

## **Elements Aiming to Optimize Coping Strategies in Pupils by the Use of Interventional Programmes**

**Marcela Popescu\***<sup>i</sup>

\*Faculty of Psychology and Educational Sciences, Psychology Department,  
University of Bucharest, Bucharest, Romania

### **Abstract**

**Introduction:** *With the present study I aimed to build knowledge on and optimize coping strategies in pupils, also by clarifying the impact following the implementation of a programme aimed to optimize coping strategies to prevent stress, improve problem-solving skills, to acquire stable and healthy developmental patterns among pupils.*

**Objectives:** *To build knowledge on and enhance coping strategies among pupils, through the optimization programme aimed at creating positive attitudes and developing problem-solving skills.*

**Methods:** *To conduct the following study I used theoretical methods such as: analysis, synthesis; experimental methods: training experiment (the intervention), as well as descriptive and quantitative statistical methods. In addition, I conducted 30 individual interviews with pupils from primary school, aged from 8 to 10 years old, to identify personal definitions for stress and to better illustrate specific stress sources at school.*

**Results:** *The analysis of the intervention indicates that coping strategies have been improved following the implementation of the interventional programme. The results of the study bear important implications for any professional involved in educating children (psychologists, parents, and teachers) on how to more adaptively cope with daily stress.*

**Conclusions:** *The study provided support by making possible to teach pupils coping strategies throughout one academic year. The collected data prove useful in an increasingly growing number of situations and contexts, both in diagnosis purposes and in psycho-educational orientation and intervention. In this respect, a provocative aspect refers to schools engaging in elaborating books, games and tools for families.*

**Keywords:** *coping strategies, optimization programmes, children, stress, problem-solving*

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<sup>i</sup> Corresponding author: Marcela Popescu, Faculty of Psychology and Educational Sciences, University of Bucharest, Panduri 90, Sector 5, 050663, Bucharest, Romania. Email: marcela.popescu@scoalafinlandeza.ro.

## **I. Introduction**

Strategies are an attempt to find solutions to problems the individual is facing (Lazarus & Folkman, 1984). In a comprehensive review of relevant literature, Skinner (2003) argued that the theme of strategies implies too many classifications, such as: the avoidant approach vs the cognitive approach, focusing on problems vs focusing on emotions, etc. The use of various strategies leads to different adaptation and mental health results.

The specialty literature has presented the modalities used by children to tackle daily stress and affirmed that it is conditional upon the cognitive, social and emotional functioning (Bagdi & Pfister, 2006; Eschenbeck, Heim-Dreger, Tasdaban, Lohaus & Kohlmann, 2012; Causey & Dubow 1992). As a result, it is important that teaching coping strategies in children focuses on one of the following three functional domains, such as supporting a child in the search for social help or the support given to an adult in a difficult situation, which is to increase the social function in the coping behavior. The researches into coping strategies used by children imply that more studies need to be conducted to obtain a clearer understanding of how children address stress.

Generally, the coping strategies used by children to manage stress have a crucial role at life length for the health and success. Concerning the positive aspect of using strategies, there is evidence supporting that adaptation or adaptive strategies can be taught to children to prevent the habitual use of unhealthy strategies, as well as the onset of anxiety disorders (Hussong & Chassin, 2004, Folkman & Lazarus, 1988).

Several types of therapies have focused on teaching new adaptive coping strategies to better manage stress associated to stressors or triggers. Support therapies have been adapted to be used with children displaying early stress signs or psychological distress. Other efforts to prevent mental health issues have implied the implementation of curriculum based interventional programmes or parental education programmes to consolidate children's coping skills. Meta-analysis on affective, cognitive and behavioral skills teaching programmes for children under 18 have been moderated and there are no cases of negative impact programmes (Durlak & Wells, 1997). A review of Joseph and Strain (2003) identified 3 studies conducted in kindergarten, pre-school and primary school which evaluate the effects of socio-emotional training in younger children. Some of these programmes were implemented for children at

socio-emotional risk (Denham & Burton, 1996; Vaughn et al., 1984; Walker et al., 1998). Five of the programmes have been categorized as universal, being based on curriculum and were developed for pre-school or primary school. The curriculum, developed by Forness et al., (1998), which focused on several adaptation skills indicated decreases in problematic behaviors and increases in adaptive skills.

International research has pointed that when both schools and families collaborate, pupils receive the necessary support to successfully manage their issues. Studies have indicated that the development of family-school partnership programmes foster a better adaptation of pupils with regard to academic requirements as well as an improvement of these relations. Given into account the decrease in the number of adaptive strategies among pupils and increase in the number of non-adaptive strategies (Frydenberg & Lewis, 2000; Hampel & Petermann, 2005, 2006), are required programmes to promote the use of adaptive strategies among children and teenagers (Frydenberg & Lewis, 2000). The school is the most appropriate place to implement such programmes (Lock & Barrett, 2003), given the frequency this age group reports the stress factors related to educational institutions (APA, 2014).

Indeed, the school offers favorable conditions to approach stress and its factors to prevent the onset or aggravation of such difficulties. Schools provide the means to reach out many pupils, as their large majority attend public and private schools (Huberty, 2012). Moreover, given the context, access to programmes is maximized whereas barriers are reduced (Lock & Barrett, 2003). In addition to increased access, interventions are provided to pupils should they face difficulties, by allowing them to apply what they have learnt in practical, real life situations (Fisher, Masia-Warner and Klein, 2004).

The programmes aimed to develop stress management strategies have a very strong learning component for children of the relation between thoughts (cognitions) and emotions, of how the mood is influenced by the way we think. Stressful events require children to use more cognitive resources, which provides them a more effective adaptation to stress.

The knowledge of conceptual models of coping strategies in children is important in building effective and coherent stress management and stress prevention programmes. The central element in developmental programmes implies the optimization of coping strategies, effective adaptation to stressful situations in children.

The personal development programmes comprised in the Romanian educational curriculum cover very little of this important issue. The reluctance towards such programmes leads to the decision for conducting this study, of importance for the educational development of children. I consider that such programmes should be conducted at national level so that they reach a greater number of children, parents, teachers. Unfortunately, in the present, intervention is only carried out in critical moments, when children are sent to meet psychologists concerning the problems they face. The theme of this study is very actual in Romania and may represent an important step in educational practices and researches in the area of preschool and school instruction. Given into account that anxiety disorders remain the most frequent category of psychological disorders among general population, it is important to focus our efforts on prevention among future generations as well as on reducing the incidence and costs associated to such disorder.

## **II. Method**

The present study is a theoretical-experimental one, having as main purpose to identify and optimize coping strategies in children, by clarifying the contribution of the effects following the implementation of a programme aimed to optimize stress preventive coping strategies, problem solving and acquisition of stable and healthy developmental patterns among pupils.

### **Proposed objectives:**

1. To study coping strategies used by children and optimize coping strategies
2. To build a programme aimed to optimize coping strategies for children, which envisages creating positive attitudes and developing problem solving skills.
3. To identify children who need individual support from the multidisciplinary team – school counsellor, psychologist, teachers, nurse and social worker.
4. To build general resolute patterns and means to adequately respond to stressors.

**The general hypothesis** we aim to demonstrate is that participation in the programme aimed at optimization of coping strategies in children will determine an improvement of the personal effectiveness and a reduction of the negative effects of stressors.

### **The specific hypotheses:**

1. It is supposed that the interventional programme aimed at the optimization will lead to the optimization of coping strategies in children, with the

effect of decreasing the intensity of reactions to stressful events.

2. It is supposed that coping strategies can be developed and improved early, consequently to the implementation of the optimization programme.

3. It is supposed that participation in this programme will determine the optimization of the following dimensions: beliefs and values, affect, social support, imagination, cognition, physiological dimension – coping strategies of each individual.

4. It is supposed that the participation to the programme will determine the optimization of Active Coping Strategies, Restructuration Strategies, Support Seeking Strategies, Distraction Strategies, Avoidance Strategies. The design of the study is an experimental one, with one independent variable (the participation/non-participation to the coping strategies optimization programme) and several dependent variables: personal beliefs and values, personal expressivity, emotional development, social support, creativity and imagination, cognitive development, physiological development, Active Coping Strategies, Restructuration Strategies, Support Seeking Strategies, Distraction Strategies, Avoidance Strategies.

The group of subjects consisted in 100 pupils aged between 6 to 11 years, of the Romanian-Finnish School, Bucharest, who took part in the study of coping strategies among pupils. Following the collection of preliminary data, in September 2016, the programme was divided into two groups: **Group A** – 50 pupils have participated in a coping strategies development programme with 8 months duration. The 50 children were further separated into 5 therapeutic groups, each consisting of 10 children and have participated in an interventional programme based on building knowledge and developing coping skills strategies; and **Group B** – comparison group, characterized by self-development by own means (50 children).

The coping strategies optimization programme is based on the coping model elaborated by Lahad, a 6-dimensional model highlighting coping means each individual owns: beliefs and values, affect, social dimension, imagination, cognitive and physiological dimensions, model entitled BASIC PH. This model highlights the interaction of the different resources creating the unique coping style of each person. In our programme, therapeutic interventions were undergone to improve the coping strategies in pupils, to optimize the 6 dimensions by using as techniques the personal narrative and story-telling, as well as art-therapy techniques, such as: drawing, theatre, play, aimed to

help pupils gain a better self-knowledge and to ameliorate (improve) the internal and external communication. BASIC PH is not only a model serving to better understand the coping strategies of each person, but also an assessment tool used in the identification of both dominant and hidden coping resources.

**Programme development stages:**

**In the initial stage,** we provided pupils the possibility to describe their understanding of the term “stress”, “stressful situation”, as well as coping methods used in school. Before considering knowing and developing coping strategies among pupils, it is specifically necessary to have their point of view on stress at school. It is, at least, inopportune to propose coping strategies optimization programmes without the mere knowledge of what stress implies for the concerned group. Given mentioned reasons, in this stage, we offered pupils the possibility to describe stress they face at school, as I focused on pupils’ points of view on stress and coping methods at school. To have knowledge on the pupils’ experience of stress at school offers a perspective on the situations they consider stressful or easy.

We individually interviewed 30 pupils in primary school, aged 8-10. This procedure allowed confidential interactions and the minimal preoccupation of being judged by others. The interviews lasted between 15-25 minutes. The conversations had been structured by a guided interview. It started by identifying personal definitions of stress to obtain a clearer understanding of what pupils mean when they talk about stress at school, as the way they conceptualize stress may differ from how adults do it. Secondly, we requested pupils to share the typical sources of stress at school. Thirdly, we requested pupils to share a recent moment when they felt stressed at school.

Furthermore, pupils were requested to provide details, by describing what happened, how they felt, what they did when it happened and how it happened. In addition, the pupils were asked to also provide details on what they thought about regarding what had happened.

Moreover, we asked pupils to describe how they acted in the before mentioned situation and finally, we asked the participants whether they considered that very good days (low stress) and very bad days (high stress) at school were influencing their academic behavior and social interactions. In order to maximize the reliability of reports, pupils were asked to only refer to events that took place in the past two weeks. All interviews have been transcribed.

The pupils described stress as a challenge or threat which tends to develop as an answer either to conflicting requests or/and to the perceived lack of personal control over a situation. In addition, pupils have mentioned as specific sources of stress at school their colleagues, friends, teachers, academic challenges, homework. Thirdly, they have thoroughly explained how they had previously confronted with moments of tension, allowing specialists to better understand the strategies children use when they face problems at school. Lastly, the pupils have specified the causal impact of stress and help at school on their self-effectiveness beliefs and their behavior in class.

This stage revealed that pupils, from their early childhood, already have a clear understanding of stress and stressors. They are able to identify where the tension moments come from (e.g. the fast pace of the curriculum, time limits, peer-to-peer conflict), as well as what they can do for relief and release (e.g. unstructured time, surpassing challenges). It is in the responsibility of the school to address the way in which students respond to stress. Students need guidance on conflict management, time management and prioritization, and this guidance is a golden opportunity for teachers. Schools can help students identify means to reduce academic stress as well as social stress concurrent in small segments. Thus, children can focus on what they can do and not on what they cannot do to change a situation.

Through 29 sessions was proposed to validate a coping strategies optimization programme for pupils, intervention carried out according to group psychotherapy frames.

**Description of the group sessions:**

**First session** – reducing barriers and motivation for the group experience.

**Second session** – focusing on fostering affectionate relations and developing empathy.

**Third session** – increasing the degree of cohesion in the group.

**Fourth session** – assessing children’s coping.

**Fifth session – eighth session** – identification and optimization of the special beliefs and values.

**Ninth session – twelfth session** – identification of and optimization of the personal expressivity and emotional development.

**Thirteenth session – sixteenth session, seventeenth session – twentieth session** – optimization and development of the imagination.

**Sessions twenty one – twenty four** – cognitive development and optimization.

**Session twenty five – session twenty nine** – optimization and development of movement and body expression. The parents of the 50 children have given their consent for participation. They were informed regarding the programme objectives, the duration of the sessions and meetings was established, the participants were divided in working groups. The 50 pupils were administered Children's Coping Strategies Checklist, CCSC-R1 questionnaire, to have their strategies evaluated. 50 pupils have been selected for the control group and were also administered the questionnaire.

**The second stage** of the programme aimed to attain the proposed objectives. The location in which the programme was implemented was CCB Association in Bucharest, district 6, the Romanian-Finnish Gymnasia School, the Emotions Workshop, where a safe place for children, a space for experiencing positive emotions was ensured. The first four sessions aimed to motivate the children to attend, to experience positive emotions, to create a secure group by ensuring introducing and meeting each other, to set the basis for authentic communication and group cohesion. The following sessions worked on the personal, emotional, social and cognitive optimization of children.

**The third stage** had as purpose to conduct the analysis of the group sessions results, to retest the subjects both in the intervention group and the control group. The 29 sessions have been conceived to help pupils learn effective skills to solve the problems they are facing, as well as to be more aware of their emotional, personal, social, cognitive and physical resources. Each session contained 3 activities, the first activity being a 10 minutes introduction, followed by the two main activities, with duration of 15 and 20 minutes. At the core of each activity stood an art therapy technique, in line with the objectives and providing pupils the opportunity to know and optimize their coping resources. The activities have been conceived to be used in small groups, of maximum 12 pupils or in the classroom. The implementation of this programme offered pupils the opportunity to improve their coping dimensions, by putting accent on prevention and education. It is much easier to prevent than to treat the problems after they set in. Psychoeducational programmes aimed at optimizing coping dimensions are crucially necessary to help pupils solve their problems in a healthy manner.

#### **Instruments:**

**The story in 6 parts** was used (**6PSM**), as validated research tool and it allowed the language and

coping styles analysis. The process of writing stories has been personally conducted. The stories have been considered twice – at the beginning and at the end of the workshop. The instrument used was Children's Coping Strategies Checklist (CCSC-R1), also in its revised version CCSC-R1; Ayers et al., 1996; Program for Prevention Research, Arizona State University, 1999). It is a self-reporting instrument for children, and was applied in two stages: in September 2016, the pre-test period and June 2017 as post-test. The CCSC-R1 questionnaire consists of 54 items, with presented answers, on a scale from 1 (never) to 4 (almost always). The items are measuring 13 coping strategies, clustered in four superior order factors: Active Coping, Cognitive Restructuration, Distraction Strategies, Avoidance Strategies ("You've locked yourself in your room to avoid the problem") and Support Seeking Strategies ("You have talked to someone about how you feel").

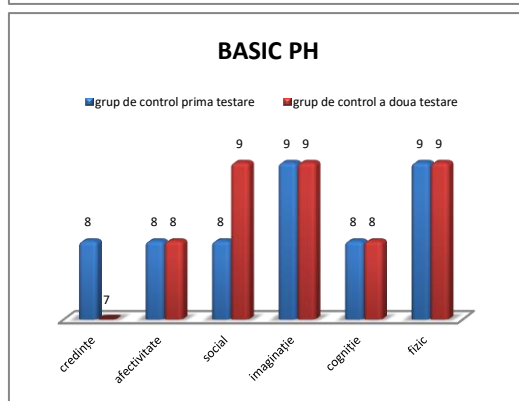
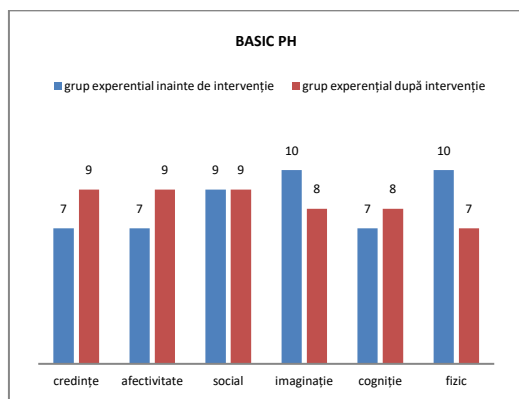
The five strategies contain the 13 dimensions as follows: Active Coping Strategies: CDM (Cognitive Decision Making); DPS (Direct Problem Solving); SU (Seeking Understanding); Restructuring Strategies POS (Positive Thinking), CON (Control), OPT (Optimistic Thinking); Distraction Strategies : DA (Distracting Actions), PRE (Physical release of Emotions); Avoidance Strategies: AVA (Avoidant Actions), REP (Repression), WISH (Wishful Thinking); Support Seeking Coping Strategies: SUPA (Support for Actions), SUPF (Support for Feelings). The scores for each strategy are calculated by calculating the mean of corresponding item.

As we were interested in the strategies used by children starting with the age of 6, we applied the test individually with all pupils aged between 6-9 years. The internal consistency indicators were as follows:  $\alpha = 0.80$  for CDN,  $\alpha = 0.82$  for POS,  $\alpha = 0.77$  for REP,  $\alpha = 0.79$  for SUPF,  $\alpha = 0.78$  for AVA,  $\alpha = 0.76$  for DPS,  $\alpha = 0.88$  for OPT,  $\alpha = 0.89$  for DA,  $\alpha = 0.82$  for POS,  $\alpha = 0.78$  for WISH,  $\alpha = 0.91$  for PRE,  $\alpha = 0.71$  for SU.  $\alpha = 0.78$  for CON. Concerning the 5 strategies, the internal consistency indicators were:  $\alpha = 0.88$  for Active Coping,  $\alpha = 0.92$  for Distraction,  $\alpha = 0.74$  for Avoidance and  $\alpha = 0.81$  for Support.

### **III. Results**

The statistical situation was carried out according to the two measurements: of September 2016 and June 2017. The programme developed during October 2016 and May 2017 and the conclusions of the study were finalized in October 2017. All results obtained following the administration of the

questionnaires have been processed with SPSS, version 23. We have not encountered any difficulties in the data collection process. All 100 respondents have provided valid answers. The results referring to the coping resources styles according to the BASIC PH model demonstrate the distribution of resources for the subjects' sample from the experimental group before and after the intervention. As a result of the interventional programme the dimensions beliefs, affect and, cognition have increased.



According to the BASIC PH model, the results referring to the styles of coping resources demonstrate the distribution of the resources for the subjects' sample of the control group, the first and second testing rounds. In the absence of therapeutic intervention, the dimensions have remained constant, except for social dimensions.

### Statistical data processing and interpretation of results

At a brief analysis, the table below points out that both groups have similar distributions according to the population (52% of the respondents in the control group are girls, versus 54% of the experimental group). The table contains Column N% - which measures the percentage of/number of respondents of the group and

Row N% - to measure the percentage of respondents who are in the control group and the percentage of respondents in the experimental group).

Most subjects in the experimental group were in Preparatory grades: 32%, being followed by those in the 1<sup>st</sup> grade – 24%. 20% of the subjects were in the 3<sup>rd</sup> grade. Most subjects in the control group were in the 2<sup>nd</sup> and 3<sup>rd</sup> grades, being followed by those in the 1<sup>st</sup> grade (20%) and preparatory grade (10%). The strategies with the highest mean are: Active Coping: 30.59, being followed by Avoidance strategies: 31.37 and Restructuring Strategies with 29.71, Distraction: 21.46, and Support Seeking Strategies: 20.13. Regarding dimensions, the order was as follows: WISH (Wishful Thinking): 12.17; DA (Distracting Actions): 11.20; OPT (Optimistic Thinking): 10.83; SU (Seeking Understanding): 10.41; AVA (Avoidant Actions): 10.28; PRE (Physical Release of Emotions): 10.26; SUPF (Support for Feelings): 10.20; CON (Control): 10.03; DPS (Direct Problem Solving): 10.01; POS (Positive Thinking): 9.95; SUPA (Support for Actions): 9.93; CDM (Cognitive Decision Making): 9.54; REP (Repression): 8.51.

The analysis of strategies highlights the importance of optimizing strategies directly focused on problem solving, on emotional support, on improving interpersonal relations and positively approaching the problems they are facing.

### Statistics

	Cognitive Decision Making CDM pre-test	Positive Thinking POS pre-test	Repression REP pre-test	Support for Feelings SUPF pre-test	Avoidant Actions AVA pre-test	Direct Problem Solving DPS pre-test
N Valid	100	100	100	100	100	100
Missing	0	0	0	0	0	0
Mean	9.54	9.95	8.51	10.20	10.28	10.01

	Support for Actions SUPA pre-test	Optimistic Thinking OPT pre-test	Distracting Actions DA pre-test	Wishful Thinking WISH pre-test	Physical Release of Emotions PRE pre-test	Seeking Understanding SU pre-test	Control CON pre-test
N Valid	100	100	100	10	100	100	100
Missing	0	0	0	0	0	0	0
Mean	9.54	9.95	8.5	10	10.28	10.01	9.93

	ACTIVE COPING STRATEGIES pre-test	RESTRUCTURING STRATEGIES pre-test	DISTRACTION STRATEGIES pre-test	AVOIDANCE STRATEGIES pre-test	SEARCH FOR SUPPORT STRATEGIES pre-test
N Valid	100	100	100	100	100
Missing	0	0	0	0	0
Mean	30.59	29.71	21.46	31.37	20.13

**Preliminary statistical analysis:** In the first stage, we have verified the normality of distributions for the two groups. Following the application of Kolmogorov-Smirnov (a) test, it is indicated that the distribution is not normal: p< 0.95.

Tests of Normality

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Cognitive Decision Making CDM pre-test	.129	100	.000	.958	100	.003
Positive Thinking POS pre-test	.118	100	.001	.956	100	.002
Repression REP pre-test	.164	100	.000	.929	100	.000
Support for Feelings SUPF pre-test	.105	100	.009	.974	100	.045
Avoidant Actions AVA pre-test	.265	100	.000	.853	100	.000
Direct Problem Solving DPS pre-test	.134	100	.000	.975	100	.058
Support for Actions SUPA pre-test	.103	100	.011	.975	100	.051
Optimistic Thinking OPT pre-test	.091	100	.038	.972	100	.032
Distracting Actions DA pre-test	.166	100	.000	.917	100	.000
Wishful Thinking WISH pre-test	.310	100	.000	.776	100	.000
Physical Release of Emotions PRE pre-test	.128	100	.000	.928	100	.000
Seeking Understanding SU pre-test	.121	100	.001	.968	100	.015
Control CON pre-test	.106	100	.007	.971	100	.025
ACTIVE COPING STRATEGIES pre-test	.071	100	.004	.985	100	.343
RESTRUCTURATION STRATEGIES pre-test	.089	100	.049	.982	100	.185
DISTRACTION STRATEGIES pre-test	.115	100	.002	.948	100	.001
AVOIDANCE STRATEGIES pre-test	.097	100	.020	.973	100	.036
SEARCH FOR SUPPORT STRATEGIES pre-test	.070	100	.040	.989	100	.592

Test Statistics

	Cognitive Decision Making CDM pre-test	Positive Thinking POS pre-test	Repression REP pre-test	Support for Feelings SUPF pre-test	Avoidant Actions AVA pre-test	Direct Problem Solving DPS pre-test	Support for Actions SUPA pre-test	Optimistic Thinking OPT pre-test
Mann-Whitney U	1246	1000.5	1243	1067	1220.5	1164.5	1241	1020.5
Wilcoxon W	2521	2275.5	2518	2342	2495.5	2439.5	2516	2295.5
Z	-0.028	-1.739	-0.049	-1.273	-0.218	-0.596	-0.063	-1.59
Asymp. Sig. (2-tailed)	0.978	0.082	0.961	0.203	0.828	0.551	0.95	0.112

	Wishful Thinking WISH pre-test	Physical Release of Emotions PRE pre-test	Seeking Understanding SU pre-test	Control CON pre-test	ACTIVE COPING STRATEGIES pre-test	RESTRUCTURATION STRATEGIES pre-test	DISTRACTION STRATEGIES pre-test	AVOIDANCE STRATEGIES pre-test	SEARCH FOR SUPPORT STRATEGIES pre-test
Mann-Whitney U	1053	1210.5	1005	997.5	1008.5	1201.5	1167	993	1141.5
Wilcoxon W	2328	2485.5	2280	2272.5	2283.5	2476.5	2442	2268	2416.5
Z	-1.482	-0.274	-1.703	-1.763	-1.667	-0.335	-0.573	-1.784	-0.751
Asymp. Sig. (2-tailed)	0.138	0.784	0.089	0.078	0.095	0.738	0.566	0.074	0.453

Since the conditions of normal distributions have not been met, we chose to apply the Mann Whitney test to measure the homogeneity of groups at the time of the initial measurement. In this stage, it was necessary to compare the homogeneity of the control and experimental groups according to the measured scales, in the first step of the measurement (T0). As provided in the tables above, there are no significant differences between the groups concerning the scales measured in the first step, before the application of the dependent variable over the experimental group. This observation allowed us to assume group homogeneity and to

comparatively analyse the differences between the groups in relation to these scales.

We further applied the Kolmogorov-Smirnov normality test for the control group in pre-test and post-test contexts and once again the test indicates that the distribution is not normal, except for the Search for Support Strategies, where the distribution was found to be normal.

Tests of Normality

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
POS pre-test	.126	100	.000	.956	100	.002
CDM pre-test	.123	100	.001	.959	100	.003
REP pre-test	.145	100	.000	.958	100	.003
SUPF pre-test	.123	100	.001	.956	100	.002
AVA pre-test	.168	100	.000	.934	100	.000
DPS pre-test	.165	100	.000	.948	100	.001
SUPA pre-test	.116	100	.002	.964	100	.008
OPT pre-test	.097	100	.021	.964	100	.007
DA pre-test	.196	100	.000	.909	100	.000
WISH pre-test	.279	100	.000	.844	100	.000
PRE pre-test	.147	100	.000	.907	100	.000
SU pre-test	.133	100	.000	.957	100	.002
CON pre-test	.121	100	.001	.966	100	.011
ACTIVE COPING STRATEGIES pre-test	.106	100	.008	.973	100	.036
RESTRUCTURATION STRATEGIES pre-test	.085	100	.008	.977	100	.008
DISTRACTION STRATEGIES pre-test	.137	100	.000	.941	100	.000
SEARCH FOR SUPPORT STRATEGIES pre-test	.086	100	.068	.987	100	.438
AVOIDANCE STRATEGIES pre-test	.105	100	.009	.969	100	.019

We have further applied the Kolmogorov-Smirnov normality test for the experimental group, in pre-test-post-test contexts and the test indicates that the distribution is not normal.

Tests of Normality

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Cognitive Decision Making CDM pre-test	.141	100	.000	.936	100	.000
Positive Thinking POS pre-test	.133	100	.000	.957	100	.002
Repression REP pre-test	.133	100	.000	.922	100	.000
Support for Feelings SUPF pre-test	.142	100	.000	.940	100	.000
Avoidant Actions AVA pre-test	.152	100	.000	.892	100	.000
Direct Problem Solving DPS pre-test	.153	100	.000	.953	100	.001
Support for Actions SUPA pre-test	.191	100	.000	.929	100	.000
Optimistic Thinking OPT pre-test	.147	100	.000	.961	100	.005
Distracting Actions DA pre-test	.278	100	.000	.797	100	.000
Wishful Thinking WISH pre-test	.211	100	.000	.912	100	.000
Physical Release of Emotions PRE pre-test	.190	100	.000	.914	100	.000
Seeking Understanding SU pre-test	.152	100	.000	.929	100	.000
Control CON pre-test	.157	100	.000	.935	100	.000
ACTIVE COPING STRATEGIES pre-test	.144	100	.000	.942	100	.000
RESTRUCTURATION STRATEGIES pre-test	.069	100	.000	.984	100	.000
DISTRACTION STRATEGIES pre-test	.225	100	.000	.874	100	.000
AVOIDANCE STRATEGIES pre-test	.135	100	.000	.967	100	.012
SEARCH FOR SUPPORT STRATEGIES pre-test	.143	100	.000	.948	100	.001

Analysis on the control group: in order to test the control group before and after the intervention (the coping dimensions do not alter in the absence of the specific therapeutic intervention) we have used the Wilcoxon test for dependent samples (please see the table below). Given that for all the measured dimensions,  $p>0.05$ , there are no significant differences in time; children's coping strategies neither significantly improve, nor do they deteriorate in time. We can thus affirm that in the absence of strong influence factors (such as the therapeutic intervention focused on modifying specific coping dimensions), in time there are no alterations in the dimensions of coping strategies.

**Test Statistics**

	CDM post-test - CDM pre-test	POS post-test - POS pre-test	REP post-test - REP pre-test	SUPF post-test - SUPF pre-test	AVA post-test - AVA pre-test	DPS post-test - DPS pre-test	SUPA post-test - SUPA pre-test	OPT post-test - OPT pre-test	DA post-test - DA pre-test
Z	-1.699 <sup>b</sup>	-.122 <sup>c</sup>	-.885 <sup>b</sup>	-1.369 <sup>a</sup>	-.659 <sup>c</sup>	-.595 <sup>c</sup>	-.291 <sup>b</sup>	.000 <sup>d</sup>	-1.348 <sup>c</sup>
Asymp. Sig. (2-tailed)	0.089	0.903	0.376	0.171	0.51	0.552	0.771	1	0.178

	WISH post-test - WISH pre-test	PRE post-test - PRE pre-test	SU post-test - SU pre-test	CON post-test - CON pre-test
Z	-.245 <sup>c</sup>	.000 <sup>d</sup>	-.493 <sup>c</sup>	-.348 <sup>b</sup>
Asymp. Sig. (2-tailed)	0.806	1	0.622	0.728

	ACTIVE COPING STRATEGIES post-test - ACTIVE COPING STRATEGIES pre-test	RESTRUCTURATION STRATEGIES post-test - RESTRUCTURATION STRATEGIES pre-test	DISTRACTION STRATEGIES post-test - DISTRACTION STRATEGIES pre-test	AVOIDANCE STRATEGIES post-test - AVOIDANCE STRATEGIES pre-test	SEARCH FOR SUPPORT STRATEGIES post-test - SEARCH FOR SUPPORT STRATEGIES pre-test
Z	-1.000 <sup>c</sup>	-.139 <sup>b</sup>	-.015 <sup>b</sup>	-.347 <sup>c</sup>	-1.040 <sup>b</sup>
Asymp. Sig. (2-tailed)	0.317	0.89	0.988	0.728	0.299

A calculation of the dimensions points out there is no time difference between the two tests: Cognitive Decision Making CDM  $p=0.089$ ,  $p>0.05$  with  $z=1.699$ ; Positive Thinking POS  $p=0.903$ ,  $p>0.05$  with  $z=0.122$ ; Repression REP  $p=0.376$ ,  $p>0.05$  with  $z=0.885$ ; Support for Feelings SUPF  $p=0.171$ ,  $p>0.05$  with  $z=1.369$ ; Avoidant Actions AVA  $p=0.510$ ,  $p>0.05$  with  $z=0.659$ ; Direct Problem Solving DPS  $p=0.552$ ,  $p>0.05$  with  $z=0.595$ ; Support for Actions SUPA  $p=0.771$ ,  $p>0.05$  with  $z=0.291$ ; Optimistic Thinking OPT  $p=0.100$ ,  $p>0.05$  with  $z=0.000$ ; Distracting Actions DA  $p=0.178$ ,  $p>0.05$  with  $z=1.345$ ; Wishful Thinking WISH  $p=0.806$ ,  $p>0.05$  with  $z=0.245$ ; Physical Release of Emotions PRE  $p=0.100$ ,  $p>0.05$  with  $z=0.000$ ; Seeking Understanding SU,  $p=0.602$ ,  $p>0.05$  with  $z=0.493$ ; Control CON  $p=0.728$ ,  $p>0.05$  with  $z=0.348$ ; Active Coping  $p=0.317$ ,  $p>0.05$  with  $z=1.000$ ; Restructuration Strategies  $p=0.890$ ,  $p>0.05$  with  $z=0.2139$ ; Distraction Strategies  $p=0.988$ ,  $p>0.05$  with  $z=0.015$ ; Avoidance Strategies  $p=0.728$ ,  $p>0.05$  with  $z=0.347$ . Concerning the last dimension, we have a normal

distribution  $p=0.3$ ,  $p>0.05$  with  $t -0.9$ ,  $df=49$ . For this dimension was applied the Paired Sample Test.

Paired Samples Test

Pair 1	SEARCH FOR SUPPORT STRATEGIES pre-test - SEARCH FOR SUPPORT STRATEGIES post-test	Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
		.240	1.825	.258	-.279	.759	.930	49	.357

**Analysis on the experimental group**

In order to test the first two hypotheses supposing that there are significant differences in the direction of improving coping strategies concerning the scales and dimensions measured before and after the intervention in the experimental group, we have applied the Wilcoxon Test for dependent samples (please follow the table below) for the dependent samples.

**Test Statistics**

	CDM post-test - CDM pre-test	POS post-test - POS pre-test	REP post-test - REP pre-test	SUPF post-test - SUPF pre-test	AVA post-test - AVA pre-test	DPS post-test - DPS pre-test	SUPA post-test - SUPA pre-test	OPT post-test - OPT pre-test	DA post-test - DA pre-test
Z	-5.310 <sup>b</sup>	-3.691 <sup>b</sup>	-5.960 <sup>b</sup>	-5.949 <sup>b</sup>	-5.488 <sup>b</sup>	-5.425 <sup>b</sup>	-6.176 <sup>b</sup>	-3.445 <sup>b</sup>	-4.805 <sup>b</sup>
Asymp. Sig. (2-tailed)	0	0	0	0	0	0	0	0.001	0

	WISH post-test - WISH pre-test	PRE post-test - PRE pre-test	SU post-test - SU pre-test	CON post-test - CON pre-test	ACTIVE COPING STRATEGIES post-test - ACTIVE COPING STRATEGIES pre-test	RESTRUCTURATION STRATEGIES post-test - RESTRUCTURATION STRATEGIES pre-test	DISTRACTION STRATEGIES post-test - DISTRACTION STRATEGIES pre-test	AVOIDANCE STRATEGIES post-test - AVOIDANCE STRATEGIES pre-test	SEARCH FOR SUPPORT STRATEGIES post-test - SEARCH FOR SUPPORT STRATEGIES pre-test
Z	-4.040 <sup>b</sup>	-3.911 <sup>b</sup>	-5.245 <sup>b</sup>	-6.077 <sup>b</sup>	-5.800 <sup>b</sup>	-6.070 <sup>b</sup>	-4.573 <sup>b</sup>	-6.017 <sup>b</sup>	-6.163 <sup>b</sup>
Asymp. Sig. (2-tailed)	0	0	0	0	0	0	0	0	0

It can thus be observed that the main hypotheses of the research are confirmed. There are significant differences before and after the intervention concerning children's adaptation strategies; the coping strategies have been improved following the implementation of the intervention. The processing of dimensions indicating a time difference between the two tests is as follows: Cognitive Decision Making (CDM),  $p<0.05$ ,  $z=5.31$ . An increase can be observed in the Cognitive Decision Making ( $m_2>m_1$ ,  $12.24>9.50$ ), after the therapeutic intervention. The effect size indicator is  $r=0.53$ , showing a strong effect of the influence of the independent variable in altering the dependent variable. There is a statistically significant difference concerning Positive Thinking POS after the implementation of the intervention ( $p<0.05$ ,  $z=3.691$ ), further indicating an increase in the capacity to repress ( $m_2$ ,  $10.2>m_1$ ,  $9.58$ ). In this case, the effect size is  $r=0.36$ , indicating a moderate increase in effect. Following the



therapeutic intervention, Repression REP has had a statistically significant increase ( $m_2, 12.28 > m_1, 8.48$ ),  $p < 0.05$ ,  $z = 5.961$ . The effect size is also increased, with  $r = 0.59$ , thus indicating an increase of the strong effect. Support for Feelings SUPF has importantly increased ( $m_2 > m_1$ ),  $14 p < 0.05$ ,  $z = 5.949$ ) after the implementation of the interventional programme. The effect size is  $r = 0.53$ , indicating a strong effect. Avoidance actions AVA has significantly increased ( $m_2, 13.04 > m_1, 9.86$ ,  $p < 0.05$ ,  $z = 5.488$ ) after the therapeutic intervention. The effect size is  $r = 0.54$ , indicating a significant effect. Direct Problem Solving DPS has significantly increased following the intervention ( $m_2, 13 > m_1, 10.22$ ),  $p < 0.05$ ,  $z = 5.425$ ), whereas the effect size is  $r = 0.54$ , showing a significant effect.

Important modifications are also observed concerning Support for Actions SUPA, this feature also increasing after the intervention ( $m_2, 13.14 > m_1, 9.9$ );  $p < 0.05$ ,  $z = 6.176$ ). in this case  $r = 0.61$ , indicating a strong effect. Optimistic Thinking OPT has significantly increased both before and after the therapeutic programme ( $m_2, 13.62 > m_1, 9.92$ );  $p < 0.05$ ,  $z = 3.445$ ), whereas  $r = 0.3$ , indicating a medium effect. Distracting Actions DA has significantly improved after the intervention ( $m_2, 11.26 > m_1, 10.38$ ), ( $p < 0.05$ ,  $z = 4.805$ ), with  $r = 0.4$ , this indicating that the intervention programme has had a moderate effect on altering self-control. Wishful Thinking WISH has significantly increased as a result of the intervention ( $m_2, 13.82 > m_1, 10.94$ ), ( $p < 0.05$ ,  $z = 4.040$ ), with  $r = 0.4$ , indicating a moderate effect over alterations in the dimension. Physical Release of Emotions PRE has significantly increased after the intervention ( $m_2, 12.82 > m_1, 11.92$ ), ( $p < 0.05$ ,  $z = 3.911$ ), with  $r = 0.39$ , this showing that the intervention programme has had a moderate effect over changes in the dimension. Seeking Understanding SU has significantly increased with the intervention ( $m_2, 12.4 > m_1, 10.18$ ), ( $p < 0.05$ ,  $z = 5.245$ ), with  $r = 0.52$ , this proving the programme had a strong effect on modifying the dimension. Control CON has importantly increased as a result of the intervention ( $m_2 > m_1$ ), ( $p < 0.05$ ,  $z = 6.072$ ), with  $r = 0.6$ , this indicating the strong effect of the intervention on altering the dimension.

Concerning alterations in the coping strategies, we can as well observe the hypotheses on improving strategies as a result of the intervention have been confirmed. The Active Coping Strategies are developed post-intervention in a statistically significant manner: ( $m_2, 38.5 > m_1, 29.38$ ),  $p < 0.05$ ,  $z = 5.800$ . it can also be observed an increase in the effect size with  $r = 0.58$ . Restructuration strategies also improve following the therapeutic programme ( $m_2,$

$33.4 > m_1, 29.58$ ),  $p < 0.05$ ,  $z = 6.076$ , the  $r = 0.6$  indicating an increased association. Distraction Strategies are also developed following the therapeutic programme ( $m_2, 26.22 > m_1, 21.12$ ),  $p < 0.05$ ,  $z = 4.570$ ), effect size  $r = 0.40$  – moderate effect. Avoidance Strategies have increased between the moments of measurement ( $m_2, 37.2 > m_1, 30.62$ ),  $p < 0.05$ ,  $z = 6.017$ ), effect size  $r = 0.6$ , increased effect. Following the implementation of the therapeutic programme, the respondents have better Support Seeking Strategies ( $m_2, 26.66 > m_1, 19.78$ ),  $p < 0.05$ ,  $z = 6.017$ , effect size  $r = 0.6$ , strong effect.

Ranks		N	Mean Rank	Sum of Ranks
Cognitive Decision Making CDM post-test – Cognitive Decision Making CDM pre-test	Negative Ranks	5 <sup>a</sup>	12.90	64.50
	Positive Ranks	42 <sup>b</sup>	25.32	1063.50
	Ties	3 <sup>c</sup>		
	Total	50		
Positive Thinking POS post-test – Positive Thinking POS pre-test	Negative Ranks	0 <sup>d</sup>	0.00	0.00
	Positive Ranks	17 <sup>e</sup>	9.00	153.00
	Ties	33 <sup>f</sup>		
	Total	50		
Repression REP post-test – Repression REP pre-test	Negative Ranks	2 <sup>g</sup>	7.50	15.00
	Positive Ranks	47 <sup>h</sup>	25.74	1210.00
	Ties	1 <sup>i</sup>		
	Total	50		
Support for Feelings SUPF post-test – Support for Feelings SUPF pre-test	Negative Ranks	1 <sup>j</sup>	4.00	4.00
	Positive Ranks	46 <sup>k</sup>	24.43	1124.00
	Ties	3 <sup>l</sup>		
	Total	50		
Avoidant Actions AVA post-test – Avoidant Actions AVA pre-test	Negative Ranks	5 <sup>m</sup>	9.70	48.50
	Positive Ranks	42 <sup>n</sup>	25.70	1079.50
	Ties	3 <sup>o</sup>		
	Total	50		
Direct Problem Solving DPS post-test – Direct Problem Solving DPS pre-test	Negative Ranks	5 <sup>p</sup>	10.60	53.00
	Positive Ranks	42 <sup>q</sup>	25.60	1075.00
	Ties	3 <sup>r</sup>		
	Total	50		
Support for Actions SUPA post-test – Support for Actions SUPA pre-test	Negative Ranks	0 <sup>s</sup>	0.00	0.00
	Positive Ranks	50 <sup>t</sup>	25.50	1275.00
	Ties	0 <sup>u</sup>		
	Total	50		
Optimistic Thinking OPT post-test – Optimistic Thinking OPT pre-test	Negative Ranks	2 <sup>v</sup>	5.00	10.00
	Positive Ranks	17 <sup>w</sup>	10.59	180.00
	Ties	31 <sup>x</sup>		
	Total	50		
Distracting Actions DA post-test – Distracting Actions DA pre-test	Negative Ranks	7 <sup>y</sup>	12.14	85.00
	Positive Ranks	37 <sup>z</sup>	24.46	905.00
	Ties	6 <sup>aa</sup>		
	Total	50		
Wishful Thinking WISH post-test – Wishful Thinking WISH pre-test	Negative Ranks	1 <sup>ab</sup>	3.50	3.50
	Positive Ranks	21 <sup>ac</sup>	11.88	249.50
	Ties	28 <sup>ad</sup>		
	Total	50		
Physical Release of Emotions PRE post-test – Physical Release of Emotions PRE pre-test	Negative Ranks	9 <sup>ae</sup>	20.44	184.00
	Positive Ranks	37 <sup>af</sup>	24.24	897.00
	Ties	4 <sup>ag</sup>		
	Total	50		
Seeking Understanding SU post-test – Seeking Understanding SU pre-test	Negative Ranks	5 <sup>ah</sup>	9.40	47.00
	Positive Ranks	39 <sup>ai</sup>	24.18	943.00
	Ties	6 <sup>aj</sup>		
	Total	50		
CON post-test – CON pre-test	Negative Ranks	1 <sup>ak</sup>	3.50	3.50
	Positive Ranks	48 <sup>al</sup>	25.45	1221.50
	Ties	1 <sup>am</sup>		
	Total	50		
ACTIVE COPING STRATEGIES post-test – ACTIVE COPING STRATEGIES pre-test	Negative Ranks	4 <sup>an</sup>	5.75	23.00
	Positive Ranks	44 <sup>ao</sup>	26.20	1153.00
	Ties	2 <sup>ap</sup>		
	Total	50		
RESTRUCTURATION STRATEGIES post-test – RESTRUCTURATION STRATEGIES pre-test	Negative Ranks	1 <sup>aq</sup>	3.50	3.50
	Positive Ranks	48 <sup>ar</sup>	25.45	1221.50
	Ties	1 <sup>as</sup>		
	Total	50		
DISTRACTION STRATEGIES post-test – DISTRACTION STRATEGIES pre-test	Negative Ranks	9 <sup>at</sup>	14.72	132.50
	Positive Ranks	38 <sup>au</sup>	26.20	995.50
	Ties	3 <sup>av</sup>		
	Total	50		
AVOIDANCE STRATEGIES post-test – AVOIDANCE STRATEGIES pre-test	Negative Ranks	1 <sup>aw</sup>	2.00	2.00
	Positive Ranks	47 <sup>ax</sup>	24.98	1174.00
	Ties	2 <sup>ay</sup>		
	Total	50		
SEARCH FOR SUPPORT STRATEGIES post-test – SEARCH FOR SUPPORT STRATEGIES pre-test	Negative Ranks	0 <sup>az</sup>	0.00	0.00
	Positive Ranks	50 <sup>ba</sup>	25.50	1275.00
	Ties	0 <sup>bb</sup>		
	Total	50		

Descriptive Statistics					
	N	Mean	Std. Deviation	Minimum	Maximum
Cognitive Decision Making	50	9.50	2.435	5	14
CDM pre-test	50	9.58	2.357	5	14
Positive Thinking POS pre-test	50	8.48	2.033	5	14
Repression REP pre-test	50	9.86	2.138	6	14
Support for Feelings SUPP pre-test	50	10.22	2.270	6	14
Avoidant Actions AVA pre-test	50	9.90	2.550	4	16
Direct Problem Solving DPS pre-test	50	9.92	2.019	5	14
Support for Actions SUPA pre-test	50	10.38	3.123	4	16
Optimistic Thinking OPT pre-test	50	10.94	3.260	5	15
Distracting Actions DA pre-test	50	11.92	2.355	6	16
Wishful Thinking WISH pre-test	50	10.18	3.550	4	16
Physical Release of Emotions PRE pre-test	50	9.96	2.871	4	16
Seeking Understanding SU pre-test	50	9.66	1.836	5	14
Control CON pre-test	50	29.38	7.062	14	45
ACTIVE COPING STRATEGIES pre-test	50	29.58	6.145	19	41
RESTRUCTURATION STRATEGIES pre-test	50	21.12	6.432	9	31
DISTRACTION STRATEGIES pre-test	50	30.62	4.247	20	39
AVOIDANCE STRATEGIES pre-test	50	19.78	3.621	11	27
SEARCH FOR SUPPORT STRATEGIES pre-test	50	12.24	1.813	8	16
Cognitive Decision Making CDM post-test	50	10.20	2.703	5	16
Positive Thinking POS post-test	50	12.28	1.591	6	14
Repression REP post-test	50	13.04	1.340	11	15
Support for Feelings SUPP post-test	50	13.00	1.195	10	15
Avoidant Actions AVA post-test	50	13.14	1.340	10	16
Direct Problem Solving DPS post-test	50	13.62	1.086	11	15
Support for Actions SUPA post-test	50	11.26	3.533	6	18
Optimistic Thinking OPT post-test	50	13.82	.825	12	15
Distracting Actions DA post-test	50	12.82	2.405	8	17
Wishful Thinking WISH post-test	50	12.40	1.385	10	16
Physical Release of Emotions PRE post-test	50	13.12	1.365	10	16
Seeking Understanding SU post-test	50	13.44	.972	11	15
Control CON post-test	50	38.50	3.086	32	46
ACTIVE COPING STRATEGIES post-test	50	33.40	4.585	24	43
RESTRUCTURATION STRATEGIES post-test	50	26.22	1.776	24	31
DISTRACTION STRATEGIES post-test	50	37.20	2.949	31	44
AVOIDANCE STRATEGIES post-test	50	26.66	1.975	22	30
SEARCH FOR SUPPORT STRATEGIES post-test	50				

#### IV. Conclusions

As a conclusion, the present statistical analysis allows the validation of research hypotheses.

- The programme aimed to develop coping strategies has proved effective in the context of a small sample, it can be inferred it will also prove effective in a larger sample.
- The strategies used by children to manage stress are crucial predictors for lifetime health and success.
- The study into coping strategies children use has highlighted the importance of promotion strategies directly focused on problem solving, strategies implying emotional support, improvement of interpersonal relations and engaging in a positive approach of the problem, as well as the necessity to carry out interventional programmes to optimize such features.

- Considering that anxiety disorders are still the most frequent cluster of disorders among general population, it is important to focus our efforts on prevention at the level of future generations as well as on reducing incidence rates and associated costs.
- The study provided support by making possible the training of adaptive coping strategies in pupils throughout the school year. It should further be highlighted the need to identify means to integrate healthy coping skills in school contexts.
- The understanding of coping strategies used by children highlights that further research is needed to obtain a better understanding over means children use to manage stress.
- The results of this study bear important implications for any professional training children on how to more adaptively cope to daily stressors. More specifically, psychologists, parents and teachers can benefit from the results of the here mentioned study.
- The data obtained can be useful in a larger number of situations and contexts, both in diagnosis purposes, and in psychoeducational guidance and intervention.
- Future research is necessary to further investigate the factors influencing the daily stress combating process among the young population, by envisaging amusing and interactive means to motivate children integrate coping techniques in their daily actions.
- A challenging aspect related to teaching children on how to cope with stress implies that schools engage in and adopt new strategies. What is more, they ought to create books, tools for families, etc. The innovative instruments do not only contribute to the increase in the use of adaptive coping strategies, but also facilitate the diminishment of stigma and the normalization of discussions on topics such as stress and anxiety

#### Limits of the investigation:

1. The size of the sample in the present study was a limiting factor. Particularly, no significant differences concerning the age have been observed due to the small number of participants. One of the factors influencing the sample size was the reduced access of pupils to the Emotions Workshop after 16 00.

2. Another limitation of the study was the lack of tools to assess coping skills in younger children. The CERQ questionnaire is the only assessment tool, able to measure coping strategies in Romanian children but is also limited to the participants' age.
3. Future studies ought to focus on creating entertaining and interactive games, such as smartphone applications and games tackling the most common stress factors among the general public and on training simple coping strategies to be used by anyone anytime, anywhere.
4. Involving the parents in the study was not possible, although they ought to focus more on training coping strategies in children, able to use visible actions and behaviours, such as dancing, drawing of emotions, etc.
5. Involving the teachers in the study was not possible. The way teachers perceive the effectiveness of certain coping methods and whether they consider resolving them on short and long term are important. It is important for teachers to remember that primary school pupils are at the beginning of a lifelong process, enabling them to respond to challenges, difficulties and threats inside and outside the classroom.

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