Building student resilience:

A mixed methods study investigating the effect of integrating counseling strategies into course curricula on students' mental health and wellness

By

Trevi B. Freeze

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University of Manitoba

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Abstract

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The purpose of this mixed methods research study was to quantitatively investigate how a pro-active and integrated counseling intervention affected students' resiliency scale scores and to qualitatively explore teachers' experiences and attitudes regarding the implementation and outcomes of this intervention. Adolescence is a tumultuous time in life when several developmental, social, and personal challenges occur. Current research shows that the rate of psychosocial disorders is on the rise and the psychological well-being of today's youth is entering a state of crisis. Traditionally, approaches to mental health problems have generally been reactive, intervening only after the occurrence of crises. Since most adolescents face similar developmental, social, and personal challenges, it may be beneficial to intervene prior to a crisis rather than afterwards. Building resiliency among adolescents and youth may equip them with the tools they will need to navigate common challenges before or as they occur.

This study takes place within the framework of a Response to Intervention (RTI) model of inclusive support services in a grade 5 and 6 elementary school setting. The RTI model was selected because it supports tier one interventions targeted for all students. In addition, the literature on protective and resiliency factors is reviewed. Based on this literature review, cognitive reframing, mindfulness-based meditation, and scaling were selected as counseling strategies for integration into course curricula. Insights into and practical guidelines for the effective integration of counseling strategies within a middle years' curriculum also are provided. When teachers taught these strategies in their classrooms and provided guidance for practice, adequate supports, and used a combination of spontaneous and planned integrative activities, this was a successful approach in increasing resiliency for the students in this study.

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Dedication

I dedicate this thesis to my father, Dr. Rick Freeze and my mother, Jieka Freeze. Thank you for instilling the importance of education, perseverance, and determination within me. Thank you for all the support, wisdom, guidance, and love you have provided me with throughout the years. I am grateful to have such strong role models who always encouraged me to be independent and gave me everything I needed to grow into the person I am today.

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CHAPTER ONE - INTRODUCTION

Overview

Adolescence is a stage in life when several developmental, social, and personal challenges occur. In addition, new research indicates that increases in prevalence of mental health disorders may be creating additional difficulties for the adolescent population (Chartier et al., 2016; Collishaw, Maughan, Goodman & Pickles, 1994; Mojtabai, Olfson, and Han, 2016). Traditionally, approaches to mental health problems have generally been reactive, intervening only after the occurrence of crises. Since most adolescents face similar developmental, social, and personal challenges, it may be beneficial to adopt an asset building approach. In other words, intervene prior to the crisis rather than afterwards. One way of building resiliency among adolescents may be to equip them with the tools they will need to navigate common challenges before they occur. Within the context of an inclusive educational setting, we may be able to prepare all adolescents to meet common challenges by building their psychological resiliency and arming them with the required attitudes, skills, tools, and knowledge. It is possible that enhancing adolescent resiliency may not only decrease psychological suffering associated with distressing emotions and the demand for adult counseling services but may also support greater wellness in the general population for years to come.

Context

Adolescence is a tumultuous time for many students (Strom, Oguinick & Singer, 1995). In addition to the myriad of developmental, social and personal challenges they inevitably face as they grow towards adulthood, current research shows that mental health disorders are also more prevalent among today's youth, than in the past (Chartier et al., 2016; Collishaw, Maughan, Goodman & Pickles, 1994; Mojtabai, Olfson, and Han, 2016). In addition, according to the

literature, mental health issues among students with learning, intellectual, and developmental disabilities are four to five times greater than that of the average population (Dekker, Koot, van der Ende, Verhulst, 2002; Richardson & Koller, 1994; Munir, 2016) Yet, in spite of this prevalence, there has been a lack of research into the emotional needs of this sub-population. Due to a lack of research in this area, educators and counselors have limited information regarding the interaction between disability, psychopathology, and mental health and the needs of this sub-population within an educational context. As a result, in many ways, people with disabilities are being excluded from the mental health conversation. In one study that was found on this topic, the authors state that school aged students with dual diagnoses (i.e., students with intellectual or developmental disabilities and mental illness) are highly vulnerable and the most in need of receiving integrated and comprehensive school-based academic and mental health supports and are the least likely group to receive them (Lambros, Kraemer, Wagner, Culver, Angulo, & Saragosa, 2016). One key finding in this study titled, *Students with Dial Diagnosis: Can mental health services play a role?* was the critical need for flexible school-based mental health services (Lambros et al., 2016).

While the education systems in many Canadian provinces do prioritize social and emotional domains of well-being, the above-mentioned research trends indicate that mental health professionals, schools, and community programs are not meeting the mental health needs of today's youth. In this section, a discussion highlighting the common challenges and stressors faced by adolescents is provided. Second, the current context of mental health and wellbeing among youth will be explored. Finally, current approaches to mental health and wellness employed in the Manitoba education system will be considered.

Common Adolescent Challenges

Adolescence is a stage in life often marked by many challenges. Adolescents are often required to negotiate developmental, social, and personal conflicts as they grow towards adulthood. Common challenges and stressors may be related to: (a) conflicts within their families (Baer, Garmenzy, McLaughlin, Pokorony, & Wernick, 1987; Kandel, Kessler, & Margulies, 1978; Maggs & Galambos, 1993; Galambos & Ehrenberg, 1997; Jarnecke et al., 2017) (b) problems in their friendships and intimate relationships (Arnette, 2007; Brooks-Gunn & Paikoff, 1997; Ng-Knight et al., 2018), (c) threats to their health, fitness, and body image (Jones & Bradley, 2007; Salomon & Brown, 2018), and (d) difficulties arising from peer group interactions, social stratification, and/or racism (Broudy et al., 2007; Brondolo, Brady ver Halen, Pencille, Beatty, & Contrada, 2009; Fisher, Wallace, & Fenton, 2000; Harrell, 2000; Baiden, LaBrenz, Okine, Thrasher, & Asiedua-Baiden, 2020).

Navigating these challenges can introduce varying degrees of difficulty and stress into the lives of adolescents and young adults. According to Strom et al. (1995) and Parikh et al. (2019), conflicts and stressors in the above-mentioned areas may result in feelings of fear and hopelessness among adolescents. Consequently, many teenagers may feel as though they lack the ability to deal with these challenges and may carry these insecurities with them into adulthood causing them more unhappiness than necessary. Furthermore, adolescent students who struggle to navigate these challenges are more likely to engage in risk behaviors as well as develop unhealthy habits (Alamian & Paradis, 2012; Arnette, 2007; Azam & Hanif, 2011; Baer et al.,1987; Fisher et al., 2000, Galambos & Ehrenberg, 1997; Galambos, Sears, Almeida, & Kolaric, 1995; Hamza &Willoughby, 2011; Parikh et al., 2019). Unfortunately, these common challenges may be further compounded by the development of a mental health disorder.

The Impact of Mental Illness

According to Austin and Sciarra (2010), mental illness (or mental health disorder) refers to a range of conditions and disorders that impact the behavioral and emotional stability of an individual. Mental illnesses are generally characterized by symptoms (i.e., psychological, behavioral, physical) that last longer or are more intense or frequent than normal. The varying symptoms that accompany mental illness generally have a negative degree of impact in one or more areas of a person's life (Austin & Sciarra, 2010). According to the *Canadian Mental Health Association* (2016), one in five Canadians will experience a mental illness at some point in their lives. Among youth, mental health disorder is the most common form of illness affecting between 10% and 20% of this population (Canadian Mental Health Association, 2016). In addition, the *Canadian Mental Health Association* (2016) estimates that rates for mental health disorders may be even higher, considering that around half of people who reported having suffered from mental illness, have never spoken to a doctor or mental health professional about their condition.

Mental health disorder negatively influences many areas of life to varying degrees. For example, research shows that interpersonal relationships, physical health, emotional health, employment, and education may all be affected by mental illness (Canadian Mental Health Association, 2002). In addition, mental illness can lead to suicidal ideation, suicidal behaviors, and self-harm (Canadian Mental Health Association, 2002). For example, many symptoms related to depression are directly related to physical health. Individuals who are depressed may experience chronic fatigue, insomnia or hypersomnia, increased somatic complains, and psychomotor agitation (Gilbert, 2004).

As a second example, 78% of Canadians believe that depression and anxiety negatively affect success at work and school. There are several symptoms associated with depression and anxiety that have the possibility to negatively impact work and school performance. For example, insomnia or hypersomnia may cause individuals with depression to frequently miss work or school. In addition, individuals might perform poorly as the result of oversleeping or inadequate sleep. Many individuals with anxiety experience ruminating thoughts, which can significantly impair concentration. As symptoms increase, the ability to complete school or work assignments decreases (Merrell, 2008). In fact, individuals with depression and anxiety often feel overwhelmed with school or work tasks that others may see as simple. Unfortunately, the negative impact of mental illness on the lives of individuals are only half the problem. Mental illness affects us on a societal level as well.

Further evidence of this impact is the degree to which the prevalence of mental health disorders in our society negatively strains our economy. For example, according to the *Canadian Mental Health Association* (2016):

> The economic cost of mental illnesses in Canada for the health care system was estimated to be at least $7.9 billion in 1998 – $4.7 billion in care, and $3.2 billion in disability and early death. An additional $6.3 billion was spent on uninsured mental health services and time off work for depression and distress that was not treated by the health care system. In 1999, 3.8% of all admissions in general hospitals (1.5 million hospital days) were due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders, and suicidal behavior (p.1).

Even more alarming than the individual and societal impacts are the new data providing evidence that the prevalence of mental health disorder has been increasing since as far back as 1974. As

such, stakeholders in education are recognizing the importance of mental health initiatives in schools.

Current Trends

The idea of mental health programming in schools is not new, there is limited research on how current exposure to mental health initiatives in schools are impacting children and youth. This is likely due to the fact that schools, school divisions, and provinces have different ideas, visions, and priorities (Mental Health Commission of Canada, 2013). That being said, one important document on this topic came from the Mental Health Commission of Canada in which the findings from ninety-four systemic reviews and meta-analyses were synthesised. All the reviews and meta-analyses considered for review were devoted to the topic of school-based mental health initiatives, which included (a) mental health promotion, (b) prevention, and (c) intervention.

This review generated three key findings related to mental health promotion. First, there is a benefit to understanding the promotion of mental health and wellness universally rather than focusing on those who are experiencing psychological distress (Mental Health Commission of Canada, 2013). Second, programs that equip students with adaptive social skills and positive self-concept provide protection against emotional and behavioral problems and are associated with greater academic performance (Mental Health Commission of Canada, 2013; Durlak et al., 2011). Third, programs are more effective when they are implemented universally (i.e., classroom and school wide) and over the course several years (Mental Health Commission of Canada, 2013).

There were also three important findings related to mental health prevention. First, there is evidence that supports the use of behavioral and cognitive-behavioral approaches when it

comes to preventing internalizing (e.g., anxiety, depression, etc.) and externalizing (e.g., conduct disorder, oppositional defiant disorder, etc.) problems and disorders (Pophillat et al., 2016; Modecki, Zimmer-Gembeck, & Guerra, 2017; Păsărelu & Dobrean, 2018). Second, strategies and approaches that specifically focus on identifying and challenging thoughts and beliefs that can lead to negative feelings and behaviors as well as skill development are effective in reducing symptoms related to internalizing and externalizing problems and may provide a protective element in mental health promotion (Mental Health Commission of Canada, 2013). Finally, screening for mental health disorder is an effective tool when combined with early intervention however, may lead to stigmatization (Mental Health Commission of Canada, 2013).

There were two main findings related to mental health intervention. First, behavioral and cognitive behavioral approaches that focus on social and problem-solving skills, active coping, and cognitive reframing are effective interventions for those with internalizing problems and disorders (Mental Health Commission of Canada, 2013). Second, behavioral and cognitive-behavioral approaches that focus on recognizing stimuli that precede maladaptive reactions and responses, build skills related to self-control and problem-solving show positive effects when intervening with children and youth who are experiencing externalizing problems and disorders (Mental Health Commission of Canada, 2019). An example of such an approach is an emotionally focused cognitive behavioral intervention designed to target and reduce anxiety symptoms (Ab, Mohd, Ibrahim, Awang, & Gyanchand (2019).

When considering the current initiatives taken by schools to promote and foster mental health and wellbeing in schools, the reality is that more needs to be done. When we consider the alarming trends that are unfolding it becomes clear that greater pro-active and preventative initiatives need to occur.

According to the results of a longitudinal study titled, *Time Trends in Adolescent Mental Health*, prevalence rates for conduct disorder as well as emotional disorders have substantially increased over the last 25 years (Collishaw et al., 1994). Emotional disorders generally fall into either the category of internalized behaviors or externalized behaviors (Austin & Sciarra, 2010). Internalized behaviors of emotional disorder may include but are not limited to: (a) low self-esteem, (b) depression, (c) suicidal ideation or behaviors, (d) self-harm, and (e) anxiety. Externalized behaviors of emotional disorder may include but are not limited to: (a) anger, (b), bullying, (c) non-compliance, and (d) aggression. Interestingly, Collishaw et al. (1994) found that the results were unanimous regardless of gender, socio-economic class, or family structure.

While there is a lack of research in the area of mental health and adolescents, there are a few studies that report similar findings. For example, in a recent study conducted by Mojtabai et al. (2016), the national trends in prevalence and treatment of depression in adolescents and young adults were examined. Results indicate that the prevalence of major depressive episodes among adolescents aged 12 to 20 had increased from 8.7% in 2005 to 11.3% in 2014. In a four-year study carried out by the Manitoba Centre for Health Policy at the University of Manitoba titled *The Mental Health of Manitoba's Children,* increases in prevalence of externalizing disorders (e.g., attention deficit hyperactivity disorder (ADHD), conduct disorder, oppositional defiance disorder, etc.) and anxiety and mood disorders (depression, general anxiety disorder, panic disorder, bipolar disorder, etc.) were found over two time periods (Chartier et al., 2016). In 2013, the Mental Health Commission of Canada released a final school-based mental health report on Canada (Mental Health Commission of Canada, 2013). According to this document, child and mental health problems in Canada are prevalent and are contributing to social and academic problems at school. Furthermore, children and youth are struggling with these

challenges on a daily basis (Mental Health Commission of Canada, 2013). According to Waddell, Sheppard, Chen, & Boyle, 2013), the majority of children and youth will not receive or access support or treatment for the challenges they experience. It is estimated that the current economic cost of mental health problems and illnesses in Canada is at least 50 billion dollars per year (Mental Health Commission of Canada, 2016).

While more research still needs to be conducted in this area, the results from the above-mentioned studies provide evidence that mental illness is increasing among youth. In other words, the prevalence of mental illness is increasing and we can expect that the degree of impact individually and societally, will follow suit.

Mental Health and Provincial Mandates

In Canada, some provinces prioritize emotional and social wellbeing, in addition to cognitive and academic objectives, and include this in their mission statements and mandates. For example, the British Columbian, Manitoban, and Ontarian provincial education systems recognize that all domains of life (i.e., cognitive, physical, social, emotional) must be supported in order for students to mature into successful adults and contributing citizens (see Figure 1). However, some provinces adopt a more reactive approach by ensuring that adequate supports are available to those in need. While many provincial education systems include some type acknowledgement (whether the approach is reactive or holistic) as far as mental health is concerned, the reality is that we are not succeeding in supporting students' mental wellness in many ways.

According to a report filed by the Mental Health Commission of Canada on school-based mental health in Canada (2013),

Figure 1.0. Excerpts from provincial education mission statements

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Province of British Columbia
Human and Social Development – to develop in students a sense of self-worth and personal initiative; to develop an appreciation of the fine arts and an understanding of cultural heritage; to develop an understanding of the importance of physical health and well being; to develop a sense of social responsibility, and a tolerance and respect for the ideas and beliefs of others.
Source: Statement of the Education Policy Order Mandate for the School System (1989)

Province of Manitoba
Citizenship, Sustainability and Wellbeing – are essential to ensure that all students are prepared in their role as global citizens who are sensitive to and have respect for other cultures, and are prepared for active involvement in addressing issues of economic, social-cultural, and environmental sustainability. The cognitive, emotional, social and physical (and for some, spiritual) domains of wellbeing must be supported to meet the conditions needed in order for students to learn, grow and develop a positive sense of self.
Source: http://www.edu.gov.mb.ca/edu/mandate.html (Retrieved September 1st, 2018)

Province of Ontario
Promoting Well-Being - All children and students will develop enhanced mental and physical health, a positive sense of self and belonging, and the skills to make positive choices.
Source: Achieving Excellence: A Renewed Vision for Education in Ontario (2014)

Province of Nova Scotia
The department has implemented a number of programs, policies, and practices aimed at addressing healthy eating, physical activity, youth sexual health, tobacco reduction, addiction, and injury prevention, as well as a range of other health issues within the school setting.
Source: Department of Education – Statement of Mandate (2012)

Given that children and youth spend a substantial part of each day within the school setting, these communities become a natural and important venue for mental health service delivery (National Research Council and Institute of Medicine, 2009; WHO, 1994)…There are several unique advantages to offering mental health programming within the school setting. For example, class-wide programs may reach students who would not access formal children's mental health services (Kratochwill & Shernoff, 2003; Rohde et al., 1991). Further, since attendance and classroom expectations support course and homework completion, students are more likely than clinic-referred children

> to receive and intervention they require and less likely to discontinue treatment (Kazdin et al., 1997; Kazdin, Mazurick, & Bass, 1993). Also, during class-wide social emotional learning instruction, higher risk students may benefit from observing emotionally-skilled peers model good coping behavior and attitudes (Lowry-Webster, Barrett, & Dadds, 2001). (p. 1-2)

There is also research that suggests that when mental health initiatives are offered within school and classroom settings, the positive mental health development of all youth is being addressed including those who are at greater risk of experiencing more severe psychological distress (Rowling & Weist, 2004).

While many stakeholders in education agree that mental health and wellness are an integral part of students' overall success, the reality is that we are failing to educate and positively develop this part of our youth. One reason why mental health and wellness initiatives are difficult to integrate into education is largely due to the way mental health is conceptualized. As a result, the conceptualization of mental health in both psychology and education will be thoroughly examined in chapter two.

Purpose of the Study

The purpose of this study is to determine if the integration of counseling strategies into course curricula affects the mental health and wellness of middle years students. One rationale for this study is that rather than wait for students to experience mental and emotional strains or enter into psychological crises, preventatively equipping middle years students with the tools, skills, and attitudes they will need to navigate future problems may be worth the effort.

A second rationale for this study is to increase the accessibility of mental health provisions for all students. In this case, to foster protective and resiliency traits within an

inclusive education framework so that all students, including those who differ and vary across several different factors such as disability, culture, lifestyle are supported.

A third rationale is the desire to develop inclusive educational uses for some of the tools, strategies, and methods used in counseling. Typically, in a counseling setting, a client experiences a problem, setback, life-altering event, or crisis and seeks the help, support, and expertise of a counseling psychologist (Hill, 2020; Martin & Moore, 1995). The counselor then asks the client why he or she decided to seek help. The counselor and client then begin to develop a relationship as they explore why the client is accessing counseling support. Over several sessions, the counselor continues to explore the client's problems until he or she has a better idea as to how they are negatively affecting areas of the client's life functioning (Hill, 2020; Martin & Moore, 1995). Once all of the "pieces of the puzzle" have been gathered, the counselor develops a treatment plan in collaboration with the client (Hill, 2020; Martin & Moore, 1995). It is during this time that the counselor may share valuable tools, strategies, and methods and ask that the client integrate them into his or her life to improve life functioning in one or more areas (Hill, 2020; Martin & Moore, 1995). To illustrate this process, consider the following example.

A young woman who is experiencing anxiety decides to begin therapy. The counselor asks the adolescent to share the details of her anxiety. Over a few sessions they begin to form a relationship. The counselor and client explore the physical sensations that accompany her anxiety (e.g., rapid heartbeat, sweaty palms, feels warm in temperature, etc.). They explore the maladaptive thoughts that emerge during anxious episodes (e.g., what if I fail, what if I don't have what it takes, etc.). They also explore the unhelpful behaviors surrounding her anxiety (e.g., avoiding social engagements, avoiding places where panic attacks have happened in the past,

etc.). The counselor begins to see how the client's body sensations, thoughts and emotions, and behaviors have affected various areas of life functioning (e.g., personal relationships, school work, and employment). The counselor develops a treatment plan that includes relaxation training (e.g., mindfulness mediation that focuses on acceptance of body sensations) and strategies derived from cognitive-behavioral therapy (e.g., cognitive reframing) to manage symptoms of panic and address her maladaptive thoughts. For someone who suffers from anxiety and panic attacks, a body-scan and/or awareness of breath mindfulness practice may be helpful in reducing symptoms by fostering the acceptance of significant body sensations rather than a negative reaction to them. Cognitive reframing may also be useful in terms of helping this particular client identify unhelpful thoughts and thinking styles and correcting them. This is one example of how a typical counseling process may unfold for an individual experiencing anxiety. As previously mentioned, a third rationale for this study was the desire to develop educational uses for some of the tools, strategies, and methods used in counseling. In this example, mindfulness meditation and cognitive-behavioral therapy are part of the treatment plan suggested by the counselor.

In this study, I propose that there is no pre-requisite required to participate in or employ many of the strategies that we use in counseling. In other words, one does not need to have anxiety induced panic attacks to engage in mindfulness meditation. One does not need to have depression to identify his or her unhelpful thoughts or thinking styles. One does not need to have first suffered a catastrophic failure in order to identify goals and create a plan to achieve them. Finally, one does not need to have a problem, setback, or endure a life-altering event or crisis to employ useful and evidence-based strategies, techniques, and methods to increase wellbeing, emotional functioning, and psychological and emotional resiliency. In fact, pro-actively exposing

and ingraining a variety of counseling strategies, techniques, and methods in youth may result in greater mental health, psychological resiliency, and improved wellbeing throughout the lifespan. In addition, it is possible that some of these strategies may be useful in domains outside of social emotional learning. The strategies may be beneficial towards areas such as academic, athletic, and artistic performance. For example, athletes may employ mindfulness meditation when dealing with an injury or setback. Students may use scaling to help prepare for their exams and actors and/or actresses may use cognitive reframing prior to an audition, show, or performance.

Positive Psychology and Positive Youth Development

This study draws from Seligman's (2002) discipline shifting work on positive psychology. Positive psychology is a relatively new development in a field that has historically concerned itself with "fixing what is broken". Traditionally, the field of psychology has focused on disease, disorder, disability, distress, and dysfunction using a medical model of human functioning (Seligman, 2002; Lindley, Joseph, Harrington, & Wood, 2006; Barnes & Larcus, 2015).

Seligman and others in the field of psychology recognized that we have been so preoccupied with pathology and with fixing what is wrong that we have severely neglected to consider psychological wellness and what is going right (Csikszentimihalyi, 2006; Peterson, 2006; Hansen, 2006; Lindley et al., 2006). These pioneers recognized, that in the field of psychology, this imbalance was similar to only painting half a picture. According to Linely et al. (2006), positive psychology attempts to restore balance to a field primarily concerned with pathology through the study of positive qualities. Positive psychology is generally defined as the study of ordinary human strengths and virtues and the study of human flourishing (Sheldon & King, 2001; Seligman, 2002). Seligman (2002) elaborates on this definition by stating that:

> The field of positive psychology at the subjective level is about positive subjective experience: well-being and satisfaction (past); flow, joy, the sensual pleasures, and happiness (present); and constructive cognitions about the future – optimism, hope, and faith. At the individual level it is about positive personal traits – the capacity for love and vocation, courage, interpersonal skills, aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness, high talent and wisdom. At the group level it is about civic virtues and the institutions that move individuals towards better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (p. 3).

Positive Youth Development (PYD) has theoretical roots in positive psychology, as well as developmental systems theory and ecological systems theory (Lerner & Castellino, 2002; Bronfrenbrenner, 1997). PYD is a strengths-based approach that focuses on empowering youth throughout their development. Proponents of PYD, believe that youth empowerment, through properly designed and delivered programs and interventions, will help them to develop the skills, attitudes, values, and knowledge they need to make good choices and be successful in life (Vierimaa, Erickson, Côté, & Gilbert, 2012). There are some differences in the literature regarding the exact definition of PYD. According to Benson (2003), positive development refers to the potential for positive developmental change that all youth have. Roth, Brooks-Gunn, Murray, and Foster (1998) define PYD as engagement in pro-social behaviors and the avoidance of unhealthy behaviors that may negatively contribute to one's future.

In an article titled, *Positive Youth Development Through Sport: A review,* Holt and Neely (2011), describe PYD as optimal youth development through positive developmental experiences such as involvement in organized sport activities and programs. Hamilton, Hamilton, and Pittman (2004), define optimal development as "enabling individuals to lead healthy, satisfying,

and proactive [lives], as youth and later as adults, because they gain the competence to earn a living, to engage in civic activities, to nurture others, and participate in social relations and cultural

Another theoretical tenet of PYD is that individuals have strengths that are both inherent and developed. As such, positive relationships and environments result in healthy development among youth (Holt & Sehn, 2008; Learner et al., 2005). In a nutshell, youth who have positive relationships with individual people, systems and services, and organizations, are more likely to continue to have positive relationships in these areas as adults (Bronfrenbrenner, 1997).

Another characteristic of PYD is positive prevention. PYD shares the same perspective on building competencies, rather than correcting deficits, as does positive psychology. For example, when applying PYD to sport, youth may be preventing illness later on in life by prioritizing an active lifestyle (Côté et al., 2008; Theokas, Danish, Ken, Hodge, Heke, & Forneris, 2008).

While positive psychology is often touted as an appealing up and coming movement (Cowen & Kilmer, 2002), there are a few limitations that are worth mentioning. According to Cowen & Kilmer (2002), one limitation of positive psychology is that it lacks roots in human development. In other words, tenets and outcomes of positive psychology are often presented broadly with a focus towards adults. According to Cowen and Kilmer (2002), many of the outcomes listed under a positive psychology framework require skills and competencies developed during childhood and adolescence. Another limitation of positive psychology, is that it may be perceived by some as a panacea or cure-all. For example, one characteristic of positive psychology is the adoption of an optimistic mindset (Fredrickson, 2003). While it is certainly not the intention of positive psychology or positive psychologists, optimism may be misconstrued by

some as "wishful thinking" (Coyne & Tennen, 2010). For example, individuals who have life-threatening cancer may believe that adopting an optimistic mindset may ameliorate their prognosis. While some may misinterpret or understand the intentions of positive psychology, Seligman (1998) states that,

> "..Pessimists can in fact learn to be optimists, and not through mindless devices like whistling a happy tune or mouthing platitudes…but by learning a new set of cognitive skills. Far from being the creations of boosters or of the popular media, these skills were discovered in the laboratories and clinics of leading psychologists and psychiatrists and then rigorously validated." (p.5)

A third critique of positive psychology is that it fails to acknowledge that pain and suffering are an unavoidable part of life (Wong, 2019). One tenet of positive psychology is idea of "the good life" which Seligman (2011) in part describes as the use of one's signature strengths on a frequent and daily basis in a variety of meaningful and contributing ways. While on the other hand, there are many who philosophically believe that the journey towards happiness is laden with sacrifice, struggle, pain and suffering and that meaning is achieved through negative experiences (Peterson, 2018; Frankl, 1985; Aaker & Catapano, 2019; Wong 2019). While few would deny this stance, nevertheless this philosophy and way of thinking continues to be rooted in the medical model. Proponents of positive psychology are not suggesting that it is possible to eliminate pain or suffering only that it is possible to adopt a more adaptive, albeit still accepting, outlook no matter your situation. As Carl Rogers (1961) so elegantly stated, "the good life is a process not a state of being, it's a direction not a destination."

The emergence of positive psychology has impacted many disciplines and the field of counseling psychology is one of them. According to Lalande (2004), the purpose of counseling is

to increase human wellbeing and emotional functioning. Paradoxically, counseling was, and in many cases still is, primarily focused on negative experiences and emotions. According to D'raven and Pasha-Zaidi (2014), many clinicians, psychologists, and counselors consider it sufficient to manage the negative emotions of their patients and clients. While this may certainly be helpful, it may not contribute to the sustained wellbeing and emotional functioning of clients' in a very meaningful or helpful way.

In this study, a positive, proactive, preventative approach to mental health and wellness is explored. It is hoped that such an approach may help to build resilience among adolescents, including those with disabilities, by equipping them with the tools they will need to navigate common challenges prior to their occurrence. This approach is in stark contrast to typical reactive approaches to mental health problems, which intervene after the problem has already occurred. To investigate this approach, a mixed methods research design was used. In this next section, the research questions that guided this study are presented.

Research Questions

How does the integration of counseling strategies into course curricula affect students' mental health and wellness?

1) Is there a difference between students' resiliency scales score (Resiliency Scales for Children and Adolescents -RSCA) before and after exposure to the new integrated curriculum?

2) What are the perceptions and attitudes of teachers regarding mental health and wellness after the integration of counseling strategies into course curricula?

Significance of Study

While positive psychology has certainly made a significant impact to the otherwise unbalanced field of psychology, in some ways, positive psychology and positive psychological interventions have become separated from meaningful and valued contexts. While Seligman and others have done a wonderful job of describing well-being, strength and virtues, and resiliency traits, they tend to be descriptive and considered outside of meaningful contexts. In summary, the theoretical parts have been examined more fully than their real-world applications. This means that they are not yet adequately applied to in depth practice.

While more recently, there are several school-based positive psychological interventions that have emerged, similar problems exist. For example, students may be asked to engage in a positive intervention where they count their blessings. This is done with the goal of cultivating positive emotions and thoughts (Sin & Lyubomirsky, 2009). While this activity may generate feelings of appreciation among children it may not be valuable or meaningful without the proper context. For example, a student may feel grateful for his or her ability to play video games when in fact, this activity is preventing him or her from making friends and succeeding academically. As a second example, a student may feel thankful for having enough money to drink alcohol or buy drugs. In both of these examples, their feelings of gratitude are not particularly valuable, helpful, or meaningful. According to Dimitropoulou and Leontopoulou (2017), the content of school-based positive psychological interventions includes but are not limited to topics such as hope (Feldman & Dreher, 2012), savoring and gratitude (Rash, Matsuba, & Prkachin, 2011; Sheldon & Lyubomirsky, 2006), optimism (Boehm, Lyubomirsky, & Sheldon, 2011; Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011) and forgiveness (Reed & Enright, 2006).

While these interventions may be useful, they may be even more effective when they are combined with appropriate meaningful student contexts.

While context is important for giving meaning to content, it also has additional relevancy within the education system. Provincial education systems provide detailed guidelines of what to teach across many subject areas from kindergarten to grade twelve. At the same time, they also encourage schools to achieve outcomes related to health fitness, social emotional learning, social skills, positive behavior, personal growth, good citizenship, and many more. For educators, trying to achieve all of these objectives (e.g., academic, personal, health, social, emotional, etc.) can be a daunting and overwhelming task. As a result, teachers are increasingly called to teach more than one objective through the same activity. Furthermore, there is often an expectation that teachers will create an atmosphere of community within their classrooms and provide a place where children will thrive and grow. Teachers are called on to synthesize traditional curricular outcomes with other non-curricular objectives within a single activity. For example, a teacher may assign a project on Alexander Graham Bell within the context of a history lesson but also cover multiple curricular objectives by having students research communication and scientific principles as well as geographical information on his native Scotland and his emigration to Canada. As such, the idea of asking educators to incorporate counseling strategies and objectives into course curriculum may be easy to achieve considering they are already doing it. For that reason, it would make a great deal of sense to have teachers and school counselors collaboratively integrate social and emotional learning opportunities into the curriculum to learn skills and strategies such as the ones proposed in this study.

Educators also have a difficult time selecting an appropriate intervention or program for a couples of reasons. First, there are too many independent educational programs and resources

that focus on topics related to mental health and well-being, social emotional learning, self-regulation, and character building. In addition, several of these programs target students with a specific need or problem or are more relevant to a specific group of students within the larger population. For example, the program *How does your engine run?* is primarily geared towards students with self-regulatory issues (e.g., ADHD). As a second example, *The 7 Grandfather teachings* is a program that teaches students about a set of guiding principles (i.e., honesty, truth, humility, love, wisdom, courage, and respect). However, because this program is grounded in Indigenous culture, it may have more relevance and meaning for Indigenous students. Second, these programs are often separate from academic curriculum. This means that they either take time away from academic instruction and activities or they take place after school and as a result are optional.

While stakeholders in education agree that mental health and wellness are an integral part of students' overall success and personal growth, figuring out how to properly integrate these objectives into education is often challenging. As previously mentioned, this is largely due to the way mental health is conceptualized. In the following chapter the conceptualization of mental health in both psychology and education is examined.

CHAPTER TWO - LITERATURE REVIEW

The primary purpose of this study is to qualitatively and quantitatively explore how the integration of counseling strategies into course curricula affects students' mental health and wellness. In order to analyze this question, it is important to first understand how mental health is conceptualized in western society both in psychology and education. In this study, the integration of counseling strategies into course curricula is designed to take place within an inclusive context so that all students are supported; including those who differ and vary across several different factors such as disability, culture, lifestyle and heritage. As a result, in the second section of this chapter, a rationale for inclusive education is provided. In this section, Response to Intervention is presented as an inclusive framework for this study. In the third section of this chapter, the literature on protective and resiliency factors is reviewed. This review leads to the selection of appropriate counseling strategies that may foster student resiliency. In the fourth section of this paper, three counseling strategies are presented. In the final section, the effective integration of counseling strategies within a middle years' curriculum is considered. Insights and practical recommendations for integrating these strategies are outlined.

The Conceptualization of Mental Health

One reason why integrating mental health and wellness initiatives into the education system is challenging, is largely due to how mental health is conceptualized in western society. In this section, underlying theories informing this research are discussed through an exploration into the social construct of mental health and how it's conceptualized in our society. First, the functionalist worldview and psychology is presented. Second, an exploration into education and the myth of the normal curve is provided. Third, interpretivism and psychology are discussed and finally, social constructivism and education are considered.

In some ways, the conceptualization of mental health is the result of an amalgamation between two opposing worldviews. Functionalism and interpretivism are two differing paradigms of modern social scientific thought. Through these worldviews, the disciplines of psychology and education have emerged and thus, mental health is conceptualized within these frameworks.

The Functionalist Worldview and Psychology

In the western world, functionalist theories have been predominant and this is reflected in the majority of our systems and structures. According to Skrtic (1995), there are several basic tenets of functionalism: (a) realism, (b) positivism, (c) status quo, and (d) nomotheism. Realism is the belief that the real world is the observed world and that there is an objective truth that exists outside of our cognition (Skrtic, 1995). Positivism is the assertion that knowledge is acquired empirically, through scientific observation and experimentation. Under positivism, other ways of knowing such as faith and mysticism, are rejected (Burrell & Morgan, 1979; Skritic, 1995). Functionalists also are interested in the maintenance of the status quo. Functionalists believe that there is a collective truth that is the result of consensus regarding shared interests, values, and beliefs among individuals (Burrell & Morgan, 1979; Skirtic, 1995). Furthermore, it is this scientific consensus that informs the structures and institutions within our societies. When conflict occurs within these systems, social change is the result (Marx, 1971; Skritc, 1995). The final tenet that falls under the umbrella of functionalism is the nomothetic approach. This term basically means that there are broad generalizations that can be made about human behavior and from that codes of conduct or "laws" for what is acceptable and not acceptable are established.

As previously mentioned, functionalism is dominant in the western world and has largely

influenced the development and operation of most structural systems within our societies. For example, law and government, education, medicine, and business generally operate under a functionalist worldview. The discipline of psychology emerged as a field of knowledge when Wilhelm Wundt applied empiricism and the scientific method to the study of human behavior (Rieber, 1980). Since functionalists are generally concerned with maintenance of the status quo as well as conflicts that occur within our society, early psychologists also approached human behavior in the same manner. With this, a pathological and deficit psychology, based on the medical model, emerged. Under this model, psychological problems, disability, and mental illness are problems that belong to the individual. These problems must be fixed or cured by medical and professional personnel. Other models, such as the social model of disability, place the problem within a larger context such as within the family, community, or cultural structures. Under this lens, professionals attempt to address how society is organized and provide qualified supports and accommodations to address the problem (Cummings et al., 1992). According to Murphy, "This shift in the definition of disability is more than a semantic change; it is designed to remove the term 'disability' from being a personal attribute to an interaction between individuals and the society they inhabit" (p. 85-6). Further, she posits that "if 'disability' resides within the person, the onus is on medical science to 'cure or fix' people with disabilities, whereas if 'disability' resides within the structures of society, social, political and legal and other reforms can be drafted to provide real equality to all members of society" (Murphy, 2016, p. 86).

Professionals are there to offer reactive services, treatment, and intervention to those who do not "fit in" or deviate from the customs and practices maintained by the majority (Cummings et al., 1992). The services, techniques, and practices offered to individuals, who are not within the boundaries of the scientific collective agreement on what is deemed normal, have two affects.

First, they promote the reactive medical treatment of the individuals based on a deficit model of disability. Second, they sustain the existing systems of beliefs about disability and service delivery infrastructures for people with disabilities (Cummings et al., 1992). So how does this functionalist, pathological worldview affect our conceptualization of mental health?

To answer this question, first consider the Diagnostic Manual of Mental Health and Disorder V (DSM-V). This manual for classifying and diagnosing mental disorder and disability is considered to be paramount for professionals in the field of psychology and psychiatry. The information contained within this manual is too extensive to be fully delineated in this thesis. That being said, the most common categories of mental health disorders and disabilities are conduct disorder, oppositional defiant disorder, attention-deficit hyperactivity disorder, anxiety disorders, eating disorders, depressive disorders, and autism spectrum disorder (Austin & Sciarra, 2010). Under the medical model, these conditions are presented as disorders that require medical or professional treatment.

When considering mental illness and disability as a social construct consider the number of revisions made to the DSM over the years. The first edition of the DSM was published in 1952, and since then has gone through several revisions. According to the American Psychiatric Association (2017), revisions made to the DSM over the years are the result of "…scientific advances in research underlying the disorder, as well as the collective clinical knowledge of experts in the field." Based on this explanation, we can see how mental disorder and disability are in fact social constructs that are the result of a combination of scientific enquiry and consensus among stakeholders in the field of psychology and psychiatry. As an example, consider the changes in the definition of "mental retardation" over the past fifty to sixty years. According to Fidler and Jameson (2009) and Lutfiyya (2020), the intellectual quotient (IQ) cut

off was increased to 85 in the 1960's. With this change in definition, the number of people in the general population who met the "criteria" for mental retardation categorization increased to 16%. In the 1970's, the IQ ceiling for mental retardation categorization was lowered to 70. This change resulted in only 2% of the general population falling under this category. In the 1980's, a change in definition included only those who had acquired their impairment during the developmental period (and prior to the age of 18 or 21 depending on the jurisdiction). In the 1990s, additional changes to the definition were made. For one, individuals had to have impairments in at least 2 out of 10 discrete adaptive behavior skill areas as well as demonstrate an intensity of needs rather than deficits. In addition, the IQ ceiling was set to 'between 70 and 75.' This meant that between 2-3 % of the general population were considered to have mental retardation. In the 2000's, the definition changed to "deficits in adapting function" however the same ceiling as in the 90's was maintained (Z.M. Lutfiyya, personal communication, June 18, 2020). The functionalist roots of psychology and psychiatry have largely shaped our conceptualization of mental disorder and disability. However, other areas of research have also played a role in how we understand mental disorder and disability, particularly in education.

Education and the Normal Curve

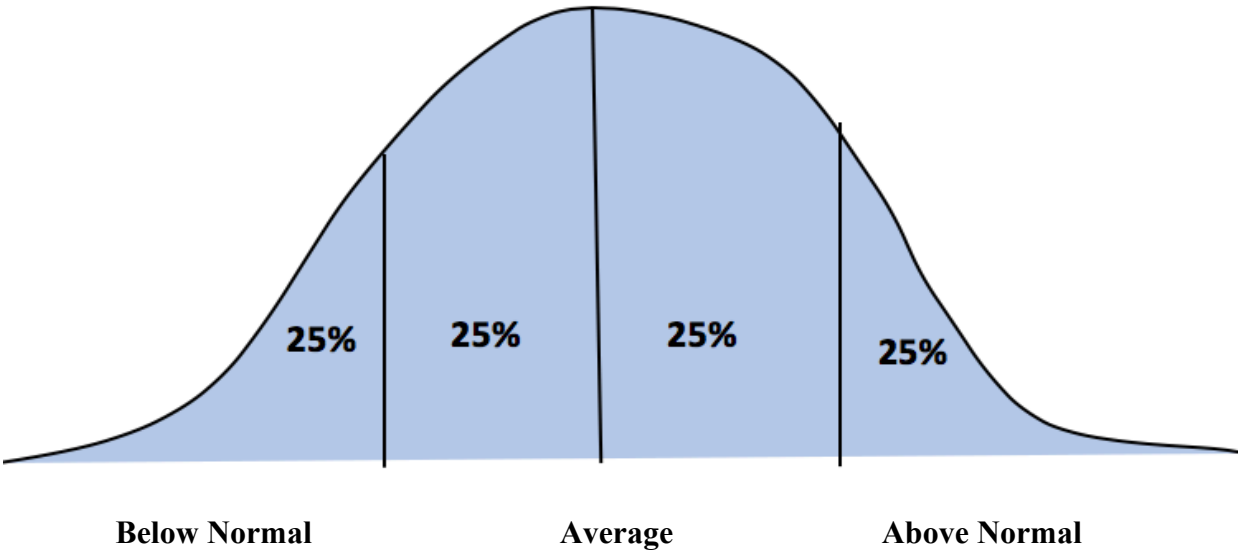
According to a book written by Dudley-Marling and Gurn (2010) titled, *The Myth of the Normal Curve*, we have all been socialized into the idea that *the natural order of things* follows a normal distribution and that phenomena tend to cluster around the average. This idea originated with the works of Sir Francis Galton who believed that, with respect to human intelligence, the tail end of the bell curve on the right, represented strength and brilliance, whereas the left tail end represented weakness and feeble-mindedness (Galton, 1911). Sir Francis Galton, who was the

cousin of Charles Darwin, was primarily interested in the variation among human populations and more specifically, the part of the population that deviated from the mean.

Galton's goal was to use the normal curve to classify human intelligence, which he believed was biological (Dudley-Marling & Gurn, 2010). As a result, he turned the normal distribution into rankings or quartiles so that one tail of the distribution would be seen as desirable and the other undesirable (see Figure 2). Galton turned the normal distribution into a continuum for ranking mental capacity, and with that, turned difference into hierarchies (Dudley-Marling & Gurn, 2010). Those who fell into the lower quartile were seen as abnormal and deficient while those who were in the upper quartile represented progress and perfection (see Figure 2).

According to Dudley-Marling and Gurn (2010) statisticians in the 19th century believed that data from social phenomena would generate a normal distribution so long as the sample was large enough. Dudley-Marling & Gurn (2010) also posit that Karl Pearson, a man who is considered a trailblazer in the area of modern statistics, challenged this assumption and "the prevalence of normality among real-world distributions." Pearson likely recognized that the normal curve is actually a poor model of social reality because it only adequately describes truly random events and many events in our world are not random. For example, weight is a phenomenon skewed by social factors like wealth, culture, and society (Madise & Letamo, 2017). As a second example, age and death are negatively skewed in developed countries (Engelman, Canudas-Romo, & Agree, (2010). As a final example, income and education also do not distribute normally as income increases in relation to number of years spent in education (Muller, 2002).

Figure 2.0. Representation of Galton's normal curve classifying human intelligence



Even though statisticians agreed with Pearson, the argument for the normal curve prevailed due to the work of Ronald Fisher, "who showed that, when universal normality could be assumed, inferences of the widest practical usefulness could be drawn from samples of any Size". With this, the concept of "normality" and "universality" remained with the normal curve as a "representation of human variation" (Dudley-Marling & Gurn, 2010). This historical take on the normal distribution provides further evidence as to the social construction of mental disorder and disability.

So why does the reconstruction of the normal distribution matter? What are the impacts and implications of accepting the normal curve as a way to stratify and rank people rather than as a mere representation of human diversity? To explore this question, consider how women have been regarded throughout the majority of history. In 1989, French polymath Gustav Le Bon,

used biological data regarding brain measurements to falsely posit that women were significantly less intelligent than men. According to Gould (1981), Gustav Le Bon claimed that:

> … a large number of women whose brains are closer in size to those of gorillas than to the most developed male brains. This inferiority is so obvious that no one can contest it for a moment; only its degree is worth discussion... Women… represent the most inferior forms of human evolution and… are closer to children and savages than to an adult, civilized man. They excel in fickleness, inconsistency, absence of thought and logic, and incapacity to reason. Without a doubt here exist some distinguished women, very superior to the average man but they are as exceptional as the birth of any monstrosity, as, for example, of a gorilla with two heads; consequently, we may neglect them entirely (p.104-105).

It is the result of these kinds of misinterpretations and falsifications that have led to the poor treatment of women and resulted in their denied access to education and other opportunities. It is not only women who have suffered as a result of rank and being falsely attributed to otherwise benign data. There are many other examples of stratification errors made along the normal distribution. For example, individuals who are deaf or blind have also suffered due to errors and misinterpretations. As a result, these people were historically thought of as incapable of being taught.

This type of stratification continues to be used in education and it is likely that the same consequence of devaluing certain groups occurs as a result. Standardized tests, intellectual quotient tests, and other methods designed to assess and rank human intelligence are still currently employed in education systems today (Nezavdal, 2003; Morgan, 2016). Rather than accepting that there are simply differences among the population, students are ranked to

determine potential for academic achievement. The problem is that stakeholders in psychology and education want to make the middle part of the normal curve normal and the tail ends 'abnormal'. This is in fact a misinterpretation of the normal curve. If stakeholders in the fields of psychology and education are going to accept the theory behind the normal distribution, then they have to accept it is a representation that demonstrates that there are those that are more alike in the middle and those at tail ends that are less alike however, they are all part of what is normal and what one should normally expect. As a consequence, we have to plan for all children, not just the ones that fall in the middle.

According to Dudley-Marling & Gurn (2010), these attempts to rank human diversity stem from an unconscious or conscious desire to dominate, control, and oppress the deviant population. Given the fact, that even functionalists admit that their idea of mental health is socially constructed, what might interpretivists say about mental health?

Psychology and the Interpretivist Worldview

While much of psychology and psychiatry has theoretical roots in functionalism, one area informed by an interpretivist approach is counseling. According to Skrtic (1995), there are several basic tenets of interpretivism: (a) subjectivist epistemology, (b) relativist ontology, (c) idiographic nature, and (d) descriptive orientation.

A subjectivist epistemology is the belief that reality and facts are the process of social construction (Skrtic, 1995). Under this tenet the belief is that there is a true reality however, the interpretations of it are socially constructed especially the area of human affairs. There is not a firm agreement on what reality is truly like as is the case in the natural sciences.

The term relativist ontology refers to the acquisition of meanings and knowledge through social and experiential understanding and deduction, with less of an emphasis being placed on

obtaining information through empirical observation, experimentation and logic. The term idiographic refers to individuals and their unique traits and the term descriptive is in relation to the meaning of the experience to an individual or a group. Interpretivists believe that knowledge is created through shared understandings. It is through that process that meaning is also constructed.

One direct example of interpretivism in psychology, is in the field of counseling. For example, in counseling psychology, we attempt to understand, interpret, and empathize with clients in an effort to help them reach new meaning and understanding in their own lives. It is also through the process of narration and storytelling that meaning is attributed to their stories. Furthermore, when clients feel understood and supported, they are able to experience strong emotions attached to their experiences that allow them to move forward and rebuild their lives in more authentic ways. It is through this therapeutic alliance that the "truth" is constructed between counselor and client.

Education and Social Constructivism

Social constructivism is a branch of interpretivism. In education, social constructivist theorists (Bruner, 1973; Vygotsky, 1978) posit that learning takes place through social and cultural exchanges rather than inside one's head (Skrtic, 1995). Erickson (1984) also adds that a critical aspect of learning, under social constructivism, is that students take ownership over their learning or over solving a particular problem. For example, social constructivists argue that dividing eighteen by three on a worksheet is not the same as knowing how to give an equal number of candies among three people (Skrtic, 1995). As a second example, social constructivists contend that learning occurs in an expedited process, prior to the onset of formal education, as a result of children absorbing what they what to learn. To further illustrate this

point, a child does not learn the word "cookie" because they are instructed to (Skrtic, 1995). The child learns this word because he or she wants a cookie.

Under social constructivism, the student is seen as an active participant in his or her own learning. Unlike some of the tenets of functionalism, the teacher and or other professionals are not seen as the "experts" but rather as the catalysts and mediators throughout the learning process. It is the student who conducts his or her own learning through a process of engagement and interaction. Functionalism, interpretivism, and social constructivism inform many aspects of our current reality however their relationships are less than cohesive.

Synthesis of Functionalism, Interpretivism and Mental Health

In society, we see many examples of functionalist dominated institutions, such as political, educational, and economic structures. We also see examples of interpretivist systems, such as in the case of music, art, or religion. However, we rarely see them operating symbiotically together.

So how do we achieve balance between these two theoretical orientations? One of the problems resulting from functionalism is that it grounds psychology in a negative, pathological, medical model of "dis-ease", "dis-abiltiy, "dis-function" and "dis-order". The second problem is that professionals are perceived as the experts, which often results in a power imbalance between those who have knowledge and expertise, and those who do not. Furthermore, many professionals do not have a lived experience of the lives of their patients or clients. There are also limitations with interpretivist ways of thinking. First, arriving at the truth through interpretivism is, by nature, more complicated than through science (Lincon & Guba, 1985). Furthermore, some critiques of interpretivism point out that the approaches are more passive in comparison to functionalism. To explain, functionalists attempt to not only describe reality but to

use scientific investigation to demonstrate control and accurate prediction, whereas interpretivists are simply content with describing and understanding the phenomena. Furthermore, science is also often much better at translating research into real world applications and uses whereas interpretivism is not.

While balancing these two approaches may not be an easy feat, a first step may be to adopt a positive psychological approach to mental health and wellness. The second step is to adopt balanced methodology for examining phenomena through the lens of two worldviews. In this study, a positive, proactive, preventative approach to mental health and wellness is explored. It is hoped that such an approach may help to build resilience among all adolescents, including those who have disabilities, by equipping them with the tools they will need to navigate common adolescent challenges prior to their occurrence. This approach is in stark contrast to typical reactive approaches to mental health problems, which intervene after the problem has already occurred.

To ensure that stakeholders in education and mental health do not repeat the mistakes of the past, an inclusive approach to education and counseling needs to be considered. As such, in this study, the integration of counseling strategies into course curricula is designed to take place within an inclusive context so that all students are supported; including those who differ and vary across several different factors such as disability, culture, lifestyle and heritage.

Inclusive Education

In this section, a rationale for inclusive education is provided. Key terms and definitions are presented as well as a brief review of the literature on inclusion and diversity. The academic, social and behavioral performance of students in inclusive settings also is considered.

There are many definitions of inclusive education. According to Andrews and Lupart (2015), "inclusive education is the merger of special and regular education into a unified system requiring instruction, consultation, and collaboration to address the special needs of all students" (p. 21). Moran (2007) defines inclusive education as the "entitlement of all children and young people to quality education, irrespective of their differences, dispositions or disabilities… embracing the educational values of equity, diversity and social justice" (p. 120). Andrews and Lupart (2015) agree that inclusive education also should serve and encompass the various differences in human diversity. According to Andrews and Lupart (2015), " all students should benefit from an atmosphere of accepted differences and should be provided an educational experience that understands and addresses their diversity" (p. 21). One commonality among these definitions is that disability is only one variance factor associated with the human condition. As educators, we also need to consider all types of variance. As such, this is an important consideration when analyzing service delivery models and for the purpose of this study, diversity is understood as an integral part of inclusive education.

Diversity

Diversity refers to the range of identities that exists within a group of people. According to research (Andrews & Lupart, 2015; Salend, 2011), there are two broad areas of diversity. The first area includes variance associated with social, emotional, developmental, and physical attributes. This area may be subcategorized into two categories: (a) high-incidence exceptionalities and (b) low-incidence exceptionalities.

High-incidence exceptionalities include but may not be limited to individuals with intellectual and learning disabilities, attention deficits, behavior disorders, emotional problems, and communication challenges (Andrews & Lupart, 2015). Low-incidence exceptionalities

include but may not be limited to visual and hearing impairments, physical and health impairments, pervasive developmental disorders, traumatic brain injury, and severe disabilities (Andrews & Lupart, 2015).

The second broad area encompasses variance associated with heritage, cultural, and lifestyle characteristics (Andrews & Lupart, 2015). Examples include but are not limited to variance associated with language, gender, gender identity, sexual orientation, learning styles, culture, race, socio-economic status, race, and religion. Considering that diversity includes and encompasses all students, an important consideration when analyzing service delivery models is to ensure that diversity is built in rather than retrofitted in.

There are several studies outlining the benefits of inclusive education. In this section, inclusive education and the academic, social, and behavioral performances of students are explored through a review of the literature.

Inclusion and Academic Performance

There is a lot of evidence to suggest that including students with disabilities into regular classrooms may be beneficial. According to research (Hang & Rabren, 2009; Hunt, Hirose-Haetae, Doering, Karasoff & Gaetz, 2000; Idol, 2006; Nevin, Cramer, Voight & Salazar, 2008; Peetsma, 2001), students with mild disabilities do better on standardized tests, as well as in core subject areas such as math and reading, when educated in inclusive classroom settings. A study conducted by Blackorby, Wagner, Cameto, Davies, Levine, and Newman (2005), also found that students with disabilities who spend time in regular classrooms performed better in math and reading than those in segregated settings. In a study conducted by Idol (2006) titled, *Towards inclusion of special education students in general education: A program evaluation of eight*

schools, students with disabilities who were educated in inclusive settings had higher grades and greater on-task behavior, motivation, and positive affectivity.

According to some research (Szumski, Smogorzewska, & Karwowski, 2017; Spence, 2010; Cole, Waldron, & Majd, 2004), students without disabilities who are educated in inclusive classrooms also may benefit. In a meta-analysis conducted by Szumskiet et al. (2017) titled, *Academic achievement of students without special needs in inclusive classrooms: A meta-analysis,* the impact of inclusive classrooms on non-disabled students were investigated. In this study, they found that both students with special needs as well as their non-disabled classmates benefited academically from inclusive classrooms settings.

Some research also indicates that diversity among students positively affects academic performance (Terenzini, Cabrera, Colbeck, Bjorklund, & Parente, 2001; Konan, Chatard, Selimbegovic, & Mugny, 2010). In a study conducted by Konan et al. (2010) cultural diversity in the classroom was explored in relation to academic performance. Konan et al. (2010) found significant gains in academic performance for both native and non-native students. In addition, diversity in the classroom may contribute to creativity, collaboration and an increased flexibility for understanding multiple perspectives (Terenzini et al., 2001).

Inclusion and Social/Behavioral Performance

According to research (Estell, Jones, Pearl, Van Acker, Farmer, & Rodkin, 2008; Lee, You & Bak, 2003), students with mild disabilities who are in inclusive educational settings, develop more friendships with other students than those in segregated settings. Furthermore, they experience increased positive emotional functioning, fewer inappropriate behaviors, and increased social interactions and peer group membership (Weiner & Tardif, 2004). Students who have severe disabilities and spend time in inclusive classroom settings experience more

interaction with other students and receive greater social support from their classmates (Hunt, Soto, Maier & Doering, 2003; Lee et al., 2003). Research also indicates that some students with severe disabilities also may benefit from richer and longer lasting friendships with their non-disabled classmates (Hunt et al., 2003; Lee et al., 2003) however, these friendships are often initiated by the school and tend to decline over the academic year (Coster & Haltiwagner, 2004; Lee et al. 2003).

When educators and communities approach diversity in ways that encourage students to work collaboratively together, it may lead to friendships and greater feelings of safety. According to Graham, Munniksma, and Juvonen (2014), cross-cultural friendships among students were associated with less vulnerability, victimization, and reduced feelings of isolation. Furthermore, students feel more comfortable and at ease with differences in cultures and backgrounds (Graham et al., 2014). It is likely that when students are directed, supported, and educated in ways that celebrate and value diversity it leads to greater friendships and collaboration, pro-social behaviors, greater feelings of safety. However, if educators do not value diversity and difference as something that unites us, we may end up with problems such as racial conflict and tension, discrimination against people with disabilities, homophobic bullying, gender discrimination, and other anti-social and maladaptive attitudes and behaviors among students.

In order to teach students who differ and vary across several different factors, one approach to school wide inclusive education that is effective at supporting the academic, behavioral, and social and emotional development of youth is Response to Intervention.

Response to Intervention (RTI)

Response to intervention (RTI) is a multi-tiered service delivery model that provides academic and/or behavioral supports, services, and interventions to students who are at risk or are underperforming in relation to grade or age level standards. These supports, services, and interventions vary in intensity depending on the level of need (Pierangelo & Giuliani, 2008). According to Sailor (2009) one purpose of RTI is to prevent academic failure and behavioral problems. This is done by collecting student data, providing early intervention, monitoring progress and providing evidence-based interventions and instruction (Sailor, 2009). According to Pierangelo and Giuliani (2008), there are seven core principles of RTI: (a) education for all students, (b) research and evidence-based interventions and approaches, (c) classroom performance monitoring, (d) universal screening, (e) multi-tiered model, (f) data-based decision making, and (g) progress monitoring.

Education for All Students

The first principle is that the education system is capable of effectively teaching all students and all students are capable of learning. This requires educators to assess and shift their understanding of student problems from belonging to the student, to limitations or inadequacies with curricular, instructional, and environmental factors.

Research and Evidence-Based

The second principle is that interventions and instructional approaches must be research-based. This is to ensure that interventions and approaches have a greater likelihood of success. Furthermore, according to Pierangelo and Giuliani (2008), research-based practices allow schools to efficiently use their resources on valid evidence-based interventions, rather than waste them on approaches of dubious efficacy.

Classroom Performance Monitoring

The third principle is monitoring classroom performance. This refers to the important role that teachers play in designing and providing instruction. Teachers who closely monitor and assess individual student performance and progress, and compare it to curricular grade-level standards, are able to make adjustments and adaptations that better support the learning needs of students.

Universal Screening

The fourth principle is to conduct universal screening or benchmarking. This means that students are screened in all core academic areas and for behavior. This provides educators with individual student data that can be compared against peer group performance. For example, when screening, educators may look at academic skills such as reading fluency (as measured by words correct per minute) or a behavioral skill such as attendance (as measured by classroom attendance). Multiple methods of data collection are recommended as it provides educators and other school professionals with a more comprehensive picture of a particular problem, as well as serves to cross-validate other data sources.

Multi-Tiered Model

The fifth principle is the use of a multi-tiered service delivery model. According to Sailor (2009), there are three tiers. The first tier represents the majority of students, generally 80-90%. Students who fall in this category are generally performing at a satisfactory level within the core curriculum. Tier two represents 5-10% of students. At this level students are provided with targeted interventions that support academic and/or behavioral performance. Tier three generally consists of 1-5% of the student population. At this level, students are provided with intensive interventions to support learning. Universal screening, data-collection, data-based decision-

making, problem-solving, and intervention selection occur at each tier to ensure fidelity and validity.

Data-Based Decision Making

The sixth principle is data-based decision making. According to Pierangelo and Giuliani (2008), teams (e.g., teacher, administrator, school psychologist, counselor, resource teacher, etc.) work together to determine the best intervention or instructional approach for a student who is at the tier two or three level and is experiencing academic or behavioral challenges. The teams use strategies such as problem solving and standard treatment protocol (Pierangelo & Giuliani, 2008; Sailor, 2009). According to Sailor (2009), this involves identifying the problem with scientific precision using the student data collected through multiple means. The next step is to use this data to select targeted interventions that directly relate to the problem. During this step, team members also may other focus on factors such as psychological deficits (e.g., cognitive, sensory, etc.) and environment (e.g., family, community, etc.) to put together a more comprehensive understanding of the problem.

Progress Monitoring

The seventh and final principle is the frequent monitoring of progress. According to Pierangelo & Giuliani (2008), the decision-making team is responsible for establishing and implementing a system for monitoring student progress and the effectiveness of the intervention. Monitoring student progress involves collection more data through methods such as assessment and observation.

Many educators consider RTI to be a thorough and evidence-based approach for promoting success for all students including those with disabilities, as well as a successful

service delivery model for school-wide inclusive education (Koselak, 2011; Pierangelo & Giuliani, 2008; Brown-Chidsey & Steege, 2005).

Critical Review of RTI

In this section, a critical review of RTI is provided. This review is divided into three sections. In the first section, a critical analysis of RTI theory and research is provided. Second, a critical review of the structure and implementation of RTI is provided. Third, challenges with RTI as they relate to curriculum and instruction are explored.

Theory and research

The first principle of RTI is that the education system is capable of effectively teaching all students and that all students are capable of learning (Pierangelo and Giuliani, 2008). To act in accordance with this principle, educators must shift their thinking from seeing the problem as the student's, to a problem with curricular, instructional, and environmental factors. However, there seem to be some philosophical discrepancies between principle number one (i.e., education for all) and the model as a whole (i.e., RTI). While RTI touts being a strength-based approach, in reality, it may be deficit based. Many believe that one of the main tenets of RTI is that students who do not respond to classroom instruction may be struggling due to some type of impairment or disability (Fuchs, Fuchs, & Vaughn, 2008; Howell, Patton, & Deiotte, 2008; Shores & Chester, 2009; Whitten, Esteves, & Woodreow, 2009). Regardless of whether or not this is true, this type of thinking is contradictory to first RTI principle in which the problem lies with curricular, instructional, and environmental factors rather than with the student. On the other hand, due to the responsive nature of RTI, a diverse number of problems (related to variance within the human condition) can be addressed using this approach. What is important is that educators do not turn learning differences into an excuse to marginalize and segregate students,

lessen their educational opportunities, and dumb down the expectations for the outcomes they may achieve. Instead educators need to take up the challenge of minimizing the impact of student differences in their educational opportunities, participation and engagement, and seek ways to make realistic the same outcomes as other students.

One benefit of RTI is that there has been extensive research conducted on its efficacy as an approach as well as on the individual principles themselves (Marston, Myyskens, Lau, & Canter, 2003; McNamara & Hollinger, 2003; Burns, Appleton, & Stehouwer, 2005; VanDerHeyden, Witt, and Gilberton, 2007). According to these studies and meta-analyses, RTI does benefit students who are struggling to meet academic and behavioral expectations and does lead to positive effects for the school as a system and for individuals in terms of student outcomes. For example, in a study conducted by Burns et al. (2005) titled, *Meta-Analytic review of Responsivenss to Intervention: Examining field-based and research-implemented models*, a review of research on large scale and other models of RTI was conducted. They found that sites implementing RTI had improved both students systemic and academic outcomes with a fairly large effect size.

Structure and Implementation

One potential benefit of RTI is that it can be implemented as a school-wide approach to inclusive education using the existing conditions of the school. According to, Jimerson, Burns, and VanDerHeyden (2016), RTI is a tiered model of instruction and intervention. At tier one, all students receive instruction based on an evidence-based curriculum. Teachers differentiate instruction to meet the needs of all students in the classroom. At the tier one level students are also screened to determine if additional supports are required. At the tier two level, additional evidence-based supports are provided to students who are not keeping pace or are struggling with

the curriculum. Students at the tier three level, are provided with intensive individualized evidence-based instructions, supports, and interventions designed to address challenges and prevent additional ones. In a study conducted by Narvey (2012) titled, *Response to Intervention: An inclusive framework for student services,* results indicate that the approach and principles of RTI affected the way educators approached inclusion. For example, according to Narvey (2012), the implementation of RTI created the expectation that all students will receive most of their instruction in the regular classroom. In addition, Narvey (2012) found that during the course of this study, classroom teachers began consciously including students who would otherwise have been sent to the resource room or an out of class placement.

Another benefit of RTI is that school divisions already have built-in networks of professionals and support staff (e.g., teacher, resource/special education teacher, counselor, administrator, school psychologist, speech pathologist, educational assistants, etc.). One principle of RTI is data-based decision making in which teams work together to put together a comprehensive understanding of a problem based on collected data to determine the best intervention or instructional approach for a student who is experiencing academic and/or behavioral challenges. Schools do not need to spend large amounts of money or seek outside support (unless necessary) to determine how to best support a struggling student.

Curriculum and Instruction

One limitation of RTI is that while it is an approach to provide school-wide inclusive education, some students are still being removed from the regular classroom to receive interventions at tier two and/or tier three levels. As an example, consider a student who recently immigrated to Manitoba and is struggling academically and behaviorally due to language barriers. The team makes the data-based decision to move this student into tier two where he or

she will receive direct language instruction as a targeted intervention. While this approach will likely help the student to increase his or her English, the student also may be missing classroom instruction time. While many proponents of RTI argue that targeted supports are necessary for students who struggle academically and behaviorally to get back on track, there still may be consequences when students are removed from the classroom to receive targeted or intensive interventions.

Another limitation of RTI is linked to screening. As previously discussed the purpose of screening is to determine if a student may benefit from targeted interventions. In many cases, students can be appropriately supported at the tier one level through differentiated instruction and other interventions (Sailor, 2009). However, according to Sailor (2009), teachers who are not adequately trained or do not "buy in" to an inclusive philosophy, may use data from screening as a way to label "problem" children and look for ways to segregate them rather than using the data to inform the implementation of targeted interventions. Administrators seeking to implement RTI should consider ways to ensure staff engagement and buy-in in the process prior to implementation.

RTI is a valuable framework for enhancing academic and behavioral outcomes for all students. In this study, the integration of counseling strategies into course curriculum is designed to occur at the tier one level. In the next section, the literature on protective and resiliency factors is reviewed. This review is foundational for guiding the selection of the appropriate counseling strategies that may foster student resiliency.

Protective and Resiliency Factors

In this section, a literature review exploring the protective and resiliency factors for mental health problems is provided. This information is subsequently used to provide a rationale

for the three counseling strategies chosen for use in this study as they may serve to increase protection and resiliency among adolescent youth.

Upon reviewing the literature on protective and resiliency factors for mental health disorders, it becomes apparent that most researchers do not distinguish between the two terms as they often overlap and contain similar factors. Aro (1994) defines resiliency as factors that contribute to one's ability to demonstrate healthy emotional and mental development after a period of distress. Protective factors serve to lower the risk of acquiring a mental health disorder or reducing the negative impact of a disorder on an individual (Aro, 1994). While some of the literature does acknowledge a difference between these two terms, most researchers do not provide a clear distinction between the two. In this review of the literature, resiliency and protective factors will be presented together. The rationale behind this decision is to address both of the two above-mentioned issues (i.e., distress related to common adolescent challenges and adolescent mental health disorder) affecting today's adolescent youth at the same time.

In physics, the term "resilience" refers to materials that are robust enough to withstand impact without being damaged. The term also refers to materials that are able to return to their original shape after a collision. Examples of material resiliency include items such as a steel spring or memory foam. In psychology, the term "resilience" refers to individuals who are psychologically robust and/or able to "bounce back" quickly and return to normal when encountering distress. The term "protection" or "protective" in this case refers to the psychosocial conditions and attributes, possessed by an individual, that reduce the risk of acquiring a mental health disorder. According to the literature, there are at least four important psychological factors associated with resiliency and protection: (a) positive affectivity, (b)

cognitive reappraisal, (c) positive coping, and (d) social support and social skills (Elisei, Sciarma, Verdonlini & Anastasi, 2013).

Positive Affectivity

Positive affectivity refers to the degree to which adolescents experience positive emotions and behaviors in relationship to the environment (Fredrickson, 2001). Positive affectivity is associated with optimism, enthusiasm, confidence, alertness, and high energy. By contrast, low levels of positive affectivity are associated with sadness, distress, low energy, and uncertainty. Resilience can be thought of as one end of a spectrum with vulnerability on the other end (Elisei et al., 2013). In a study conducted by Geschwind, Peeters, Jacobs, Delespaul, Derom, Thiery, van Os, and Wichers (2010) titled, *Meeting Risk with Resilience: High daily life reward experience preserves mental health,* they found that those with a positive affect had better overall psychological health after being exposed to stress. A study conducted by Wu, Cohen, Calderon, Charney, and Mathé (2013), confirmed that positive affect is associated with better emotional and physical heath.

Mastery is another factor related to positive affectivity and listed in the literature as a possible protective factor for mental illness. According to Thoits (1995), mastery is defined as belief in one's sense of personal control. Thoits (1995) describes mastery as a personal characteristic that may allow individuals to manage stress more effectively and reduce symptoms related to some mental health disorders. Rodin (1986) attributes this effect to the fact that individuals who have high levels of mastery are more likely to address their mental health needs. In addition, they also may be more likely to set personal goals, perceive their skills and abilities positively, as well as seek support.

Cognitive Reappraisal

Cognitive reappraisal is an adaptive regulative psychological skill that involves changing your emotions in response to a given situation. According to McRae, Ciesielski, and Gross (2012), cognitive reappraisal involves the deliberate or subconscious reinterpretation of a stimulus to elicit a different emotional response. According to research (Casey, Newcombe, & Oei, 2005; Buhle et al., 2013), cognitive reappraisal is effective in changing one's subjective emotional experience as well as adverse accompanying bodily sensations. To further illustrate cognitive appraisal, consider the following thought experiment centered on a typical adolescent problem:

You are a young adolescent girl walking down the hallway on your way to class. One of your best friends is walking down the same hallway in the opposite direction. As you pass her, you say hello, but she does not look at you or answer you. You immediately think to yourself, "why did she do that, is she mad at me, what did I do wrong". As you begin to ruminate over possible answers in your head, a heavy feeling hits you in the stomach and your heart begins to race. You walk into your classroom and the teacher announces that it's time for a pop quiz. Your racing thoughts, fast heartbeat, and upset stomach interfere with your ability to perform well academically.

Now consider the same situation with a young adolescent that has greater psychological resiliency and ability to emotionally regulate. When passing her friend in the hallway and not receiving acknowledgement she begins to think, "why did she do that, is she mad at me"? The adolescent reappraises the situation and says to herself, "Oh she probably just had fifth period with Mr. Smith. She's always stressed after that class. I'll catch up with her at lunch and see how

it went." The young adolescent girl then walks into her classroom, learns there is a pop quiz and begins to mentally prepare.

Adolescents who tend to internalize negative events generally adopt a negative schema towards the self, world, and future. Teaching students how to dispute maladaptive thoughts and cognitively restructure thinking may in fact be a valuable strategy for reducing the risk of mental health challenges.

Positive Coping

Another factor associated with resiliency and protection is the ability to cope during periods of stress. According to Carroll (2013), positive coping involves either modifying the stimulus or altering subjective cognitive and emotional perceptions of the stimulus to reduce the degree of negative impact. Positive coping styles help to protect individuals from negative or stressful events and are often referred to as "emotional armor" (Muris, Schmidt, Lambrichs, & Meesters, 2011). Examples of positive coping include, but are not limited to active coping, humor, relaxation, physical recreation and sport, and adapting expectations. As an example, active coping involves seeking out the advice and support of a friend, family member, mentor, or other trusted individual. Active coping is an adaptive way for individuals experiencing a challenge related to adolescence or a mental health issue to seek support, gather information, and discuss feelings, ideas, and/or solutions. As a second example, during periods of stress or to lessen emotional and physical symptoms related to mental illness, individuals may cope by engaging in relaxing activities. One activity that has become increasing popular in the western world is mindfulness-based stress reduction. This style of positive coping may help to reduce the emotional and physical symptoms related to stress and/or mental illness as well as decrease individual attachment to a particular problem or situation. According to Carroll (2013), dealing

with stress in active and adaptive ways are integral factors for resilience. Interestingly, many mental health problems such as depression and anxiety have an age of onset around adolescence and early adulthood (Elia, 2018). For example, depression is a prominent mental illness that is associated with the occurrence of stressful and negative life events (possibly arising from common adolescent challenges). Considering this, it may be a valuable to teach young adolescent students adaptive and active ways of coping in schools.

Social Support and Social Skills

According to Wu et al. (2013), adolescents who have inadequate support systems are at a higher risk for mental illness. Furthermore, psychological resiliency is associated with those who have strong social networks. One example of social support takes place in the context of peer groups.

According to Rubin, Bukowski, and Parker (1998), there are three levels of social interaction: (a) basic interactions and exchanges, (b) interpersonal friendship and (c) group friendship. This framework for social interaction is often represented as a hierarchical triangle in which the interactions at each level generally develop in complexity. Many studies have explored the role of peer friendships and found that social skills such as negotiation, persuasion, cooperation, compromise, emotional control, and conflict resolution are developed through peer group relationships (Asher & Parker, 1989; Erwin, 1993; Inderbitzen, 1994).

Peer groups provide adolescent youth with an emotional support network during times of need. Adolescents may seek support from their friends when faced with a difficult decision, during times of conflict, or to share successes. According to Ashton and Parker (1989), peer group members often serve as role models for one another reinforcing group norms, characteristics, and expectations. Furthermore, peer groups help to develop self-efficacy and self-

esteem among adolescent youth, which according to research play an important role in protecting individuals from developing a mental illness (Ashton & parker, 1989, Ibarra-Rovillard & Kuiper, 2011). Considering this understanding, it may be useful to find ways in which we can teach and encourage pro-social interactions skills at each level to develop adolescent youth resiliency as well as increase their protection for developing a mental health problem.

Counseling Strategies that Foster Protective and Resiliency Factors

To briefly summarize the last sections, there are at least four broad factors that contribute to increased resiliency and protection for common adolescent challenges as well as mental illness: (a) positive affectivity, (b) cognitive reappraisal, (c) positive coping, and (d) social support and social skills. In this section, three counseling strategies that serve to increase the above-mentioned resiliency and protective factors are explored.

As previously stated, many of the traditional counseling strategies employed by counselors, psychotherapists, and psychologists in clinical settings serve to address or build up skills in one or more of the above-mentioned areas. Interestingly, we only prescribe them once a client has already been defeated by a problem or has developed a mental health disorder and seeks the help of a professional.

Considering that adolescence is a tumultuous time in life, teaching middle years students the strategies and skills that they will undoubtedly need to "weather the approaching storm" may be beneficial in reducing human suffering and the demands on mental health services. Furthermore, middle years students who are facing new challenges as they begin adolescence will have the context and use for practicing and mastering these skills in vivo (in real life).

In clinical counseling and psychotherapy, there are a number of strategies used to treat clients who are seeking support for a presenting problem. Three of these strategies may be

particularly effective for integration into course curricula, proactive use, and towards increasing adolescent resiliency and protection.

Strategy #1: Cognitive Reframing

Cognitive reframing is a cognitive-behavioral psychotherapeutic strategy that involves the identification and disputation of irrational or maladaptive thoughts (Corey 2005, Prochaska & Norcross, 2010). According to Burns (1990), maladaptive thinking patterns (also known as cognitive distortions) typically fall into one or more of the following categories: (a) all-or-nothing thinking, (b) overgeneralization, (c) mental filter, (d) discounting the positives, (e) jumping to conclusions (mind-reading and fortune-telling), (f) magnification or minimization, (g) emotional reasoning, (h) should statements, (i) labeling, (j) personalization and blame. Cognitive reframing generally involves four steps.

The first step is to learn to recognize maladaptive thoughts. These are sometimes called automatic thoughts as they are often repeated in the head of the individual and are based on a negative perception the individual holds about him or herself, the world, or the future. The second step is to identify the cognitive distortion. Once the automatic thought is identified, the individual is asked to look at a list of cognitive distortions and identify which one(s) best fit with his or her thought. The third step is to dispute the automatic thought using Socratic questioning. The final step is to develop a new statement or thought that refutes and replaces the maladaptive thought (Burns, 1990).

Cognitive reframing is a counseling strategy that assists individuals in deliberately reinterpreting a stimulus to elicit a different emotional response. Equipping students with this adaptive regulative psychological skill may contribute to greater emotional resiliency as well as provide protection from developing a mental health problem. Furthermore, this strategy also may

increase positive affectivity as they learn to perceive events more realistically. This strategy may be useful if done with classmates as an activity, as this also would help to strengthen adaptive skills within peer groups.

Strategy #2: Mindfulness Based Stress Reduction

Mindfulness is becoming increasingly popular in western culture. According to Kabat-Zinn (2015), mindfulness cultivates non-judgmental awareness by paying attention to the present moment without judgment or reactivity. Over the last thirty years, there has been a considerable amount of research validating the psychological and physical benefits of a regular mindfulness-based stress reduction practice. In a nutshell, mindfulness-based stress reduction is associated with greater awareness of oneself and others (Kabat-Zinn, 2015; Hill & Updegraff, 2012; Stella 2016; Vago & Silbersweig, 2012), positive affect (Meiklejohn et al, 2012; Beauchemin, Hutchins, & Patterson, 2008; Schonert-Reichl & Lawlor, 2010), responsible decision-making (Black, Sussman, Johnson & Milam, 2012; Brown, West, Loverich, & Biegel, 2011), and self-regulation (Teper, Segal, & Inzlicht, 2003; Lyvers, Makin, Toms, Thorberg & Samios, 2014).

Another added benefit of mindfulness-based activities and practices is that they are generally quite inclusive due to their simplicity. As such, they may be used with students who have high-incidence or low-incidence disabilities. For example, it may be possible for students who are non-verbal or have low language abilities to engage in some mindfulness-based practices. Students who have learning or attention problems may also benefit from mindfulness (Beauchemin et al., 2008). Students with internalizing (e.g., anxiety and mood disorders, etc.) and externalizing disorders (e.g., conduct disorder, attention deficit hyperactivity disorder, etc.) also may experience increased wellbeing and academic performance from a regular mindfulness practice (Beauchemin et al., 2008).

Mindfulness is an acceptance based, cognitive and behavioral strategy, which aims to increase and expand awareness of situational and environmental cues along with cognitive, emotional, and behavioral responses (Orsillo & Roemer, 2005). With this increased awareness, individuals gain greater insight into the functions of their responses. Another goal of mindfulness is to switch the internal dialogue from one that is judgmental and controlling to one that is accepting and compassionate. A final goal of mindfulness, is to increase quality of life and decrease the negative symptoms or effects related to stressful life challenges or mental health problems.

Mindfulness may be seen as a positive coping mechanism as it involves altering (through greater acceptance) subjective cognitive and emotional perceptions of the stimulus in response and reduces distress (Kabat-Zinn, 2015). Furthermore, during periods of stress or in response to mental illness it has been shown to reduce emotional and physical symptoms while increasing positive affectivity as well (Kabat-Zinn, 2015). Mindfulness also may support the development of adaptive social skills (Baeauchemin et al., 2008). As research indicates, mindfulness increases not only awareness of the self but awareness of others (Baeauchemin et al., 2008; Van Doesum, Van Lange, and Van Lange, 2013). Mindfulness also is associated with self-regulation and responsible decision-making. It is likely, that these factors may contribute to greater pro-social skills (Van Doesum et al., 2013).

Strategy #3: Scaling/Identifying Strengths

The third strategy is derived from solution-focused therapy. In counseling, scaling is a technique used to help individuals express their thoughts and feelings about a particular problem (O'Connell, 2001). This strategy involves setting a goal as an anchor on a scale of one to ten. The goal is typically related to the resolution of a particular problem or a desired situation. The

individual also identifies the worst-case scenario as the bottom anchor. The individual then situates him or herself on that scale. The individual then identifies goals for each number in between where he or she is currently at and the end goal. Each mini-goal helps the individual to move closer towards the end goal (i.e., the resolution of a particular problem or a desired situation). While outlining mini-goals, individuals also are encouraged to identify resources that may contribute to the successful achievement of their goal. Resources may include but are not limited to people (e.g., family members, friends, mentors, teachers, etc.), information gathering, and/or organizations and institutions.

According to O'Connell (2001), scaling is an effective counseling strategy for several reasons. One reason is that it scaling engages individuals as active participants in developing and working through a problem-solving plan. Another reason is that this technique helps to empower people through the identification of small steps that can be taken towards each problem. Furthermore, individuals track their own progress and signs of progression. This may be especially useful for students who have tendencies to internalize problems or have an external locus of control. Through scaling, individuals become in control of their choices move towards gaining mastery over their problem. As a final note, scaling also builds confidence, hope and motivation increasing positive affectivity. Individuals are also able to clearly see how goals and solutions may positively translate to other areas of their lives (O'Connell, 2001).

Integrating Counseling Strategies into Middle Years Curriculum

In this section, direction will be provided for the effective integration of the above-mentioned counseling strategies, into middle years curricula taught in Manitoba classrooms. As discussed in previous sections, the purpose of integrating counseling strategies into curricula, is to enrich the learning environment for all students in ways that increase their resiliency towards

common adolescent challenges, protect them from developing a mental health disorder, as well as provide some tools to those who are suffering from mental illness.

There are many reasons why schools may be the ideal place to integrate the above-mentioned counseling strategies. First, education in Manitoba has been moving towards a more inclusive model, which includes educating the whole person rather than just focusing on academia. Many stakeholders in education likely agree that educational supports in all domains of life (e.g., cognitive, physical, social, and emotional) are necessary for students to mature into successful and contributing members of society. In Manitoba, the provincial mandate includes mental wellbeing as an integral part of student development. According to the Manitoba provincial education mission statement, "…the cognitive, emotional, social and physical… domains of wellbeing must be supported to meet the conditions needed in order for students to learn grow and develop a positive sense of self" (Manitoba Education and Training, 2018).

Second, since students spend a large portion of their time at school, they are more likely to have relationships with teachers, staff, and administrative personnel over formal clinicians in the community. In addition, at school students move through a variety of different contexts and settings. Students may be more interested in learning these strategies if they find it relevant to their lives. As a result, the opportunities for integrating counseling skills, as well as practicing and employing, them are abundant at school.

Another reason why schools make the ideal place for this type of proactive support is that schools have built in networks of professionals who are able to help, support, and intervene as required. Finally, due to the fact that students are at school on a frequent basis, they will be continuously exposed to and able to develop proficiency in using these skills to the point where is becomes automatic.

Integration of Counseling Strategies

This section provides insights into and practical guidelines for the effective integration of counseling strategies into middle years curriculum. In order to develop this guide, Manitoba middle years curriculum documents (including general and specific learning outcomes) for each subject were consulted (Manitoba Education and Training, 2018b, Manitoba Education, 1997; Manitoba Education and Training, 2010; Manitoba Education and Training, 2018a). In addition, the format was adapted from the Manitoba curriculum document, *Integrating Aboriginal Perspectives into Curricula: A resource from curriculum developers, teachers, and administrators* (2003). Drawing from this document, as well as, *Integrating Aboriginal Perspectives into the School Curriculum: Purpose, possibilities, and Challenges* (Kanu, 2011), *Curricular Connections: Elements of integration in the classroom* (Manitoba Education and Training, 1997), and *Engaging Middle Years Students in Learning: Transforming middle years education in Manitoba* (Manitoba Education) counseling strategies were integrated into the following three levels of middle years education curriculum: (a) student learning outcomes and instructional strategies, and (b) curricular content and learning resources, (c) middle years assessment.

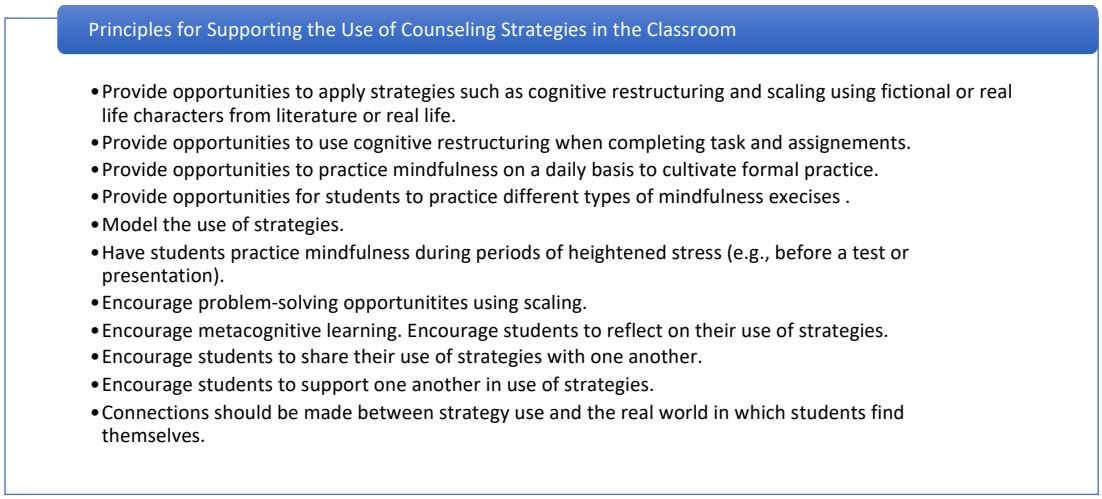
Integration into student learning outcomes and instructional strategies. A middle years' curriculum that effectively integrates the above mentioned counseling strategies should provide students with opportunities to use strategies in a number of different contexts and in a number of different ways and provide classroom teachers with the opportunity to teach this material to their students. Students also need to be provided with consistent and frequent opportunities to use these strategies in real life situations, such as when completing assignments or tasks or preparing for a presentation. As an example, students should be able to recognize and

work through cognitive distortions and apply scaling when considering fictional and non-fictional events in subjects such as literature or history. Students also should be exposed to a number of different types of mindfulness-based activities (e.g., mindful eating, mindful walking, mindfulness of breath, body scan, etc.). Educators need to model and encourage the use of strategies as well as support student reflection regarding use. Figure three outlines many ways to encourage and support effective counseling strategy use in a middle years' classroom (see Figure 3).

Examples of possible learning outcomes. In this section, a summary of possible learning outcomes for a counseling integrated curriculum are provided. In addition, a list of examples of possible learning outcomes is provided in Appendix A. The examples provided in Appendix A are more of a guide rather than an exhaustive list. In order to develop the following examples below (and in Appendix A), the Manitoba middle years curriculum documents for each subject were consulted. Educators and curriculum development teams are encouraged to look for other opportunities in which these counseling strategies can be effectively integrated into middle years curricula.

English Language Arts (ELA). One way that middle years ELA teachers may incorporate cognitive reframing into the curriculum is by having students identify the cognitive distortions of characters in literature. Next, students may "help" these characters by cognitively reframing their maladaptive thoughts using a worksheet. These characters may be fictional or non-fictional. As an example, students may be asked to read the book *Little Women* by Louisa May Alcott and asked to identify and list the cognitive distortions of one of the March sisters. Once the cognitive distortions have been identified, explored, and listed, students may then

Figure 3.0. Encouraging and supporting effective counseling strategy use



"help" the character to reframe her thoughts to ones that are more adaptive. Please see Appendix B for a blank and completed sample of this worksheet.

One way that mindfulness can be integrated into the middle years ELA curriculum is by having students keep a journal. Teachers may present and teach different types of mindfulness (e.g., mindful eating, tasks, walking, breathing, etc.) to students each week and ask students to spend a certain amount of time engaging in the activity and keep track of their experiences and what they noticed using a journal. Please see Appendix C for a blank and completed sample of the journaling template.

Teachers may choose to incorporate the scaling strategy into the curriculum in a number of different ways. For example, they may have students use it to set writing goals. Teachers may ask students to demonstrate attention to conventions in the writing process on an essay using the scaling strategy. Students may establish where they feel their essay is in relation to writing

mechanics on a scale of one to ten. Next, they may identify various writing conventions as mini-goals that will help them to move up the scale to a ten.

As an example, a student may identify his or her essay at a five on a scale of ten. The student then may set mini-goals such as spelling, punctuation, sentence structure, subject-verb agreement, and word usage. The student then identifies resources for each mini-goal that may help him or her to move up the scale. In this case, the student may identify spell check on the computer and a dictionary as resources he or she can use to address the spelling mini-goal and move from a five to a six on the scale.

Home Economics. One way that middle years home economics teachers may incorporate cognitive reframing into the curriculum is by having students identify and list automatic maladaptive thoughts that occur during a cooking or sewing based project. As an example, the teacher may ask students to keep a cognitive reframing template and a pencil beside them while sewing a pillowcase. Students are then asked to identify and write down any maladaptive thoughts (e.g., I am never going to get this) that emerge during the process of making the pillowcase. Students are then asked to identify the cognitive distortion from the list (e.g., all-or nothing thinking) and then dispute the thought using Socratic questioning (e.g., what is the evidence for and against this thought?). Next, students will replace the maladaptive thought with a more adaptive and helpful one (e.g., Considering this is my first time sewing, I am learning the basics, and I am doing well at that according to my teacher.).

Home economics teachers may integrate mindfulness into curriculum by having students practice mindful eating during a baking project. For example, the teacher may ask each student to pick up a raisin when baking a loaf of raisin bread and lead them through a mindfulness activity. Students may be asked to examine the raisin with interest and curiosity as if they have

never seen one before then guided through a process of slowing examining all sensory aspects of the raisin from touch, smell, appearance, and finally taste. While slowly and purposefully tasting the raising they may be asked to pay attention to the sensations in their mouth and throat. This exercise highlights a difference between awareness and a lack of awareness as eating is often done on "automatic pilot" (Baer, 2006).

One way for teachers to integrate scaling into the home economics curriculum is by asking students to use the strategy to follow a recipe. For example, students may use the scaling template to bake a loaf of bread and write each step of the recipe as mini-goals (e.g., gathering ingredients and equipment, warming water to correct temperature, proofing yeast, etc.). On the scale, the right anchor is the complete loaf of bread. Students can also identify possible challenges for some mini-goals (e.g., yeast isn't rising) and how to solve them (e.g., check expiration date on yeast).

Mathematics. Some middle years students may have difficulty understanding certain math problems or concepts. This may lead to frustration and unhelpful thoughts. Teachers might encourage students to work through their maladaptive thoughts using the cognitive reframing template. For example, some students may have difficulty understanding linear equations which may result in unhelpful thoughts. Teachers may have frustrated students list their maladaptive thoughts (e.g., It's my fault I don't understand because I am so stupid), identify the cognitive distortion (e.g., personalization, discounting the positive), and dispute it using Socratic questioning (e.g., What would you say to a best friend if they were in this situation?), and replace it with a more helpful and adaptive thought (e.g., I have been doing well in math, I bet if I keep at it I will get this just like everything else).

In addition to having maladaptive thoughts related to math comprehension, some students also may feel nervous before math tests and exams. Mathematics teachers may engage students in a mindfulness activity (e.g., mindfulness of breath) prior to a math test or exam to reduce anxious symptoms.

The scaling strategy also may be used to help students solve math problems. For example, teachers may ask students to use a math problem as the left anchor and the solution as the right anchor on a scaling template. Students might then list the order of operations as mini-goals to solve multi-step problems.

Music. One way that teachers can integrate cognitive reframing into the music curriculum is by having students identify and list maladaptive thoughts that occur during a music-based project. Students may then dispute these thoughts using Socratic questioning and replace them with more adaptive ones. Since music in middle years curriculum is often collaborative (i.e., students are all working together to produce a song or composition), teachers may consider having students work together in small groups during this activity.

Teachers can incorporate mindfulness into the music curriculum is by having students explore different bodily sensations that emerge through listening to different types of music. For example, students may be encouraged to explore sensations that emerge within the body when listening to *Flight of the Bumblebee* by Rimsky-Korsakov. Students may identify sensations such as tensions or a rapid heartbeat. Teachers may then encourage students to sit with their sensations and simply be aware of them.

Scaling may be used to help students set goals and practice schedules when learning an instrument. For example, middle years students who are practicing the recorder may set a goal of

being able to play a song with no errors as the right anchor, students may then identify mini-goals such as practicing their recorders for thirty minutes every day as steps towards that goal.

Physical education/health education. One common challenge experienced by adolescents are issues related to body image. Teachers can integrate cognitive reframing into the physical education and/or health education curriculum by having students identify and list maladaptive thoughts related to body image. Due to the sensitivity of this topic, teachers may consider providing examples using common concerns (e.g., I am not thin enough, I am too tall, I don't feel attractive, etc.) and having the class work through the process together as a whole.

During gym class, students engage in many different activities including but not limited to movement, cardiovascular, strength training, and stretching. Teachers may use mindfulness-based activities (e.g., body scan) to encourage students to become aware of the different sensations in their bodies during or after a specific activity. For example, students may be asked to become aware of the stretch in a particular location of the body while doing yoga. Alternatively, students may be asked to tune in to their breathing, heart rate, and other sensations after completing a cardiovascular exercise and cool down. Teachers also might introduce a mindful walking activity outdoors. In this activity, students can be guided as they walk slowly and purposefully outside while paying attention to the changing sensations below their feet, the sounds of nature, and the shifting of weight in various locations of the body.

Teachers can integrate scaling into physical education by having students set athletic goals for themselves. Scaling also can be used to set-mini goals and track progress. For example, students may use scaling to prepare for a marathon event.

Science. Some middle years students may have difficulty understanding certain science problems or concepts leading to frustration and unhelpful thoughts. Teachers might encourage

students to work through their maladaptive thoughts using the cognitive reframing template. For example, some students may have difficulty understanding and identifying independent and dependant variables in an experiment which may result in unhelpful thoughts. Teachers may have frustrated students list their maladaptive thoughts, identify the cognitive distortion, dispute it using Socratic questioning, and replace it with a more helpful and adaptive thought.

In science, mindfulness may be used to help students engage their senses as they gather information. For example, students can be asked to provide written descriptions of the characteristics that allow substances to be distinguished from one another (e.g., texture, strength, hardness, flexibility, color, etc.). Teachers may lead students through the activity by encouraging them to focus their awareness on various aspects of the substance. This is similar to the raisin activity described above.

Science teachers might also employ scaling as a strategy to help students solve a particular science problem (e.g., how can I determine if air has mass?). The right anchor can be identified as the problem solved and the inability to solve the problem as the left anchor. Students will indicate their current place on the scale (e.g., their current knowledge about the topic will contribute to where they place themselves on the scale). Students might then identify steps and actions (e.g., blowing up a balloon, etc.), and required resources (balloon, string, yard stick, pin etc.) to set mini-goals to work towards solving the problem.

Social studies. One way that teachers can use cognitive reframing within the context of the middle years social studies curriculum is to have students identify and list the maladaptive thinking styles of politicians (past or present). For example, students may choose a politician and identify and list his or her maladaptive thinking styles based on various statements and beliefs as made evident in the media and/or in historical archives (e.g., online or print newspapers,

microfiche, political documents, campaign promises, etc.) For example, a student may identify Donald Trump as the politician he or she wishes to study. After doing some research, the student may first make a list of maladaptive statements that the president has made (e.g., "The Iran nuclear deal is the worst agreement the US has ever made", "Nobody has better respect for intelligence than Donald Trump"). As a second step, the student may identify black and white thinking as one of the cognitive distortions the president is employing. Using Socratic questions, the student may look at what is the evidence against these statements. In his or her research, the student may find that while the deal is not perfect it benefits the US by potentially keeping Iran from obtaining nuclear weapons. The student also may find that there are many instances where Donald Trump failed to respect and listen to intelligent people in the area of global warming. The student then may cognitively reframe the US president's statements to ones that are more adaptive. In this case, the student may reframe the president's statements as the following: "Many deals in politics are not perfect and have advantages and disadvantages for both parties" and then proceed to list them. As for the second statement, the student may reframe it as, "While I try to respect people who are intelligent and experts in their fields, I don't always agree with what they are saying."

In the middle years' social studies curriculum, there are many instances in which controversial topics arise. When they do, teachers can employ mindfulness to encourage students to become aware of and accept without judgement difficult emotions and bodily sensations that may arise of these topics and discussions.

Scaling also can be used in social studies. First, students may identify a problem in history and use it as the left anchor of a scale. Students can then identify the resolution of that

problem as the right anchor. Students may then create a time line identifying the sequence of events in between each anchor that led from the onset of the problem to the resolution.

Mindfulness can be used in a variety of different settings and contexts. Furthermore, a number of different mindfulness activities can be employed. Scaling can be used to help students identify and achieve their goals as well as be used as an academic tool. It is the hope that through these multiple means of exposure, students will learn to internalize and make the use of strategies automatically. While not all of these avenues are explored in this study, the potential for additional research along these lines looks promising.

Integration into curricular content and learning resources. According to Kanu (2011) and Manitoba Education and Training (1997), exposing students to content and material without effective teaching methods and strategies that support students in achieving curricular outcomes is ineffective. In this case, instructional strategies such as modeling the use of counseling strategies, modeling metacognition and encouraging students to reflect on their own thinking, and providing feedback and encouragement to students may be effective teaching methods within an educational context as they have similarities with approaches used in a therapeutic setting. Instructional strategies also may include processes adapted from group counseling. For example, having students gather into small groups in which they share their use of counseling strategies in a non-threating and supportive environment may help students to further develop pro-social skills, learn new contexts for strategy use, and encourage one another in problem solving. Learning scaffolds that help students to understand and use counseling strategies also may be used. Reframing worksheets (Appendix A), scaling sheets, (Appendix B), and mindfulness exercises and worksheets (Appendix C), also may be used as instructional resources to support the use of counseling strategies.

Another important consideration in terms of curricular content and resources is the proper use of language. Students and teachers should use the appropriate vocabulary when teaching counseling strategy use. As an example, teachers and students should consistently use the correct terminology that is age appropriate for middle years students. Some counseling terminology may inadvertently introduce unnecessary complexity and affect the approachability and viability of strategy use among middle years students. As such, educators are encouraged to use appropriate terminology, while still based in the literature, with their students. According to Kanu (2011), is important to "…eliminate or minimize any unnecessary complexity in the use of the English language that might interfere with students' understanding…" (p. 112). As an example, educators may choose the term "unhelpful thinking styles" over "cognitive distortions" to make counseling strategies more viable for a middle years student population.

Integration into assessment. According to Kanu (2011) and Manitoba Education (2010), assessment provides educators with valuable information about what students have learned. In addition, Kanu (2011) also states that assessment can help educators to understand what information is meaningful and useful to students. Since these strategies are derived from counseling and meant to enhance personal resiliency and protection, assessment methods that provide space for students to assess their own progress, with meaningful feedback from peers and teachers, may allow students to personalize and internalize the use of strategies. According to Manitoba Education (2010), *learning relationships* require a balance between challenges and nurturing and supportive feedback. Teachers who are fostering the use of counseling strategies in the classroom should take this into account during the assessment process. The goal is to increase students' capacities to handle change and overcome challenges and the assessment process needs to reflect this growth and learning process. Allowing students to demonstrate knowledge and

strategy use through individual journaling, supportive group work and classroom activities, and portfolios or logs with strategy sheets and other educational artifacts (e.g., resources) can be used to assess student learning and strategy use.

The primary purpose of this study is to explore how the integration of counseling strategies into course curriculum affects students' mental health and wellness. In order to examine this issue, it is first important to understand how mental health is conceptualized in western society both in psychology and education. In this study, the integration of counseling strategies into course curricula is designed to take place within an inclusive context so that all students are supported; including those who differ and vary across several different factors such as disability, culture, lifestyle and heritage. RTI is presented as an inclusive service delivery model in this study. The literature on protective and resiliency factors led to the selection the appropriate counseling strategies that may foster student resiliency. Insights into and practical guidelines for the effective integration of counseling strategies within a middle years curriculum also were presented. One way to synthesize the ideas presented in this literature review is to employ a mixed methods design.

CHAPTER 3 – METHODOLOGY

In this study, a mixed methods research design was used to gain a more complete understanding of how the integration of counseling strategies into course curricula affected the mental health and wellness of students. More specifically, teachers' perceptions and attitudes about mental health and wellness before and after the integration of counseling strategies into course curricula was studied. In addition, the relationship between the new integrated curriculum and students' resiliency scores (as measured using the Resiliency Scales for Children and Adolescents – RSCA) was examined.

Mixed Methods Research: A Summary

Mixed methods research designs are becoming increasingly popular in a wide variety of disciplines including education (Creswell, 2003; Hesse-Biber, 2010). According to Hesse-Bieber (2010), there are several reasons mixed methods research is becoming more desirable. Hesse-Biber (2010) states that there is a:

> …growing demand for methods that address the range and scope of novel research questions emanating from new theoretical contributions. The pioneering works of feminists, post-colonialists, postmodernists, and critical theorists aims to expose subjugated knowledge of oppressed groups that has often been left out or ignored in traditional research. These new paradigms look at the intersections of race, class, gender, nationality, and other hierarchical forms of identity and often pinpoint subjugated groups as the focus of social inquiry" (p.2).

According to Creswell (2003), mixed methods research employs a combination of aspects drawn from both quantitative and qualitative approaches. In addition, qualitative and quantitative

features generally inform mixed methods research at the level of design, data collection, and data analysis (Teddlie & Tashakkori, 2009).

Creswell and Tashakkori (2007), provide a definition of mixed methods research in the first issue of the *Journal of Mixed Methods Research*. They define mixed methods as, "…research in which the investigator collects and analyzes data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry" (p.4). According to Teddlie and Tashakkori (2003), one characteristic of well-executed mixed methods research designs is the incorporation of both quantitative and qualitative methods throughout the entire study. This includes but is not limited to problem identification, data collection, data analysis, and inferences and recommendations. This is a limited view of mixed methods research because it fails to consider the epistemological and paradigmatic foundation from which the research problem arises. This will be discussed more fully in a subsequent section. There are several different mixed methods research designs. In the next section, these mixed methods research designs are defined and summarized.

Characteristics of Mixed Methods Research

There are six types of mixed methods research designs: (a) the concurrent triangulation design, (b) the sequential explanatory design, (c) the sequential exploratory design, (d) the embedded design, (e) the transformative design and (f) the multiphase design (Creswell, 2003; Hesse-Biber, 2010).

When employing a concurrent triangulation design, the researcher collects both quantitative and qualitative data concurrently during one phase of the study and analyzes both sets separately. Once this step is completed, the researcher compares and converges both sets of data and makes inferences based on the results. This model is most commonly used when a

researcher is hoping to validate or corroborate findings within a single study thus strengthening the output of knowledge (Creswell, 2003).

In a sequential explanatory design, the researcher first collects and analyzes quantitative data, then collects and analyzes qualitative data. In this design, quantitative data is generally given a stronger weight than qualitative data. These data sets are generally merged during interpretation and analysis (Creswell, 2003; Creswell & Plano Clark, 2011). According to Creswell (2003), "…the qualitative results [are used] to assist in explaining and interpreting the findings of a primarily quantitative study" (p. 215).

The sequential exploratory design is essentially the opposite of the explanatory design. The researcher collects and analyses qualitative data first, then collects and analyzes quantitative data. In this design, qualitative data is given priority over quantitative data. The purpose of this design, is to qualitatively explore phenomena, then use quantitative data to assist in the interpretations of the qualitative findings (Creswell, 2003). For example, relationships found in quantitative data may help with qualitative interpretations.

In an embedded design, both types of data are collected either concurrently or sequentially however, one methodology (i.e., either quantitative or qualitative) is chosen as predominant while the other is embedded or "nested" within the overall qualitative or quantitative design. The data collected from the nested methodology is used to support the primary methodology and may contribute to broader perspectives during analysis.

Researchers employing the transformative design use one of the above-mentioned designs (i.e., concurrent triangulation, sequential explanatory, sequential exploratory, or embedded) within a transformative framework (Creswell & Plano Clark, 2011). For example, a researcher may be guided by theoretical frameworks such as feminist theory or critical theory,

which subsequently become reflected in the research question(s) and the methodological choices he or she makes (Creswell, 2003). According to Subedi (2016), the purpose of this design is to choose a theoretical framework for research that addresses marginalization, oppression, or the underrepresentation of specific populations and "…engage in research that brings about change" (p. 576). As such, the theoretical framework contextualizes social issues and informs the orientation of a mixed methods design.

The multiphase design is much more complex than the previously mentioned designs. According to Creswell and Plano Clark (2011), the multiphase design is often used by a team of researchers looking to examine a complex problem or topic through a series of multiple studies. Under this design, many phases of data collection and analysis occur and each phase serves to build on the last by refining and explaining (Subedi, 2016). Many see mixed methods research, and the above-mentioned approaches, as simply a methodology for collecting both quantitative and qualitative data. In reality, it is at the heart of a tension laden epistemological debate that has been occurring for some time.

Epistemologies, Paradigms and Methodologies

According to Creswell (2009), the majority of mixed methods literature is generic and not discipline specific. This means that mixed methods research has largely been discussed in terms of methods and methodology without considering an educational context. Creswell (2009) suggests that taking the disciplinary context into account when contributing to mixed methods research literature will greatly contribute to the approach. In this section, a critical review of the epistemological, paradigmatic, and methodological foundations informing mixed methods research and education are explored.

According to Hesse-Biber (2010), methodology is the "theoretical bridge" that joins the research problem to the research method. Hesse-Biber (2010), also states that there are at least three broad categories of methodologies: (a) interpretive, (b) positivist and post-positivist, and (c) transformative and critical. Researchers who are interested in studying the "lived experiences" of certain people often adopt an interpretative methodology (Hesse-Biber, 2010). Those who are interested in hypothesis testing, establishing causality, or determining the association between variables often use positivist and post-positivist methodologies (Hesse-Biber, 2010). Investigators concerned with issues related to social justice often employ transformative and critical methodologies (Hesse-Biber, 2010). That being said, it is important to note that in some instances these categories may overlap. A researcher using a positivist or interpretivist approach also may be interested in social justice issues. As an example, a researcher may choose to employ a positivist methodology and quantitative data collection method(s) to critique existing policies and practices. If this researcher also did a policy analysis, he or she would also be using interpretive research methods.

While it is important to note that methodological perspectives are not inherently quantitative or qualitative, Greene (2002) points out that the methodological framework of a study has important implications for not only the methods used within it, but the understanding of a particular issue as well. Greene (2002) states that:

> Most…methodologies have preferences for particular methods, but methods gain meaning only from the methodologies that shape and guide their use… An interview does not inherently respect the agency of individual human life; it only does so if guided by and implemented within a methodological framework that advances this stance. So, any discussion of mixing methods… must be a discussion of mixing methodologies, and thus

of the complex epistemological and value-based issues that such an idea invokes. (p. 260).

To sum up Greene's statement, epistemology informs methodology, which informs methods. Therefore, in order for mixed methods research to make sense, one needs to approach the problem from a "mixed epistemology".

Rationale for Mixed Methods Research

As previously discussed, mental health is conceptualized along two main opposing paradigms of modern social scientific thought. In addition, counseling psychology is an amalgamation of two opposing paradigms. Psychology emerged from a primarily functionalist worldview whereas the field of counseling is rooted in interpretivism. Interestingly, the same parallelism is apparent in both quantitative and qualitative approaches. Quantitative research methods have functionalist roots whereas qualitative methods of inquiry emerge from interpretivist ways of knowing the world. In this study, a mixed methods approach made sense theoretically due to the amalgamated conceptual nature of both mental health and the field of counseling psychology.

In addition to a theoretical underpinning that logically leads to a mixed methods approach, there are other reasons why both qualitative and quantitative methods were used in this study. According to Creswell (2003), mixed methods research uses a combination of aspects drawn from both quantitative and qualitative procedures. For example, both quantitative and qualitative methods for collecting and analyzing data are employed. One of the earliest examples of the conscious use of mixed methods research was a study examining the validity of psychological traits, conducted by Campell and Fiske in 1959 (Campell & Fiske, 1959). In this study, Campell and Fiske used a "multimethod matrix" to examine quantitative and qualitative

approaches to data collection. This led other researchers to consciously use qualitative and quantitative methods in a variety of disciplines.

One motivating factor for "mixing methods" is to neutralize biases that are inherent within either approach. In other words, gathering and analyzing data from two theoretically different perspectives can offset limitations within each individual perspective and contribute to convergence and triangulation. In addition, according to Hanson, Creswell, Plano Clark, Petska, and Creswell (2005), the rationales for combining methods goes, "…above and beyond the traditional notion of triangulation… quantitative and qualitative methods could be combined to use results from one method to elaborate on results from the other method (complementarity)..." (p.226). In this study, the use of both qualitative and quantitative methods of data collection and analysis served to gain a deeper understanding of the research problem through the concurrent convergence of both data sets.

While mixed methods research may have several advantages as outlined above, there are also several challenges for the researcher. First, collecting and analyzing both numeric and non-numeric data may be intensive and time consuming (Creswell, 2003). Researchers employing a mixed methods approach need to thoroughly understand both qualitative and quantitative methods of inquiry and analysis. That being said, gathering both qualitative and quantitative data from participants may contribute to a greater contextualization of the information gathered. The benefits and limitations of mixed methods research are discussed in a later section of this chapter. In this study, mixed methods research was chosen for two reasons. First, it respects the mixed epistemologies and mixed paradigms informing the disciplines that provide the context for this research. Second, when employing a new intervention that is somewhat organic and dependent upon the teachers for delivery, it is important to quantitatively measure differences

that may occur among participants before and after the intervention. It is equally as important to gather qualitative information from those responsible for administering the intervention to learn about the conditions under which it was delivered. In the next section, I describe my personal epistemology and ontology and how that fits in to mixed methods research.

Role of the Researcher

In this study, rigorous mixed research methods were followed in order to yield credible and trustworthy data. Given that part of data was collected using qualitative interviewing methods, it was important to outline my values, beliefs, and biases as a researcher. In qualitative research, the instrument of data collection is the researcher so it is important to be honest about one's positionality. Therefore, in this section, I will briefly describe the past personal and professional experiences that have led me to this study.

I grew up in Winnipeg, Manitoba (Canada). I was raised by two parents who both valued education to the highest extent. My father, who is a Professor in Inclusive Special Education at the University of Manitoba, taught me how to read at the age of two which he felt would give me a jump start on my education. I went to a French Immersion elementary and high school. When I was in grade 8, I read a book titled, *The Power of Positive Thinking,* by Norman Vincent Peale and it changed my life. I read the book right before going to grade eight camp with school. During my time at the camp, I employed all the strategies I learned in the book and had a truly wonderful week, and at the end, won a Swiss army knife for being "Camper of the Year". At that moment, I realized that having an internal locus of control along with the right set of skills may potentially help to buffer individuals against a lot of life challenges.

Once I graduated from high school, I went to a French university in Manitoba for my undergraduate degree where I earned a bachelor's degree in psychology. I then began attending

the University of Manitoba where I received a post-baccalaureate degree in education in the area of counseling. In 2015, I earned my master's degree in education in the area of counseling psychology. My masters work was funded through a Social Sciences and Humanities Research Council (SSHRC) scholarship. For my master's thesis, I investigated teachers' perceptions regarding the usefulness, effectiveness, and viability of the proactive integration of counseling strategies into course curricula. In this study, the teachers provided many suggestions for the implantation and use of counseling strategies.

I am currently a Ph.D. candidate in the Faculty of Education at the University of Manitoba funded by a four-year University of Manitoba Graduate Fellowship. My doctoral research is an extension of the work done at the master's level.

In addition to my studies, I am also the Director of the Campus Life program at the University of Manitoba. This award-winning program creates the supports necessary for students who have intellectual, developmental, and multiple disabilities to audit courses at the University of Manitoba. For the past ten years, I have proudly supported many students with disabilities seeking to experience university, receive an education, make valuable social connections, develop useful skills, and improve their lives. This role has provided me with a deeper call to social justice. I believe that everyone deserves a good education and the opportunity to have more good things in life. To this date, I am still passionate about helping people to achieve greater happiness in their lives. My belief is that we may be able to prevent or reduce the impact of many problems' adolescents and young adults experience by equipping them with the proper skills needed to navigate these challenges.

As a researcher, my passion for counseling and my desire to see people live a happy and meaningful life, is a bias that will need on-going monitoring. In addition, I have a personal

preference for the strategies presented in this study, as they are ones that I have used frequently with my own clients and students. Furthermore, I have also engaged in my own regular meditation practice for the past three years. This practice has been beneficial to me and it is my belief that it may be helpful to others. These biases will also require on-going monitoring. I intend to do this through self-awareness and self-reflexivity. During the course of this study, I will keep field memos to monitor my attitudes and actions. My advisor will also have access to my field notes so that my interpretations may be questioned in relation to any possible biases. In addition, I also received approval from the Research Ethics Board to carry out this study. Permission was also sought from school divisions to conduct this study and recruit participants.

Access and Research Site

The following procedure was used during the participant identification and recruitment process. The process outlined below follows the appropriate chain for conducting research within educational settings. In the first section, step-by-step procedures for contacting the superintendent, principals, and teachers are provided. In the second section, step-by-step procedures for identifying and recruiting student participants are explained.

Superintendents, Principals, and Teachers

Permission was first granted by the Education and Nursing Research Ethics Board (ENREB). The ethics proposal was reviewed by two reviewers who then submitted it for full board review. After the changes stipulated by ENREB were made, the study was approved (see Appendix G) four school divisions in Winnipeg were contacted. The superintendent of each listed school division was approached by email and provided with detailed information about the study. In this email, permission to conduct the study within his or her school division was requested. The superintendent also was asked to approach the principals of schools with middle

years classrooms in the division, on behalf of the researcher. Superintendents were asked to email principals with an invitation to forward to the middle years' teachers in his or her school. In addition, permission also was requested from the superintendent and principal to speak to middle years teachers about the possibility of conducting the study with the students of one of their middle years' classrooms.

Interested principals and/or teachers were asked to contact the researcher and request a meeting. A meeting was held for teachers and/or principals at their school. During this meeting details about the study were provided through oral and written communication. After being provided with all of the information, teachers who were interested in conducting this study in their classroom, with their students, were asked to sign an expression of interest form on their way out of the meeting. This form also collected information to determine whether the teacher has a classroom that meets the inclusion/exclusion criteria. The researcher reviewed the forms and selected two classrooms based on who met the inclusion criteria for participants. When two teachers/classrooms were selected for this study, each teacher was contacted and provided with additional written information about the study. More specifically, the written information on the counseling strategies and how to effectively integrate them into course curricula. In addition, the teachers were provided with parental consent forms and student assent forms for each student in their classrooms. No teacher participants were excluded from this study as only two volunteered. They both met the inclusion criteria.

Demographic information about the school and the school community also was collected. The information collected provided contextual information without giving away the school or the school division. The demographic information that was collected included the approximate number of students in the school, the socio-economic status of the school, the number of schools

in the division, and other descriptive information about the community in which the school is located.

Parents and Students

Thirty-five parents and students from two separate classrooms, were asked to sign the consent/assent forms and return them within a specified period of time (one week) to the classroom teacher. There were two classroom teachers involved in this study. As previously mentioned, demographic information about the participants also was collected from parents in the parental consent form. Within the context of the parental consent forms and student assent forms, parents and/or students were invited to a joint information session held at the school. This information session was scheduled at a time and location within the school with the help of the classroom teachers and principal**.**

Any student within a classroom who did not assent and/or did not have parental consent to participate in this study did not have their data collected. Participation in this study required both student assent and parental consent. Students within a classroom who did not assent (and/or did not have parental consent) still took part in the instructional component of the study and were exposed to the counseling strategies. However, they did not take part in the Resiliency Scales for Children and Adolescents (RSCA).

Once consent/assent was received from both parents and students, the study was held over one and a half months. Data were collected in February 2020 and March 2020. Demographic information about the school and the school community also was collected. The information collected provided contextual information without giving away the school or the school division. The demographic information that was collected includes the approximate number of students in the school, the socio-economic characteristics of the school catchment

area, the number of schools in the division, and other descriptive information about the community in which the school is located. In addition, demographic information (e.g., gender, age, grade, ethnicity, academic success – ranked by bottom third, middle third, top third; social skills – bottom third, middle third, top third) about the participants was collected from their parents in the parental consent form.

Research Site

This research was conducted in a kindergarten to grade 8 school located in a middle-class suburban community. The outside appearance of the school was very clean. Some of the students in this study were patrollers and were kind and welcoming as they aided me in safely crossing the street. The school played a hybrid English/French version of O' Canada each morning. The interior of the school was also very clean and the walls had bulletin boards adorned with student art and projects.

While the entire school was not explored, it appeared to be laid out in a circle, with the library located in the middle and classrooms across the hall all the way around. The students appeared to be kind and helpful to one another. In fact, a student who was in an older grade assisted me in finding the staff bathroom. On my way to the bathroom, music could be heard from the music classroom located nearby. Sometimes students with disabilities were seen working with educational assistants both in and right outside of the classroom or exercising on a bike in the hallways.

The room that the RSCA and teacher interviews were conducted in was a private space near both classrooms. It was a daycare room that was used afterschool but not in use during the day. A work space was set up in the corner of the room with a chair for students to sit in while they completed the RSCA. The seating was arranged so that it faced a plainly painted cupboard

to avoid distractions. The teachers were also interviewed in that same location of the daycare room.

In this study, classroom observations were not conducted. This was due to the fact that it was important for teachers to implement the intervention without feeling they were being judged or evaluated. That being said, some observations were made when standing in the doorway and calling students to complete the RSCA. For one, in Classroom A, each student had his or her own desk and there was a flexible seating plans for students which seemed to change often. A few different seating arrangements were observed. Classroom A also appeared to be more structured when lessons were being taught. Classroom B on the other hand, had circular tables and what appeared to be more open learning environment. Both classrooms had student projects posted on walls and white boards at the front of the class. Both teachers had their own desks or work space located in a corner of the classroom.

Participants

The sample for this study consisted of 35 students (N=35) distributed between two classrooms and two classroom teachers (N=2). In this study, two classrooms were selected mainly for the purposes of redundancy. In addition, having two classrooms also increases the power of the quantitative statistics (because the number of participants is greater) as well as allows for greater insight into the teachers experiences with the intervention.

The classrooms were selected purposefully to meet the following criteria.

(a) represent both genders

(b) represent a diverse population

(c) in middle years' education (i.e., grades 5, 6, 7, or 8)

(d) between the ages of 9 and 15

(e) in one or more Manitoban public schools

The classrooms that were excluded for consideration in this study were (a) ones that are in rural or isolated settings (e.g., outside of Winnipeg), (b) ones that are in a private school, (c), where the classroom population exceeds 35 students, and (d) where the classroom population is less than 15 students.

Student Participants

The student participants in this study were in two combined grade 5 and 6 classrooms. The age range of student participants was between ten and twelve years old. There were 19 boys and 16 girls. Eight percent of the parents identified their children's' academic success as "below average". Seventy percent of parents identified their children's' academic success as "average". Twenty-two percent of parents identified their children's' academic success as "above-average". Eight percent of the parents identified their children's' social skills as "below average". Sixty-two percent of parents identified their children's' social skills as "average". Thirty percent of parents identified their children's' social skills as "above-average". When the parents were asked about their child's ethnicity, 8 did not identify, 10 identified their child as Caucasian or white, 4 identified as Asian, 2 identified as African, 1 identified as European decent, 1 identified as Latin, 1 identified as indigenous, 6 identified as mixed ethnicity, 1 identified as Pakistani, and 2 identified as Canadian. Upon conducting the RSCA, I observed multiple diverse heritages represented in both classrooms however, and exact picture was obscured by the fact 8 parents did not report.

Potential Risks and Benefits to Participants

There were at least three potential risks for participants in this study. The first possible risk was that a student may indirectly or directly reveal some aspect of his or her life that

requires intervention, reporting, or referral. While this event was unlikely, a protocol for sending the student to the school counselor was outlined in the event that a referral was necessary. A list of counseling resources was also provided to both the student and his or her parents in the consent letter. The researcher, who holds a Master's degree in Education in the area of counseling psychology, was also prepared to assist a student in immediate circumstances and provide transition to a trained school's counselor should this need have emerged.

A second possible risk was that students may miss class for a short duration (approximately 15 minutes) to complete the Resiliency Scales for Children and Adolescents (RSCA. In order to mitigate this risk, data collection was scheduled with the classroom teacher during times that were the least disruptive to students (and teachers). In the recruitment letter that was sent to the superintendents, principals, and teachers, a detailed list of all the data collection activities, including the duration of these activities and location, was provided.

A third possible risk was that the embedding of the counseling strategies into regular curriculum may somehow undermine students' understanding of the curricular objectives. However, it was also possible that students gained skills to better cope with their lives and gain a deeper understanding of the curriculum.

In addition to the possible risks outlined in this section, there were also several benefits for the participants. The first benefit was that students learned new strategies and perspectives within an educational context. It was hoped that these strategies increased student emotional and psychological resiliency and social emotional learning.

A second possible benefit for participants was that the strategies learned in the context of this study may also positively affect them in other areas such as academics, athletics, music, art,

and health. For example, students may use the scaling sheet to set goals and outline the steps to accomplish them in contexts other than the ones in this study.

A third possible benefit was that having a more personal and social emotional route into the traditional curriculum may make it more engaging, interesting, memorable and better understood.

Instruments and Data Collection

In this study, a multiphase explanatory pre-test post-test approach was employed. The term "explanatory" refers to the quantitative data being collected first followed by a round of qualitative data collection. The term "multiphase" refers to the two phases of data collection in which the quantitative data was collected. In this mixed methods study, quantitative data were collected from student participants using the results from the Resiliency Scales for Children and Adolescents (RSCA). The RSCA is an instrument that measures the personal attributes of children and adolescents that are necessary for resiliency (Prince-Embury, 2007). The RSCA consists of three self-report scales: (a) the Sense of Mastery scale (MAS), the Sense of Relatedness scale (REL), and the Emotional Reactivity scale (REA). All three of these scales are presented individually in a 2-bage booklet. Each scale is a 5-point Likert-style questionnaire. The MAS consists of 20 items along three subscales, which are optimism, self-efficacy, and dependency. The REL consists of 24 items across four subscales, which are trust, support, comfort, and tolerance. The REA has 20 items across three subscales, which are sensitivity, recovery, and impairment. According to Prince-Embury (2007), the RSCA and associated subscales have moderate to high Cronbach's alpha coefficients for standardized samples of children and adolescents which indicates a strong level of internal consistency and is considered to have strong convergent and discriminant validity (Prince-Embry, 2007). According to Prince-

Embry (2007), each scale takes approximately five to eight minutes to administer. The total administration time for this combination inventory is estimated to be around fifteen to twenty minutes. A copy of the RSCA can be found in Appendix E. According to Prince-Embry (2007), additional time may be required if the youth has special needs. Permission to use this inventory was obtained.

Qualitative data were collected from teacher participants using semi-structured, open-ended interviews. During qualitative data-collection, teacher participants were asked open-ended interview questions that addressed the perceptions and attitudes of teachers regarding mental health and wellness after the integration of counseling strategies into course curricula. Questions were also asked on their experiences with regards to the implementation of the pro-active integrated counseling strategy intervention. During the data collection, which took place during the second phase of data collection, teachers were asked about their overall experiences with the intervention, difficulties and successes they encountered, their attitudes around each specific strategy, their perceptions on the use of strategies with different types of students, and their experiences with integrating the strategies into curriculum. The teacher interviews were digitally audio-taped and then transcribed.

Data were also collected from teachers in the form of daily report logs. Teachers were asked to submit, through email, a daily report that touched on what strategies were used that day, how it was used, for how long, and if any problems or successes were encountered. This allowed the researcher to ensure fidelity of the intervention and provide support on-going and immediate support to teachers. In addition, it also served as a data collection instrument in which information was collected on what strategies were being used and in what context and the duration of the activities.

While the middle years' curriculum (with integrated counseling strategies) is not a data collection instrument, it is important to procedurally describe this intervention. This intervention consisted of three counseling strategies: (a) cognitive reframing, (b) mindfulness-based stress reduction, and (c) scaling to be integrated into one unit of the middle years' curriculum. In clinical counseling and psychotherapy, there are a number of strategies used to treat clients who are seeking support for a presenting problem. These three strategies were selected based on the literature, reviewing protective and resiliency factors, as ones that may be particularly effective for integration into course curricula, proactive use, and towards increasing adolescent resiliency and protection. A detailed description of each of these counseling strategies was provided to teachers in the form of a handout (see Appendix E). In order for the middle years classroom teacher to effectively integrate these counseling strategies into one unit of curriculum, several examples were provided for reference (please Appendices B, C, and D) in the form of handouts. Principles for supporting the use of these counseling strategies in the classroom also were provided (Appendix E). In addition, a user-friendly curriculum style document for middle years teachers was provided as a handout (see Appendix A)**.** This information took approximately, thirty minutes to an hour to review. Teachers also underwent a half-day training workshop in which they were exposed to the strategies before and after adaptation. During the workshop, teachers were provided with several scenarios from different units of middle years' curriculum and invited to come up with ideas for how the adapted counseling strategies may be used in various contexts. Teachers were also led through activities where they were asked to generate ideas of their own. In addition to this training and these documents, the researcher was be available to speak to the teacher by phone, in person, through text message, or via email every single day during the month that the intervention is being implemented. The purpose of these

various supports was to ensure that teachers had all the information and resources needed to successfully integrate the three counseling strategies into curriculum. In order to help ensure the fidelity of the integrated curriculum, teachers were asked to fill out a short form each day. This form asked the teacher to check off the strategies that were used on that day. There was also a space for the teacher to describe how they were used. The teacher was also asked to indicate any problems or successes he or she had when using the strategies that day. The form was emailed to the teacher who then filled it out and return it via email each day. The completion time for this form (and to email it) was around five minutes.

Data Management and Analysis

In this study, a multiphase explanatory mixed methods approach was employed. At each phase, quantitative data was collected first using the Resiliency Scales for Children and Adolescents (RSCA). Qualitative data was collected from teacher participants through open-ended interviews.

The quantitative data collection procedure took place at two phases of this study. The first phase of student data collection took place prior to the intervention (in this case, the curriculum integrated with counseling strategies) and the second phase occurred after students have been exposed to the integrated curriculum. The qualitative data was collected from teacher participants after the intervention period. Qualitative and quantitative data were given the same weight. In this study, both types of data were used to confirm, cross-validate, and corroborate findings pre-intervention and post-intervention (Creswell, 2003). According to Creswell (2003), this model of mixed methods research may result in more substantiated findings than under one method alone.

Quantitative Data

Parametric and basic descriptive statistics were used to analyze the quantitative data. A paired samples t-test was used to compare Classroom A and Classroom B prior to being exposed (pre-test) to the new integrated curriculum and afterwards (post-test).

Null hypothesis. The null hypothesis, that there will be no difference between the groups, will be tested using a two-tailed paired samples t-test.

Statistical test. Classroom A: N=18; Classroom B: N=17. A=.05. This test was selected because the data is collected from two related samples (i.e., Classroom A and B before they were exposed to the new integrated curriculum and Classroom A and B after they were exposed to the new integrated curriculum).

Data Analysis Integration

Quantitative and qualitative data are reported separately then merged together in a discussion section of this dissertation. In Chapter 4, quantitative results are reported first followed by a report of the qualitative findings. In chapter 5, the results and findings are merged together. Results of the paired samples t-test contribute to the discussion on the effects of the new integrated curriculum on students' mental health. The paired samples t-test was selected because pre and post observations are being conducted on the same set of subjects.
In repeated measure designs each subject acts as his or her own control and therefore, individual errors are partialled out. (Price, 2000). According to Price (2000):

> Repeated measures designs have the especially important advantage of being more *powerful*. Each person is used as his or her own control and so individual differences can be partialled out of the error term. We thus get a smaller error term and

consequently a larger t-value. By using a repeated measure design, we can often get away with a smaller number of subjects in our study.

In addition, the test is more conservative because it is by design a two-tailed test. This test also allows for smaller sample sizes.

Qualitative Data

Data from teacher open-ended interviews was collected and analyzed to support the identification of emerging themes. Transcribed data was shared and checked with teacher participants to ensure that the information accurately reflects their intentions (i.e., member checking). Each teacher was emailed a copy of his or her transcripts from the think-aloud interview. Teacher participants had one week to review the transcript and submit changes. In the event teacher participants did not respond, it was be assumed that they are satisfied with the transcript as is.

The information collected from teacher participants in this study was used to inform the data analysis and interpretation in this research. Qualitative data was collected from teachers after they had been exposed to and delivered the new integrated curriculum (i.e., intervention). The data was thoroughly read and reread. Thick description and exact quotes were used during analysis to ensure transferability. In addition to descriptive accounts, explanatory accounts, including the methods of analysis and interpretation used to account for patterns in the data is provided.

The raw data was coded into areas to identify emergent themes. The first level of coding that was used in this study is 'topical' situational coding, described by Bogdan and Biklen (2007) as "…data that tells you how the subjects define the… particular topics". A more detailed analysis of each topic, and the relationships between them, involved a second level of coding

designed to reveal the perspectives held by the participants. Bogdan and Biklen (2007) describe "perspectives held by subjects" coding as "…orientations toward particular aspects of a [topic]". Strategy coding was used at this level. Strategy codes refer to "…the tactics, methods, techniques, maneuvers, ploys, and other conscious ways people accomplish various things". Colors and symbols were used to group and cross reference the raw data in the coding process. The final level of coding consisted of a highly analytical and interpretive process in which emergent themes that were related to the theoretical constructs and professional practices discussed in the literature review. Topics for future research and or changes in professional practice are suggested.

In addition, demographic information was obtained and kept in field notes. Demographic information collected included but was not limited to: (a) description of school, (b) description of community school is located in, and (c) socio-economic description. Furthermore, throughout the study, contextual memos were collected on a frequent basis.

The Benefits and Limitations of Mixed Methods Research

In this section, benefits and limitations of mixed methods research are discussed. In this same context, issues inherent with this approach are provided. The benefits mixed methods research in educational settings also are provided.

Benefits of Mixed Methods Research

There are several benefits of mixed methods research. One benefit of "mixing methods" is to neutralize biases that are inherent within either approach. To further explain, it is possible that gathering and analyzing data from two theoretically different approaches offsets the limitations within each approach contributing to convergence and triangulation (Creswell & Plano Clark, 2011). According to Hanson, Creswell, Plano Clark, Petska, and Creswell (2005), combining

quantitative and qualitative approaches goes a step further that the traditional notion of triangulation. In qualitative research, triangulation refers to the use of more than one method of data collection. According to Bogdan and Biklen (2007), triangulation facilitates validity through cross-verification. In mixed methods research, this concept is taken a step further as quantitative and qualitative methodologies are used throughout the entire study. For example, when a problem is considered through both a quantitative and a qualitative lens, it is likely that this may lead to a more comprehensive understanding of the problem. During data collection, the use of both quantitative and qualitative methods serves to validate and complement one another (Hanson et al., 2005). The use of quantitative and qualitative methods during data analysis provides a deeper understanding of the research problem through the convergence of both data sets.

A second advantage of mixed methods research is that it forces researchers to see people and not just data. Often times, in quantitative research, subjects are reduced to data, statistical associations and relationships, and hypotheses and inferences. Through mixed methods, numerical data in some ways, becomes more meaningful as it now belongs to a participant rather than something extracted from a subject.

Another advantage is that researchers are able to present findings using both numerical and non-numerical data. This may be beneficial for at least two reasons. The first reason is that the use of both numbers and words to communicate findings may be appealing to both quantitative and qualitative researchers. The second reason is that the researcher is able present a more complete picture by using two different data sets acquired from two different methods. In addition to the above-mentioned benefits, there also are advantages of mixed methods research that are specific to educational settings. This approach allows us to understand better what the numerical data

means. For example, we might gain more insight into what each point on a Likert scale means and what they mean in comparison to each other.

Benefits of Mixed Methods Research in Educational Settings

There are several reasons for using mixed methods in educational research. The first reason is that researchers may wish to have a more comprehensive understanding of a particular problem. Exploring the problem through multiple perspectives may help researchers to gain additional insights into issues that may not have been fully understood using one methodology alone. As previously mentioned, due to the mixed epistemological and paradigmatic nature of the field of education, it is quite conceivable that complex research questions emerge and require more than one methodological lens.

A second reason for employing mixed methods in educational research is to contextualize information. Researchers in education may feel that numerical data requires qualitative contextualization in order for inferences to be drawn. To illustrate this point, consider a researcher who is investigating the use of executive function strategies on student performance. The researcher may find that a mixed methods research design may help to contextualize quantitative data. In this case, qualitative data may be collected to better understand students' metacognition when using the executive functioning strategies and quantitative data may be collected to determine if there is any association between the frequency of strategy use and academic performance. It is possible that in this example study, the researcher may gather some valuable data on self-perceptions and self-monitoring as it relates to executive function strategy use and any quantitative associations between strategy use and academic performance. As a second example, consider a researcher who is investigating the fidelity of implementation of RTI, in supporting students at the tier three level. The researcher may find that collecting

quantitative data on student performance, along with qualitative information regarding how the student, teachers, parents, and other team members may feel about the quality of services and effectiveness of the intervention, to be useful. In this case, it is likely that a mixed methods approach will produce a deeper and more comprehensive understanding of the fidelity of implementation and success of the outcomes.

A third reason for using mixed methods to conduct research in educational settings is to develop a more complete understanding of a complex educational problem through the convergence of quantitative and qualitative information. For example, according to Ponce and Pagán-Maldonadol (2015), there are complex social relationships that occur within educational settings, and while this cultural phenomenon impacts the education and learning process, there also are natural phenomena that are contributive as well. For example, educational policy, teaching methods and practices, and the behaviors of educators also mediates student learning (Ponce & Pagán-Maldonadol, 2015).

Limitations of Mixed Methods Research

In this section, the limitations of mixed methods research in educational settings are explored. The first limitation is that researchers who are interested in adopting a mixed methods design must be proficient in both quantitative and qualitative methods of inquiry and analysis (Creswell & Plano Clark, 2011). Since the researcher will be collecting and analyzing both numerical and non-numerical data, it is important that he or she is skilled at handling both. According to Hesse-Biber (2010), one mistake that occurs is when a researcher, who is proficient in one methodology (i.e., either quantitative or qualitative) but not the other, adopts a mixed methodology and ends up conducting the study as if it were done in the methodology he or she is proficient in, and simply adding in a quantitative or qualitative component. According to Hesse-

Biber (2010), this may occur when researchers are funded to run a mixed-methods study, and rather than admit they are not proficient in a particular area, they retrofit in a quantitative or qualitative component without consideration to the theoretical implications and the research design. This problem also may occur among graduate student researchers who are looking to demonstrate knowledge of both quantitative and qualitative approaches without theoretical purpose. In this study, I have taken these critiques into account by looking not just at mixed methods in terms of data collection and analysis but also by looking at it at the epistemological, paradigmatic, and methodological levels. As mentioned earlier, counseling psychology is informed by both functionalist and interpretivist paradigms of modern social scientific thought. This tension makes it reasonable that one would design a mixed methods study from the outset.

A second limitation is that it may be time consuming. According to Bogdan and Biklan (2007), one downside to qualitative research is that it can be laborious to collect, transcribe, code and analyze data. In mixed methods research, investigators must collect both qualitative and quantitative data resulting in two sets of data to work with. This may require an extensive amount of time. Furthermore, researchers also have to synthesis and converge the data sets together, which can be difficult. However, the extra time and effort may be well worth it in terms of the richness and significance of the findings.

A third limitation of mixed methods research is that presenting and publishing findings may be difficult for those who are unfamiliar with mixed methodological implications. Researchers using mixed methods need to be able to clearly outline procedures, methods, and findings. In this study, every effort will be made to clearly and exhaustively outline the study so that replication and judgments about transferability by others is possible.

A fourth limitation is the management of conflicting data. During interpretation, discrepancies between data sets may emerge. This may cause additional implications for the convergence of data. Researchers using mixed methods need to have a plan for addressing this issue should it arise. For example, discrepancies or contradictions between data sets may lead to new research questions. In addition to these limitations, there also are disadvantages that may apply specifically to mixed methods research in education.

While there are some limitations of mixed methods research that need to be considered, it is the opinion of the researcher that the benefits far outweigh the limitations. While additional time was required for data collection and analysis the findings and results provide a more complete picture of the successes and challenges of the intervention.

CHAPTER 4 – RESULTS AND FINDINGS

In this chapter, the quantitative and qualitative data of this study are presented. In the first section of this chapter, the quantitative results of the paired samples t-test are provided. In the second section of this chapter, the qualitative findings from the teacher interviews, field notes, and daily report logs are presented as emergent themes.

Results: Quantitative Data

In this section, the results of Classrooms A and B are provided. The results of the Resiliency Scale for Children and Adolescents (RSCA) as measured by the paired samples t-test are presented first with both classrooms combined. When the two classrooms were combined the assumptions of normality pre and post were met, meeting the requirements for a paired samples t-test. Results from a subsequent post-hoc analysis for each classroom are also provided. The RSCA provides two sets of scores along resource and vulnerability indexes. According to Prince-Embury (2007), the resource index measures "core dimensions" of resiliency. In other words, positive strengths and the interaction between the student's behavior and his or her environment are measured by the resource index. The vulnerability index measures the student's perceptions of his or her personal resources as well as their experience with emotional reactivity (Prince-Embury, 2007). The purpose of the quantitative data was to determine if there was a difference between students' resiliency scales scores before and after exposure to the new integrated curriculum.

Classrooms A and B Combined

Student participants (N=35) completed the RSCA prior to the one-month intervention period. The RSCA was administered to the same students a second time after the intervention period. The mean pre-test resource score for all student participants was 51.94 (range: ≤ 40=low,

40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high). Therefore, the combined classroom pre-test mean was average. The mean post-test resource score for all student participants was 54.71 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high). The combined classroom post-test mean is above-average although just barely so. Higher scores are associated with higher levels of resiliency.

The mean pre-test vulnerability score for all student participants was 47.00 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high). Once again in the average category. The mean post-test vulnerability score for all student participants was 44.31 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high). The participants moved from average vulnerability to below average vulnerability. The vulnerability index is reversed meaning that lower scores are associated with less vulnerability.

Results of the paired samples t-test (see Table 1) for Classroom A and B combined revealed that there is a statistically significant difference between groups resource scores before and after the intervention period as determined by the paired samples t-test (p=.018). The confidence interval was -5.04 to -.503.

Table 1. Resource: Classrooms A and B combined

Paired Samples Test

		Paired Differences			t	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean		
Pair 1	RES SCORE PRE - RES SCORE POST	-2.771	6.603	1.116	-2.483	.018

Results of the paired samples t-test (see Table 2) for Classroom A and B combined revealed that there is a statistically significant difference between groups vulnerability scores before and after the intervention period as determined by the paired samples t-test (p=.012). The confidence interval was .62 to 4.75.

Table 2. Vulnerability: Classrooms A and B combined

Paired Samples Test

		Paired Differences			t	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean		
Pair 1	VUL SCORE PRE - VUL SCORE POST	2.686	6.018	1.017	2.640	.012

Since results from the combined classrooms were statistically significant. A post-hoc analysis was done to examine each classroom separately.

Classroom A

Student participants from Classroom A (N=18) completed the RSCA prior to the one-month intervention period. The RSCA was administered to the same Classroom A students a second time after the intervention period. The mean pre-test resource score for Classroom A participants was 53.39 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high). This mean is average. The mean post-test resource score for all student participants was 56.50 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high) or above-average. Higher scores on this scale are associated with higher levels of resiliency.

The mean pre-test vulnerability score for Classroom A student participants was 45.11 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high) or

average. The mean post-test vulnerability score for Classroom A student participants was 41.94 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high) indicating below average vulnerability. The vulnerability index is reversed meaning that lower scores are associated with less vulnerability.

Results of the paired samples t-test (see Table 3) for Classroom A revealed that there is a statistically significant difference between groups resource scores before and after the intervention period as determined by the paired samples t-test (p=.035). The confidence interval was .25 to 5.98.

Table 3. Resource Classroom A

Paired Samples Test

		Paired Differences			t	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean		
Pair 1	RES SCORE POST - RES SCORE PRE	3.111	5.759	1.357	2.292	.035

Results of the paired samples t-test (see Table 4) for Classroom A revealed that there is a statistically significant difference between groups vulnerability scores before and after the intervention period as determined by the paired samples t-test (p=.018). The confidence interval was .62 to 5.72.

Table 4. Vulnerability Classroom A

Paired Samples Test

		Paired Differences			t	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean		
Pair 1	VUL SCORE PRE - VUL SCORE POST	3.167	5.125	1.208	2.622	.018

Classroom B

Student participants from Classroom B (N=17) completed the RSCA prior to the one-month intervention period. The RSCA was administered to the same Classroom B students a second time after the intervention period. The mean pre-test resource score for Classroom B participants was 50.41 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high). While this number is higher it still falls within the average category. The mean post-test resource score for all student participants was 52.82 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high) – also average. Higher scores are associated with higher levels of resiliency.

The mean pre-test vulnerability score for Classroom B student participants was 49.00 (range: ≤ 40=low, 40-44=below average, 45-54=average, 55-59=above average, ≥ 60=high) or average. The mean post-test vulnerability score for Classroom B student participants was 46.82 (range: ≤ 40=low, 40-41=below average, 45-54=average, 55-59=above average, ≥ 60=high). While this number is lower it still falls within the average category. The vulnerability index is reversed meaning that lower scores are associated with less vulnerability.

Results of the paired samples t-test (see Table 5) for Classroom B found no statistically significant difference between groups resource scores before and after the intervention period as determined by the paired samples t-test (p=.207). The confidence interval was -6.30 to 1.48.

Table 5. Resource Classroom B

Paired Samples Test

		Paired Differences			t	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean		
Pair 1	RES SCORE PRE - RES SCORE POST	-2.412	7.559	1.833	-1.316	.207

Results of the paired samples t-test (see Table 6) for Classroom B found no statistically significant difference between groups vulnerability scores before and after the intervention period as determined by the paired samples t-test (p=.22). The confidence interval was -1.41 to 5.76.

Table 6. Vulnerability Classroom B

Paired Samples Test

		Paired Differences			t	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean		
Pair 1	VUL SCORE PRE - VUL SCORE POST	2.176	6.966	1.690	1.288	.216

When both classrooms A and B were combined, results of the paired samples t-test were statistically significant. Further post-hoc analyses revealed statistically significant results in resource and vulnerability scores in Classroom A. While the direction of those findings was the same in classroom B, it was not enough to yield statistically significant results or shift the students from one category to another (as happened in classroom A). The qualitative findings below provide some insight on why that may have been.

Findings: Qualitative Data

In this section, each of the seven themes (as well as the sub-themes) that emerged from the data are described and supported through exact quotes and details from the data. The qualitative data was primarily collected from two teacher participants. Another data source that informed the analysis below were the teacher daily report logs. Data from teacher open-ended interviews was collected and analyzed to support the identification of emerging themes. Raw data was coded and sorted into emergent themes and sub-themes. Transcribed data was shared and checked with teacher participants to ensure trustworthiness and that the information

accurately reflected their intentions (i.e., member checking). The themes that emerged were: (a) authenticity, (b) formal support, (c) student engagement and buy-in, (d) time, (e) scaling as a classroom wide activity, (f) broad applicability of strategies to subject areas and students, and (g) everyday challenges. The purpose of the qualitative data collection was to learn about the perceptions and attitudes of teachers regarding mental health and wellness after the integration of counseling strategies into course curricula. Table 7 outlines the themes and sub-themes of the qualitative findings.

Theme One: Authenticity

The data revealed that teacher participants felt that authenticity was an important factor when it came to the delivering the intervention and more specifically in relation to the cognitive reframing (renamed by teachers and students as kindful thinking) and mindfulness strategies. In other words, strategy use for these two strategies was more successful when they were delivered using real life situations or were able to be connected with real life applications. This theme was brought up by both teacher participants several times throughout the interview and there were two sub-themes that emerged: (a) teachable moments and (b) real-life situations and real-life applications.

Teachable moments. Both teacher participants said that cognitive reframing worked best when authentic teachable moments came up and they were able to use that as an opportunity to teach and reinforce the use of that strategy. Both teachers identified several examples teachable moments that emerged throughout the intervention stage in which they were able to recognize the teachable moment, use that as an opportunity teach the use of cognitive reframing, and support students their use of the strategy. For example, Teacher A said, "…there were a few times when we were reading our novel study that in one of the passages the kid would say

Table 7. Qualitative Themes and Sub-Themes

	Sub-themes
Theme 1: Authenticity	Teachable moments
	Real-life situations and real-life applications
Theme 2: Formal support	Formal lessons and counsellor support
	Teacher prompting and support
	Directive Activities
Theme 3: Student enjoyment and buy-in	Environment
	Increased focus and calmness
	transitions and tests
	Increased peer support
Theme 4: Time	Processing
	Repeated exposure
	Time spent by teachers on activities
Theme 5: Classroom wide scaling	Map/direction for classroom goals
	Challenges with use
Theme 6: Broad applicability	Across subject areas
	Across students
Theme 7: Everyday challenges	Ease of implementation
	Everyday challenges

something and it was like okay this is an example of this and we could build on it from there…so it worked better when the kids were just in the moment…". Teacher B also agreed that cognitive reframing seemed more authentic and genuine when teachable moments emerged as using that as an opportunity to bring it up rather than trying to force it. For example, Teacher B stated that, "…[cognitive reframing] is a great strategy, but I think that you have to find those perfect moments to use it… Kind thinking is super important… but again I think it has to be authentic and you have to bring it up in authentic situations because then otherwise it's like a joke, why would I buy into this. Than if it was an actually read – oh you can actually do this oh I see…".

Teacher A also described a teachable moment that emerged when reading a book with her class called *City of Embers.* Teacher A provided an example of how a teachable moment emerged while reading this book aloud with students and how they were able to integrate cognitive reframing into the lesson:

> So at the beginning [of the book], cause we just started it, they're getting their jobs and like Doon and Lina who are the main characters are super mad because of the jobs they get, they are just like super disappointed - like negative talk like 'this is going to suck, I don't what this job' and then Doon went to his job and he like thought that based on what he was able to do already he would just know what to do and fix their whole city and find the solution but he couldn't so then he was like, "I'm so stupid, why would anyone have thought that" so it was all those negative thoughts that they had written on the board before so it was like guys! And they were like oh my god the characters are doing that – so they saw the connection even before and I didn't even have to tell them so then we were like okay what could they have thought of and they came up with ideas like this is a tougher problem than I thought or I'm going to have to keep working at it. And I didn't have to prompt them for anything they just came up with that on their own. But you know, I couldn't plan for that, you know, well I've read the book multiple times but you don't remember exactly like… oh on page 7 this happened. So, it was more just like in the moment…

Both teacher participants in this study felt that looking for opportunities or teachable moments to come up during the course of the day was helpful in terms of implementing the cognitive reframing strategy. They also felt that using cognitive reframing and mindfulness in real-life situations and real-life applications was beneficial.

Real life situations and real-life applications. During the interviews with Teacher A and Teacher B, they expressed that the strategies were highly beneficial when used when used in real life situations or had real life applicability. While, part of this insight had to do with the everyday challenges of being a teacher (which is another emergent theme that will be discussed later on in this section); there was also the notion that these strategies were useful in real life moments when students were working their way through something or during times when refocusing and resettling was needed.

Teacher B stated that while kindful thinking can be planned out and used with students some of the more impressive results she saw were when students would use it in real life situations with their peers. For example, Teacher B reported that, "…I did find that with kindful thinking the kids would just bring it up if they heard other kids saying negative things about themselves they would be like 'you need to say kinder things to yourself, you need to do kindful thinking, you'll get it next time.' So that in of itself was more authentic as it happened when it happened cause I tried to plan to talk about those things but I found that this happened more organically in the classroom… it was interesting to see that yah we did talk about it but they brought it up in real life situations with their classmates." Teacher A also experienced similar results. Teacher A said that, "I heard kids referring back to it often. Talking about you need to be kind to yourself, it's okay you will get it next time. Like I could hear those kinds of conversations happening between kids even when we weren't doing and activity around that. So I could see that carry throughout the day and what they learned they would use in other areas." Teacher A also discussed how kindful thinking was being used in real life situations with students. Teacher A reported that, "So with the kindful thinking it was just nice to see that it carried through – throughout their day with their peers and you see them encouraging each other

and just see them being more kind to one another in the classroom in general so that was nice."

In addition to real life situations, there were also real-life applications that proved to be beneficial for students and teachers. More specifically with regards to the mindfulness strategy and transitions. Both teachers reported that transition times were generally difficult for students and by extension, teachers as well. Both teacher participants reported that the mindfulness strategy was effective at helping students to manage these transitions. For example, Teacher B stated that, "I am going to continue to do the mindfulness activities because I find them great for transition times. Or if you find the activity you are doing is getting them too… like they are not focused then it brings them back down to focus. So, I was pleasantly surprised…" Teacher A also agreed that mindfulness was easy to implement and effective during transition times. Teacher A said that, "Like mindfulness or body scans you can almost throw in anywhere….so there is always a time like when they are coming back from recess or lunch to resettle or just before a test or a transition between one subject to another..."

While in this study, both teacher participants felt that authenticity and genuineness was a key element in strategy delivery and use. They also reported that receiving and providing formal support to students with regards to strategy use was important especially when kindful thinking was concerned.

Theme Two: Formal Support

The qualitative data revealed that teachers felt that formal supports were a key factor in terms of strategy implementation and usage. This was particularly true in the case of cognitive reframing. During the training workshop that occurred prior to the intervention period, teachers had indicated that they were familiar with mindfulness as it is a "buzzword" right now and already being used in schools across Canada although it was not being used at their school. They

also indicated that scaling shared several similarities with goal setting so both teachers felt fairly comfortable with these two strategies. Cognitive reframing, on the other hand, was not something they had seen before and as teachers felt that they required more support to implement this strategy effectively. The teacher also felt that students required more support to understand and use this strategy and for this reason, the school's counselor was brought in to do one or two formal lessons with the students. They also felt that students needed some direction, prompting, and support when it came to using strategies such as cognitive reframing or mindfulness. The subthemes in this section are: (a) formal lessons and counselor support, (b) teacher prompting and support and (c) directive activities.

Formal lessons and counselor support. During the training session that occurred prior to the onset of the intervention, both of the teacher participants and the school's counselor decided that students required a formal teaching session for kindful thinking before they could integrate the strategy into the curriculum. Teacher A reported that, "Initially, [Teacher B and the school counselor] and I were talking when we were at the table (during the training workshop) and decided that that one definitely needed formal teaching before it could be integrated. It really felt like the kids are going to need to know what this means. They are going to need to hear examples, and go through them and personalize it before they can apply it to anything." Teacher B also had a similar statement and stated that, "So early on in that first week [of the intervention], we got the school counselor to come in and do a quick lesson so the kids understood what their thinking process was and how the point of this was to change that like so that we are more kind to ourselves… I think it had to happen for them to understand to be aware of their own thinking in other situations." When Teacher B was asked to explore this more deeply Teacher B also commented that, "… the kids hadn't thought about this kind of stuff

before. They hadn't thought about their own thinking and some of the negative stuff they might say to themselves and how they could turn it around and be more positive…". Teacher B also gave some examples of how the school counselor was able to help students understand the concepts using kid friendly language. For example, the school's counselor used the phrase "stinkin' thinkin" when teaching students about the cognitive distortions that emerge in our thinking patterns. According to Teacher B, these kid friendly terms made the ideas more approachable and as a result "stuck with them".

While formal counseling support was beneficial in terms of helping students to understand the concepts around cognitive reframing, one teacher found that having formal support was helpful in a different way. Teacher A reported that during the first of two formal kindful thinking lessons provided by the school's counselor, some shocking comments came from some of the students in the classroom. Teacher B stated that:

> When we did the kind thinking original lesson, it was actually kind of terrifying to hear what the kids had been thinking in their heads and even the school counselor said that between the two classes it was extremely different. Like in Teacher's B classroom it was more comments like, "I'm not good at this, and I suck at math" whereas my kids were like, "everyone hates me in the world", "the worlds going to kill me", "I'm going to die", like mine was just a complete extreme negative… It was terrifying and at the end of the class the school counselor and I just looked at teacher other and were like, "that was terrifying" Like these are 10- and 11-year old kids.

Teacher A and the school's counselor were both quite shocked at some of the comments being said by students in Classroom A so having someone who has formal counseling training to

address and counsel students through more extreme statements such as the ones outlined here is important.

The teachers in this study as well as the school's counselor both felt that formal training and counselor support was a necessary step that needed to occur prior to the integration of kindful thinking into course curricula. The teachers also felt that they needed to provide prompting and support in the classroom to help and encourage students to use these strategies.

Teacher prompting and support. Teachers felt that students required varying levels of prompting and support when it came to using these strategies although one teacher felt more strongly about this than the other. Teacher A felt more strongly about the provision of prompting and support in the classroom with regards to strategy use. When Teacher A was asked a follow up question aimed to learn more about the use of prompts and supports the reply was, "…Yes, definitely. They wouldn't do it on their own…Some needed more prompting like they couldn't identify what their trigger [unhelpful thought] was and I don't know, it's hard to believe that some wouldn't know but you might not be aware at this age." Teacher A also felt that prompts were needed when integrating the mindfulness strategy, however these prompts usually came from the audio or video. Teacher A felt that age may have a lot to do with the amount of prompting required. For example, Teacher A stated that, " …to do it on their own, I don't feel that they are old enough to be mentally at that age for maturity and just like knowledge of this is what I need to do or this is what I am doing. They still need the guidance... They still needed the prompting."

Teacher B had a different experience in the classroom and noticed that students were capable of prompting and supporting their peers with kindful thinking. For example, Teacher B reported that:

> I often did it in morning starters because on Thursdays I do thoughtful Thursdays and we watch silent short films, like animated films, and we talked about like how do you think they are feeling here and how did it change throughout the film. So, that was helpful to help them see how they could change their own thinking. I did see it more organically within themselves, like without me saying anything they would say in their groups to each other, "hey, don't talk like that you gotta be more positive" or whatever it was. I would just hear kids talking to one another in general.

Both teachers had different experiences with providing prompting and support to their students with regards to strategy use. Teacher A also extended the importance of prompting and support to the in-class mindfulness activities. However, in the case of mindfulness the prompts and supports were generally integrated into the audio or video that was played for the students.

Directive activities. Teacher A felt that prompting and support was critical in terms of students' ability to use the strategies in meaningful and valued ways. Teacher A felt that with regards to the mindfulness strategy, prompts and supports built-in to the audio or video were beneficial. In other words, more directive instructions were required in order for students to engage with the activity. For example, Teacher A stated that, "Yes or even the breathing ones where they told you to breath in and out together so as long as it told them what to do cause those are the ones afterwards where you would hear them say, 'I don't like that one cause I didn't know what to do'… if it was a little open ended they weren't sure what to do." Teacher A also reported that body scans were generally successful with students because they were more directive and gave students something to do that was more concrete. For example, Teacher A stated that, "They needed more direction, so okay let's think about your toes, scrunch up your toes, they needed more direction at this age because it's so new to them."

Formal support and counseling support, teacher prompting and support, and directive activities were critical factors that helped students to engage with the activities which also likely contributed to student enjoyment and buy-in along with several other factors.

Theme Three: Student Enjoyment and Buy-in

The third broad theme is student enjoyment and buy-in. Both teachers reported that students enjoyed the integrated strategies and even looked forward to it as part of their day. Both teachers expressed that they were shocked by how many students engaged with the activities. For example, they both felt somewhat surprised by the fact that the majority of the students enjoyed the mindfulness activities and while both said that there were some "who didn't really do it properly" they also were not disruptive to the rest of the class when the activities were taking place. Teachers also reported that they were able to tell by students' body language that they were looking forward to the activities. Both teachers also shared the sentiment that, "when the kids can buy into something that is useful and works it's a positive." Four contributing sub-themes emerged from the data: (a) environment, (b) increased focus and calmness, (c) transitions and tests, and (d) increased peer support.

Environment. The data shows that both teachers reported physical environment as being a key element and contributing factor to student enjoyment and buy-in especially as far as the mindfulness activities were concerned.

Both teachers picked up on the fact that they needed to adjust the physical environment prior to mindfulness based activities. For example, Teacher A stated that, "I liked it and I was actually surprised by how many kids bought into it. I didn't usually do the exercise and I told them at the beginning that my goal was to do it with them and I wanted to but then I can't just close my eyes on day one haha.". This suggests that teacher supervision rather than teacher

participation was an environmental adjustment that was needed while students were getting use to the activities. Teacher A also stated that students liked the activity although it took some time for them to get comfortable. Both teachers adjusted the physical space of the room during mindfulness activities by having students rearrange where they were sitting and turn their chairs to the front of the classroom to avoid eye contact with one another. Teacher B said that:

> …the other thing that I noticed is that at first, I would just let them sit at their table, and then after that I said no, I want everyone to turn their chair and face forward. Just because I didn't want everyone to feel like everyone is starting at them. So that on my part was part of my learning in this. I think that if everyone is facing the same direction and facing forward than they won't feel like everyone is staring at each other. So that changed the dynamics of how people felt doing it and the space.

Both teachers felt that some students were distracted by one another and weren't able to close their eyes unless they were facing forward and separated from one another slightly. Manipulating the physical environment "changed the dynamics of how students felt doing it in the space" and was important in terms of creating a space where students felt comfortable to engage in the mindfulness activities. Teachers also found that the mindfulness activities had a positive impact on their classroom environments.

Increased focus and calmness. Teachers reported that mindfulness activities had a positive impact on their students and led to increased focus and calmness. Both teachers reported a positive dissipation in classroom energy after having integrated the mindfulness activity. For example, Teacher A stated that, "…seeing the whole class kind of get calm and mellow was super neat to see um because honestly, going in I didn't think that as many were going to buy in and even the ones who didn't really buy in and do it properly at the end of it, the exercise. They

wouldn't ruin it because I think they didn't want to stand out and be like I didn't do it and they didn't want the other kids to know that they didn't do it so they just stayed quiet and calm. So it was neat to see that." Teacher B reported a similar dissipation of energy in the classroom. Teacher B said, "…I like that one [mindfulness] because it was that instant gratification, like I could see them that they had come down and calmed down." Teacher A reported that students also picked up on the mellow atmosphere in the room, "So at first, no one wanted to close their eyes, but the more we went, they could feel the energy in the room quickly dissipate and they would get calmer because they had done it…" Teachers also agreed that there were significant benefits to both the mindfulness and cognitive reframing strategies when it came to transitions and tests.

Transitions and tests. Both teacher participants felt strongly that mindfulness and cognitive refraining had several benefits for transition times and tests. Mindfulness was beneficial for helping students to refocus during transition times and increase focus when taking tests. Cognitive reframing was beneficial for helping students mentally prepare prior to a test or debrief afterwards.

Teacher A and B indicated that they often or always used mindfulness activities to help students refocus after transitions or increase focus prior to test taking. Both teachers agreed that transition times were difficult for kids (as well as for themselves) and that mindfulness activities were effective after recess, gym, music class, lunch or near the end of the day in helping students to refocus. For example, Teacher A stated that, "Before we had a math test we would always do some sort of mindfulness activity. And then after recess of if there was a transition I would do it but it wouldn't be integrated necessarily into it would be to get us prepared so we could carry on with our activity." Teacher B also agreed that mindfulness was helpful in terms of "getting them

to calm down and ready to move on." They also appreciated that the effects were noticeable right away. For example, Teacher A reported that, "I feel that mindfulness was the best fit when it connected to what we were doing or it was needed to calm them down or bring them back to a place where thy needed to refocus."

Teachers A and B also expressed that mindfulness was beneficial for students prior to taking tests. For example, Teacher B expressed that mindfulness activities helped students to reduce their energy and regain their ability to focus prior to taking tests and seemed to result in students completing the tests more quickly than usual. Teacher B stated that:

> I feel like doing the mindfulness and breathing and getting their energy level down before a test was helpful and maybe refocused them and they were able to finish quicker than I expected them to. Like usually it will take so long and … I don't know if it's because of the mindfulness but they were able to… it was just done quicker than I had expected. Maybe because they were focused and able to calm their bodies before by taking a few minutes beforehand.

Teacher A also noticed that "students were quieter and remained quieter as a whole for longer" although didn't feel that this had any direct impact on their academic performance. That being said Teacher A did comment that students remained calm after a mindfulness activity for around 20 minutes which included classroom instruction periods or test taking.

Teacher B also noticed that cognitive reframing was beneficial for students and that they were using it throughout the day with one another. This was also apparent prior to taking tests and afterwards. For example, Teacher B expressed that:

> …because I often find in my experience that kids often get down on themselves like, I got three wrong out of 45, but they got 42 right, so how do we change that mind set. So,

> I handed back two tests during this time and that was the perfect time to have these conversations. To just get them to think about their thinking so before -so before I would even hand them out we would talk about that. And you can see that it changes them some but for some it's still engrained in their heads it's what they got wrong and not what they got right. Even with this one girl, she right away was like can I do a re-test and then the next day she was like you know what I am happy with what I got. So, it's interesting that she needed some time to process…. So sometimes, I think it took a little time for them to give themselves that credit.

Teacher B was able to use kindful thinking to help students mentally prepare prior to taking tests as well as look at their results kindlier after the test was complete. According to Teacher B some students required more time to reframe their thoughts and interestingly, the idea of processing time is another emergent theme that came from the data.

Increased peer support. Teacher B found that kindful thinking increased the level of peer support in the classroom. Teacher B found that students in the classroom used kindful thinking with one another organically and reported that it had a positive impact on the relationships they were building. Teacher B felt that kindful thinking helped students to build empathy and kindness towards one another. Teacher B also mentioned that students referred to and used kindful thinking statements and strategies with each other often and was pleased that students were transferring it to other academic areas on their own.

Theme Four: Time

In this section, the emergent theme of time is discussed. The data can be divided into three sub-themes: (a) time spent processing, (b) repeated exposure, and (c) time spent by teachers on activities.

Processing. Both teachers felt that students required time to process some of the activities they were being exposed to and that sometimes the result of the activity was not apparent right away. When students took the time to process the strategies they were generally able to benefit from them after a period of time had elapsed. For example, Teacher B reported that, "…taking time to realize they need to be kind to themselves and taking that time to process…cause sometimes it's easier to see it for others but then to do it for yourself …it takes longer sometimes.". Teacher A also indicated that students may require more time before they are able to use the strategies on their own without prompting and probing or direction from the teacher. Teacher A, when referring to mindfulness, stated that, "And we talked about how you can use it at home you know and it can even take a couple of deep breaths and like clench your hands, you can do that in your room. It would be nice if you guys could do this when you need a moment. You know it doesn't have to be at school this isn't a school thing, so… who knows if they actually will." In addition to processing time, teachers also felt that students required repeated exposure to the strategies over a prolonged period of time.

Repeated exposure. Teachers also expressed that there was a need to continue on with the use of strategies over a prolonged period of time and wondered how if the use of strategies may generalize for students. For example, Teacher B stated that:

> I would love to see if it has an effect you know as they get older if they get anxious can they get to a spot where they can just breath and get to that calm place again. It would be interesting to see if it carried on and they can do that on their own without guidance. You know. Without an adult telling them. Because you know a lot of the time I am not guiding them on the kind thinking they are just doing it because it stayed with them…

and I didn't see that coming. I didn't know what to expect you know and I was pleasantly surprised with that one.

Teacher A also commented on the possibility of using the strategies over a period of time and wondered, "if they heard it from multiple teachers for multiple years – and a continued formal lesson thrown in one in a while…. And if every teacher uses the same language than they get more used to it – so it has potential." The teachers both seemed to feel that with more practice, time, and maturity students may be able to reach a place where strategy use became generalized and be even more beneficial.

Time spent by teachers on strategy related activities. There were some differences between Teacher A and Teacher B in terms of how much time was spent each day on the counseling related strategies. In this study, teachers were required to submit daily report logs that indicated what strategy or strategies were used that day, what was the curricular context in which the activity took place in, and how long they spent on each activity. The data from the daily report logs indicated that Teacher A spent a substantially longer time (average of 10-15 minutes) per day delivering counseling integrated strategies to the classroom compared to an average of 5 minutes by Teacher B. Teacher A reported two formal lessons 20-minute lessons taught by the school's counselor whereas Teacher B recorded one 20-minute lesson. Teacher A also reported a greater distribution of the activities and a greater variety of activities used within curricular contexts.

Up until this point, kindful thinking and mindfulness have been reported on more largely that scaling. This is due to the difference perceived by teachers with regards to the strategy itself and its use.

Theme Five: Scaling as a Classroom Wide Strategy

The fifth theme that emerged from the data was scaling as a classroom wide activity. Both teachers had mixed feelings about the scaling strategy and indicated that there were several differences between it and the other two strategies. While one teacher found it similar to goal setting the other found that students didn't connect with the strategy in the same ways as with kindful thinking and mindfulness. Both teachers also found that scaling was more of an academic strategy rather than one that supported resiliency development or social emotional learning.

Map/direction for classroom goals. Both teachers found that scaling was the most difficult of the three to implement simply because they weren't able to find many opportunities to integrate the strategy in different ways. They also found that students didn't seem to connect with scaling as much as the other strategies. For example, Teacher B commented that:

> I think that out of the three, I mean, it was the hardest to do in the sense that, I mean the first time you do it it's great because you're talking about scaling and it's scaling their goals but then once that you have done that it's like they can refer back to it but there's not a lot of, I didn't find that there was as much depth to it as the others ones. Like I find that we talked about scaling and we would set our goals in our biographies and we would be like what are the steps we are going to take and we would refer to it but like I didn't, and maybe it would be different over time, but I didn't see them connect to it as much as the other two so…

Teacher A also shared similar experiences with scaling in the classroom and reported that while its integration was easy initially, there were few opportunities to use it again. Teacher A had students participate in a classroom wide activity in which they scaled the steps of their biography project and wrote it out on a large poster board that remained hung in their room

throughout the duration of the project. Teacher A stated that "we would refer back to it like where we are at now and what do we need to do to get to our next step so that was no problem but I just don't know how you would do it again…we can only refer back to it."

Both teachers felt that it was useful as a planning tool and reported that it was helpful for students to know where they are going and what is coming next. They also stated that it was helpful to have a visual representation of the steps and that it helped students to think more carefully about their projects as opposed to just "jumping to the end". Teachers also thought that this planning may be valuable in other subject areas like science. For example, Teacher B stated that, "…so in science I could see this being used for your final project at the end what do we need to learn and how are we going to get there."

While both teachers reported some benefits to scaling, they also indicated that it was the least favorite of the three strategies and that students didn't seem to respond much to it. This may be due to some of the reported challenges with the use of scaling.

Challenges with use. Both teachers found some value in using scaling as a classroom wide activity. They also reported some successes in using it as a directional representation or map of where students needed to go with a project. Teachers also stated that there were several challenges related to scaling that made it difficult to implement with students on an individual basis.

Teachers A and B both discussed the "logistical nightmare" of attempting to do scaling individually with students. While neither teacher attempted to do scaling on an individual basis with their students, they compared it to goal setting and stated that it was almost impossible to provide the adequate amount of individualized instruction and support required to make this feasible. For example, teachers indicated that students may not be aware of all of the steps

required in achieving their goals and likely require teacher support to generate ideas. Teachers also reported that helping each student to individually track the steps towards their goals was not possible due to time constraints. For example, Teacher B stated that:

> I just don't know if kids know all the steps that they need to get from here to there and if each kid has their own goals and they need to figure out the steps it just becomes a logistical nightmare of how a teacher is going to connect with every kid to help them figure out the steps to their goal. Like all the little steps to get to their goal. Like if we know the big goal we can write the steps and things but we don't lay it out in all those steps all the time for every student.

Teacher A also stated that, "I can't go around and ensure that everyone is doing their goal" because there isn't enough time in the day to do that. Teacher A also indicated that some of the items related to students' goals may take place at home making it difficult to provide support.

As previously mentioned, both teachers felt that scaling worked better as a classroom wide activity rather than an individualized activity and found some merit in its use but not nearly as much as with the other two strategies. That being said, teachers felt as though all of these strategies had broad applicability across subject areas and to different types of students.

Theme Six: Broad Applicability

The data indicated that teachers felt that all three strategies may be applied widely across subject areas. They also reported success in using the strategies with a wide variety of students including those with disabilities and differences associated with heritage, lifestyle, and culture. In this section, two subthemes emerged related broad applicability: (a) across subject areas and (b) across students.

Across subject areas. Both Teachers A and B reported that all three strategies may be used in all areas of curriculum. Teacher B stated that, "I think the strategies, and the teachable moments that come with, can be used in all areas of curriculum… but I would teach it or use it in every subject area depending on what we were doing." Teacher A also reported that all strategies had a place within the curriculum but that it may be more difficult to make it authentic depending on the subject area and topic. For example, Teacher A said that, "I think they all have a spot but it would depend on what you are doing, scaling would be hard in math to make it authentic and real but like you can do it with projects in social studies and science and what are the steps you need to complete that project…" Teacher A also reported that some strategies may fit better with some subject areas. For example, Teacher A indicated that kindful thinking connects well with health class and ELA, scaling may connect more with science and social studies, and mindfulness can be used at any time but was especially beneficial before tests and transition times. In addition to the broad applicability of strategies across subject areas, teacher also found that the strategies applied to a wide variety of students.

Across students. When teachers were asked to speak about their experiences using the strategies with students who have disabilities and students who have differences related to culture, heritage, and lifestyle teachers they reported that both responded similarly stating that the strategies are "very broad and apply to everyone." Teacher A reported feeling somewhat surprised that some students with disabilities in the classroom were able to do the mindfulness activities and also wanted to be included in the activities. Teacher A spoke about one student with a disability and mindfulness activities in particular and stated that:

> [The student] would sit, [the student] wanted to be in the room cause sometimes when we did them and if kids would be out and they would come back and I wouldn't let them

> come in because you're not going to come in the class and ruin everything so they would sit at the door and wait. And so that happened to him once and then he really wanted to be in the class but he wouldn't close his eyes, he would be there but just like… you know.

Teacher A also reported that other students with disabilities in the classroom who have formal diagnoses such as Tourette's, Fetal Alcohol Syndrome, and autism participated well in the mindfulness activities. Teacher B stated that students with disabilities and who were on individualized education plans were also able to participate in the strategies and related activities. Teacher B stated that, "I see no reason why we wouldn't do it with everyone." Teacher B indicated that mindfulness was universally successful for all students in the classroom in terms of use and benefits. Teacher B also reported that during activities related to kindful thinking, some students with disabilities required additional support. Teacher B said, "…if your cognitively delayed sometimes it takes more time and practice and someone walking you through what they are seeing when watching the videos and stuff…" Teacher B also stated that some students with disabilities required more direction and teacher support to identify maladaptive thoughts and replace them with adaptive ones. When asked about factors related to lifestyle, culture, and heritage, both teachers also reported that they did not feel that these factors had any impact on the use of strategies and was not a factor at all. While both teachers found that strategies were easy to use and had broad applicability, they also found that common everyday challenges related to their jobs sometimes caused difficulties with their plans to implement and integrate the strategies.

Theme Seven: Ease of Implementation and Everyday Challenges

Teachers found that in general the strategies were easy to use but also admitted that there were everyday challenges related to teaching that sometimes made it difficult to plan for their integration.

Ease of implementation. Teachers A and B reported that they did not find it difficult to integrate the strategies and implement activities that connected with strategy. For example, Teacher A stated that, "I would say mostly it was fairly easy. It just became kind of routine. Like the day before you would just kind of figure out where it would fit in and the kids knew we were doing it so sometimes I said this is one of our kindful thinking activities or we are going to do our mindfulness activity or we are going to do our scaling strategy." Teacher B also reported that some days a plan for the activities had been pre-established but some days there was no plan. While teachers felt the strategies were for the most part easy to use, integrate, and implement they also felt that there were everyday challenges related to their jobs that sometimes made it difficult.

Everyday Challenges. Teachers A and B both shared the feeling that, "sometimes the day just gets away from you." They both reported that due to the nature of their jobs, "sometimes your plans don't always work out." These challenges sometimes made it difficult to complete the task of integrating the strategies every school day for the month-long intervention period. Teacher A stated that, "…the day is crazy and as much as you plan for it there are always interruptions or kids are coming and going, or people are coming into the classroom and oh we had to change this and do this, and this class has to come, and even if you had planned to do it say during ELA then something happens and your plan doesn't come through in the way you wanted." One teacher reported that while it wasn't stressful to implement the strategies, it did

add an additional layer of stress in the sense that, “it was one more thing I had to do.” Teacher B said that, “…sometimes the day just gets away from you. Sometimes you just would have forgot and are like uggh, I was supposed to that there and you didn’t get there because of the nature of the job sometimes your plans don’t always work out.” While both teachers agreed that the strategies were easy to use they also shared valuable information about the demands of their jobs.

Teachers were asked about whether or not they felt certain external events had an impact on the students or the results of this study in any way. Teachers were first asked about the death of Kobe Bryant, a prominent NBA player whose helicopter had crashed the day before the start of the intervention. Both teachers reported that while some students had brought it up they felt that it had no impact on this study or the students. Teachers also were asked about the emerging COVID-19 pandemic and whether or not they felt this looming threat had any impact on the students, the intervention, or the study. Both teachers indicated that that this had no impact. At the time of the second round of student data collection, no cases of COVID-19 had been identified in Manitoba.

These qualitative findings provide valuable information when added to the quantitative results presented earlier. In the next chapter, the results and findings are merged together to provide a more complete foundation for the subsequent discussion.

CHAPTER FIVE: DATA INTEGRATION AND DISCUSSION

In this study, the notion that teachers can implement proactive counseling strategies integrated into curriculum and the daily life of the classroom was investigated. In addition, I wanted to learn more about whether such an approach might lead to an improvement in student resiliency resources and a reduction in their vulnerability. Student participants started out with average resiliency as was measured by the RSCA, and after the month-long intervention period, there was a statistically significant improvement in resiliency resources and a statistically significant reduction in vulnerability. In the previous chapter, the results and findings of this study were presented and provide a quantitative and qualitative summary of what happened. In this chapter, the quantitative results and qualitative findings are merged together and similarities and differences between classrooms are discussed.

After statistical significance was found in Classrooms A and B combined, a post-hoc analysis was performed to determine if there was a difference between classrooms. This analysis determined that while both classrooms had moved in positive directions, Classroom A yielded statistically significant results and students had shifted categories in positive ways. In other words, according to the standardized categories of the RSCA, their resiliency resources had increased from average to above-average and their vulnerability had moved from average to below-average. Classroom B also made changes in the same direction however, it was not enough to yield statistically significant results or move students' categories.

The qualitative data from this study provides interesting information on what may account for the differences between Classrooms A and B. There are seven important differences between Classroom A and Classroom B: (a) integrated use vs. general use of kindful thinking, (b) formal lessons and support, (c) directive mindfulness activities, (d) supporting students'

metacognition, (e) scaling with students and using a permanent visual, (f) time spent and a variety of strategies, and (g) pre-planning activities related to strategies. Table 8 provides a representation of the similarities and differences between Classroom A and B.

Integrated vs. General Use of Kindful Thinking

There were some similarities and differences between Classrooms A and B with regards to how they experienced the kindful thinking strategy. Recall that kindful thinking is the term that the students and teachers coined to talk about cognitive reframing in a more meaningful way for this age group. Both teachers implemented kindful thinking in general ways. For example, both teachers indicated that after the formal lesson on kindful thinking provided by the school counselor, students used kindful thinking organically within the classroom and other settings and this was supported and encouraged by both teachers. While both teachers were able to use kindful thinking in general ways in their classrooms, Teacher A shared a particularly rich experience of integrating it into a novel study the classroom was engaged in. Teacher A took the maladaptive thoughts of fictional characters in the novel and wrote them on the board so that students were able to connect those thoughts with some of their own that they had identified during the formal lesson with the school counselor. Teacher A also worked with her classroom to reframe the maladaptive thoughts of the fictional novel characters into more adaptive ones. According to McRae, Ciesielski, and Gross (2012), cognitive reframing involves the deliberate or subconscious reinterpretation of a stimulus to elicit a different emotional response. According to research (Casey, Newcombe, & Oei, 2005; Buhle et al., 2013), cognitive reappraisal is effective in changing one's subjective emotional experience as well as adverse accompanying bodily sensations. It is possible that this rich experience helped Classroom A students to understand the purposeful act of reinterpreting a stimulus to elicit a different emotional response.

Table 8. Similarities and Differences Between Classroom A and B

	Classroom A	**Classroom B**
Theme 1: Authenticity	Kindful thinking used generally	Kindful thinking used generally
	Kindful thinking used integrated into novel study	
	Spontaneous use of kindful thinking strategy among students	Spontaneous use of kindful thinking strategy among students
	Mindfulness used during transtion times	Mindfulness used during transtion times
Theme 2: Formal support	Two formal kindful thinking lessons by counsellor	One formal kindful thinking lesson by counsellor
	Teacher provided frequent prompting and support for all three strategies	Teacher provided infrequent prompting and support
	Peers provided prompting and support	Peers provided prompting and support
	Chose directive mindfulness activities	
Theme 3: Student enjoyment and buy-in	Reararranged physical space for mindfulness activitities	Reararranged physical space for mindfulness activitities
	Mindfulness during transtions and before tests	Mindfulness during transtions and before tests
	Teacher provided support for student metacognition	
Theme 4: Time	Spent on average 10 minutes per day on strategies	Spent on average 5 minutes per day on strategies
Theme 5: Classroom wide scaling	Scaling was used as a classroom wide activity	Scaling was used as a classroom wide activity
	Teacher and students developed scale together	
	Scale was perminently posted in classroom	
Theme 6: Broad applicability	Used with all students	Used with all students
	Greater variety of strategies	Less variety of strategies
Theme 7: Everyday challenges	Pre-planned activities every night prior to class	Pre-planned activities less often

In this instance, the novel was *City of Embers* by Jeanne DuPrau. It is likely that this kindful thinking reframing gave students a deeper insight into the novelist's intentions as a writer with respect to character development contributing to a deeper understanding of the theme of the novel by students.

Both teachers also noticed that students were spontaneously using of kindful thinking to support one another. This factor may have also contributed to directional change as research indicates that higher risk students may benefit from observing emotionally-skilled peers who model good coping behavior and attitudes (Lowry-Webster, Barrett, & Dadds, 2001). In addition, Ashton and Parker (1989) posit that peers often serve as role models for one another reinforcing group norms, characteristics, and expectations which contributes to the development of self-efficacy and self-esteem among adolescent youth. According to research these components play an important role in protecting individuals from developing a mental illness (Ashton & parker, 1989, Ibarra-Rovillard & Kuiper, 2011). The students spontaneous use of the

kindful thinking strategy showed up in interesting places and teachers reported positive effects that emerged in the classroom. For example, students were able to encourage one another during in-class assignments and academic projects and prior to tests and well as provide support to one another after tests. According to the literature in the area of positive youth development (PYD), this also may be early evidence of learning transfer. According to Pierce, Gould, and Camiré (2015), skill transfer involves taking a skill learned in one context and applying it to another. In this intervention, students were taught about cognitive reframing but were not instructed to provide support in this area to their peers. Given that students transferred what they learner to helping others may be early evidence that the skill is being transferred to another context.

Formal Lessons and Support

Formal lessons and teacher support also likely contributed to the directional change in both classrooms. Both classrooms invited the school's counselor to provide a formal lesson on the kindful thinking strategy. However, one significant difference between Classrooms A and B was that Classroom A invited the school's counselor to teach a formal lesson twice during the intervention period. Both classrooms had one formal lesson around the beginning of the month-long intervention period but only Classroom A had a second lesson that occurred half way through the intervention period. Teacher A asked for a second formal lesson because she felt, "it was needed" possibly as a result of the strong and negative self-statements reported by the students during the first lesson. It is possible that this second exposure to a formal lesson provided by the school's counselor allowed for a greater and deeper understanding of the kindful thinking strategy and how to use it. Under an RTI framework, school divisions have built in networks of skilled and qualified professionals and support staff. Teacher A was able to exploit the use of the school's professional counselor and this may have contributed to the significant

results that were found in Classroom A. This novel use of the school counselor to pro-actively provide support to students that will contribute to their success with their academic work represents a new role for the counselor in which their work becomes more closely aligned and coordinated the subject area instruction of the classroom teacher. In this study, students were taught engaging pro-active counseling activities that took place within a meaningful context (i.e., the classroom). Students were supported by caring teachers, the school's counselor and their classmates. Students acquired skills that are relevant and related to managing life challenges and situations. This parallels what Petitpas, Cornelius, Van Raalte, and Jones, (2005) outline as the conditions for positive psychological growth within athletic contexts and connects with the implicit transfer of skills (Holt et al., 2017).

Directive Mindfulness Activities

Teacher A reported a greater provision of direction, prompting, and support than was reported by Teacher B. Teacher A felt that students at this age and maturity level, were not able to successfully use the strategies on their own without it. In addition, Teacher A also extended this to mindfulness when selecting appropriate activities. Teacher A found that students in Classroom A required mindfulness activities with more direction. This notion is supported by Osachuk (2019), who claims that novice mindfulness practitioners often require shorter and more directed activities (e.g., body scan) and as they get better at it may move on to activities with less direction (e.g., mindfulness with bells) and longer periods of practice (T. Osachuk, personal communication, January 16, 2019). Interestingly, Teacher A reported that students moved from 3-minute practices to 7-minute practices during the intervention period.

Teacher B provided less prompting and support to students and was more intrigued by the idea that students seemed to be supporting one another with regards to the kindful thinking

strategy. It is possible that this second level of professional tending to by Teacher A may have contributed to higher scores in Classroom A. There is evidence that academic scaffolding in the form of study guides, inventories, step-by-step procedures, etc. are effective at supporting novice writers, math students, enter into new areas of learning and that over time, those scaffolds become internalized and no longer required. This turns out to be an important bridge for moving strategies derived from therapeutic reactive settings to educative settings for proactive use.

Both classroom teachers found that mindfulness activities were extremely beneficial and helpful for students, especially during transition times and prior to test taking.

Supporting Students Metacognition

In order to increase student engagement and buy-in of mindfulness-based activities, both teachers made minor changes to the physical space. These adjustments allowed students to feel more comfortable when participating in these activities. Both teachers reported that students were more deeply engaged with the mindfulness exercises when the distance between classmates had increased and chairs were oriented towards the front of the class. It is likely that students felt more self-conscious when chairs were arranged in groups and students were facing one another. This minor effort by the teachers to rearrange the physical space the activities took place in, likely helped students to engage more fully with the mindfulness activities. Deeper engagement may have led to increased self-awareness and metacognition regarding their own self-perceptions and self-monitoring as it relates to strategy use and academic and non-academic performance. In other words, it may have contributed to the students perceiving the mindfulness activity as a new resiliency resource.

One substantial benefit reported by teachers was in relation to the effectiveness of mindfulness during transition times. Transition times are often difficult for teachers as these are

times when misbehavior and non-compliance can emerge (Cameron, Connon, & Morrison, 2005). In addition, students and teachers generally "waste" a significant amount of time during these periods contributing to a reduction in instruction time, academic activities, and time on task (Cameron et al., 2005). In this study, teachers were surprisingly pleased at how effective mindfulness-based activities were in terms of refocusing and reorienting students to new academic instruction and activities. Teachers reported that after the mindfulness activity, there was a notable dissipation of energy in the classroom allowing teachers to quickly begin instruction. Teachers also reported that students were able to remain calm and focused for the duration of the activity (usually around 20 minutes). Teachers employed several different types of mindfulness activities. For example, the body scan was used with students in Classroom A. The teacher played body scan audios that cued students to tune into various parts of their bodies (e.g., toes, the whole foot, calf, etc.) and to observe any sensations or lack thereof without judgement. Mindfulness of breath activities were also employed by both teachers. Again, students listened to an audio where they were instructed to pay attention to their breath without judgement or trying to change or control it in anyway.

In addition to transition times, teachers also reported a significant benefit of mindfulness prior to test taking. Both teachers reported that students were calmer and more focused throughout the duration of a test after having completed a mindfulness activity just prior. Teacher B also reported that students were able to finish their tests more calmly and quickly. In addition, teachers also stated that students seemed to look forward to mindfulness activities as part of their day likely contributing to engagement and buy-in. Students likely gained greater awareness and metacognition during these activities and felt that they were beneficial. Considering that several mindfulness-based activities can be completed in a very short time with

minimal difficulty and by virtually all student regardless of disability or differences associated with culture, heritage or lifestyle, the benefits to teachers and students are substantial. It may be that students interpreted mindfulness as a resiliency resource that improved their day and as an event that lowered their vulnerability prior to challenging tasks such as tests.

One main difference between Classroom A and B is that the teacher in classroom A overtly connected the strategies to resiliency on a daily basis. For example, Teacher A explicitly told students that they were going to be integrating one of their resiliency strategies during today's activity, project, or transition time. This simple instruction of letting students know that these activities were resiliency based may have significantly contributed to students' reflection on their own skills and abilities. Teacher B, on the other hand, did not directly tell students that the activities they were engaged in were part of this resilience study. Teacher B reported that:

> It was really interesting when you took the kids to do their second assessment with you. They were like, so when are we going to do those strategies. And I'm like, we've been doing them all month and they were like "oh"! So just for your knowledge, they weren't out of the ordinary… like they didn't stand out and you don't want them to right. Kids were just doing it like okay this is what we are doing and it was just part of what happens it school so it wasn't something that made them feel uncomfortable or weird or misplaced within the day so that was interesting to hear… that when they were asking when are we going to do this… and it's like we've been doing it. I said like all these activities we did and they were like oh that was it... I think that part was interesting to hear from the kids' perspective kind of a more natural integration of them within their day so it was nice to see that they didn't feel awkward and they had no idea… like when I was having

> conversations with the kids they were like, that was it, and they didn't really know that that it was happening.

This quote provides information indicating that Teacher B did not explicitly engage her students in a metacognitive process in which students were made aware of what they were doing. This may have influenced the lower scores in Classroom B, since according to Tharp and Gallimore's (1988) interpretation of Vygotsky's Zones of Proximal development model, teaching students about the process and how it works is an important part of metacognition especially when students are new to an activity or set of instructions. In addition, according to Bean, Kramers, Forneris, and Camiré (2018), creating opportunities to practice life skills as well as the act of defining, discussing, and reflecting on them are important components of explicit life skills transfer.

Scaling with Students and Using a Permanent Poster

Both classroom teachers used scaling as a classroom wide activity rather than individually with students. They both said that the main reason for this was due to the amount of time that may be required to supervise student in this activity had it been done individually. Both teachers used scaling with their classrooms in relationship to a biography project however, there were some significant reported differences between how the strategy was implemented with students. Teacher A invited students to participate in the development of the scale for their biography project. Students were involved in setting the anchors as well as identifying the steps in between and possible resources. Teacher A and the students wrote down this information on a large horizontal poster board which was then permanently hung in the classroom for students and teachers to refer to. Teacher B also used scaling for their classroom's biography project but did not report using a visual aid or involving the students in the development of the scale. Teacher B

did indicate that they had referred back to the scaling activity throughout the project but had indicated that the students didn't connect with the strategy in the same ways as kindful thinking or mindfulness. Teacher B also wondered what may have happened had they used it for longer and had it laid out. This suggested that it may have been completed on a white board initially then perhaps wiped away.

While both teachers used scaling as a classroom wide activity and with the same project there are significant reported differences between how the strategy was integrated. It is likely that the hands-on approach taken by Teacher A along with the permanent poster helped students to engage with and understand not only the strategy better but the overall biography project and the steps and resources required as well.

Time Spent and Variety of Activities

Both teachers were asked to integrate counseling strategies for a minimum of five minutes a day in their classrooms however, Teacher A had a higher average of time spent using strategies in the classroom than Teacher B. While Teacher B spent on average 5 minutes per day integrating strategies into instruction, Teacher A spent on average 10 minutes. Considering that Teacher A spent double the amount of time per day with students using counseling integrated strategies it is likely that this had a positive influence on students' resilience resource scores and decreased their vulnerability.

Teachers A and B were successfully able to implement the strategies in their classrooms with all students regardless of age, gender, academic achievement, social skills, disability or differences associated with heritage, lifestyle, or culture. That being said, Teacher A reported using a larger variety of strategies than Teacher B. For example, Teacher B spent a significant portion of time using mindfulness whereas Teacher A used all three strategies more evenly.

Using a wider variety of strategies in various contexts may have contributed to transfer of learning. This equal exposure to each of the strategies likely increased students' resources contributing to increased resiliency and lower vulnerability.

Pre-Planning Activities

The final variable that may have contributed to higher scores in Classroom A is that Teacher A reported spending a greater amount of time planning counseling strategy integrated activities prior to the lesson. Teacher A reported that each night a small amount of time was spent planning for the integration of the strategy(ies) for the next day. Teacher B reported that planning the night before only occurred half of the time and favored looking for spontaneous teachable moments to integrate activities related to strategy use. It is possible that the planning by Teacher A contributed to a more focused and purposeful integration of the strategies and as a result, students were delivered a higher quality intervention.

According to research conducted in the area of PYD, time directly influences life skills transfer. Lee and Martinek (2013) posit that the amount of time spent doing an activity, how often activities are taking place a greatly impact whether or not skills are learned and transferred to other contexts. It is possible that the increased amount of time and wider variety of context and more equal representation of strategy use by Teacher A contributed to higher scores on the RSCA.

In this section, the similarities and differences between Classroom A and B regarding the delivery of the intervention was discussed. The quantitative results and qualitative findings were merged to gain a more complete understanding of what happened in both of these classrooms. The similarities likely describe why there was an overall statistically significant positive change in the study. The differences provide insight as to why there was a statistically significant

difference found in a post-hoc analysis of Classrooms A's study participant pre and post test scores but not in Classroom B. While both classrooms moved in the right direction, the additional steps taken by Teacher A provide us with useful information. It is likely the resiliency resources went up and vulnerability went down in Classroom A because of the extra time and steps taken by Teacher A. In the next chapter and final, implications for future practice and research are presented.

CHAPTER SIX: IMPLICATIONS FOR PRACTICE AND RESEARCH

In this chapter implications for practice and future research are considered. In the first section of this chapter, implications and recommendations for practice are presented followed by a discussion of the implications for future research in the second section. In the final section of this chapter, the limitations and delimitations of this study are considered.

Implications for Practice

For educators interested in implementing a pro-active integrated counseling-based intervention such as the one presented in this study, there are several implications and recommendations that are drawn from the results of this study and presented in this section. There are least three necessary components of a successful pro-active integrated counseling approach. The components are: (a) formal training and support, (b) time commitment, planning, and preparation and (c) supporting implementation and facilitating students' metacognition.

Formal Training and Support

The first recommendation for practice is to ensure that teachers have formal training prior to implementing a pro-active integrative counseling approach such as the one used in this study. During training, teachers should be provided with a rationale for this type of approach as well as presented with background information on how counseling has typically approached problems in the past (i.e., reactive, deficit-based counseling). Exposing teachers to each strategy in both forms, in other words prior to adaptation and after adaptation for integrated pro-active use in the classroom may also help teachers to understand the intent of each strategy as well as how they can be applied as resiliency strategies. Training workshops should also include opportunities for teachers to engage and work through a variety of classroom and curricular scenarios in which they are invited to reflect on how pro-active integrated counseling strategies might be

implemented. Teachers also can be invited to generate their own ideas for embedding and integrating strategies and related activities into their own classrooms.

A possible recommendation for practice is to extend the training component beyond the initial training workshop. Teachers may benefit from weekly meetings during the intervention period to assess and explore their use of the strategies and generate additional ideas for upcoming units.

Another recommendation is to ensure that the school's counselor is well trained and prepared to support this initiative. In this study, the counselor also attended the training session and was able to help support teachers in finding ways to adopt these strategies in each of their classrooms. Furthermore, teachers felt that inviting the school counselor into their classrooms to provide formal lessons on the kindful thinking strategy was necessary and effective. One recommendation may be to have the school's counselor provide formal lessons on all three strategies rather than just kindful thinking. Having the support and partnership of the school counselor is a notable implication for practice.

Time Commitment, Preparation, and Planning

A second recommendation for practice is to ensure that enough time per day is scheduled for the purposeful integration of counseling related strategies. In other words, teachers need to plan and prepare for the integration and use of these strategies in their day and within the curriculum. Teachers are encouraged to spend time prior to the start of the academic day when planning counseling related integrated activities; similarly, to how they might develop units and lessons plans prior to teaching. Teachers are also encouraged to look for authentic and spontaneous teachable moments where strategies may also be used, which may also require additional time although likely little to no planning and preparation.

Implementation and Metacognition

A final recommendation for practice is for teachers to provide structured and explicit support for students during strategy use. To help and support students in developing their skills and resources, teachers can provide both planned and spontaneous opportunities to apply strategies such as kindful thinking. Teacher can also provide opportunities to use kindful thinking and scaling when completing various academic tasks and assignments. In addition, teachers can embed a daily mindfulness practice prior to seat work, test taking, or during transition times to support students in moving from one classroom activity or subject area to another. In this study, teachers were required to email the researcher a daily report log each day. In this log, teachers shared which strategy(ies) were used that day, where and how they were integrated, and how long was spent on each counseling related activity. One recommendation may be to have teachers also share their plans for implementation and integration of counseling strategies for the following day to increase fidelity of the intervention and ensure that strategies are being integrated evenly and in a variety of subject areas.

Another recommendation is for teachers to encourage metacognitive learning by encouraging students to reflect on their use of the strategies, share their use of them with one another, and provide support to one another in their use of the strategies. Explicitly reminding students when they are using a strategy, whether it is a planned or spontaneous use, appears to help students understand an appreciated the importance of the strategy.

A final recommendation is that educators rethink how social-emotional learning is conceptualized. Researchers and their educational partners in school divisions should explore incorporating resiliency building activities and social-emotional learning in integrative ways into the classroom rather than simply presenting them as stand-alone programs.

Educators interested in implementing a pro-active integrated counseling strategies intervention into curriculum, such as the one presented in this study, may benefit from the above-mentioned recommendations and implications. In the following section, implications for future research are discussed.

Implications for Future Research

The results and findings of this research yield some interesting possibilities for future research. A first step may be to try and conduct a similar study on a larger scale. Increasing the number of student and teacher participants, by adding more schools and classrooms, may help to validate the results and findings of this study. It may also provide additional insights on implementational successes and challenges with the intervention.

A second recommendation is to increase the duration of the intervention. In this study, students were exposed to a one-month intervention period. It might be interesting to see what results would emerge from a longer intervention period. For research of this type, adding in a qualitative interview for students after the intervention may provide greater insight into how their thoughts and attitudes have changed as a result of the intervention.

A third recommendation for future researchers is to consider returning to the site a month after the intervention for a third round of data collection to determine if the results had been sustained over time. While in this study, due to logistical issues and the emergence of a global pandemic, this was not possible, future researchers may consider a subsequent data collection phase to determine if the effects of the intervention were maintained, the strategies were still being used by students, and the teachers were continuing to teach them. In this study, the teachers indicated that they intended to continue using the strategies after the study was over. It

would be interesting to find out if that was the case and if students resiliency increased, decreases, or were maintained.

A fourth recommendation for future research is to conduct a similar study with students in other grade levels. In this study, students in middle years were recruited, specifically grades five and six. A study investigating pro-active integrated counseling strategy use with early years and senior years students may generate useful information on whether or not this type of approach can be used across grade levels to support students' resiliency skills development throughout their formative years and into adolescence and early adulthood at other grade levels.

A fifth recommendation for future research is to conduct this study with populations from different types of neighborhoods and communities. In this study, participants were recruited from a suburban, middle class neighborhood. Investigating the implications of an approach of this type with populations from higher or lower socio-economic status may be beneficial. Additionally, considering rural, inner-city, and remote communities may contribute to a greater understanding of how pro-active integrative counseling strategies affect students in different geographical areas.

A final recommendation is to consider importing other techniques, activities, and strategies derived from counseling that may be appropriate for pro-active use. In this study, only three strategies were adapted for proactive use (i.e., cognitive reframing, mindfulness, and scaling). There are several other techniques, activities, and strategies derived from counseling that might be adapted and pro-actively integrated into curricula. Future research investigating the appropriateness of additional counseling strategies may contribute to an even greater increase in student resiliency. While this study carries significance in several different areas, there are also several limitations and delimitations of this study.

Limitations of Study

While there is much written on the topic of mixed methods research in education, there is less written on the limitations of this methodology within an educational context. Many of the studies that employ mixed methods research in education, discuss limitations in terms of the study itself, the methods, or limitations inherent within either quantitative or qualitative research. As a result, inferences were made from the literature in the field of nursing. Limitations that were found in the nursing literature on mixed methods research are considered in an educational research context. Based on this literature, there are at least three limitations that may be applicable to mixed methods in educational research: (a) current gaps in knowledge, (b) sampling issues, (c) reconciling quantitative and qualitative paradigms, and (d) meeting the assumptions for quantitative analysis.

One possible limitation, raised in much of the nursing literature, that also may be relevant to the use of mixed methods research in education, is that current gaps in our knowledge, understanding, and reporting may lead to inconsistent findings that potentially negatively affect practice (or in this case teaching and pedagogy). Bressan, Bagnaso, Aleo, Timmins, Barisone, Bianchi, Pellegrini, and Sasso (2017) found that in many of the studies they reviewed, the researchers had a poor understanding of philosophical and paradigmatic assumptions informing mixed methods research. In addition, Bressan et al. (2017) also found that many studies were more about the methods than the methodology and lacked of “methodological rigor”. To address this concern, it is important that researchers conducting mixed methods educational research understand the philosophical, theoretical, and paradigmatic assumptions within education and within a mixed model. This is important because the lens (in this case positivism and constructivism) through which data analysis and interpretation are being conducted through need

to be fully delineated so that what we later infer from analysis and interpretation and present as knowledge can be properly implemented into educational practice. A detailed explanation of the mixed philosophical, epistemological, and paradigmatic roots of this study are provided in the next chapter.

A second possible limitation is sampling. In quantitative research, it is not uncommon to have large and randomly selected samples (Morgan, Leech, Gloeckner, & Barrett, 2013). In qualitative research, we often have purposefully selected smaller samples of participants (Bogdan & Biklen, 2007). One possible problem with mixed methods research in education is addressing this difference. According to Bazeley (2002), "Sampling issues must be resolved with respect to the purpose of the research, and in particular how the results are to be generalized beyond the sample. It matters, for example, whether it is descriptive information or understanding of a process that is to be learned and generalized from the sample" (p. 145). Investigators conducting mixed methods educational research need to be aware of this limitation and have a plan for addressing it. If these issues are not addressed (and in some cases even when they are), researchers may also have trouble with meeting assumptions required for some statistical analyses, which leads to the third limitation.

A third possible limitation is that the researcher may have difficulty ensuring that the requirements for a qualitative study are met. Trying to reconcile both quantitative and qualitative research is inherently problematic as they emerge from different understandings of the world. While these paradigmatic differences may seem great, they in some ways are in fact complimentary. This tension is addressed in Chapter Three.

A fourth possible limitation, is that the assumptions needed to carry out certain statistical analyses, may not be met depending on the design and sample size of the mixed methods

research being carried out (Morgan et al., 2013). While it is likely that researchers should not have any problem with summarizing the data using basic descriptive statistics (e.g., mean, median, mode, frequency distribution etc.), research questions investigating the differences between groups or the relationship (or association) between variables may be more difficult due to the assumptions that need to be met in order to run specific statistical tests.

For example, normality is an assumption of many statistical procedures. Normally-distributed variables have levels or scores that are ordered from low to high with a frequency distribution that shows most of the scores somewhere in the middle and with similar numbers of low and high scores. In other words, the standard normal curve. One reason why large samples are desirable in quantitative statistics, is because the larger the size of the sample, the more likely the data will distribute normally. One assumption of quantitative statistics is that in the behavioral and social sciences, the frequency of many variables distributes approximately as a normal curve. As previously discussed, this is not entirely true, and there are many instances in the field of education in which data may not distribute normally.

An important consideration in mixed methods research is to check the assumptions of statistical tests to ensure that it is reasonable to perform a specific test (e.g., normality, homogeneity of variances, etc.). While it is still possible to use parametric statistics for data that does not distribute normally, if data are grossly non-normal (e.g., the mean, median, and mode are not close to equal) or sample sizes are small (i.e., $N<20$) non-parametric tests are preferred (Morgan et al., 2013). That being said, some parametric statistics are quite robust with regard to one or more assumptions, this means that the assumption can be violated without damaging the validity of the statistic (Morgan et al., 2013).

One reason why it is important for the researcher to be proficient in both quantitative and qualitative research is that mixed methods analysis (similar to any other type of research analysis) requires "piecing together bits of a puzzle to find answers to questions" (Jick, 1979). According to Bazeley (2004), "the wise mixed methods researcher knows what assumptions underlie the methods of analysis being used, understands the implications of not fully meeting those assumptions, and takes that into account in drawing and presenting conclusions" (p.142). In addition to the above-mentioned limitations, there also are several delimitations of this study.

Delimitations of Study

Delimitations refer to the boundaries or limits of research that need to be outlined. There are at least four delimitations to this study.

The first delimitation of this study is that there are a number of strategies in counseling that could have been selected and/or adapted for use in this study. The three strategies (i.e., mindfulness meditation, cognitive reframing, and scaling) were selected for the following reasons. First, they are drawn from three commonly used therapeutic approaches: (a) cognitive therapy, (b) cognitive-behavioral therapy, and (c) solution-focused therapy. Rather than import strategies that belong to one therapeutic approach, three strategies were selected in order to achieve balanced representation across proven approaches to counseling. Furthermore, as fully delineated in chapter two, there is a substantial amount of research into the use and efficacy of each of these strategies. However, the most substantial reason that these three strategies were selected is that they have the greatest likelihood of contributing to the development of protective and resiliency factors. This also is discussed more fully in Chapter Two.

The second delimitation of this study is that only students who are in middle years education are considered for inclusion in this study. This means that the students who will be

considered for inclusion in this study are in grades five, six, seven, or eight and between the ages of nine and fourteen. This age group was chosen precisely due to the fact that they are old enough to understand how to see patterns from the past affecting their present and future, making strategy use possible. Furthermore, at this age, they also have the capacity to be aware of others and their feels, make judgements about certain things, and plan for the future. This age group was also selected due to the fact that they are entering or at the beginning of adolescence. In other words, they are at a point where they might start to encounter common adolescent problems. This is important as it provides context making strategy use valuable and meaningful but also provides enough time for students to learn to use them so that they provide protection and develop resiliency.

The third delimitation of this study is that only urban or suburban schools will be considered. Schools located in rural or isolated settings are not considered for inclusion in this study. This is of particular importance because rural and isolated schools may be less likely to have the same counselor(s) year after year, the same levels of counseling supports, and access to other community resources.

The final delimitation is that curricular outcomes are determined by the province and interpreted by educators. Considering that this study is taking place in Manitoba, Canada, the curricular outcomes determined by the province may be different than those in other provinces and countries. Nevertheless, the curriculum in English speaking countries and across Canada, are not all that different and therefor the transferability of this approach to other curricula may not be that far off.

In chapter two, the underlying epistemologies and theories informing this research are presented. First, an exploration into the social construction of mental health also is considered.

Second, the response to intervention (RTI) model for inclusive education is presented as a framework for this study. Third, the literature on protective and resiliency factors is reviewed. This review is foundational for selecting the appropriate counseling strategies that may foster student resiliency. Fourth, three counseling strategies are presented. Finally, insights into and practical guidelines for the effective integration of counseling strategies within a middle years' curriculum are provided.

Conclusion

The purpose of this mixed methods research study was to quantitatively investigate how a pro-active integrated counseling strategy intervention impacted students' resiliency scale scores and to qualitatively explore teachers experiences and attitudes regarding the implementation and outcomes of this intervention. It appears that when sufficient time was spent on strategy use, a variety of activities and adequate supports were provided, and there was a combination of spontaneous and planned integrative activities, this was a successful approach in increasing resiliency for the students in this study. Student participants started out with average resiliency as was measured by the RSCA, and after the month-long intervention period, there was a statistically significant improvement in resiliency resources and a statistically significant reduction in vulnerability. After statistical significance was found in Classrooms A and B combined, a post-hoc analysis was performed to determine if there was a difference between classrooms. This analysis determined that while both classrooms had moved in positive directions, Classroom A yielded statistically significant results and students had shifted categories in positive ways. Classroom B also made changes in the same direction however, it was not enough to yield statistically significant results or move students' categories. However, the teachers did see the direction of change as educationally and socially significant.

The qualitative data from this study provided interesting information on what may account for the differences between Classrooms A and B. For one, using the mindfulness, cognitive reframing, and scaling strategies in both integrated and general ways may have had additional benefits in terms of exposure and learning. Another important finding worth noting, is that the provision of formal lessons and support provided to both classrooms by the accredited school counselor were seen as an invaluable component of the intervention.

In conclusion, this study has contributed to the fields of education, counseling, and mental health by demonstrating that middle years' students can increase their mental health resiliency and decrease their vulnerability to developing mental health problems when taught counseling strategies and skills in proactive, non-therapeutic, and educative ways in the classroom. While more research is needed, it may be that such an approach will help to reduce the demand on school and adult counseling services and increase overall resiliency, happiness, and positive practices in schools and society.

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Appendix A

Examples of Counseling Integration: Middle Years (Grades 5-8)

English Language Arts

Students will:

- Identify the cognitive distortions of characters in literature (fictional or non-fictional). Help these characters by cognitively reframing their maladaptive thoughts using the worksheet (see Appendix B).
- Demonstrate awareness through a mindfulness journal. Students will choose one experience per week (e.g., mindful eating, mindful walking, etc.). Students will keep track of their experiences and what was noticed during these experiences using a journal (Appendix C).
- Use scaling to demonstrate attention to conventions in the writing process.
    - Example: Student sets a proofreading/editing goal. Identifies his or her current place on the scale (in relation to the piece of writing). Student then identifies various writing mechanics as mini-goals. Attention to grammar, spelling, and punctuation may be identified as mini-goals. He or she identifies resources that may be useful and moves up the scale towards a more polished written assignment. The teacher rewards the use of the scaling strategy to solve a problem/achieve a goal.

Home Economics

Students will:

- Identify and list automatic maladaptive thoughts that occur during a cooking or sewing based project and dispute them using Socratic questioning.

Example: Students will keep a sheet of paper and a pencil beside them while sewing a pillowcase. Students will identify and write down one maladaptive thought that emerges during the process (e.g., I am never going to get this). Students will then identify and write down the cognitive distortion (e.g., all-or-nothing thinking). Students will then dispute the thought using Socratic questioning (e.g., What is the evidence for and against this thought? Is this thought realistic given the circumstances?). Students will then dispute the thought with a new statement that replaces the maladaptive thought (e.g., Considering this is my first time sewing, I am learning the basics, and I am doing well at that according to my teacher.).

- Practice developing greater awareness through mindful eating.
    - Example: Raisin Exercise – Each student is handed a raisin and asked to look at it with interest and curiosity and as if they have never seen one before. They are guided through a process of slowly examining all sensory aspects of the raisin from touch, smell, appearance, and finally taste. While slowly and purposefully tasting the raising they are asked to pay attention to the sensations in the mouth and throat. This exercise highlights a difference between awareness and unawareness as eating is often done on "automatic pilot" (Baer, 2006).
- Write out and follow a recipe using scaling.

Example: Students will write out a recipe (e.g., baking a loaf of bread) using the scaling worksheet (see Appendix D). Students will write out each step of the recipe as mini goals (e.g., gathering ingredients and equipment, warming water to correct temperature, proofing yeast, etc.) with the right anchor as the complete loaf of bread. Students also will identify possible challenges for some mini-goals (e.g., yeast isn't rising) and how to solve them (e.g., check expiration date on yeast).

Mathematics

Students will:

- Identify and list automatic maladaptive thoughts that occur during a math based project and dispute them using Socratic questioning.
- Engage in a mindfulness exercise prior to tests and exams.
- Use scaling to solve math problems.
    - Example: Students will use a math problem as the left anchor and the solution as the right anchor. Students will list the order of operations as mini-goals to solve multi-step problems without technology.

Music

Students will:

- Use cognitive reframing to identify and list automatic maladaptive thoughts that occur during a music-based project and dispute them using Socratic questioning.
- Demonstrate mindful awareness by understanding of different bodily sensations and emotions that can emerge from listening to different types of music.
- Use scaling to set up a practice schedule when learning an instrument (e.g., recorder).

Physical Education/Health Education

Students will:

- Use cognitive restructuring to identify and list automatic maladaptive thoughts related to body image issues and developmental changes and dispute them using Socratic questioning.
- Engage in mindfulness awareness and movement during various physical education activities.

  - Example: Students will go on a mindful walk outdoors. Students will be guided as they walk slowly to purposefully pay attention to the changing sensations below their feet and tune in to the sounds of nature.
  - Example: Students are asked to become aware of their bodily sensations after engaging in a cardiovascular activity.
- Use scaling to set athletic goals for themselves and track their progress.

Science

Students will:

- Use cognitive restructuring to identify and list automatic maladaptive thoughts that occur during a science based project and dispute them using Socratic questioning.
- Engage in mindfulness as they use their senses to gather information.
  - Example: Students will be asked to provide written descriptions of the characteristics that allow substances to be distinguished from one another (e.g., texture, strength, hardness, flexibility, etc.).
- Use scaling to solve science based problems.
  - Example: Students will use a science problem (e.g., how can I determine if air has mass?) as the right anchor and inability to solve the problem as the left anchor. Students will indicate their current place on the scale (e.g., their current knowledge about the topic will contribute to where they place themselves on the scale). Students will then identify steps and actions (e.g., blowing up a balloon, etc.), and required resources (balloon, string, yard stick, pin etc.) to set mini-goals to work towards solving the problem.

Social Studies

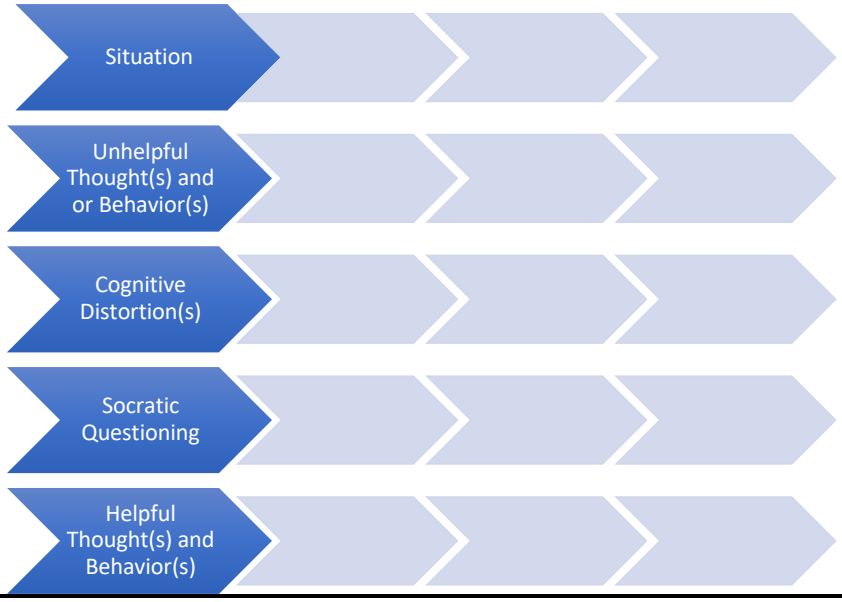
Students will:

- Choose a Canadian politician (past or present) and identify and list maladaptive thinking styles based on various statements and beliefs as made evident in the media and/or in historical archives (e.g., newspapers (online or print), microfiche, political documents, campaign promises, etc.).
- Learn to recognize and sit with difficult emotions and bodily sensations that may arise from controversial middle years social studies topics.
    - Example: Students will learn about controversial social studies topics (e.g., citizenship rights, emigration and immigration, Canadian identity, etc.). Students will discuss what they notice in their bodies (e.g., rapid heartbeat, increased warmth, muscle tension, etc.). Students are then led through a mindfulness activity (e.g., body scan, mindfulness of breath, etc.) Afterwards, the teacher also may use this opportunity to connect back to the topic and facilitate a discussion about how emotional awareness and regulation is beneficial in many aspects of the democratic process (e.g., understanding the experiences and points of view of others, understanding and awareness of our own biases, etc.).
- Identify a problem in history and use it as the left anchor of a scale. Students will then identify the resolution of that problem as the right anchor. Students will then identify the mini-goals in between each anchor that led from the onset of the problem to the resolution.

Appendix B

Cognitive Reframing Worksheet

Name: _____
Date: _____
Subject: _____



Cognitive Distortions List

Black and White Thinking: Placing things into either/or categories with no middle ground. E.g., It's either perfect or I'm a failure.
Overgeneralizing: Seeing one negative event as part of a never-ending pattern of misfortune.
Discounting the Positive: Only looking at the bad things and not thinking about the good things that have happened or that you did for someone else.
Mental Filter: Focusing on one small negative event and filtering out anything positive or contrary.
Jumping to Conclusions: Mind reading – the belief that someone is thinking negative things about you or that predicting how someone will react.
Fortune telling – predicting how things will unfold (usually negatively) and often avoiding something that is perceived as negative.
Emotional Reasoning: Using your emotions to judge yourself or your circumstances.
Labeling: Judging yourself or others based on one behavior or incident.
Catastrophising: Expecting the worst-case scenario no matter what. Using "what if " questions to assume the worst.
Should Thinking: Blaming yourself for failing to achieve an unattainable standard.
Personalization: Blaming yourself entirely without consideration for other factors.

Adapted from: Burns, D.D. (1999). *The Feeling Good Handbook*. New York: A Plume Book.

Socratic Questioning

What evidence supports this thought/belief?

What is the evidence against this thought/belief?

What would you say to your best friend if they were in this situation?

What would they say to you if it were you in this situation?

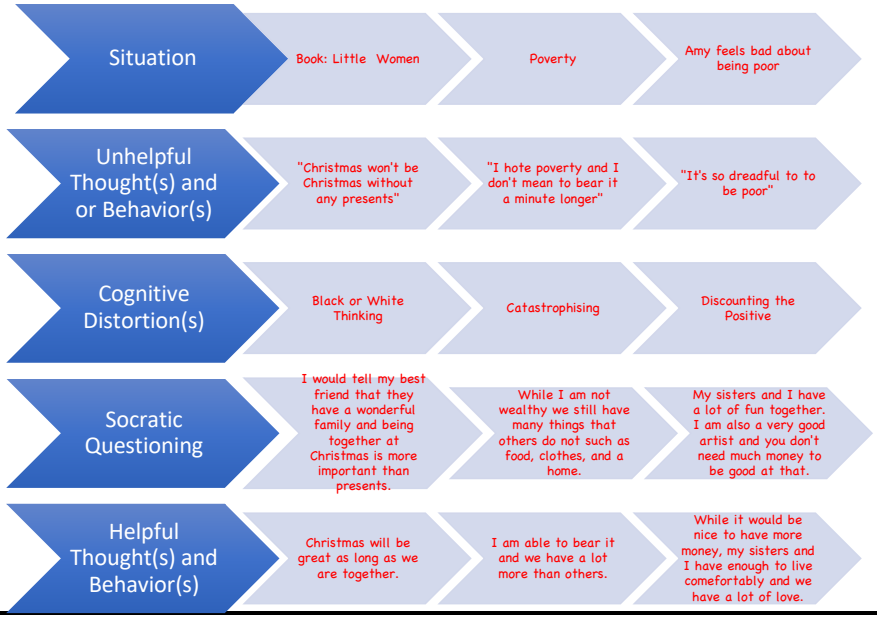
Are there any positive beliefs behind the negative thoughts?

Are there other ways of looking at this situation?

Are these thoughts serving a purpose?

Cognitive Reframing Worksheet - SAMPLE

Name: ___Alpha Upsilon_____
Date: ____January 30, 2018_____
Subject: ____English_____



Cognitive Distortions List

Black and White Thinking: Placing things into either/or categories with no middle ground. E.g., It's either perfect or I'm a failure.
Overgeneralizing: Seeing one negative event as part of a never-ending pattern of misfortune.
Discounting the Positive: Only looking at the bad things and not thinking about the good things that have happened or that you did for someone else.
Mental Filter: Focusing on one small negative event and filtering out anything positive or contrary.
Jumping to Conclusions: Mind reading – the belief that someone is thinking negative things about you or that predicting how someone will react.
Fortune telling – predicting how things will unfold (usually negatively) and often avoiding something that is perceived as negative.
Emotional Reasoning: Using your emotions to judge yourself or your circumstances.
Labeling: Judging yourself or others based on one behavior or incident.
Catastrophising: Expecting the worst-case scenario no matter what. Using "what if " questions to assume the worst.
Should Thinking: Blaming yourself for failing to achieve an unattainable standard.
Personalization: Blaming yourself entirely without consideration for other factors.

Adapted from: Burns, D.D. (1999). *The Feeling Good Handbook.* New York: A Plume Book.

Socratic Questioning

What evidence supports this thought/belief?

What is the evidence against this thought/belief?

What would you say to your best friend if they were in this situation?

What would they say to you if it were you in this situation?

Are there any positive beliefs behind the negative thoughts?

Are there other ways of looking at this situation?

Are these thoughts serving a purpose?

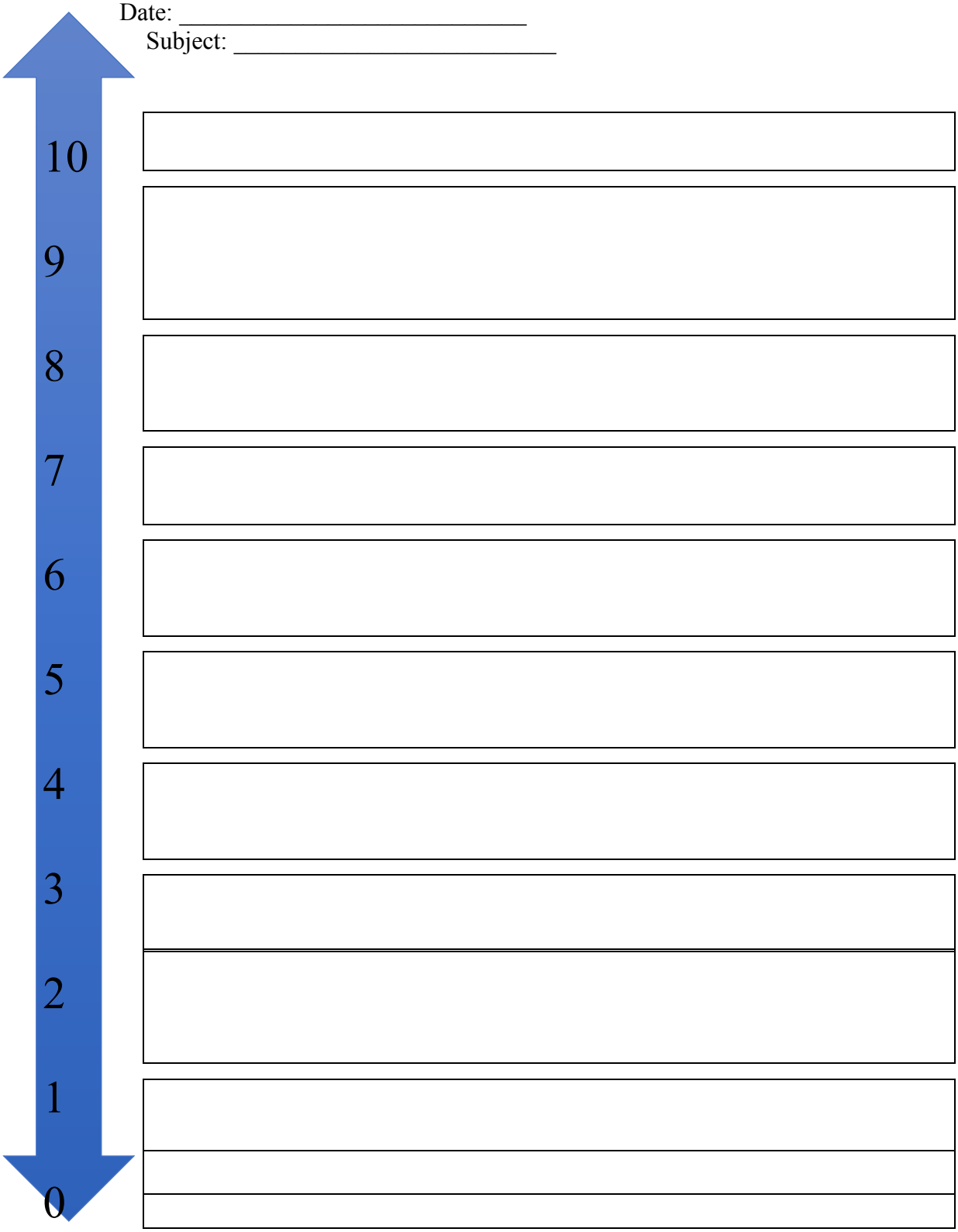
Appendix C

Scaling Worksheet - SAMPLE

Name: _____

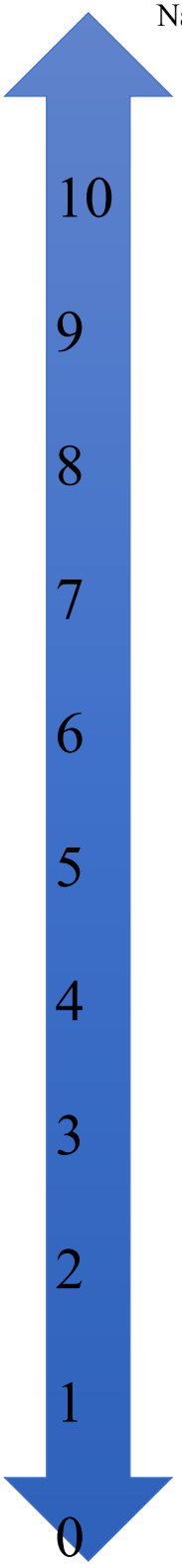
Date: _____

Subject: _____



Scaling Worksheet - SAMPLE

Name: ___Beta Omicron_____
Date: ____January 30, 2018_____
Subject: ____Home Economics_____



10 — Loaf of bread is DONE and ready to EAT!!
(PC): Cold butter – make sure to have some at room temperature!

9 — Turn oven light on and check on bread after 30 minutes. If bread looks like it's browning too much, cover lightly with tin foil. The finished bread should have a nice dome, be brown, and smell good, and the crust should feel dry and firm. Remove bread from oven using oven-mitts, shit the oven off, and let the bread cool in the pan for one hour. Once cooled remove the loaf from pan.
(PC) – Loaf sticks to pan – spray well with cooking spray but if still stuck run a knife around gently to loosen

8 — Preheat the oven to 350° Fahrenheit when the hour is almost up. Once the hour is up and the oven has come to temperature put oven-mitts on and put the loaf pan into the oven. Set a timer for 35-40 minutes.

7 — After the dough has finished rising, turn dough out onto a lightly floured work surface. Shape the dough into a log the same size as your pan. Spray the loaf pan with cooking spray and put the dough log into it. Let it rise again for an hour.

6 — Spray the empty bowl that had the wet ingredients in it with cooking spray. Form kneaded dough into a ball and put in the bowl. Cover bowl with saran wrap. Leave dough to rise for 2 hours or until doubled in size.
(PC): Dough might not rise –place dough in a warm spot.

5 — After the 10 minutes, add the oil and honey to the yeast and water and mix well. Make a well with the dry ingredients. Pour the wet ingredients into the dry. Using the wooden spoon bring the dry ingredients from the outside into the wet ingredients until combined. Once incorporated, use your hands to knead the dough for 8 minutes until smooth.

4 — Combine warm water, yeast and honey in one large mixing bowl and leave it alone for 10 minutes. Combine whole wheat flour, non-fat milk powder and salt in the other large mixing bowl.
(PC) – Yeast might not rise – check expiry date and make sure yeast is fresh.

3 — Complete mise en place: 1 cup of warm water, ¼ cup of vegetable oil, ¼ cup of honey, 3½ whole wheat flour, 2½ tsp of instant yeast, ¼ non-fat milk powder, 1¼ tsp salt.

2 — Gather ingredients: water, oil, honey, whole wheat flour, instant yeast, non-fat milk powder, and salt. Gather equipment: two large mixing bowls, wet and dry measuring cups, tsp measuring set, wooden spoon, saran wrap, cooking spray, 8½" X 4½" loaf pan, oven-mitts.

1 — Look at the recipe to find the ingredients and equipment needed to make whole wheat bread.
(PC): ~~I don't know what all two of the terms mean – I will look them up.~~
~~We need to make a loaf of whole wheat bread for Home Economics class.~~
Unknown terms: well – to make walls of flour around the bowl with a whole in the middle for wet ingredients. knead – to work a dough with your hands using a kneading motion.
~~Possible Challenge (PC): I've never done that before.~~

0

Appendix D

Mindfulness Based Exercises

Mindful Eating

Raisin Exercise – Each student is handed a raisin and asked to look at it with interest and curiosity and as if they have never seen one before. They are guided through a process of slowly examining all sensory aspects of the raisin from touch, smell, appearance, and finally taste. While slowly and purposefully tasting the raising they are asked to pay attention to the sensations in the mouth and throat. This exercise highlights a difference between awareness and unawareness as eating is often done on "automatic pilot" (Baer, 2006).

Full script and audio available at: http://www.mbsrtraining.com/mindfully-eating-a-raisin-exercise/

Mindfulness of Breath

Awareness of Breath Exercise – Each student sits in a chair or on the floor in an erect posture. Students are asked to "tune-in to their breathing". Students are guided to consider the difference in temperature of the air entering and leaving the nostrils. Students are guided to notice the rise and fall of their bellies. Students are asked to notice with non-judgemental and non-reactive awareness when they have thoughts that emerge and their attention is taken away from the breath. Students are then gently redirected to focus on the breath. Students may be asked to think about how they are breathing (e.g., fast, slow, shallow, deep, etc.) without wanting or trying to change the breath. Students may be asked to increase their awareness from their breath to one that encompasses their whole bodies. Students are asked to give themselves credit for taking this time to nurture and care for themselves and invited to bring a new level of awareness as they refocus on the world.

Full script available at: http://mindfulnesshamilton.ca/meditation-scripts
Full audio available at: http://www.freemindfulness.org

Mindful Walking

Walking Mindfully Exercise – Students are asked to stand up in an area where they have space to move around. First, students are asked to tune in to sensations in the body. Students may be directed to notice their breaths, their bodies as a whole, and/or the feelings of both feet touching the ground. Students are then asked to slowly and deliberately begin to take a step. This is done very slowly and students are asked to notice differences in pressure, feelings in the muscles, changing points of contact with the ground, movement in the arms, feelings in the back and chest, contraction of muscles in the legs, etc. This continues on for sometime. Students also may be directed to notice the environment as well. Students may be asked to notice changing sensations in ground materials below their feet (e.g., grass to cement), sounds of nature, temperature, etc.

Full script available at: http://mams.rmit.edu.au/qdqjdwrpw3wm1.pdf

Full audio available at: http://www.mbsrtraining.com/walking-meditation-guided-audio/

Body Scan

Body Scan Activity – For the body scan activity students begin by either sitting in a chair or lying on the floor. Students who are sitting are asked to sit erect with their feet on the floor and their hands on their thighs. Students who are lying down are asked to have their hands and legs gently falling outwards. Students are first asked to tune into their breath. After a few minutes, students are directed to pay attention or rest their awareness on other parts of the body individually. For example, students may be directed to notice the toes of the left foot. They may be asked to see what they find (e.g., numbness, tingling, warm, cold, no sensation at all, etc.). Students may then be directed to another part of the body such as the left lower leg. They may be asked to tune in to feelings in the muscles, of the leg touching the chair or floor, or of feelings of clothing on the leg. This continues on for some time depending on the length of the activity.

Full script available at: https://youth.anxietybc.com/sites/default/files/Body_Scan.pdf
Full audio available at: http://www.freemindfulness.org

** Note: There are many different variations of the above-mentioned activities (length of activity, purpose, style, etc.). Teachers are encouraged to select activities from credible sources that meet the needs of their students. Teachers also may need to adapt these scripts for use in specific subject areas.

Mindfulness Journal Worksheet

Name: _____
Date: _____
Subject: _____

The mindfulness exercise I engaged in today was:

How would I describe my experience with this exercise?

What did I notice during this exercise?

Mindfulness Journal Worksheet - SAMPLE

Name: ___Gamma Lambda_____
Date: ____January 30, 2018_____
Subject: ____English _____

The mindfulness exercise I engaged in today was:

Today I practiced mindful eating for 30 minutes. We had meatloaf, mashed potatoes, and broccoli for dinner. I followed an audio recording of mindful eating and ate dinner along with it.

How would I describe my experience with this exercise?

I found it really difficult to not shovel the food into my mouth. I never realized how quickly I must eat regularly. Some of the things I ate tasted differently to me. For example, meatloaf has a different texture when you are eating more slowly and with awareness. I also noticed how creamy mashed potatoes feel in your mouth when eating with awareness. If it's possible, I may like them even more now. I also noticed the work of my jaw while I was eating broccoli. The only thing I didn't enjoy abou the experience was that my food got cold because it took me so long to eat it!

What did I notice during this exercise?

I noticed that eating with awareness is a completely different experience than just eating. The food taste different and feels different in your mouth. I also became more aware of the work that my body does while I'm eating. I was more aware of my stomach and sensations of being fed and getting fuller. I was also more aware of the process of chewing and swallowing. I didn't notice much difference while I was looking at the food however, I did notice that it was really hard to have it in front of my face without putting the fork in my mouth. It was almost like an impulse I had to control.

Appendix E

RESILIENCY Scales
FOR CHILDREN & ADOLESCENTS™
A Profile of Personal Strengths

Combination Booklet

Detach this page before administration.

Name: _____ Sex: ☐ Male ☐ Female

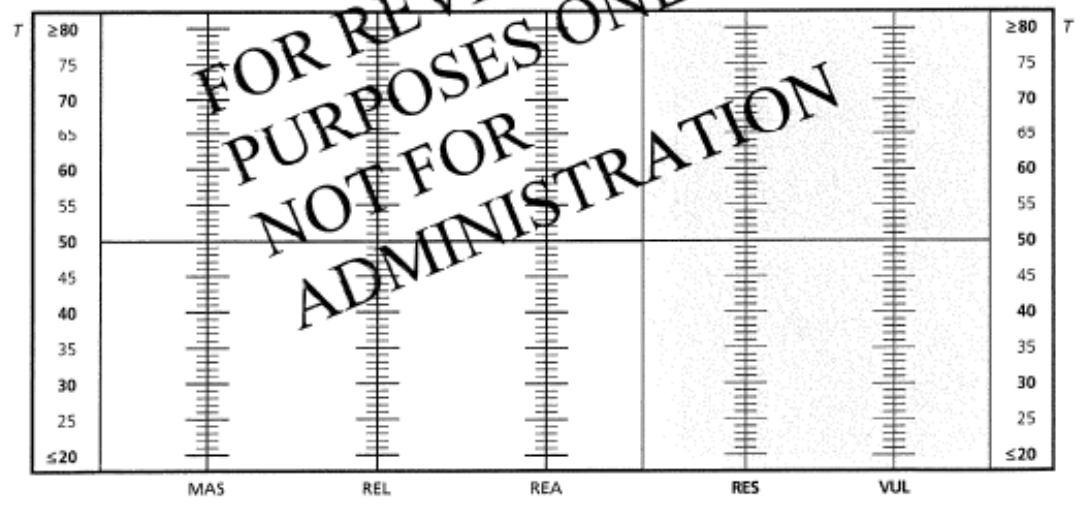
Date: _____ Age: _____ Grade: _____

Referral Question: _____

Academic Status: _____ Disability Status: _____ Classification Status: _____

Placement Status: _____ Diagnostic Status: _____

Resiliency Profile — Index Scores



RES Raw Score = (MAS *T* + REL *T*)/2
For RES *T* scores, see Table C.1.

VUL = REA *T* - RES *T*
For VUL *T* scores, see Table D.1.

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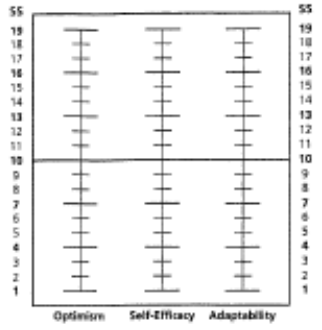
MAS Subscale Profile

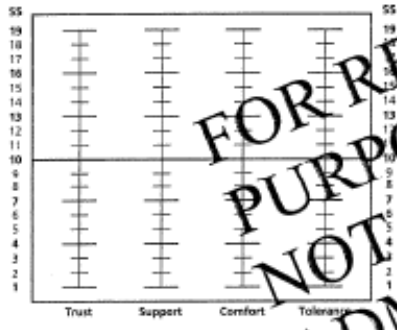


Sense of Mastery Subscale Scoring

Optimism	Self-Efficacy	Adaptability
1	5	15
2	6	16
3	7	17
4	8	
18	9	
19	10	
20	11	
	12	
	13	
	14	
Total	Total	Total
SS	SS	SS

For scaled scores, see Table A.2.

REL Subscale Profile

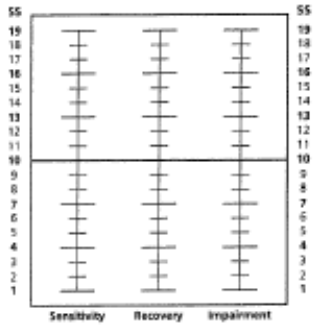


Sense of Relatedness Subscale Scoring

Trust	Support	Comfort	Tolerance
6	5	1	11
7	18	2	12
8	19	3	13
9	20	4	14
10	21		15
23	22		16
24			17
Total	Total	Total	Total
SS	SS	SS	SS

For scaled scores, see Table A.3.

REA Subscale Profile



Emotional Reactivity Subscale Scoring

Sensitivity	Recovery	Impairment
1	10	7
2	11	8
3	12	9
4	13	14
5		15
6		16
		17
		18
		19
		20
Total	Total	Total
SS	SS	SS

For scaled scores, see Table A.4.

MAS

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the *one* answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

		0	1	2	3	4
1.	Life is fair.	Never	Rarely	Sometimes	Often	Almost Always
2.	I can make good things happen.	Never	Rarely	Sometimes	Often	Almost Always
3.	I can get the things I need.	Never	Rarely	Sometimes	Often	Almost Always
4.	I can control what happens to me.	Never	Rarely	Sometimes	Often	Almost Always
5.	I do things well.	Never	Rarely	Sometimes	Often	Almost Always
6.	I am good at fixing things.	Never	Rarely	Sometimes	Often	Almost Always
7.	I am good at figuring things out.	Never	Rarely	Sometimes	Often	Almost Always
8.	I make good decisions.	Never	Rarely	Sometimes	Often	Almost Always
9.	I can adjust when plans change.	Never	Rarely	Sometimes	Often	Almost Always
10.	I can get past problems in my way.	Never	Rarely	Sometimes	Often	Almost Always
11.	If I have a problem, I can solve it.	Never	Rarely	Sometimes	Often	Almost Always
12.	If I try hard, it makes a difference.	Never	Rarely	Sometimes	Often	Almost Always
13.	If at first I don't succeed, I will keep on trying.	Never	Rarely	Sometimes	Often	Almost Always
14.	I can think of more than one way to solve a problem.	Never	Rarely	Sometimes	Often	Almost Always
15.	I can learn from my mistakes.	Never	Rarely	Sometimes	Often	Almost Always
16.	I can ask for help when I need to.	Never	Rarely	Sometimes	Often	Almost Always
17.	I can let others help me when I need to.	Never	Rarely	Sometimes	Often	Almost Always
18.	Good things will happen to me.	Never	Rarely	Sometimes	Often	Almost Always
19.	My life will be happy.	Never	Rarely	Sometimes	Often	Almost Always
20.	No matter what happens, things will be all right.	Never	Rarely	Sometimes	Often	Almost Always

For *T* scores, see Table A.1.

TS RS

REL

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the *one* answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

		0	1	2	3	4
1.	I can meet new people easily.	Never	Rarely	Sometimes	Often	Almost Always
2.	I can make friends easily.	Never	Rarely	Sometimes	Often	Almost Always
3.	People like me.	Never	Rarely	Sometimes	Often	Almost Always
4.	I feel calm with people.	Never	Rarely	Sometimes	Often	Almost Always
5.	I have a good friend.	Never	Rarely	Sometimes	Often	Almost Always
6.	I like people.	Never	Rarely	Sometimes	Often	Almost Always
7.	I spend time with my friends.	Never	Rarely	Sometimes	Often	Almost Always
8.	Other people treat me well.	Never	Rarely	Sometimes	Often	Almost Always
9.	I can trust others.	Never	Rarely	Sometimes	Often	Almost Always
10.	I can let others see my real feelings.	Never	Rarely	Sometimes	Often	Almost Always
11.	I can calmly tell others that I don't agree with them.	Never	Rarely	Sometimes	Often	Almost Always
12.	I can make up with friends after a fight.	Never	Rarely	Sometimes	Often	Almost Always
13.	I can forgive my parent(s) if they upset me.	Never	Rarely	Sometimes	Often	Almost Always
14.	If people let me down, I can forgive them.	Never	Rarely	Sometimes	Often	Almost Always
15.	I can depend on people to treat me fairly.	Never	Rarely	Sometimes	Often	Almost Always
16.	I can depend on those closest to me to do the right thing.	Never	Rarely	Sometimes	Often	Almost Always
17.	I can calmly tell a friend if he or she does something that hurts me.	Never	Rarely	Sometimes	Often	Almost Always
18.	If something bad happens, I can ask my friends for help.	Never	Rarely	Sometimes	Often	Almost Always
19.	If something bad happens, I can ask my parent(s) for help.	Never	Rarely	Sometimes	Often	Almost Always
20.	There are people who will help me if something bad happens.	Never	Rarely	Sometimes	Often	Almost Always
21.	If I get upset or angry, there is someone I can talk to.	Never	Rarely	Sometimes	Often	Almost Always
22.	There are people who love and care about me.	Never	Rarely	Sometimes	Often	Almost Always
23.	People know who I really am.	Never	Rarely	Sometimes	Often	Almost Always
24.	People accept me for who I really am.	Never	Rarely	Sometimes	Often	Almost Always

For *T* scores, see Table A.1.

TS RS

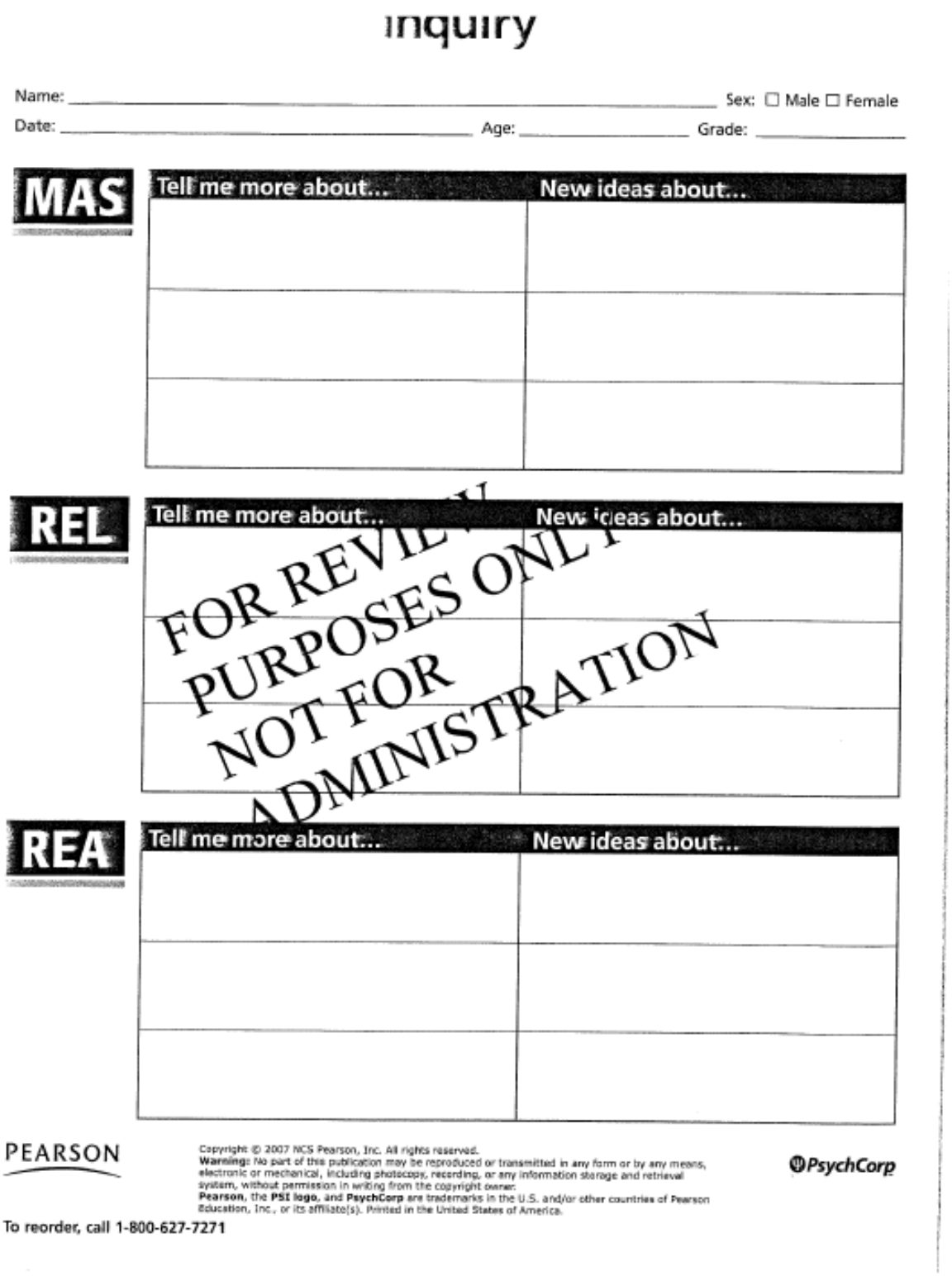
REA

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the *one* answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

		0	1	2	3	4
1.	It is easy for me to get upset.	Never	Rarely	Sometimes	Often	Almost Always
2.	People say that I am easy to upset.	Never	Rarely	Sometimes	Often	Almost Always
3.	I strike back when someone upsets me.	Never	Rarely	Sometimes	Often	Almost Always
4.	I get very upset when things don't go my way.	Never	Rarely	Sometimes	Often	Almost Always
5.	I get very upset when people don't like me.	Never	Rarely	Sometimes	Often	Almost Always
6.	I can get so upset that I can't stand how I feel.	Never	Rarely	Sometimes	Often	Almost Always
7.	I get so upset that I lose control.	Never	Rarely	Sometimes	Often	Almost Always
8.	When I get upset, I don't think clearly.	Never	Rarely	Sometimes	Often	Almost Always
9.	When I get upset, I react without thinking.	Never	Rarely	Sometimes	Often	Almost Always
10.	When I get upset, I stay upset for about one hour.	Never	Rarely	Sometimes	Often	Almost Always
11.	When I get upset, I stay upset for several hours.	Never	Rarely	Sometimes	Often	Almost Always
12.	When I get upset, I stay upset for the whole day.	Never	Rarely	Sometimes	Often	Almost Always
13.	When I get upset, I stay upset for several days.	Never	Rarely	Sometimes	Often	Almost Always
14.	When I am upset, I make mistakes.	Never	Rarely	Sometimes	Often	Almost Always
15.	When I am upset, I do the wrong thing.	Never	Rarely	Sometimes	Often	Almost Always
16.	When I am upset, I get into trouble.	Never	Rarely	Sometimes	Often	Almost Always
17.	When I am upset, I do things that I later feel bad about.	Never	Rarely	Sometimes	Often	Almost Always
18.	When I am upset, I hurt myself.	Never	Rarely	Sometimes	Often	Almost Always
19.	When I am upset, I hurt someone.	Never	Rarely	Sometimes	Often	Almost Always
20.	When I am upset, I get mixed-up.	Never	Rarely	Sometimes	Often	Almost Always

For *T* scores, see Table A.1.

TS **RS**



inquiry

Name: _____ Sex: ☐ Male ☐ Female

Date: _____ Age: _____ Grade: _____

MAS

Tell me more about...	New ideas about...

REL

Tell me more about...	New ideas about...

REA

Tell me more about...	New ideas about...

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Appendix F

Counseling Strategies

Strategy #1: Cognitive Restructuring

Cognitive restructuring is a cognitive-behavioral psychotherapeutic strategy that involves the identification and disputation of irrational or maladaptive thoughts (Corey 2005, Prochaska & Norcross, 2010). According to Burns (1990), maladaptive thinking patterns (also known as cognitive distortions) typically fall into one or more of the following categories: (a) all-or-nothing thinking, (b) overgeneralization, (c) mental filter, (d) discounting the positives, (e) jumping to conclusions (mind-reading and fortune-telling), (f) magnification or minimization, (g) emotional reasoning, (h) should statements, (i) labeling, (j) personalization and blame. Cognitive restructuring generally involves four steps.

The first step is to learn to recognize maladaptive thoughts. These are sometimes called automatic thoughts as they are often repeated in the head of the individual and are based on a negative perception the individual holds about him or herself, the world, or the future. The second step is to identify the cognitive distortion. Once the automatic thought is identified, the individual is asked to look at a list of cognitive distortions and identify which one(s) best fit with his or her thought. The third step is to dispute the automatic thought using Socratic questioning. The final step is to develop a new statement or thought that refutes and replaces the maladaptive thought.

Cognitive restructuring is a counseling strategy that assists individuals in deliberately reinterpreting a stimulus to elicit a different emotional response. Equipping students with this adaptive regulative psychological skill may contribute to greater emotional resiliency as well as provide protection from developing a mental health problem. Furthermore, this strategy also may increase positive affectivity as they learn to perceive events more realistically. This strategy may be useful if done with classmates as an activity, as this also would help to strengthen adaptive skills within peer groups.

Strategy #2: Mindfulness Based Stress Reduction

Mindfulness is becoming increasingly popular in western culture. According to Kabat-Zinn (2015), mindfulness cultivates non-judgmental awareness by paying attention to the present moment without judgment or reactivity. Over the last thirty years, there has been a considerable amount of research validating the psychological and physical benefits of a regular mindfulness based stress reduction practice. In a nutshell, mindfulness based stress reduction is associated with greater awareness of oneself and others (Kabat-Zinn, 2015; Hill & Updegraff, 2012; Stella 2016; Vago & Silbersweig, 2012), positive affect (Meiklejohn et al, 2012; Beauchemin, Hutchins, & Patterson, 2008; Schonert-Reichl & Lawlor, 2010), responsible decision-making (Black, Sussman, Johnson & Milam, 2012; Brown, West, Loverich, & Biegel, 2011), and self-regulation (Teper, Segal, & Inzlicht, 2003; Lyvers, Makin, Toms, Thorberg & Samios, 2014).

Another added benefit of mindfulness-based activities and practices is that they are generally quite inclusive due to their simplicity. As such, they may be used with students who have high-incidence or low-incidence disabilities. For example, it may be possible for students who are non-verbal or have low language abilities to engage in some mindfulness based practices. Students who have learning or attention problems may also benefit from mindfulness (Beauchemin et al., 2008). Students with internalizing (e.g., anxiety and mood disorders, etc.) and externalizing disorders (e.g., conduct disorder, attention deficit hyperactivity disorder, etc.)

also may experience increased wellbeing and academic performance from a regular mindfulness practice (Beauchemin et al., 2008).

Mindfulness is an acceptance based, cognitive and behavioral strategy, which aims to increase and expand awareness of situational and environmental cues along with cognitive, emotional, and behavioral responses (Orsillo & Roemer, 2005). With this increased awareness, individuals gain greater insight into the functions of their responses. Another goal of mindfulness is to switch the internal dialogue from one that is judgmental and controlling to one that is accepting and compassionate. A final goal of mindfulness, is to increase quality of life and decrease the negative symptoms or effects related to stressful life challenges or mental health problems.

Mindfulness may be seen as a positive coping mechanism as it involves altering (through greater acceptance) subjective cognitive and emotional perceptions of the stimulus in response and reduces distress (Kabat-Zinn, 2015). Furthermore, during periods of stress or in response to mental illness it has been shown to reduce emotional and physical symptoms while increasing positive affectivity as well (Kabat-Zinn, 2015). Mindfulness also may support the development of adaptive social skills (Baeauchemin et al., 2008). As research indicates, mindfulness increases not only awareness of the self but awareness of others (Baeauchemin et al., 2008; Van Doesum, Van Lange, and Van Lange, 2013). Mindfulness also is associated with self-regulation and responsible decision-making. It is likely, that these factors may contribute to greater pro-social skills (Van Doesum et al., 2013).

Strategy #3: Scaling/Identifying Strengths

The third strategy is derived from solution-focused therapy. In counseling, scaling is a technique used to help individuals express their thoughts and feelings about a particular problem (O'Connell, 2001). This strategy involves setting a goal as an anchor on a scale of one to ten. The goal is typically related to the resolution of a particular problem or a desired situation. The individual also identifies the worst-case scenario as the bottom anchor. The individual then situates him or herself on that scale. The individual then identifies goals for each number in between where he or she is currently at and the end goal. Each mini-goal helps the individual to move closer towards the end goal (i.e., the resolution of a particular problem or a desired situation). While outlining mini-goals, individuals also are encouraged to identify resources that may contribute to the successful achievement of their goal. Resources may include but are not limited to people (e.g., family members, friends, mentors, teachers, etc,), information gathering, and/or organizations and institutions.

According to O'Connell (2001), scaling is an effective counseling strategy for several reasons. One reason is that it scaling engages individuals as active participants in developing and working through a problem-solving plan. Another reason is that this technique helps to empower people through the identification of small steps that can be taken towards each problem. Furthermore, individuals track their own progress and signs of progress. This may be especially useful for students who have tendencies to internalize problems or have an external locus of control. Through scaling, individuals become in control of their choices move towards gaining mastery over their problem. As a final note, scaling also builds confidence, hope and motivation increasing positive affectivity. Individuals are also able to clearly see how goals and solutions may positively translate to other areas of their lives.

Integration of Counseling Strategies for Middle Years' Teachers

This section provides insights into and practical guidelines for the effective integration of counseling strategies into middle years curriculum. In order to develop this guide, Manitoba middle years curriculum documents (including general and specific learning outcomes) for each subject were consulted (Manitoba Education and Training, 2018b, Manitoba Education, 1997; Manitoba Education and Training, 2010; Manitoba Education and Training, 2018a). In addition, the format was adapted from the Manitoba curriculum document, *Integrating Aboriginal Perspectives into Curricula: A resource from curriculum developers, teachers, and administrators* (2003). Drawing from this document, as well as, *Integrating Aboriginal Perspectives into the School Curriculum: Purpose, possibilities, and Challenges* (Kanu, 2011), *Curricular Connections: Elements of integration in the classroom* (Manitoba Education and Training, 1997), and *Engaging Middle Years Students in Learning: Transforming middle years education in Manitoba* (Manitoba Education) counseling strategies were integrated into the following three levels of middle years education curriculum: (a) student learning outcomes and instructional strategies, and (b) curricular content and learning resources, (c) middle years assessment.

Integration into student learning outcomes and instructional strategies. A middle years curriculum that effectively integrates the above mentioned counseling strategies should provide students with opportunities to use strategies in a number of different contexts and in a number of different ways. Students also need to be provided with consistent and frequent opportunities to use these strategies in real life situations, such as when completing assignments or tasks or preparing for a presentation. As an example, students should be able to recognize and work through cognitive distortions and apply scaling when considering fictional and non-fictional events in subjects such as literature or history. Students also should be exposed to a number of different types of mindfulness-based activities (e.g., mindful eating, mindful walking, mindfulness of breath, body scan, etc.). Educators need to model and encourage the use of strategies as well as support student reflection regarding use. The figure in Appendix F outlines many ways to encourage and support effective counseling strategy use in a middle years classroom (Appendix F).

Examples of possible learning outcomes. In this section, a summary of possible learning outcomes for a counseling integrated curriculum are provided. In addition, a list of examples of possible learning outcomes is provided in Appendix A. The examples provided in Appendix A are more of a guide rather than an exhaustive list. In order to develop the following examples below (and in Appendix A), the Manitoba middle years curriculum documents for each subject were consulted. Educators and curriculum development teams are encouraged to look for other opportunities in which these counseling strategies can be effectively integrated into middle years curricula.

English Language Arts (ELA). One way that middle years ELA teachers may incorporate cognitive reframing into the curriculum is by having students identify the cognitive distortions of characters in literature. Next, students may "help" these characters by cognitively reframing their maladaptive thoughts using a worksheet. These characters may be fictional or non-fictional. As an example, students may be asked to read the book *Little Women* by Louisa May Alcott and asked to identify and list the cognitive distortions of one of the March sisters. Once the cognitive distortions have been identified, explored, and listed, students may then "help" the character to

reframe her thoughts to ones that are more adaptive. Please see Appendix B for a blank and completed sample of this worksheet.

One way that mindfulness can be integrated into the middle years ELA curriculum by having students keep a journal. Teachers may present and teach different types of mindfulness (e.g., mindful eating, tasks, walking, breathing, etc.) to students each week and ask students to spend a certain amount of time engaging in the activity and keep track of their experiences and what they noticed using a journal. Please see Appendix C for a blank and completed sample of the journaling template.

Teachers may choose to incorporate the scaling strategy into the curriculum in a number of different ways. For example, they may have students use it to set writing goals. Teachers may ask students to demonstrate attention to conventions in the writing process on an essay using the scaling strategy. Students may establish where they feel their essay is in relation to writing mechanics on a scale of one to ten. Next, they may identify various writing conventions as mini-goals that will help them to move up the scale to a ten.

As an example, a student may identify his or her essay at a five on a scale of ten. The student then may set mini-goals such as spelling, punctuation, sentence structure, subject-verb agreement, and word usage. The student then identifies resources for each mini-goal that may help him or her to move up the scale. In this case, the student may identify spell check on the computer and a dictionary as resources he or she can use to address the spelling mini-goal and move from a five to a six on the scale.

Home Economics. One way that middle years home economics teachers may incorporate cognitive reframing into the curriculum is by having students identify and list automatic maladaptive thoughts that occur during a cooking or sewing based project. As an example, the teacher may ask students to keep a cognitive reframing template and a pencil beside them while sewing a pillowcase. Students are then asked to identify and write down any maladaptive thoughts (e.g., I am never going to get this) that emerge during the process of making the pillowcase. Students are then asked to identify the cognitive distortion from the list (e.g., all-or nothing thinking) and then dispute the thought using Socratic questioning (e.g., what is the evidence for and against this thought?). Next, students will replace the maladaptive thought with a more adaptive and helpful one (e.g., Considering this is my first time sewing, I am learning the basics, and I am doing well at that according to my teacher.).

Home economics teachers may integrate mindfulness into curriculum by having students practice mindful eating during a baking project. For example, the teacher may ask each student to pick up a raisin when baking a loaf of raisin bread and lead them through a mindfulness activity. Students may be asked to examine the raisin with interest and curiosity as if they have never seen one before then guided through a process of slowing examining all sensory aspects of the raisin from touch, smell, appearance, and finally taste. While slowly and purposefully tasting the raising they may be asked to pay attention to the sensations in their mouth and throat. This exercise highlights a difference between awareness and a lack of awareness as eating is often done on “automatic pilot” (Baer, 2006).

One way teachers may integrate scaling into the home economics curriculum is by asking students to use the strategy to follow a recipe. For example, students may use the scaling template to bake a loaf of bread and write each step of the recipe as mini-goals (e.g., gathering ingredients and equipment, warming water to correct temperature, proofing yeast, etc.). On the scale, the right anchor is the complete loaf of bread. Students can also identify possible

challenges for some mini-goals (e.g., yeast isn't rising) and how to solve them (e.g., check expiration date on yeast).

Mathematics. Some middle years students may have difficulty understanding certain math problems or concepts. This may lead to frustration and unhelpful thoughts. Teachers might encourage students to work through their maladaptive thoughts using the cognitive reframing template. For example, some students may have difficulty understanding linear equations which may result in unhelpful thoughts. Teachers may have frustrated students list their maladaptive thoughts (e.g., It's my fault I don't understand because I am so stupid), identify the cognitive distortion (e.g., personalization, discounting the positive), and dispute it using Socratic questioning (e.g., What would you say to a best friend if they were in this situation?), and replace it with a more helpful and adaptive thought (e.g., I have been doing well in math, I bet if I keep at it I will get this just like everything else).

In addition to having maladaptive thoughts related to math comprehension, some students also may feel nervous before math tests and exams. Mathematics teachers may engage students in a mindfulness activity (e.g., mindfulness of breath) prior to a math test or exam to reduce anxious symptoms.

The scaling strategy also may be used to help students solve math problems. For example, teachers may ask students to use a math problem as the left anchor and the solution as the right anchor on a scaling template. Students might then list the order of operations as mini-goals to solve multi-step problems.

Music. One way that teachers can integrate cognitive reframing into the music curriculum is by having students identify and list maladaptive thoughts that occur during a music-based project. Students may then dispute these thoughts using Socratic questioning and replace them with more adaptive ones. Since music in middle years curriculum is often collaborative (i.e., students are all working together to produce a song or composition), teachers may consider having students work together in small groups during this activity.

Teachers can incorporate mindfulness into the music curriculum is by having students explore different bodily sensations that emerge through listening to different types of music. For example, may be encouraged to explore sensations that emerge within the body when listening to *Flight of the Bumblebee* by Rimsky-Korsakov. Students may identify sensations such as tensions or a rapid heartbeat. Teachers may then encourage students to sit with their sensations and simply be aware of them.

Scaling may be used to help students set goals and practice schedules when learning an instrument. For example, middle years students who are practicing the recorder may set a goal of being able to play a song with no errors as the right anchor, students may then identify mini-goals such as practicing their recorders for thirty minutes every day as steps towards that goal.

Physical education/health education. One common challenge experienced by adolescents are issues related to body image. One way teachers can integrate cognitive reframing into the physical education and/or health education curriculum is to have students identify and list maladaptive thoughts related to body image. Due to the sensitivity of this topic, teachers may consider providing examples using common concerns (e.g., I am not thin enough, I am too tall, I don't feel attractive, etc.) and having the class work through the process together as a whole.

During gym class, students engage in many different activities including but not limited to movement, cardiovascular, strength training, and stretching. Teachers may use mindfulness-based activities (e.g., body scan) to encourage students to become aware of the different sensations in their bodies during or after a specific activity. For example, students may be asked

to become aware of the stretch in a particular location of the body while doing yoga. Alternatively, students may be asked to tune in to their breathing, heart rate, and other sensations after completing a cardiovascular exercise and cool down. Teachers also might introduce a mindful walking activity outdoors. In this activity, students can be guided as they walk slowly and purposefully outside while paying attention to the changing sensations below their feet, the sounds of nature, and the shifting of weight in various locations of the body.

One way teachers can integrate scaling into physical education is by having students set athletic goals for themselves. Scaling also can be used to set-mini goals and track progress. For example, students may use scaling to prepare for a marathon event.

Science. Some middle years students may have difficulty understanding certain science problems or concepts leading to frustration and unhelpful thoughts. Teachers might encourage students to work through their maladaptive thoughts using the cognitive reframing template. For example, some students may have difficulty understanding and identifying independent and dependant variables in an experiment which may result in unhelpful thoughts. Teachers may have frustrated students list their maladaptive thoughts, identify the cognitive distortion, dispute it using Socratic, and replace it with a more helpful and adaptive thought.

In science, mindfulness may be used to help students engage their senses as they gather information. For example, students can be asked to provide written descriptions of the characteristics that allow substances to be distinguished from one another (e.g., texture, strength, hardness, flexibility, color, etc.). Teachers may lead students through the activity by encouraging them to focus their awareness on various aspects of the substance. This is similar to the raisin activity described above.

Science teachers might also employ scaling as a strategy to help students solve a particular science problem (e.g., how can I determine if air has mass?). The right anchor can be identified as the problem solved and the inability to solve the problem as the left anchor. Students will indicate their current place on the scale (e.g., their current knowledge about the topic will contribute to where they place themselves on the scale). Students might then identify steps and actions (e.g., blowing up a balloon, etc.), and required resources (balloon, string, yard stick, pin etc.) to set mini-goals to work towards solving the problem.

Social studies. One way that teachers can use cognitive reframing within the context of the middle years social studies curriculum is to have students identify and list the maladaptive thinking styles of politicians (past or present). For example, students may choose a politician and identify and list his or her maladaptive thinking styles based on various statements and beliefs as made evident in the media and/or in historical archives (e.g., newspapers (online or print), microfiche, political documents, campaign promises, etc.) For example, a student may identify Donald Trump as the politician he or she wishes to study. After doing some research, the student may first make a list of maladaptive statements that the president has made (e.g., “The Iran nuclear deal is the worst agreement the US has ever made”, “Nobody has better respect for intelligence than Donald Trump”). As a second step, the student may identify black and white thinking as one of the cognitive distortions the president is employing. Using Socratic questions, the student may look at what is the evidence against these statements. In his or her research, the student may find that while the deal isn’t perfect it benefits the US by potentially keeping Iran from obtaining nuclear weapons. The student also may find that there are many instances where Donald Trump failed to respect and listen to intelligent people in the area of global warming. The student then may cognitively reframe the US president’s statements to ones that are more adaptive. In this case, the student may reframe the president’s statements as the following:

"Many deals in politics are not perfect and have advantages and disadvantages for both parties" and then proceed to list them. As for the second statement, the student may reframe it as, "While I try to respect people who are intelligent and experts in their fields, I don't always agree with what they are saying."

In the middle social studies curriculum, there are many instances in which controversial topics arise. When they do, teachers can employ mindfulness to encourage students to become aware of and accept without judgement difficult emotions and bodily sensations that may arise of these topics and discussions.

Scaling also can be used in social studies. First, students may identify a problem in history and use it as the left anchor of a scale. Students can then identify the resolution of that problem as the right anchor. Students may then create a time life identifying the sequence of events in between each anchor that led from the onset of the problem to the resolution.

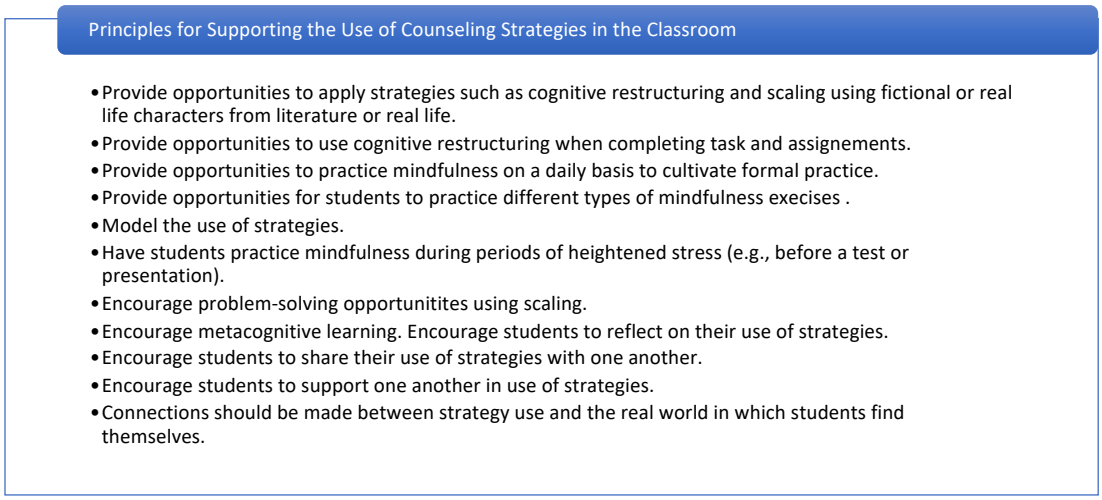
Interestingly, cognitive reframing strategies can be both direct or indirect and personal as well as indirectly applied to others. In addition, this strategy can be used in ways that are personal or guided by the teacher. Mindfulness can be used in a variety of different settings and contexts. Furthermore, a number of different mindfulness activities can be employed. Scaling can be used to help students identify and achieve their goals as well as be used as an academic tool. It is the hope that through these multiple means of exposure, students will learn to internalize and make the use of strategies automatic. While not all of these avenues are explored in this study, the potential for additional research along these lines looks promising.

Integration into curricular content and learning resources. According to Kanu (2011) and Manitoba Education and Training (1997), exposing students to content and material without effective teaching methods and strategies that support students in achieving curricular outcomes is ineffective. In this case, instructional strategies such as modeling the use of counseling strategies, modeling metacognition and encouraging students to reflect on their own thinking, and providing feedback and encouragement to students may be effective teaching methods as they have similarities with approaches used in a therapeutic settings but within an educational context. Instructional strategies also may include processes adapted from group counseling. For example, having students gather into small groups in which they share their use of counseling strategies in an non-threating and supportive environment may help students to further develop pro-social skills, learn new contexts for strategy use, and encourage one another in problem solving. Learning scaffolds that help students to understand and use counseling strategies also may be used. Reframing worksheets (Appendix A), scaling sheets, (Appendix B), and mindfulness exercises and worksheets (appendix C), also may be used as instructional resources to support the use of counseling strategies.

Another important consideration in terms of curricular content and resources is the proper use of language. Students and teachers should use the appropriate vocabulary when teaching counseling strategy use. As an example, teachers and students should consistently use the correct terminology that is age appropriate for middle years students. Some counseling terminology may inadvertently introduce unnecessary complexity and affect the approachability and viability of strategy use among middle years students. As such, educators are encouraged to use appropriate terminology, while still based in the literature, with their students. According to Kanu (2011), is important to "…eliminate or minimize any unnecessary complexity in the use of the English language that might interfere with students' understanding…" (p. 112). As an example, educators may choose the term "unhelpful thinking styles" over "cognitive distortions" to make counseling strategies more viable for a middle years student population.

Integration into assessment. According to Kanu (2011) and Manitoba Education (2010), assessment provides educators with valuable information about what students have learned. In addition, Kanu (2011) also states that assessment can help educators to understand what information is meaningful and useful to students. Since these strategies are derived from counseling and meant to enhance personal resiliency and protection, assessment methods that provide space for students to assess their own progress, with meaningful feedback from peers and teachers, may allow students to personalize and internalize the use of strategies. According to Manitoba Education (2010), *learning relationships* require a balance between challenges and nurturing and supportive feedback. Teachers who are fostering the use of counseling strategies in the classroom should take this into account during the assessment process. The goal is to increase students' capacities to handle change and overcome challenges and the assessment process needs to reflect this growth and learning process. Allowing students to demonstrate knowledge and strategy use through individual journaling, supportive group work and classroom activities, and portfolios or logs with strategy sheets and other educational artifacts (e.g., resources) can be used to assess student learning and strategy use.

Encouraging and supporting effective counseling strategy use



Appendix G

UNIVERSITY OF MANITOBA | Research Ethics and Compliance

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Email: humanethics@umanitoba.ca

PROTOCOL APPROVAL

TO: **Trevi Freeze** **(Advisor: Zana Lutfiyya)**
Principal Investigator

FROM: **Joseph Gordon, Chair**
Education/Nursing Research Ethics Board (ENREB)

[redacted]

Re: **Protocol #E2018:097 (HS22383)**
Building Student Resilience: A mixed methods study investigating the effect of integrating counselling strategies into course curricula on students' mental health and wellness

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Effective: February 11, 2019 **Expiry:** February 11, 2020

Education/Nursing Research Ethics Board (ENREB) has reviewed and approved the above research. ENREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.*

This approval is subject to the following conditions:

1. Approval is granted for the research and purposes described in the application only.
2. Any modification to the research or research materials must be submitted to ENREB for approval before implementation.
3. Any deviations to the research or adverse events must be submitted to ENREB as soon as possible.
4. This approval is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
5. A Study Closure form must be submitted to ENREB when the research is complete or terminated.
6. The University of Manitoba may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

Funded Protocols:
- **Please mail/e-mail a copy of this Approval, identifying the related UM Project Number, to the Research Grants Officer in ORS.**