TWD), which uses a combination of CBT, language, pictures, and images to reduce anxiety in the school environment [47, 5]. There was a total of 116 participants between the ages 7 to 12 from 17 different schools with similar populations with 73 in the intervention group and 43 in the control group. All children in the classrooms of these schools received the TWD program but only the participants' anxiety was measure. The teachers of the classrooms were trained to administer the intervention so that it could occur in as natural an environment as possible. The Multidimensional Anxiety Scale for Children were administered prior to the intervention and after the intervention (MASC). The treatment group learned and practiced various CBT tools such as thought-stopping, distraction, physical exercise, and changing self-talk [5]. The results shows that the control groups scores stayed the same from pretest to posttest while the TWC group showed a decrease in anxiety on the MASC. A limitation of this study is that only self-reports of anxiety were used to measure pre-intervention and post-intervention anxiety. A strength of this study was that it was administered in the child's natural environment. This study adds to the body of literature that shows the efficacy of CBT for reducing anxiety in elementary aged children.

## 6. Summary and Conclusion

There are benefits to treating/preventing anxiety disorders before they begin to impair social and academic development [26]. Research shows that anxiety spikes in children around the age of eight or nine years old [18]. Several studies document the effectiveness of early intervention and prevention programs for anxiety [48, 9, 49, 26, 50, 51, 18]. Early intervention programs can be based on CBT and delivered to an entire school population by being integrated into classroom curriculums [48]. The results of Barrett and Turner's [48] study found that all children who received the intervention showed improvements from pre-to post-assessment measures of self-reported anxiety. Farrell, Sijbenga, and Barrett suggest that since researchers have begun identifying those children who are at risk for developing anxiety disorders, future action should be taken to administer prevention and early intervention measures for these children [25]. As previously discussed, research shows that children with anxiety disorders struggle more in school and tend to struggle more with building social relationships [10]. Therefore, children who are able to gain coping skills at

a young age will experience less of these negative impacts than children who are not taught coping skills [25]. Early intervention can prevent an adulthood diagnosis of an anxiety disorder [52]. These researchers highlight the importance of early intervention and prevention programs for children.

## 7. What we can do as teachers

As teachers, it is our job to recognize and intervene when a child in our classrooms is experiencing anxiety. Teacher's should be alert and know the signs of anxiety in children because without some knowledge on the signs of anxiety disorders the children struggling with anxiety may go unnoticed and untreated since anxiety is a type of internalizing disorder [48]. Children with anxiety may seem very tense, isolate themselves from others, and have trouble on tests even though they know the information [24]. After a teacher spots a child who may have or be at risk for developing an anxiety disorder the teacher should help the child get treatment through the school psychologists. Teacher can also help in preventing anxiety disorders by introducing relaxation techniques or a CBT program in their classroom's curriculum [5, 48].

## 8. References

1. Wagner AP. Worried no more: help and hope for anxious children. Rochester, NY: Lighthouse Press, 2005.
2. Harrison JR, Vannest K, Davis J, Reynolds C. Common problem behaviors of children and adolescents in general education classrooms in the United States. *Journal of Emotional and Behavioral Disorders* 2012; 20:55-64.
3. Muris P, Mayer B, den Adel M, Roos T, van Wamelen J. Predictors of change following cognitive-behavioral treatment of children with anxiety problems: A preliminary investigation on negative automatic thoughts and anxiety control. *Child Psychiatry and Human Development* 2009; 40:139-151.
4. Chiu AW, Langer DA, McLeod BD, Har K, Drahota A, Galla BM *et al.* Effectiveness of modular CBT for child anxiety in elementary schools. *School Psychology Quarterly* 2013; 28:141-153.
5. Miller LD, Short C, Garland E, Clark S. The ABCs of CBT (cognitive behavior therapy): Evidence-based approaches to child anxiety in public school settings. *Journal of Counseling & Development* 2010; 88:432-439.
6. Wood JJ, Chiu AW, Hwang W, Jacobs J, Ifekwunigwe M. Adapting cognitive-behavioral therapy for Mexican American students with anxiety disorders: Recommendations for school psychologists. *School Psychology Quarterly* 2008; 23:515-532.
7. Cheek JR, Bradley LJ, Reynolds J, Coy D. An intervention for helping elementary students reduce test anxiety. *Professional School Counseling* 2002; 6:162-164.
8. Cheung H, Li W, Chung OK. The relationships between children's locus of control and their

- anticipatory anxiety. *Public Health Nursing* 2009; 26:153-160.
9. Collins S, Woolfson LM, Durkin K. Effects on coping skills and anxiety of a universal school-based mental health intervention delivered in Scottish primary schools. *School Psychology International*, 2013, 35. Originally published online.
  10. Grills-Taquechel AE, Fletcher JM, Vaughn SR, Denton CA, Taylor P. Anxiety and inattention as predictors of achievement in early elementary school children. *Anxiety, Stress & Coping: An International Journal* 2013; 26:391-410.
  11. Halm MA. Relaxation: A self-care healing modality reduces harmful effects of anxiety. *American Journal of Critical Care* 2009; 18:169-172.
  12. ADAA
  13. Bernstein GA, Layne AE, Egan EA, Tennison DM. School-based intervention for anxious children. *Journal of American Academic Child and Adolescent Psychiatry* 2005; 44:1118-1127.
  14. Goldstein S, Brooks RB. *Understanding and managing children's classroom behavior*. Hoboken, NJ: John Wiley & Sons, 2007.
  15. Holmes MC, Donovan CL, Farrell LJ, March S. The efficacy of a group-based, disorder-specific treatment program for childhood GAD – A randomized controlled trial. *Behaviour Research and Therapy* 2014; 1:1-14.
  16. Stamps LW. The effects of intervention techniques on children's fear of failure behavior. *Journal of Genetic Psychology* 1973; 123:85-97.
  17. Last CG. *Help for worried kids: How your child can conquer anxiety and fear*. New York, NY: Guilford Press, 2006.
  18. Vassilopoulos SP, Brouzos A, Damer DE, Mellou A, Mitropoulou A. A psychoeducational school-based group intervention for socially anxious children. *Journal for Specialists in Group Work* 2013; 38(4):307-329.
  19. Stoekli G. The role of individual and social factors in classroom loneliness. *Journal of Educational Research* 2009; 103:28-39.
  20. Nicaise M. Treating test anxiety: A review of three approaches. *Teacher Education and Practice* 1995; 11:65-81.
  21. Von der Embse N, Barterain J, Segool N. Test anxiety interventions for children and adolescents: A systematic review of treatment studies from 2000-2010. *Psychology in the Schools* 2013; 50:57-71.
  22. Zatz S, Chassin L. Cognitions of test-anxious children. *Journal of Consulting and Clinical Psychology* 1983; 51:526-534.
  23. Zatz S, Chassin L. Cognitions of test-anxious children under naturalistic test-taking conditions. *Journal of Consulting and Clinical Psychology* 1985; 53:393-401.
  24. King NJ, Ollendick TH. Children's anxiety and phobic disorders in school settings: Classification, assessment, and intervention issues. *Review of Educational Research* 1989; 59:431-470.
  25. Farrell L, Sijbenga A, Barrett P. An examination of childhood anxiety, depression and self-esteem across socioeconomic groups: A comparison study between high and low socioeconomic status school communities. *Advances in School Mental Health Promotion* 2009; 2:5-19.
  26. Hirshfeld-Becker DR, Masek B, Henin A, Blakely L, Rettew DC, Dufton L *et al.* Cognitive-behavioral intervention with young anxious children. *Harvard Review of Psychiatry* 2008; 16:113-125.
  27. McLeod BD, Wood JJ, Weisz JR. Examining the association between parenting and childhood anxiety: A meta-analysis. *Clinical Psychology Review* 2007; 27:152-172.
  28. Rork KE, Morris TL. Influence of parenting factors on childhood social anxiety: Direct observation of parental warmth and control. *Child & Family Behavior Therapy* 2009; 31:220-235.
  29. Mash EJ, Barkley RA. *Child psychopathology*, Second Edition, e-book, 2003.
  30. Hudson JL, Lester KJ, Lewis CM, Tropeano M, Creswell C, Collier DA *et al.* Predicting outcomes following cognitive behaviour therapy in child anxiety disorders: The influence of genetic, demographic and clinical information. *Journal of Child Psychology and Psychiatry* 2013; 54:1086-1094.
  31. Byron D. The use of hypnosis to help an anxious student with a social communication disorder to attend school. *Contemporary Hypnosis* 2002; 19:125.
  32. Beck AT, Epstein N, Brown G, Steer RA. An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology* 1988; 56:893-897.
  33. Kazdin AE, Weisz JR. *Evidence-based psychotherapies for children and adolescents*. New York, NY: Guilford Press, 2003.
  34. Bothe DA, Grignon JB, Olness KN. The effects of a stress management intervention in elementary school children. *Journal of Developmental & Behavioral Pediatrics* 2014; 35:62-67.
  35. Reynolds CR, Richmond BO. *Revised children's manifest anxiety scale: 2<sup>nd</sup> edition*, 2004.
  36. Cheek JR, Bradley LJ, Reynolds J, Coy D. An intervention for helping elementary students reduce test anxiety. *Professional School Counseling* 2002; 6:162-164.
  37. Russell LA. Comparisons of cognitive, music, and imagery techniques on anxiety reduction with university students. *Journal of College Student Development* 1992; 33:516-523.
  38. Thomas E. Stress and schooling: A search for stress profiles of adolescent students. Paper presented at the International Council of Psychologists Annual Convention, New York, 1987.
  39. Barnes VA, Bauza LB, Treiber FA. Impact of meditation on resting and ambulatory blood pressure and heart rate in youth. *Psychosomatic Medicine* 2004; 66:909-914.
  40. Linden W. Practicing of meditation by school children and their levels of field dependence-independence, test anxiety, and reading achievement. *Journal of Consulting and Clinical Psychology* 1973; 1:139-143.
  41. NAMI - The National Alliance on Mental Illness.

42. Bernstein GA, Bernat DH, Victor AM, Layne AE. School-based interventions for anxious children: 3-, 6-, and 12-month follow-ups. *Journal of the American Academy of Child & Adolescent Psychiatry* 2008; 47:1039-1047.
43. Galla BM, Wood JJ, Chiu AW, Langer DA, Jacobs J, Ifekwunigwe M *et al.* One year follow-up to modular cognitive behavioral therapy for the treatment of pediatric anxiety disorders in an elementary school setting. *Child Psychiatry Human Development* 2012; 43:219-226.
44. Hirshfeld-Becker DR, Masek B, Henin A, Blakely L, Pollock-Wurman RA, McQuade J *et al.* Cognitive behavioral therapy for 4- to 7-year-old children with anxiety disorders: A randomized clinical trial. *Journal of Consulting and Clinical Psychology* 2010; 78:498-510.
45. Hirshfeld-Becker DR, Micco JA, Mazursky H, Bruett L, Henin A. Applying cognitive-behavioral therapy for anxiety to the younger child. *Child and Adolescent Psychiatric Clinics of North America* 2011; 20:349-368.
46. Stallard P. Mental health prevention in UK classrooms: the FRIENDS anxiety prevention programme. *Emotional and Behavioral Difficulties* 2010; 15:23-35.
47. Garland I, Clark S. *Taming Worry Dragons: A manual for children, parents and other coaches* (Rev). Vancouver, Canada: British Columbia Children's Hospital, 2000.
48. Barrett P, Turner C. Prevention of anxiety symptoms in primary school. *Journal of Clinical Psychology* 2001; 40:399-410.
49. Cristea I, Benga O, Opre A. The implementations of a rational-emotive educational intervention for anxiety in a 3<sup>rd</sup> grade classroom: An analysis of relevant procedural and developmental constraints. *Journal of Cognitive and Behavioral Psychotherapies* 2008; 8(1):31-51
50. Morris TL, March JS. *Anxiety disorders in children and adolescents*. New York, NY: Guilford Press, 2004.
51. LaFreniere P, Capuano F. Preventive intervention as means of clarifying direction of effects in socialization: Anxious-withdrawn preschoolers case. *Development & Psychopathology* 1997; 9:551-564.
52. Anhalt K, Morris TL. Parenting characteristics associated with anxiety and depression: A multivariate approach. *Journal of Early and Intensive Behavior Intervention* 2008; 5:122-137.