Miroslava Adamík Šimegová

Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol (Adi et al. 2007). Serious and frequently occuring problems are emotional problems of pupils, more precisely, in some cases we may talk about emotional disorders. According to authors Dařílek & Kusák (1998) it concerns group of the so called maladaptive behaviour, which create various expressions from tolerated forms of flight response (passivity, lucid dreaming, frequent absence because of disease...), through patological forms of (anxious and neurotic reactions) to psychopathological forms (neuroses, mutism, stuttering, school phobia). As authors say it is important for teacher to realise, that maladaptive behaviour is mainly of defensive character, and therefore it is necessary to judge it sensitively with regard to goals to whitch this kind of behaviour serves. It is necessary to emphasise that we find out of the practice that these expressions more or less occur and accompany also other problems of pupils at school, e.g. some problems and disorders of pupils with behaviour and learning. Fudaly (2005) introduces the term of emotional and behavioral disorder (EBD) with possibility of putting it into practice. At the same time he proposes to lay down the category of "the child with emotional and behavioral disorders" legislatively as one of the steps when solving problem of education of children with special educational needs because of emotional and behavioral disorders. Family and school should deal not only with cognitive features of personality of child but they also should respect child´s needs in field of

its social and emotional development. The term "emotional prob-lems" is often used for describing a wide spectrum of psychic problems which are accompanied by emotional tension, stress, depression and anxiety, frustration, loss of self-confidence and feelings of guilt. The predisposition to these problems may have its roots in problematic childhood, family, experinces however it also may be caused by different hereditary and innate factors. They can be recognised and solved in a good way when they are being caused by a well known specific event (e.g. divorce of par-ents, death of a close person, bullying at school etc.). Their ori-gin can be in school environment or outside of it (often in family, peer group etc.). These problems can be also caused by school or it can participate on them in a significant way. From the point of view of school psychologist, in school-psychological practice we are mostly confronted with following emotional problems and disorders of pupils at primary school:

1. Problems concerning adaptation to school environment (mainly in the time when pupil entering the 1st class of pri-mary school, that is, when changing to the secondary stage of primary school), school phobia and separation anxiety.[1]
2. Anxiety disorders, neuroticism, anxiety, fear (during the whole primary school attendance).
3. Depression (occuring in 11 – 15 year old children and in ado-lescence, is usually connected with anxiety, that is, expres-sion of other emotional problems and disorders).
4. Nonspecific emotional disorders.

These problems are often a cause why pupils are unsuc-cessful, why they avoid attending school, have low marks, and it can be also the trigger of more serious psychic problems and diseases of pupils.

According to The International Classification of Diseases (ICD-10, 2007) and separate category "Behavioural and emo-tional disorders with onset usually occurring in childhood and adolescence" (F90-F98) we can include:

1. F90   Hyperkinetic disorders. A group of disorders characteri-zed by an early onset (usually in the first five years of life), lack of persistence in activities that require cognitive involvement, and a tendency to move from one activity to another without

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[1] Primary education in Slovakia is divided into two stages: the first stage consists of grades 1-5 and the second stage consists of grades 6-9 at primary school. Primary schol is attended by pupils aged 7-15.

completing any one, together with disorganized, ill-regulated, and excessive activity. Several other abnormalities may be associated. Hyperkinetic children are often reckless and impulsive, prone to accidents, and find themselves in disciplinary trouble because of unthinking breaches of rules rather than deliberate defiance. Their relationships with adults are often socially disinhibited, with a lack of normal caution and reserve. They are unpopular with other children and may become isolated. Impairment of cognitive functions is common, and specific delays in motor and language development are disproportionately frequent. Secondary complications include dissocial behaviour and low self-esteem. Includes: Disturbance of activity and attention; Hyperkinetic conduct disorder and Hyperkinetic disorder associated with conduct disorder.

2. F91   Conduct disorders. Disorders characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (six months or longer). Features of conduct disorder can also be symptomatic of other psychiatric conditions, in which case the underlying diagnosis should be preferred. Examples of the behaviours on which the diagnosis is based include excessive levels of fighting or bullying, cruelty to other people or animals, severe destructiveness to property, fire-setting, stealing, repeated lying, truancy from school and running away from home, unusually frequent and severe temper tantrums, and disobedience. Any one of these behaviours, if marked, is sufficient for the diagnosis, but isolated dissocial acts are not. Includes: Conduct disorder confined to the family context; Unsocialized conduct disorder, Socialized conduct disorder; Oppositional defiant disorder; Other and Unspecified conduct disorders.

3. F92   Mixed disorders of conduct and emotions. A group of disorders characterized by the combination of persistently aggressive, dissocial or defiant behaviour with overt and marked symptoms of depression, anxiety or other emotional upsets. Includes: Depressive conduct disorder and Other mixed disorders of conduct and emotions.

4. F93   Emotional disorders with onset specific to childhood. Mainly exaggerations of normal developmental trends rather than phenomena that is qualitatively abnormal in themselves. Includes: Separation anxiety disorder of childhood, Phobic anxiety disorder of childhood, Social anxiety disorder of childhood, Sibling rivalry disorder, Other childhood emotional disorders and Childhood emotional disorder, unspecified.

5. F94   Disorders of social functioning with onset specific to childhood and adolescence. A somewhat heterogeneous

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group of disorders that have in common abnormalities in social functioning which begin during the developmental period, but which are not primarily characterized by an apparently constitutional social incapacity or deficit that pervades all areas of functioning. In many instances, serious environmental distortions or privations probably play a crucial role in etiology. Includes: Elective mutism; Selective mutism; Reactive attachment disorder of childhood; Disinhibited attachment disorder of childhood; Other and unspecified childhood disorders of social functioning.

6. F95   Tic disorders. Syndromes in which the predominant manifestation is some form of tic. A tic is an involuntary, rapid, recurrent, nonrhythmic motor movement (usually involving circumscribed muscle groups) or vocal production that is of sudden onset and that serves no apparent purpose. Tics tend to be experienced as irresistible but usually they can be suppressed for varying periods of time, are exacerbated by stress, and disappear during sleep. Common simple motor tics include only eye-blinking, neck-jerking, shoulder- shrugging, and facial grimacing. Common simple vocal tics include throat-clearing, barking, sniffing, and hissing. Common complex tics include hitting oneself, jumping, and hopping. Common complex vocal tics include the repetition of particular words, and sometimes the use of socially unacceptable (often obscene) words (coprolalia), and the repetition of one's own sounds or words (palilalia). Includes: Transient tic disorder; Chronic motor or vocal tic disorder; Combined vocal and multiple motor tic disorder [de la Tourette]; Other an unspecified tic disorders.

7. F98   Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence. A heterogeneous group of disorders that share the characteristic of an onset in childhood but otherwise differ in many respects. Some of the conditions represent well-defined syndromes but others are no more than symptom complexes that need inclusion because of their frequency and association with psychosocial problems, and because they cannot be incorporated into other syndromes. Includes: Nonorganic enuresis – Enuresis (primary) (secondary) of nonorganic origin, Functional enuresis, Psychogenic enuresis, Urinary incontinence of nonorganic origin; Nonorganic encopresis – Functional encopresis, Incontinence of faeces of nonorganic origin, Psychogenic encopresis; Feeding disorder of infancy and childhood; Rumination disorder of infancy; Pica of infancy and childhood; Stereotyped movement disorders; Stuttering [stammering]; Cluttering; Other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified behavioural and emotional disorders with onset usually occurring in childhood and adolescence.

It is necessary to mention the specific kinds of conduct disorder related to above-mentioned emotional problems and disorders by pupils so as automutilation and suicidal behaviour. They occur among pupils of higher grades of the 2nd stage of primary school and among pupils of secondary school, in case of automutilation, it occurs mainly among girls. An individual group is composed of pupils who are emotionally unstable belong to problematic groups (mainly groups such as EMO, Neo-Nazi groups, sects etc.). In school environment we meet them more often and their occurence is still growing. Often it concerns some very specific cases subsequently involving also individual care of another experts. Wide spectrum of emotional problems also relates to eating disorders (bulimia nervosa, anorexia nervosa), specifis social and emotional needs and emotional problems occur by overweight and obese children, Romani children, children from disadvantaged background, children with special educational needs: talented children, children with specific learning disabilities, children with speech impairment, children with communication disorders, next by pupils with low marks and unsuccessful pupils, children breaking down a serious environmental crisis e.g. children of divorced and divorcing parents etc.

It is interesting that in connection with emotional problems of children with behavioural disorders, there is unability of children with behavioural disorders to experience sufficiency of positive emotions and there is tendency to experience mainly negative contents in thinking and experience (according to research by Gabriel, 1999). From this research also results that psychological resistance does not have to be necesssarily tied on quality of family environment. Children without behavioral disorders show this competency in a higher degree and that, without regard to quality of family environment. In connection with specific learning disabilities, according to author Probst (2004), the experince of experts confirm that by children with specifis learning disabilities occur emotional and social problems more often than by healthy children. These problems influence personalities of children in a negative way. Possible explanation ot its origin: a) they are a part or expression of the same disorder which causes problem of low marks, or b) they are result of stress which is caused by child´s difference from other children – because child has specific learning disability. In short it can be said that emotional and social problems by children with specific disorders are caused either by

biological reasons (disposition restrictions, brain damage, deficit of partial functions in field of motor skills or space perception) they can influence the social skills of child in a negative way and result in the fact that child cannot estimate the personal distance in interpersonal contact appropriately; deficit in language skills causes problems with expression, (child answers the question later or has problems understanding the spoken word), or they are reaction to the dysfunction itself, that is, when we talk about secondary symptomatology (child who is chronic frustrated by its school unsuccess and even does not feel comfortable within its own family, gets into the state of tension). Child defends against this state by basic defensive reaction: attack or escape, which lead to secondary symptomatology of specific learning disabilities – behavioral disorders – there are defense mechanisms (child does not want to cooperate, loses or hides its exercice books, falsifies signatures), compensatory mechanisms (children try to come out on top through joking, making funny things, by courageous behaviour, by being proud of themselves, by disrupting classes), aggression and expression of enmity (child tries to work off its inner tension through aggression, it scoffs at other people, attacks the other or sneaks on somebody), introversion (child is introvert, sensitive, afraid, unstabile, labile, weepy, apathetic, escapes into the lucid dreaming, there can also occur some psychosomatic symptoms such as vomiting, lack of appetite, sleep disorder, indisposition). From characteristic of these particular reactions can be concluded that the reason for negative behaviour are social and emotional problems of these children. There can be found various relationship problems such as low self-evaluation, frustration, anger, anxiety, depressions as well as suicidal tendencies in case of these children.

According to Krejčířová (in Říčan & Krejčířová, 2006), development of depression by children is nowadays not that underestimated as it was in the past. Expressions of depressions by children are the same as by adults, however, there occur more often somatic and regressive expressions, a lot of "mask symptoms" and clinical picture is influenced by age of child. Depressions in children and adolescents are in larger extent connected to other disorders, they are part of another diagnoses – it concerns the so called s u b s y n d r o m i c   d e p r e s s i o n s. Vágnerová (2005) states that according to nowadays estimations, depressions affect minimally 1% of population of children and its prognosis

depends on seriousness of symptoms, occurence of other problems and on age (the sooner the depression occurs the higher is the risk of repetition of these depressive attacks also at later age). Occurence of depressions by adolescents can be as much as ten times higher than by 7-10 year old children. In school environment depression can influence school success, experience of success and unsuccess, social relationships, self-confidence, behaviour and experience as a whole, in a negative way. Particular expressions of emotional problems of pupils in school environment are specific in regard to pupil´s age and developmental period. According to Kusák (in Dařílek & Kusák, 1998), in regard to important developmental changes, which pupil goes through, pressure of school and family for performance and insufficient satisfaction from school experience, school environmet can be considered for being a difficult life situation, where pupil can meet various obstacles which hinder him/her in achieving his/her cognitive, social and performance needs. Some of periods in pupil´s life are considered for being critical in connection with radical changes they bring by themselves (Stránska & Poledňová, 2006). It includes the following phases:

1. Period of entering school – is connected to problems of schooling, higher demands because of change of day organisation, new social environment, need of being a part of classroom team, supression of expressions of spontaneity and demands on discipline, higher pressure on school performance and more demanding tasks.

2. Period when changing from the 1st stage of primary school to the 2nd one – connected to developmental changes of becoming a pupil of higher class, higher demands and requirements for a higher pupil performance, new school subjects, necessity to accept new teachers and their requirements.

3. Period of developmental changes connected to 11-15 year old children – pupil is under pressure of career orientation, of making decisions, he/she is confronted with biosocial impacts of becoming an adult and of many other personality and psychosocial changes.

Every period of age has its emotional problems which need to be solved and where the emotional intelligence is involved (Dargová & Čonková, 2002). In emotionality are reflected several developmenetal tendencies in development of feelings in ontogeny of an individual:

- feelings are being differentiated in content: from innate emotional reactions into rich emotions,
- feeling of social relationships and to it connected symbols of cultural, material and spiritual values are being interconnected to vital oriented feelings which is in connection to origin and satisfaction of physiological needs and experience of organism as a whole,
- expressivness of emotions is being weakened, it comes to its repression with regard to way, emotions are expressed and accepted by society,
- differentiation in content (Qualitative differentiation of experience) is being raised, which is the function of making emotions and situations dependent through situations or erased excitement caused by inner states and cognitive interpretation of these situations and inner states,
- development of emotions is being realised in functional connection with process of learning and motivation.

7-10 year old child is a social being. It is egotistic and needs to draw attention to itself in whatever way – it needs to assert itself even at the expense of the others. Children out of the group – outsiders – are excluded; they have to face negative feelings – emptiness, sadness. Emotional autoregulation is of great importance at this age. Child wants to make the teacher happy and wants to be appreciated for it in an accurate way. For child is very important to get teacher´s attention and favour. Identification with teacher helps child to overcome the first uncertainty and to adopt school system. That is why a possitive relationship to teacher is an important motive for required behaviour and is also important when overcomeing the first difficulties. 7-10 year old child evaluates itself according to being able to do some things and according to success it achieves when doing them. Its diligence is often connected to fear, that it will not be successful and will be considered for being unable to do something. There comes into existence the learned helplessness – child persuades itself that it cannot handle certain activity, that it is not able to make friends. There occur negative emotions and following its self-image is getting worse. In volatile expressions there can be a higher suggestibility, emotional lability, anxiety, pasivity, impulsiveness.

Child at middle school age should be at school adapted. Despite of development of cognitive abilities, child is not able to be fully resistant to various emotional pressures and can be

influenced by opinions of people who are for him/her of great personal importance. In this time are being changed the content, development, duration, way of experience as well as expression of the emotions. Feelings are being differentiated and some new feelings are created (e.g. feeling of injustice and to be offended, exam fever, envy and viciousness – wishing somebody bad luck, feeling of solidarity). Higher emotions are being improved. There is a greater moderation – expression of the emotions is restricted, and awareness – child controls external expressions in a better way. Children even obscure their real feelings by different external expressions. Child is less egocentric; it is able to feel solidarity and can provide someone with help.

The period of adolescence (puberty) is a critical time in development of emotions – internal as well as external conflict situation, emotional confusion. To be vital and quick, intensity, irritability and power of emotional experincing, emotional volatility and changeability, unstableness of orientation – from egocentricity to altruism, swinging moods, low level of feeling control by intellect, are typical extreme characteristics for this period. It leads to the fact, that by some pupils moral feelings, conscience, compassion, feeling of responsibility, sense of duty etc. can be developed later and be problematic.

The source of feelings of an adolescent is the fight for acknowledgement of the own adulthood and with this connected rights, loss of understanding with parents and conflicts raised because of this, conflicts in urgent sexual desire and romantic first sexual love, internal vulnerability caused by increased sensitivity and obscured by premature adulthood. Emotional reaction is mostly clear-cut and sudden. Typical are swinging moods and unstability and frequent occurence of negative feelings – anger, resistance, unsureness, swinging moods.

For a young adolescent is characteristic satisfaction and a better control of expression of emotions, mainly of moods. Mutual relationships are being improved and balanced in a positive way. There occur new features and differentiation of emotional life. As the main developmental task of this period in life is considered being able to understand our own feelings, to know oneself better as well as the goals and the meaning of life. Physical differences and the dissatisfaction with the own body – image can be still a source of negative feelings. Building identity and searching for the own "self" is connected to many question marks which

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bring also the feeling of uncertainty. Relationships with adults can be still conflicting, so they can be accompanied by various negative feelings, different apprehensions and fear.

In solving emotional problems of pupils of primary schools have a significant position professional school staff such as – special school psychologist, school special teaching staff and social pedagogue – on the level of prevention, early diagnostics – screening, findings, counseling and intervention – help. Headmasters of schools and educational institutions in the Slovak Republic have nowadays the possibility to employ school psychologists, social and special teaching staff working directly at the particular school (Act *No. 245/2008* Coll. on *Upbringing* and *Education* (*Act of the National Council of the SR*).

They react to the need to solve new tasks and lay greater emphasis on personality development of pupil as well as prevention of social-pahtological phenomena at schools. It concerns independent nonpedagogical school staff at primary school. According to Act No. 325/2008 *(Act of the National Council of the SR)* on details of upbringing counseling and of counseling institutions they do prevention, identification – diagnostics, counseling-consulting as well as remedial and corrective activities. The common denominator of these particular activities of school psychologist in Slovak school area is activity aimed at minimization of upbringing-educational problems of pupils with the use of individual and group pedagogical and psychological diagnostics and counseling-consulting work with pupil/pupils, teachers and parents. Preventive work of school psychologists dominates only at some schools. In accordance with Gajdošová (1998) the essential work of school psychologist at school is the effort to humanise school, change interpersonal relationships, his/her help to provide pupils with psychic health and solve problems with learning and behaviour. The core of work of school psychologist is to catch the problems of psychological characteristic at the very beginning. School psychologist knows the specifics of particular developmental stages and their specific emotional problems, which are necessary to be solved. Gajdošová & Herényiová (2002, p. 77) reminded on the fact that only recently was the work of school psychologists described from the tight psycho-therapeutic point of view as the help to an individual problematic pupil, who was worked with, in isolated conditions. They emphasise that nowadays it is necessary to know pupil´s function

in a broader school environment, e.g. pupil´s emotional tension and many emotional problems which can have a great influence on disturbed interpersonal relationships at school, nonadequate system of teaching of teacher and it is necessary to work with all these factors in order to be able to eliminate this problem (disorder). School psychologist works with a lot of undersystems and elements within school system.

From the school – psychological practice results that the core of the work of school psychologist in the field of emotional problems and disorders of pupils is mainly:

1. Identification – diagnostics activity – identification of social problems of pupils and finding their reasons. It concerns finding out occurence and reasons of specific individual emotional problems of pupils at primary school and to these problems conneted behaviour disorders and problems of pupils, but also identification of other factors supporting their arise (social relationships within classroom, relationships with teachers, climate of classroom and school and the like). School psychologist uses these methodes: observation, interview, anamnesis, personality questionnaires, screening questionnaires. His work specializes on:
   – Screening examination of classes of the first grade with the goal to make a survey of occurence of adaptive and emotional problems of children
   – Observation in classrooms with the goal to make a survey and subsequent solution of problems of pupils and of social climate of classrooms
   – Cooperation with classroom teachers when gaining information about pupils with emotional problems and about pupils recommended for the next psychological and special pedagogical diagnostics.
2. Counseling – consulting activity with pupil, parents, and teachers in an individual form. The school psychologist uses the form of consultations, interview and specializes on:
   – Individual consultations with parents of problem pupils with the aim to solve this particular problem together
   – Individual work with pupils in the field of their personality, emotional, social and professional development, as well as in the field of their individual psychological and special-pedagogical needs

3. Intervention activity which is based on solving individual problems of pupils, as well as the social atmosphere and social relationships within classrooms. School psychologist focuses on strengthening social and psychic skills of pupils, improving communication, human relationships, making a value system of pupils, where he/she uses:

   – Programs of development of social communication
   – Training and practice for development of social skills and social competency
   – Trainings of development of emotional intelligence, adequate attitudes and values
   – Lectures and debates for teachers and parents focused on increasing of information about psychological questions of upbringing and education, change of attitudes towards problem children; conversations with parents (individual or in informal smaller groups) focused on development of their social competency and solving the conflicts.
   – Therapeutic work of school psychologist – experienced school psychologist with required personality qualities after severel years of practice in the psychological service for school or after completing training in an active use of psychotherapeutic approaches, he/she can put psychotherapy into school practice and use it. Gajdošová (1997) consideres on the basis of a long-term practical experience of the work of school psychologist at school in natural conditions for very successful especially: individual and group psychtherapy, educational psychotherapy, environmental psychotherapy.
   – Direct interventions into the upbringing-educational process.

I introduce in the attachmnets of this contributuion (Attachment No. 1 and No. 2) examples of two different courses: Course for development of self-knowing and self-evaluation of pupil, forming of the classroom team for pupils of the 1st grade of primary school and the Course for development of self-knowing and self-evaluation of pupil for pupils of the 5th grade of the primary school with the aim to bring closer the particular activity of school psychologist in the field of developing these pupils´ competencies. The attachments are also specific examples of identification-diagnostics and intervention activity of school psychologist in the field of helping pupils with emotional problems.

As Orosova says (1999), strengthening and development of children´ competency to handle the tasks and requirements which occur in private and school life and to develop a positive relationship to oneself and to the other people presupposes a change of existing paradigms in the system of individual psychological help, in the pregradual and postgradual professional preparation of teachers, in development of cooperation of teachers and parents. Prevention from emotional and behavioral problems in school practice presupposes professional preparation and social–personality competency of teachers for understanding the peculiarities in behaviour and experience of children. It presupposes creation of opportunities for work of peer groups in prevention, creation of training opportunities for pupils and teachers in a mixed model of prevention so that to raise hope for coming closer within common life of a classroom and school, in order to raise the chance together to create a story of school life with emotional, social support, with some clear rules and norms.

All of the above mentioned activities are necessary to be done in mutual cooperation with pedagogical school staff– director, teachers, educational advisor, parents of pupils, as well as with the other staff who are in charge of care of upbringing and education (counseling psychologists, special pedagogical staff, probation officer, pedopsychyatrists and suchlike). In some cases the seriousness of various emotional problems and disorders of pupils do not enable the school psychologist to intervene in an adquate way and this problem requires a specific professional care of clinical psychologist, infant psychiatrist, eventually of an psychotherapist who you can on recommendation of school psychologist cooperate with. In these cases school psychologist is the psychologist of the first contact, he has an unsubstitutable place in the crisis intervention, often he/she as the first lays the problems themselves and their reasons bare, and often he/she is the only person who pupils with emotional problems trust and are willing to confide themselves.

In conclusion of this contribution it is necessary to be said that the work of professional staff directly at school is contributory from the point of view of maintening the psychic health of all of psychologist´s clients, pupils, teachers and parents. Resulting from my own experience as school psychologist I can state that nowadays there is an unsubstitutable role of school psychologist when helping pupils with emotional problems and he/she also creates a key element within humanisation of current school.

Attachment No. 1

Course for developing self-knowing and self-evaluation of pupil, formation of classroom team

The period when entering child the school, is connected to problems of schooling, increased demands because of the change of day organisation, new social environment, the need of becoming a part of the classroom team, supression of spontaneous expressions and requirements for discipline, increased pressure for school performance and more demanding tasks.

The goal of the course in the 1st grade of primary school:
– To enable pupils to adjust to conditions of primary school.
– To develop the self-knowing and self-evaluation.
– To develop the knowledge of own positive and negative characteristics related to process of learning.
– To develop self-confidence, flexibility, will and perseverance.
– To increase motivation of pupils for learning.
– To handle adaptive problems, to degrade exam fever, stress, anxiety of school.
– Diagnostics and handling separation anxiety and anxiety.
– Diagnostics and degrading bad learning habits.
– To create a positive climate in classroom and to form the classroom team.
– To evaluate pupils´possibilities to handle their tasks and to overcome learning difficulties.
– To think together about what kind of performance is necessary to be achieved on the 1st grade of primary school and how to solve problem tasks and situations.

The target group: Pupils of the 1st grade of primary school.

The gained competencies of pupils:
– The competency to handle requirements of the 1st grade of primary school.
– To know our own performance possibilities in the field of learning.
– To gain a positive attitude towards school and learning.
– To handle pre-examination conditions – exam fever, fear, stress.
– To reduce tension and stress.
– To integrate oneself into the new classroom team.
– To overcome adaptive problems (fear of school, separation anxiety, anxiety).

Aids and methods:
– Discussion, group discussion with pupils.

– Projective methods – drawings.
– Practical exercices coming from sources of technical litera-
   ture, preventive and intervention programs for pupils of pri-
   mary schools:
   • "Expoprogram" intervention program for group work with
      children and adolescents (Labáth & Smik, 1991),
   • Intervention program of developing of prosocial behaviour
      with the aim to prevent the dependence of children at the
      1st stage of primary school. (Kopasová – internal material)
   • Methods and programs of work of school psychologist –
      Gajdošová & Herényiová (1998)
   • New psychogames for all-rounded personality develop-
      ment – Bakalář (1998),
   • Psychogames by Bakalář (1989),
   • Methods of environmental education by Kariková (1997).
   Realisation: 4 – class course in classrooms of the 1st grade
of primary school at the beginning of the school year runs in fol-
lowing fields:
1. Process of teaching at the 1st grade of primary school, struc-
   ture of school subjects.
2. Process of learning, psychohygiene of learning.
3. Homework for pupil.
4. Overcoming of adaptive problems when entering the 1st
   grade of primary school.
   Executor: School psychologist in cooperation with class
teachers of the 1st grade of primary schools.

Attachment No. 2
   Course for developing self-knowing and self-evaluation
The goal, focuses on:
– To enable pupils of the 5th grade to adjust to conditions of
   the 2nd stage of primary school,
– To dvelop self-knowing and self-evaluation of pupils,
– To inform about various learning types of pupils and about
   types of teaching,
– To develop the knowledge of the own learning style,
– To develop the knowledge of own positive and negative
   characteristics related to process of learning,
– To develop self-confidence, flexibility, willingness and
   perseverance,
– To increase motivation of pupils for learning,

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- To develop a balanced attitude towards oneself on the continuum from passivity to perfectionism,
- To evaluate the possibilities of pupils how they can handle the tasks and overcome learning difficulties,
- To think together about what did pupils learn at the 1st stage of primary school in the last years, what kind of performance they should make at the 2nd stage of primary school and how to solve the problem tasks and situations.

The target group: Pupils of the 5th grade of primary school.

The gained competencies of pupils:

- Competency to handle the requirements of the particular grade of primary school
- To know our own performance possibilities in the field of learning,
- To gain a positive attitude towards school and learning,
- To handle pre-examination conditions – exam fever, fear, stress, to reduce tension and stress,
- To be able to analyse own homework for lessons,
- To be able to judge positives and negatives (insufficiency) of homework with regard to own school success.

Aids and methods:

- discussion, group discussion with pupils,
- learning style questionnaire (Mareš, 1991),
- projective methods – drawings,
- practical exercices coming from the sources of technical literature, preventive and intervention programs for pupils of primary schools:
  - Expoprogram – intervention program for group work with children and adolescents (Labáth & Smik, 1991),
  - The way to emotional maturity – Matula (1999, 2003),
  - Intervention program of developing of prosocial behaviour with the aim to prevent the dependence of children at the 2nd stage of primary school. (Kopasová – internal material)
  - Methods and programs of work of school psychologist – Gajdošová & Herényiová (1998),
  - New psychogames for all-rounded personality development – Bakalář (1998),
  - Psychogames – Bakalář (1989),
  - Methods of environmental education – Kariková (1997),
  - Human relationships: Education-counseling program of effective communication and self-development – Hargašová & Blažek (in Capová, 2005).

Realisation: 6 – class course in classrooms of the 5th grade of primary school during the 1st week of school year 2008/09, which runs in following fields:
1. Process of learning, diagnostics of own learning, psychohygiene of learning.
2. Process of teaching at the 2nd stage of primary schools, structure of subjects.
3. Homework, diagnostics and improving the homework of pupil.
4. Overcoming of pre-examination conditions.

Executor: School psychologist

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