# The DREAM Program: Developing Resilience through Emotions, Attitudes, & Meaning – A Community-Based Program to Enhance Child Mental Health for Gifted Children and their Families

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**Abstract**

Intellectually gifted children may be at risk for higher mental health concerns than non-gifted children. Specifically, their risk of being diagnosed with a mental illness is 30%, without appropriate support, in comparison to non-gifted children, whose risk is 20%. Therefore, it is imperative that gifted children receive accessible and appropriate resources that are tailored to their unique behavioral, social, and emotional needs. There is a gap in both resources and research examining the mental health of families of gifted children, and a need for further research and adequate interventions. To address this dearth, Armstrong (2018) developed the DREAM program for gifted children to develop resilience through emotions, attitudes, and meaning. Given the significant challenges associated with giftedness, this can potentially affect the whole family unit. Thus, an intervention to promote resilience within the whole family may be helpful. The goal of the current study is to assess the efficacy of the program in improving the meaning mindset and mental health of families through an online platform to determine if the program improved meaning mindset and internalized and externalized mental health symptoms, and if it was appropriate for gifted children and their families. To do so, the study used the Knowledge Translation Integrated (KTI) methodology, which was created to assess and integrate quantitative and qualitative data for *credibility, acceptability, feasibility,* and *sustainability* (Armstrong 2017; Armstrong et al., 2018). A comparison of pre and post-test results indicated that the meaning mindset of families appeared to improve significantly. Further, meaning mindset at post-test, which was likely fostered by the DREAM program, mediated the relationship between gifted challenges and mental illness symptoms. Regarding the appropriateness of the program, participants recommended restricting the age range to families with children between 7 and 9 years of age. Through the KTI approach, recommendations and validations were provided by participants. More research is needed, particularly with a larger sample including a lower socio-economic status and rural sample. This follow-on research would be

important to shed more light on the credibility, acceptability, feasibility and sustainability of the program, while ensuring that the program appropriately adapts to the unique needs of participants.

# The DREAM Program: Developing Resilience through Emotions, Attitudes, & Meaning – A Community-Based Program to Enhance Child Mental Health for Gifted Children and their Families

Gifted children may be at risk for higher mental health concerns than non-gifted children without appropriate support. In Ontario, up to one in five children will struggle with a mental health challenge (Children's Mental Health of Ontario [CMHO], 2024), while the risk of being diagnosed with a mental illness is increased by 30% for gifted children, without appropriate support (Siegle & Schuler, 2000). Gifted children have unique characteristics that may predispose them for mental health difficulties, which include asynchronous development, verbal-performance IQ discrepancy, failure to identify or address a student's needs as a gifted child, oversensitivities, perfectionism, and giftedness measuring above moderate levels (Armstrong et al., 2019a). Despite this, research indicates that gifted children can often exhibit similar or better well-being than their non-gifted peers when supported, and often excel in academic settings (Armstrong, 2017; Cash & Lin, 2022; Kroesbergen et al., 2016; Richards et al., 2003). More specifically, research has found that intellectually gifted children may demonstrate enhanced resilience and a greater ability to cope with stress, potentially leading to higher levels of success (Renati et al., 2022). This could be explained by the results of a metanalysis examining 40 studies comparing gifted and non-gifted children, which found that gifted children exhibit more predictors of mental well-being, such as higher global self-concept, perceived behavioral competence, and academic competence (Litster & Roberts, 2011). Research found that gifted children who were resilient demonstrated curiosity, problem solving skills, self-efficacy and managed their time effectively and shared four main protective factors: self-efficacy and self-esteem, family coherence, support outside of the family unit (e.g. community, school, church)

(Alexopoulou et al., 2019). Thus, findings regarding the risk of mental illness symptomology for gifted children differ across studies, in part based on the challenges associated with giftedness, which are particularly associated with the highest levels of intelligence— profound giftedness— or for young people who may not find a child-environment fit with regard to their giftedness (Armstrong et al., 2019a; Bergold et al., 2018).

Although gifted children have been found to exhibit positive wellbeing when properly supported, characteristics unique to gifted children can influence their psychosocial development and may lead to significant mental health challenges (Siegle & Schuler, 2000). Research indicates that gifted children respond with a more heightened emotional and behavioral response than do children of average IQ, and one quarter of gifted children experience gaps in emotional and social learning that may impact their ability to connect with others (Gere et al., 2009). Research suggests that gifted children could experience greater challenges related to adaptation and behavior, particularly if they come from marginalized backgrounds or ethnic and cultural minority groups (Renati et al., 2022). Additionally, social adjustment may be difficult as the cognitive development of gifted children frequently advances more quickly than their emotional and social development (Peterson, 2009): In fact, asynchronous development is a "hallmark" of giftedness (Vanessa R & Krystyna C, 2020). This, paired with the fact that gifted children's traits may lead to social isolation and therefore, a decrease in their mental wellbeing, significantly increases their risk of being diagnosed with a mental illness (Schuler, 2000). Therefore, as gifted children may be at risk for mental health concerns without appropriate support, it is imperative that they receive accessible and appropriate resources that are tailored for their unique behavioral, social and emotional needs.

One such resource may involve cultivating a sense of meaning, as meaning mindset is a key protective factor for mental health (Armstrong & Potter, 2022). More specifically, a sense of meaning is a key predictor of a child's emotional, social, and behavioral well-being (Rodríguez-Fernández & Sternberg, 2023; St. John, 2017); yet, globally to date, only one school-based mental health education program for children in urban settings has included a meaning-building component: The DREAM Program – Developing Resilience through Emotions, Attitudes, & Meaning (Armstrong et al., 2019a). DREAM was found to significantly enhance meaning mindset and mental health in schools and community centers, both in person and virtually in gifted children (Armstrong, 2017; Armstrong & Potter, 2022). No other mental health promotion programs for children to date have included a meaning-building component for gifted children or their families.

### Needs of Gifted Children

As gifted children have unique characteristics, it is important to consider the needs of children and parents when creating and offering a program to ensure children receive the appropriate support for their psychosocial development (Fonseca, 2016). This is particularly pertinent as research indicates that tailoring programs to the specific needs of gifted children may increase their positive wellbeing (Alexopoulou et al., 2019). For example, children in the third to fifth grade (n = 89), reported a decrease in their social emotional and behavioral problems, sleep problems and worry, and an increase in small improvements on enjoyment at school when receiving support from a program targeting their needs (Van Der Meulen et al., 2014). Although there is a gap in the literature examining how different service delivery models of gifted programs are tailored to the needs of children and their psychological well-being (Cash & Lin, 2022), there is extensive evidence demonstrating their psychological profiles. To note, this paper

will elaborate on the family system and why it was included further on in this paper, and will first elaborate on the needs of gifted children. The unique needs of gifted children have been found to be categorized in four areas which include **asynchronous development, overexcitability/oversensitivity, perfectionism, and psychoeducation** on the needs of gifted children.

### Asynchronous Development

Gifted children's development and performance across cognitive, social and verbal skills can range widely (Robinson, 2008). Giftedness itself has been characterized in the literature as asynchronous development, where the individual's intense inner experiences and high level cognitive skills interact in a way that produces unique qualities that set them apart from other children (Renati et al., 2022). In other words, asynchronous development in gifted children is when an ability exceeds another that leads the child to be and feel different than others (Fornia & Frame, 2001; Guénolé et al., 2015). For example, asynchronous development may involve highly advanced cognitive abilities, but lagging physical abilities or proprioception. Gifted children with high cognitive ability, often develop earlier and progress faster than other children, such as with reading, counting and problem solving skills, but may struggle to handle the emotions they are encountering triggered by their experiences (Renati et al., 2022); although they may have advanced cognitive abilities, they may not always be paired with emotional competencies. Because of this, gifted children with asynchronous development may feel as if they do not belong with others, or may feel misunderstood, which could lead to self-isolation (Fornia & Frame, 2001). Difficulties adjusting socially, along with social isolation, and therefore, a decrease in their mental wellbeing, increases their risk of experiencing mental health challenges (Schuler, 2000). As gifted children may vary widely across their psycho social profile, it is

crucial to include their development when taking into account their needs (Armstrong, 2017; Guénolé et al., 2015).

### Oversensitivities

Dabrowski and Piechowski (1967) described five different kinds of overexcitabilities/oversensitivities for gifted children: emotional, imaginational, psychomotor, sensual, and intellectual (Alias et al., 2013). Dabrowski defined overexcitability as a reaction that is of higher intensity, duration and frequency than usual and psychomotor excitability as restlessness, rapid speech and a strong motivation to action (O'Connor, 2002). He described sensory overexcitability as exaggerated responses of the senses, amplified tactile sensations such as irritation from sounds, scents and textures such as a shirt tag, and an enhanced appreciation of beauty (Vanessa R & Krystyna C, 2020). Imaginative overexcitability is demonstrated through a creative thinking process that can include metaphors, fantasies and expressive imagery (Vanessa R & Krystyna C, 2020). Intellectual overexcitability can be observed as intense intellectual and theoretical curiosity through a pursuit of knowledge, asking questions (Vanessa R & Krystyna C, 2020). Emotional overexcitability can be observed as strong emotional connections to living things or places and can be paired with difficulties adjusting to new situations, emotions of shyness and timidity, hypersensitivity, concern with death, enjoyment, exclusionary relationships, and strong affective memory (Vanessa R & Krystyna C, 2020). These traits have been found to be a core factor of giftedness in children across the literature (Alias et al., 2013; O'Connor, 2002; Vanessa R & Krystyna C, 2020). For example, it was found that 88% of gifted children tested positive for one domain of overexcitability at a minimum in a study examining giftedness across 335 children between the ages of ten to fifteen years of age (Alias et al., 2013). In a comprehensive analysis of 16 studies examining giftedness, giftedness was found to be

strongly associated with all five areas of overexcitability, where there was a positive correlation between the level of giftedness and overexcitability; the higher the levels of giftedness, the higher the levels of overexcitability (Vanessa R & Krystyna C, 2020). Thus, although most gifted children have an overexcitable trait, there is a wide variety of excitability characteristics, leading to different behavioral demonstration of characteristics. Such traits can lead gifted children to be disruptive in class and may lead them to be diagnosed with Attentive Deficit/Hyperactivity Disorder (ADHD) or simply be perceived as hyperactive (Amend & Beljan, 2009; Hertzog & Bennett, 2004), and their emotional overexcitability can lead to social struggles (Fonseca, 2016). In order to effectively improve the meaning mindset and mental health in children, a program should address the various components of individual sensitivity and overexcitabilities including intellectual, emotional, sensory, and imaginative aspects (Ward, 2019)

### Perfectionism

Perfectionism has been found to be one of the more common traits found in gifted children, and is defined as a striving towards a high standard (Fornia & Frame, 2001; Siegle & Schuler, 2000). It was found to be related to well-being, to high achievement and usually varied widely across the psychological profiles of gifted children (Christopher & Shewmaker, 2010). To elaborate, perfectionism has been defined as existing on a spectrum from healthy to unhealthy. Unhealthy perfectionism has been defined as an individual being unable to be content with their work and perceive it and themselves to be not good enough; children who exhibit unhealthy perfectionism can exhibit neurotic traits, to withdraw socially, be excessively competitive and may have increased symptoms of anxiety (Christopher & Shewmaker, 2010). In general, perfectionism has been found to lead to higher levels of stress and anxiety in gifted children

(Noor, 2023) and can lead to depressive symptoms and low self-worth (Christopher & Shewmaker, 2010; Fornia & Frame, 2001). Although perfectionism can lead to mental and emotional distress, healthy perfectionists can find satisfaction in working towards perseverance, and high achievement and can be perceived to be cooperative, goal oriented and more socially well-adjusted (Christopher & Shewmaker, 2010). Interestingly, gender differences have been found in gifted children where girls reported higher expectations on organization and boys were more focused on parental expectations of themselves (Siegle & Schuler, 2000). In general, perfectionism in gifted children can be related to a higher amount of pressure on their performance by parents, teachers and other adults in their lives who push them towards higher academic or intellectual standards (Roedell, 1984).

### Psychoeducation

Parental knowledge and perception of the needs of their gifted child has been found to be based on information shared by academic and community resources and their own individual perspectives (Hertzog & Bennett, 2004). Armstrong (2017) posits that lower well-being of gifted children at school is associated with less knowledge of their needs by school counselors and teachers (Armstrong, 2017). Thus, psychoeducation has an important part to play in educating families and gifted children on how to address their unique psychosocial and academic needs and prevent mental health concerns before they develop. This is particularly important as 70% of mental health challenges begin in childhood or adolescence (Children's Mental Health of Ontario, 2024). Further awareness of gifted needs paired with education programs that include psychosocial and emotional skills is crucial to the development of gifted children (Armstrong, 2017; Roedell, 1984). One avenue to addressing the needs of gifted children may be through programming that enhances Meaning Mindset (MM).

**Meaning Mindset (MM) & Third Wave Positive Psychology (PP3.0)**

MM entails a tendency to value meaningful moments, experiences, creations, connections, or situations achieved through one's determination, positive self-perception, openness to new encounters, and hope for the future (Armstrong, 2017). Discovering significance involves experiencing "awe," a sense of transcending oneself elicited by something beyond the individual (V. Frankl, 1946; Shiota et al., 2007). Children may find it simpler than adults to experience a sense of wonder or awe, as it is a part of early childhood learning and development (Prade, 2022; Valdesolo et al., 2017). The ability to find importance through creativity, personal experiences, and nurturing relationships with others, along with one's attitudes towards situations, strongly predicts the emotional, social, and behavioral well-being of children and families (V. Frankl, 1946; Lomas & Ivtzan, 2016; St. John, 2017). Moreover, finding meaning has been found to be essential in fostering resilience and tackling future challenges proactively (Wong, 2017). Additionally, research suggests that the wellbeing of gifted children and their healthy transition into adulthood, depends on their ability to find meaning and purpose in their life (Rodríguez-Fernández & Sternberg, 2023). The Mental Health Commission of Canada and World Health Organization emphasize that prevention and early intervention are vital principles while achieving optimal mental health during children's development (Colizzi et al., 2020; Mental Health Commission of Canada, 2020). Therefore, promoting resilience and well-being among gifted children through programs that focus on finding meaning may prove advantageous for their overall development.

MM represents a novel approach in the realm of Positive Psychology, known as PP3.0, focusing on community action and integrating research, measure design, mental health education, program development and evaluation (Armstrong & Potter, 2023). It builds upon PP2.0 rooted in

existentialism and Logotherapy by emphasizing the significance of both positive and challenging emotions in the pursuit of meaning and well-being (V. Frankl, 1946; Wong, 2017). Positive psychology itself is the examination of the strengths and functioning of the human species (Flora, 2019); as reported by Wong (2017), PP2.0 integrates positive psychology and existential theory within a humanistic framework (Wong, 2017). PP3.0 builds upon this framework and also acknowledges group dynamics and diverse societal systems within which individuals exist as a key element to the framework. Additionally, it involves ethical practice guided by personal values to ensure an interdisciplinary and multicultural perspective with implications for social justice (Lomas et al., 2020).

In the context of PP2.0, both positive and challenging emotions and experiences play a significant role in the pursuit of meaning and overall happiness (Lomas & Ivtzan, 2016; Wong, 2017). Attempting to suppress challenging emotions may hinder positive transformation and make it harder to achieve optimal well-being (Lomas & Ivtzan, 2016). For example, uncomfortable emotions can be helpful information to warn the individual of incoming danger and to navigate difficult situations where their physical, social or emotional health is at risk of harm. Additionally, it has been shown that pleasant emotions can be helpful for individuals to find meaning, to be resilient in the face of stressful situations and can be helpful with stress recovery (Ong et al., 2006; Tugade & Fredrickson, 2004). However, focusing solely on pleasant emotions and suppressing negative emotions can inhibit someone from undergoing personal challenges and can increase emotional distress (Alberts et al., 2012). In other words, excessive positivity can be detrimental, while challenging experiences have the potential to bring about personal growth and exploration of one's inner capabilities. Thus, experiencing both positive and negative experiences are essential for psycho-emotional development (Flora, 2019).

PP3.0 builds on the initial aims of first and second wave Positive Psychology, the former which described that the aim of achieving pleasurable emotions did not lead one to wellbeing or happiness (Lomas & Ivtzan, 2016). PP2.0 stated that the aim of pursuing and discovering meaning led the individual to a sense of happiness rather than pursuing happiness itself (Wong, 2017). PP3.0 expands on the two frameworks and adds that the groups that the individual belongs to influences their well-being and pursuit of meaning (Lomas & Ivtzan, 2016). PP3.0 embraces diverse perspectives that shape the understanding of meaning and well-being based on various social, cultural, or environmental contexts and emphasizes ethical conduct guided by values, principles, and individual strengths (Lomas et al., 2020).

MM Theory is based on the principles of PP3.0 (Armstrong & Potter, 2022, 2023) and comprises of four main concepts:

1) Autonomy in thoughts and actions: The belief that individuals have the capability to choose their attitudes and behaviors and are accountable for them, which can influence their emotions (V. Frankl, 1946).

2) Positive self-perception: Expanding on the idea of growth mindset, MM theory involves perceiving oneself as valuable and competent in achieving goals through effort, effective strategies, and seeking support when necessary. A positive self-concept enables an individual to find meaning in everyday life experiences.

3) Receptiveness to new experiences: This encompasses a mindset of curiosity and a willingness to acquire new knowledge. It also includes being aware of one's own emotions as well as those of others while actively engaging in pleasurable activities or connections with nature or others. Openness facilitates discovering significance through

emotional bonding with others, learning endeavors, and creative pursuits coupled with appreciation gained from moments such as a state of flow, gratitude, or wonder (V. Frankl, 1946; Stoddard et al., 2011).

4) Optimism about the future: This entails expecting a favorable future outcome despite challenging present circumstances while remaining hopeful even during adverse current conditions. A person who possesses a reason and a purpose to live can often endure dire circumstances in the present (V. Frankl, 1946; Stoddard et al., 2011).

## Meaning Mindset (MM) Theory

The theoretical foundation of the DREAM program is based on Meaning Mindset theory, formerly called the rational emotive attachment–based logotherapy orientation (REAL) (Armstrong, 2017, 2016a; Armstrong & Potter, 2022). REAL's main goal is to address meaninglessness, poor attachment schemas and irrational thoughts through play and socio-emotional learning (Parrott et al., 2021). It includes 3 main components: Rational Emotive Therapy (REBT), Attachment Theory and Logotherapy. As described by Armstrong (2016), the activities based on REAL therapy, are facilitated through play to nurture the attachment and connection of the family by focusing on engaging the child, meaning mindset and agency over thoughts (Armstrong, 2016a). The activities from the DREAM program are based specifically on the REAL model, and include dereflexion, imagery, paradoxical intention and enhancing emotional literacy to address these issues as described in further detail in APPENDIX K.

### MM Foundations: Rational Emotive Behavioral Therapy (REBT)

REBT was developed by Albert Ellis with the aim to develop critical thinking and problem solving skills (Armstrong, 2016a). REBT describes the interconnection between

thoughts and emotions, and the importance of emotional awareness to address the thoughts and lead to emotion regulation (Ellis, 2010). The theory includes copings strategies that help develop emotion regulation skills to address irrational thoughts that lead to emotional distress, and suppression or avoidance of negative emotions such as sadness and fear (Armstrong, 2016a). This is particularly important as research has found a relationship between higher resiliency and higher ability to regulate negative emotions (Colizzi et al., 2020; Tugade & Fredrickson, 2004). In the DREAM program, REBT has been integrated into activities which help children develop awareness of their inner experiences and thoughts, to identify their emotions and unhelpful thoughts to improve mental health and well-being.

### Attachment Theory (AT)

Coined by John Bowlby in 1969, attachment theory examines the long term impacts of a child's ability to reach for a caregiver when in distress (Fearon & Roisman, 2017). The theory focuses on how individuals build a secure foundation of trust and belonging through connecting with others, and the influence of their relationship with a primary caregiver. A strong predictor for good mental health is secure attachment, while being able to express empathy is important in the development of secure relationships with others (Armstrong, 2017). Further, a sense of belongingness to others has been found to be foundational to create meaning in life (Armstrong et al., 2019a). The DREAM program integrates AT through empathic attunement to others, identifying and communication their emotional needs to promote connection and to be more resilient. For example, higher resilience and well-being is linked to a person's ability to attach securely to others (Grossmann et al., 2005). For empathic attunement, children learn in the program how to identity their own emotions and perspectives and of others through games, songs and activities (Armstrong, 2017). Additionally, the program from this current study is unique as

it cultivates skills that could help the entire family connect and aims to develop long-term abilities that may strengthen the secure attachment of the family unit. A written work examining play therapy and attachment issues by Malchodi & Crenshaw (2014) found that when the family unit connects through play, it can promote better secure attachment between the parent and child, and the family as a whole (Malchiodi & Crenshaw, 2014). Research has also found that the parent's ability to attune to the infant's communication or cue of distress is the main predictor of secure attachment (Fearon & Roisman, 2017). Therefore, including the parent in developing emotional attunement and socio emotional skills could be helpful in strengthening the secure attachment between caregiver and child. Additionally, a lack of family involvement in the intervention process is one of the main barriers to successful intervention for children receiving mental health support (Ingoldsby, 2010). Thus, including the family in this current study could be an important factor in fostering socio emotional skills, and to create a space for the family to connect leading to a more secure attachment.

### Logotherapy

Logotherapy is a meaning based existential theory created by an Austrian psychiatrist named Viktor Frankl that posits that the purpose of life is to discover meaning in life itself (V. Frankl, 1946). Fundamental to the tenets of logotherapy, are that individuals have agency over their actions, to find meaning in their life and that life is meaningful regardless of the situation. He continues to state that people are driven to find, develop and create meaning in life through 3 different pathways. The first, is by creating something or performing a good deed for someone else, the second is by going through something or meeting someone and the third is by selecting one's actions and attitudes with purpose (V. E. Frankl & Frankl, 1986). The two core techniques used by logotherapists that are used in the DREAM program include paradoxical intention and

dereflection. Paradoxical intention is exposure to what the person fears thinking or doing whereas dereflection is when the individual brins their attention from a difficult thought or emotion to a currently meaningful moment to learn to emotionally regulate during moments of emotional intensity. These 2 techniques are included in the DREAM program along with the REBT activities, and can help foster a shift in perspective, can help individuals learn from both the positive and negative aspects of life through developing meaning mindset. Meaning has been found to be key in coping with mental health challenges through developing resilience (Wong, 2017).

## Developing Resilience through Emotions, Attitudes and Meaning (DREAM) Gifted and Family Edition

The DREAM program was designed with the needs of gifted children in mind, and has been found to be helpful in improving mental health outcomes in both non-gifted and gifted populations in urban areas (Armstrong, 2017; Armstrong et al., 2019a). It is unique in that it is delivered through video teaching episodes and songs, as well as hands-on activities. With the video teaching episodes, no training is required to administer the program, meaning that it could be widely tested and distributed. Further, instead of targeting a singular mental health concern (e.g., anxiety), the DREAM program targets mental health in general (i.e., both internalizing mental health concerns like worries, sadness, or stress and externalizing concerns like behavioral or social problems). The program was originally designed with a Second Wave Positive Psychology Approach (PP2.0) as its main objective aims to build meaning mindset, the focus of logotherapy, which has been found to improve well-being and resilience (Armstrong, 2017, 2016a). The current study expands past the original PP2.0 approach, to that of a Third Wave

Positive Psychology Approach (PP3.0), due to the program's main objective of increasing meaning mindset (PP2.0) while also including the family system (PP3.0). To elaborate, PP3.0 posits that the groups and systems that the individual belongs to, such as the family unit, can influence individual wellbeing and pursuit of meaning (Lomas & Ivtzan, 2016). Developing a meaning mindset (MM) is the keystone of resilience in the DREAM program, since MM has been found to promote wellbeing and can mitigate against mental health challenges and suicidal ideation (Armstrong & Manion, 2015; Armstrong & Potter, 2022; Parrott et al., 2021). According to Armstrong (2017), a meaning mindset is the applied development of skills to contribute to their greater community and to others (Armstrong, 2017). Furthermore, the theoretical foundation of the DREAM program is based on the foundations of MM theory, including rational emotive, attachment–based, and logotherapy orientations(Armstrong, 2017, 2016a; Armstrong & Potter, 2022). MM's main goal is to address meaninglessness, poor attachment schemas and irrational thoughts through play and socio-emotional learning (Parrott et al., 2021). The activities from the program are based specifically on this model, and include dereflection, imagery, paradoxical intention and enhancing emotional literacy to address these issues as briefly outline in the table below (Armstrong, 2016a).

Table 1

*DREAM Program Unit Goal Summary*

| **UNIT** | **GOAL** |
|---|---|
| **Unit 1: Mental Health & Gifted Literacy** | • Emotion identification & psychoeducation to reduce stigma around mental health through psychoeducation. |

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|---|---|
| **Unit 2: Emotion Recognition & Social-Emotional Literacy** | • Teach how to identify common feelings and how feelings affect our thinking and our behaviour and can vary in different situations (building on Unit 1). |
| **Unit 3: Relaxation** | • Teach the importance of sleep hygiene and teach common relaxation techniques (54321 grounding activity, 5 finger breathing, pink elephant, balloon demonstration, progressive muscle relaxation). |
| **Unit 4: More Calm Down Activities: Worry Time, Imagery, Humour** | • To teach about worry and how to manage it, and the importance of a trusted adult. |
| **Unit 5: Connection Between Thoughts & Feelings** | • Teach dereflection, and the connection between thoughts and feelings and helpful thoughts vs. unhelpful thoughts; to teach coping strategies and emotion regulation strategies. |
| **Unit 6: Choosing to Think Differently** | • To teach the importance of gratitude and strategies to manage feelings: Strategy: 1) Hand to heart & tummy (identify feelings); 2) Point to head |

| | |
|---|---|
| | (identify and question thoughts); 3) Thumbs up (choose a helpful action) |
| **Unit 7: Meaningful Living** | • To discuss and explore what helps children lead fulfilling lives, how to cultivate a meaning mindset. |
| **Unit 8: Consolidation** | • Consolidate all the skills learned in the program and how to "*become our own superheroes"*: *Fearbreakers* (strategies to manage our fears), *Angershakers* (strategies to manage anger), *Joywakers* (strategies to help ourselves feel happy or content), *Peacemakers* (strategies to spread kindness and develop good relationships with other people). |

*Note.* Units were summarized from the DREAM manual created by Dr. Laura Armstrong.

These meaning driven and critical thinking activities can help foster a shift in perspective, can help individuals learn from both the positive and negative aspects of life, build meaning mindset and build agency over irrational thoughts (Armstrong, 2016a). As described by Armstrong (2016), the activities based on MM theory, are facilitated through play to nurture the attachment and connection of the family by focusing on engaging the child, developing meaning mindset and agency over their thoughts (Armstrong, 2016a). By acknowledging and validating the unique characteristics of gifted children, the program can provide a safe and supportive environment for children to express themselves creatively and develop healthy coping

mechanisms by incorporating strategies and activities that promote self-awareness, social-emotional learning, emotional regulation, empathy, and resilience.

The DREAM program has two main objectives, the first of which is to provide the children, families and educators with an evidence-based program that build resilience and emotion regulation skills (Armstrong, 2017). The second is to provide psychoeducation on meaning making, psychosocial skills, and on giftedness (Armstrong, 2017). However, although recommendations in implementing the DREAM online have been examined, and the program has been administered in classroom settings with both gifted and non-gifted children, as well as online (Armstrong & Potter, 2022) , it has yet to be administered on an online platform with families. Thus, the current study will expand on the previous research conducted on the DREAM program and examine the program's association with meaning mindset and mental health of both gifted children and their parents through an online platform.

**The Importance of Family Involvement & Family Systems Theory**

Family Systems theory has found that the behavior and well-being of families are connected since the actions of one person in the family system can influence the actions of others in the system (Broderick, 1993). For example, research examining the resilience of gifted children found that family coherence was a protective factor against mental illness and the more resilient children had parents who promoted autonomy and supported connections with other trusted adults beyond the family unit (Alexopoulou et al., 2019). Thus, the actions of those in the family unit and the unit as a whole can influence the well-being of gifted children and is important to consider in mental health programming. Additionally, including families in the support planning and intervention process has been found to be key in supporting the social and emotional needs of children and in addressing their unique needs (Coleman & Hughes, 2009). It

is particularly important to include families as the absence of family involvement in the intervention process is one of the main barriers to successful interventions for children receiving mental health support (Ingoldsby, 2010). To elaborate, Hertzog & Bennett (2004) stated that a family centered approach in the education system could benefit children to receive better care, and to be better supported when both family and educational services are involved to support the needs of their gifted child (Hertzog & Bennett, 2004). Therefore, including the family in educational programming can be highly beneficial to better support the needs of gifted children and thus, their well-being and could benefit the family system as a whole.

## Theoretical Framework: A Third Wave Positive Psychology (PP3.0) Methodology—A Knowledge Translation Integrated (KTI) Approach

A PP3.0 approach can also be applied to research methodology and not just as a theoretical framework for programs or services (Lomas et al., 2020). That is, engaging those who are served by programming as co-creators can make programming a better fit, more meaningful, and respectful of equity, diversity, inclusivity and belonging (Armstrong & Potter, 2023; Lomas et al., 2020).

Using the Utilization-Focus model proposed by Patton (1984), Armstrong (2017) developed the Knowledge Translation Integration Approach (KTI) (Armstrong, 2017; Patton, 1984), which is a PP3.0 research framework. Patton recognized that different stakeholder perspectives would be included in the programs being developed, and using the constructivism approach, these perspectives would be valued (Patton, 1984). The Utilization-Focused method focuses primarily on the concerns and ideas of the program stakeholders to close the gap between the program's stated goals and its results (Patton, 1984). By doing so, the stakeholders, who

understand the purpose of the program the best, can feel a higher sense of certainty and personal agency (Patton, 1984). As KTI approach is interdisciplinary and acknowledges the groups and systems in which the research is embedded in and incorporates diverse voices to ensure that the final programming is appropriate for the intended audience, it is a third wave Positive Psychology (PP3.0) research methodology (Armstrong & Potter, 2023). When mental health child and youth programming are not accepted by the young people they are intended for, they do not result in longer-term impacts (Amsden & VanWynsberghe, 2005). Therefore, a KTI approach could bridge the gap between child and youth acceptance by including their participation in its development and in program evaluation to ensure that the program meets their needs. More specifically, in the case of child-related programs and research, the absence of youth participation in the planning process may result in services that are inadequate in meeting the requirements of the target population (Amsden & VanWynsberghe, 2005).

The KTI approach brings knowledge into action by involving stakeholders throughout the program development and evaluation processes while focusing on the program's credibility feasibility, acceptability and sustainability (Armstrong, 2017). Promoting the scientific utility standards— credibility feasibility, acceptability and sustainability —is the goal of a KTI strategy (Judd, 2001). The Canadian Institutes of Health Research defines knowledge translation as a process that disseminates, synthesizes, communicates knowledge to improve effective health services and status of Canadians (McLean et al., 2012). Identifying and involving stakeholders in the process of conducting and communicating the research, is crucial to choosing the KTI strategies to communicate knowledge (Beckett et al., 2018). The KTI framework is used to identify stakeholder demands, which are then used as goals for the DREAM program's growth. In order for the proposed project to fall within the integrated knowledge translation category,

CIHR mandates that it address the following factors: (i) a research question that explains the knowledge that has to be translated in detail and shows that it is appropriate for the intended audiences; (ii) a methodology that is appropriate for answering the research question, acknowledges that it may change depending on stakeholder interactions, and demonstrates the application of knowledge translation principles; (iii) the research project's viability as demonstrated by the knowledge users' expertise and dedication to it; and (iv) a detailed explanation of how the project could influence practices, policies, programs, and/or other areas that could improve health (Canadian Institutes of Health Research, 2012). Within the KTI themes, further themes organically emerge (e.g., things participants liked, things they didn't like, recommendations for development). KTI ensures co-creation and collaboration in development.

To address the KTI factor outline by the CIHR, the current study will use KTI's foundational focus on the program's credibility feasibility, acceptability and sustainability (Armstrong, 2017). The *credibility* indicates how effectively the program does what it is meant to do: to improve meaning mindset, as well as internalizing and externalizing mental health. For the program to be considered credible it must have face validity, and must appear to produce the anticipated results that answer the needs of stakeholders (Armstrong, 2017). *Feasibility* refers to how feasible it is to use the program in their everyday lives, while *acceptability* of a program pertains to the acceptability of the content to families. Finally, *sustainability* relates to the perceived likelihood that a family will continue to utilize the program in their everyday lives. The KTI framework is the foundation for the success of the DREAM program as it ensures that both short-term and long-term stakeholder needs are being satisfied.

**Hypotheses**

Four hypotheses were tested: Firstly, it was expected, as in past research with gifted children (Armstrong, 2017; Armstrong & Potter, 2022), that this educational program would be *credible* by doing what it was expected to do. Specifically, it was expected that the program, which is aimed at  improving meaning mindset (MM), would appear to enhance MM. Further, in past research (e.g., St. John, Armstrong, & Watt, 2023), MM significantly predicted MH, while gifted challenges predict mental illness symptoms (Siegle & Schuler, 2000). Thus, it was predicted that MM, enhanced by DREAM, would mediate the relationship between gifted challenges and mental illness symptoms . For the second hypothesis, given ongoing collaboration with families and community co-creation, it was expected that the program would be perceived by parents and children as *feasible* to use in their everyday lives. Thirdly, it was expected that the content of the program would be perceived by parents and children as *acceptable*. Finally, was predicted that the content of the program would be perceived to be *sustainable* to use in the everyday lives of participants.

# Methodology

## Participants

This study was undertaken through the online platform of Zoom. Participants were recruited via Facebook groups for the gifted community, children and their families from across Canada. The parents and their gifted children registered for the two-month program to participate together as a family on Thursday evenings at 6:30pm eastern time. There was a total of 27 participants who participated in the study (i.e., 14 parents and 13 children). The mean age of children was 8.5 years, and children ranged between the ages of 6 to 11 years of age. There were 8 child participants who were reported by their parents as being gifted through formal assessment, and 5 presumed to be gifted, based on strong developmental evidence (e.g., meeting developmental milestones well ahead of peers and exhibiting the strengths and challenges associated with giftedness). These children were currently engaged in formal assessment or on waitlists for a gifted assessment. There were no child participants who were reported to be diagnosed with attentive deficit hyperactive disorder (ADHD) or autism spectrum disorder (ASD). The gender of children participants was closely divided between boy and girl where 54.55% were boys (n=6), and 45.45% were girls (n = 5). No child participants identified with a gender differing from that which they were assigned at birth.

The mean age of the parents who participated in the program alongside them was 42 and ranged between 33 to 51 years of age. Most participants rated themselves as White/Caucasian (n = 11, 84.62%), with a minority who rated themselves as East Asian (e.g., Chinese, Filipino, Japanese, Korean) (n = 2, 15.4%). According to the 2021 Census by Statistics Canada, 1.1% of the population self-reported as being of East Asian descent. According to the 2021 Census by Statistics Canada, 69.8% of the Canadian population is of White or Caucasian descent.

23.1% of participants were male (n = 3), and 76.9% were female (n = 10). The study sample was of a higher socio-economic status for both income and educational background than the average Canadian population where 75% of parent participants rated themselves to be highly educated with a degree above a university or college degree, compared to 9.3% of the population in 2021 (Statistics Canada, 2024). 92.1% were employed, with the majority earning $150 000 or higher (n = 11, 84.6%), compared to the average income of a person aged 35- 54 years of age in Ontario in 2021 was at $73, 200 annually (Statistics Canada, 2024).

**Table 2**

*Parent Demographic variables (Pre-test)*

| Variable | % | Variable | % |
|---|---|---|---|
| Biological Sex | | Education Level | |
| Male | 23.08 | High School | 0 |
| Female | 76.92 | Post-Secondary certification | 8.33 |
| Gender | | Partial College/University | 0 |
| Man | 23.08 | Standard College/University | 16.67 |
| Woman | 76.92 | Graduate studies | 75 |
| Non-Binary | 0 | Annual Household Income | |
| Location | | Less than 5,000$ | 0 |
| Urban | 76.92 | Between 5,999-19,999$ | 7.69 |
| Rural | 23.07 | Between 20,000-34,999$ | 0 |
| Ethnicity | | Between 35,000-49,999$ | 0 |
| Black | 0 | Between 50,000-74,999$ | 0 |
| East Asian | 15.38 | Between 75,000-99,999$ | 0 |

| | | | |
|---|---|---|---|
| Indigenous | 0 | Between 100,000-149,999$ | 7.69 |
| Latin American | 0 | Between 150,000-199,999$ | 46.15 |
| Middle Eastern | 0 | 200,000$ or higher | 38.46 |
| South Asian | 0 | Current Employment | |
| White/Caucasian | 84.62 | Employed | 92.31 |
| Other | 0 | Not Employed | 7.69 |

**Table 3**

*Child Demographic variables (Pre-test)*

| Variable | % | Variable | % |
|---|---|---|---|
| Gender | | ASD | 0 |
| Boy | 54.55 | Giftedness | |
| Girl | 45.45 | Gifted | 58.33 |
| Diagnosis | | Unsure | 41.67 |
| ADHD | 0 | | |

*Note.* ADHD = Attention-Deficit/Hyperactivity Disorder.

ASD= Autism Spectrum Disorder.

**Consent & Confidentiality**

For this current study, children in the second to fifth grades were recruited from various community organizations that expressed an interest in participating. Although all children could receive the DREAM program, only those whose parents complete the consent form were eligible to participate in the research component (see attached consent form in Appendix B). Consent forms were completed on Survey Monkey at the start of the pre-test questionnaire for parents to give consent for themselves and their child. Parents provided consent and children provided their

assent prior to the children completing the pre-test questionnaires. Participants were asked to complete the post-test survey one week after the implementation of the DREAM program was completed, and submission of the post-test by participants ranged from between one week to 3 weeks.

Consent forms and data were on Survey Monkey and were only accessible through a password. Downloaded data was only accessible to the research team through locked, password protected computers. Once the research has been completed, after the mandatory storage period of seven years, the electronic data will be destroyed. The data was anonymous. Children and parents who chose not to complete the research component were still able to participate in the DREAM program.

## Measures

In addition to demographic questions such as the age and gender of participants, two validated measures were used to measure the resilience and mental health symptoms of children and meaning in daily life. Both scales were administered to children 6 to 12 years of age and their parents at the beginning and end of the program.

### Internalizing & Externalizing Mental Health Symptoms

**The Interactive Symptom Assessment (ISA)** is a twelve item self-report questionnaire that measures internalizing and externalizing mental health symptoms of children and parents (Armstrong et al., 2020). The measure was initially developed for children six and twelve years of age and, was adapted for adults; the child measure previously scored a high internal consistency score ($\alpha = .83$), as well as acceptable content and face validity (Armstrong et al., 2022). It was used to assess the resilience to internalizing and externalizing behavioral symptoms as it assesses optimal psychological and behavioral functioning compared to their symptoms. It is

a twelve item questionnaire with a ten point Likert sliding scale where 10 represented low functioning and 0 represented high functioning (Armstrong et al., 2022). The questionnaire measures mood symptoms, connection to others, conduct concerns, anxiety symptoms, obsessions and compulsions, attention deficit symptoms and difficulties with self-esteem (Armstrong et al., 2022). The measure has been found to have good internal consistency ($\alpha$ = .88) (Armstrong et al., 2020). The difference between the parent and child versions are twofold: the way it is worded and an additional question in the child measure. Firstly, the parent questionnaire was written with the use of the first person (i.e. "I"), where they scored themselves along a ten-point sliding scale (see Appendix D). An example of a question is "#8. *I was not worried or fearful this week* (0) */ I was feeling worried or fearful a lot this week* (10)". The child version included watching a short video segment for each question that included the characters of Eibe and Isa to accommodate the questionnaire format and reading skills across ages; each written question had a video clip below where the child could press play or read the text if they preferred to read. An example of a question is as follows: "#9. *This week, Eibe didn't have to do things over and over again until they were perfect or felt right* (10); *This week, Isa had to do things over and over again until they were perfect or until they felt right* (0)." Then, the child had to rate themselves to the left if they were like Eibe (10), or to the right if they were like Isa (0). Secondly, question #9 in the child ISA scale outlined above was an additional question to the child questionnaire that measured perfectionistic tendencies and was not included in the parent version (See Appendix D). In the current study, items were reverse scored where children who scored below 76 had significantly higher mental well-being compared to the average , and those who scored over 110 were highly distressed compared to the average (Armstrong et al., 2022).

**Meaning Mindset**

**The Child Identity and Purpose Questionnaire (Ch.I.P)** is a twelve item self-report questionnaire that measures the meaning in daily life for children between six and twelve years of age (see Appendix E) (Armstrong et al., 2020). Each question included watching a short video segment that included the characters of Chip and Ceira, where responses with a score of 0 represented low meaning mindset and 10 high meaning mindset. Each written question had a video clip below where the child could press play or read the text if they preferred to read. An example of a question is as follows: "#8. *Chip believes that his life is important* (10); *Ceira believes that her life doesn't matter* (0)." A button slider was below each clip where the child had to choose a response that ranged from being closer to the left if they were like Chip (10), or to the right if they were like Ceira (0). Meaning included agency over thoughts, choice, and accountability for thoughts feelings, and behavior, self-concept, future optimism, openness to feelings, learning, social connections, creativity and pursuit of goals (Armstrong et al., 2019a). The Ch.I.P has been validated in other research and has good internal consistency ($\alpha = .95$) (Armstrong, 2016b; Armstrong et al., 2019a, 2020; Parrott et al., 2021). Both measures were created to evaluate the DREAM program for intellectually gifted and non-gifted children living in urban areas (Armstrong et al., 2019a, 2020).

**The Adult Identity and Purpose Scale (AIMS)**

The AIMS is a twelve item self-report scale measuring meaning mindset of adults. The measure included an identical 0-10 scoring system as the Ch.I.P and examines positive self-concept, hope for the future, openness to experience and a sense of agency (see Appendix F) (Armstrong, 2016b). Parent participants were asked to move the slider to indicate their level of agreement to each question between 0 and 10, where 0 represented completely disagree and 10 represented totally agree (Armstrong et al., 2020). Each question demonstrated opposite ends of

a spectrum for each concept. An example of a question that measured self-concept is "*I wish that I was a different person (0)*'' and "*I am happy to be me* (10)''. When first implemented, the AIMS scale scored a high validity score with a Cronbach's alpha of .96 (Watt, 2020). The parent AIMS was assessed in past research to be equivalent to the ChIP in terms of scoring and item content.

## Child Giftedness

### Gifted Strengths and Challenges Questionnaire (GSC)

The GSC (Armstrong, *unpublished data)* is a measure of gifted strengths and challenges in children and adolescents (see Appendix G), measuring the domains of perfectionism, concern with fairness and justice, and oversensitivities including: 1) physical oversensitivity, 2) emotional oversensitivity, 3) imaginational oversensitivity, 4) intellectual oversensitivity, and 5) spiritual oversensitivity. Harnessed in a helpful way, these challenges can be strengths, but they can also conflict with social and other situations to be potentially problematic (Armstrong, 2017; Cash & Lin, 2022; Kroesbergen et al., 2016; Richards et al., 2003). In its initial validation sample, Cronbach's alpha reliability was .91. Convergent validity was: $r = -.91$, $p = .03$ with Meaning Mindset (measured by the ChIP) and $r = .92$, $p = .02$ with mental illness symptoms (measured by the ISA). Thus, this measure was associated with measures it's intended to be associated with, exhibiting convergent validity. Items are measured on a scale of 1 to 5 from strongly disagree to strongly agree. Higher scores represent more challenges. The measure also includes demographic items to assess for other neurodiversities that are common in gifted children. Specifically, on this measure demographic questions are included to assess if children also have identifications with attention deficit/hyperactivity disorder (ADHD) and/or autism spectrum disorder (ASD). This measure also includes an item as to whether a child was formally

assessed for giftedness; if so, parents were asked to report their percentile score on the Wechsler Intelligence Scale for Children (WISC) or Canadian Cognitive Abilities Test (CCAT) as well as their quantitative score on the Picture Memory subtest from the Wide Range Assessment of Memory and Learning (WRAML2 or 3), which appears to be commonly impaired in children at the highest levels of intelligence, potentially associated with other gifted challenges. In the current study, because there was a limited amount of data, gifted scores were limited to percentile rankings from the WISC and/or CCAT to determine the giftedness of child participants and whether parents reported their child to be gifted.

## Program Evaluation

### Satisfaction Scale (KTI)

A short qualitative feedback survey was sent after every weekly session for program evaluation purposes, to assess what the participants liked about the session's activity and song, and what they would recommend changing about the session (see Appendix I). Additionally, a satisfaction survey that was adapted from the dissemination of the DREAM program by Dr. Laura Armstrong in 2017, was added to the post-test questionnaire for both children and parent to assess what they liked about the entire program, and what they would recommend changing to improve the program (see Appendix H) (Armstrong, 2017). A Knowledge Translation-Integration framework was used for the short qualitative surveys. To elaborate, KTI is integrated to meet the needs of stakeholders and individuals using the program (Armstrong et al., 2020). The DREAM program was developed with the (KTI) framework from its inception by including stakeholders in the program development and evaluation process (Armstrong, 2017).

Thus, a satisfaction scale was included at the end of the program to ask parents and children open-ended questions to determine suggestions for program fit and improvement. To specify, questions will focus on *feasibility* (e.g., What were the barriers or limitations?), *acceptability* (e.g., Did they like it?) and *sustainability* (e.g., do they want to continue using it?) (Armstrong, 2017; Parrott et al., 2021).

**Procedure and Data Collection**

Participants were sent a Survey Monkey link with the pre-test measures before (week 1) and after the program (week 9), undergoing the eight-week DREAM program. The program included eight units, each with a specific topic with discussion, original song, and activities, with brief reinforcement episodes and exercises to carry out during the week. The DREAM program included the video teaching episodes as created by Dr. Armstrong (Armstrong, 2019), and the activities and discussions were led by Elyse Champaigne-Klassen through the online platform Zoom with the families. All discussions and mental health skills activities were based on the song, video or story characters presented, so no personal issues were discussed, making the program safe for the facilitator to administer online. Below are the topics for the program per week and examples of activities, expanding on the information provided from Table 4:

**Table 4**

*DREAM Program Unit Activity Summary*

| **UNIT** | **MAJOR CONCEPTS** |
|---|---|
| **Unit 1: Mental Health & Gifted Literacy** | • Song: Just Like Me and You<br>• Common feelings and how to identify them. |

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| | • What is mental health? What is mental illness? Knowledge to reduce stigma.<br>• There are things we can do to help us feel better.<br>• Understand how to get help.<br>• Emotion Improv Activity to practice identifying emotions.<br>• Reinforcement Activity: Matching a feeling to the feeling face worksheet. |
| **Unit 2: Emotion Recognition & Social-Emotional Literacy** | • Song: You Feelings Will Tell You<br>• Common feelings and how to identify them (building on Unit 1).<br>• Learn about how our feelings might be affecting our thinking and our behaviour.<br>• Learn how there are different ways of feeling in the same situations.<br>• Emotions Go fish Activity to understand how children can feel different things in the same situations.<br>• Reinforcement Activity: Complete a situation worksheet to idenitfy the possibl feelings & different feelings someone may have. |

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| **Unit 3: Relaxation** | • Song: Sleep is my superpower to discuss how sleep hygiene/why sleep is important<br>• Direct teaching of common relaxation techniques (54321 grounding activity, 5 finger breathing, imagery, progressive muscle relaxation).<br>• How to create a worry time<br>• Reinforcement Activity: Practice all relaxation activities. |
| **Unit 4: More Calm Down Activities: Worry Time, Imagery, Humour** | • Song – Worry Shark: to teach about worry and how to manage it.<br>• How to create a worry time and how to create an imagery scenario to feel a bit better.<br>• We can talk to an adult we trust<br>• Reinforcement Activity: write your own calm-down/feel good activities and choose which ones you would like to use throughout the week and do them at least once. |
| **Unit 5: Connection Between Thoughts & Feelings** | • Song: Thought detective– feelings as important "alarm bells" like a fire alarm that can tell us we're having a stinky |

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| | thought. Remind them about emotions go fish and how people can have the same thing happen, but if they think or act differently, they can feel differently. Remind them how they can use their relaxation tools to feel differently.<br>• Song – how enjoyable distraction/helpful thinking can help children calm down<br>• Crown of Good Thoughts Activity: to understand the connection between thoughts and feelings and helpful thoughts vs. unhelpful thoughts. |
| **Unit 6: Choosing to Think Differently** | • Activity: Reading the Story Worry Wind<br>• Learning about practicing gratitude and how avoidance increases worries/fear.<br>• Strategy to manage feelings:<br>Strategy: 1) Hand to heart & tummy (identify feelings); 2) Point to head (identify and question thoughts); 3) Thumbs up (choose a helpful action) |
| **Unit 7: Meaningful Living** | • Children make a card for someone they appreciate. Group discussion during craft: |

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| | How do they think the person will feel when they give them the card. How will they themselves feel when they give the card?<br>• What helps children lead meaningful, fulfilling lives<br>• Cultivate a meaning mindset<br>• Learn about what happens when we help others<br>• Learn about engagement in extracurricular activities & well-being |
| **Unit 8: Consolidation** | • Consolidate all the skills learned<br>• Activity: the families complete the problem-solving comics; complete the feeling faces and thought bubbles to solve the problems using all the skills learned in the program.<br>• Becoming our own superheroes: Fearbreakers (strategies to manage our fears), Angershakers (strategies to manage anger), Joywakers (strategies to help ourselves feel happy or content), Peacemakers (strategies to spread |

| | |
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| | kindness and develop good relationships with other people). |

*Note.* Units were summarized from the DREAM manual created by Dr. Laura Armstrong.

Each child participant completed the ISA and the ChIP questionnaire, followed by the demographic questionnaires at week 1. Each parent participant completed the AIMS and ISA-measure, along with the gifted strengths and challenges questionnaire for their children. After the end of the program, each child and parent completed the same questionnaires in addition to a satisfaction scale to determine suggestions on the program's credibility feasibility, acceptability and sustainability (Armstrong, 2017; Parrott et al., 2021).

**Statistical Analysis**

Data analyses was performed using SPSS version 29. Participant characteristics were explored using descriptive functions which included demographic data, variable mean scores and bivariate correlations to explore the strength and direction of linear relationships between variables. The quantitative portion of the analysis included the first hypothesis (i.e. Credibility) to determine if Mental Health (MH) and/or Meaning Mindset (MM) was improved after the program. To do so, a within-subjects paired samples t-test was used, for both MM and MH. To investigate the predictive relationship between MH and MM, a linear regression was conducted. For the qualitative data thematic analysis was conducted using the Braun & Clarke method to determine any emerging themes (Braun & Clarke, 2006). Although KTI served as the theoretical framework for the following hypothesis (i.e. Feasibility, Acceptability, Sustainability), as detailed earlier in the current paper, the method as outlined by Braun & Clarke allowed for themes to emerge in the data itself through the weekly feedback links and the satisfaction survey posttest. Braun & Clarke include a central component of Reflexive Thematic analysis (RTA)

which is that the researcher's position and contribution is necessary, unavoidable, and an integral ingredient of the process (Braun & Clarke, 2021)**.** In other words, the researcher and their subjectivity are tools to utilize consciously and actively. It is not something to remove, reduce, avoid, or minimize, but a valuable resource to be drawn upon. To capitalize on this resource, Braun and Clarke invoke the use of the term 'reflexive which involves drawing upon one's experiences, pre-existing knowledge, and social position (such as ethnicity, gender, class, etc) and thinking critically about how these aspects influence and contribute to the research process and potential insights into qualitative data (Braun & Clarke, 2021)**.** This process invites the researcher to explore, understand, bring forth and make explicit their values, and ideas about themselves, the world, and their beliefs. Additionally, it encourages the researcher to consider ***how***, not ***if***, these influence how they interpret and make sense of the research. Reflexive research demands that knowledge is treated as situational – always a consequence of an interaction between the researcher and the data (Braun & Clarke, 2021). Given the potential bias in reflexive analyses, however, this is why a second reviewer is considered essential to ensure that data interpretation is appropriate. For this current study, Dr. Armstrong and Elyse Champaigne-Klassen served as the project's two raters. To elaborate on how the thematic analysis was conducted, the themes and patterns of the qualitative data in this study followed the six stages as outlined by Braun and Clark's (2006):

1. **Becoming acquainted with the data**: Reading and rereading the dataset allows researchers to become thoroughly immersed in it and develop a comprehensive comprehension of it.
2. **Producing the initial codes:** The researcher codes significant features or trends in the data set in a methodical manner. These imprinted patterns of meaning form the

foundation for the themes that follow. The researcher's predictions about potential themes are taken into account during coding, in addition to the established theories that were employed in the study (e.g., MM, MH, etc.).

3. **Looking for recurring motifs:** By determining what seems important, the researcher groups codes into possible themes.
4. **Examining the motifs:** Researchers hone and reevaluate the themes created in the earlier phases to ensure consistency of the data. This entails going over the noted themes and information that has been encoded and considering whether the data actually supports them or not.
5. **Identifying the Themes:** This step entails creating succinct summaries that convey the fundamental meaning of the themes and patterns for each subject.
6. **Composing:** Contribute information, ideas, and analysis to a report, dissertation, or article.

## Results

In the current study, a mixed methods design was used, including both quantitative and qualitative analyses. Pre- and post-test outcomes were explored through a within-subjects paired samples t-test via SPSS Statistical Software to determine if the DREAM program online with families enhances meaning mindset and mental well-being in the children and parents participating. A hierarchical regression was also conducted at post-test, as the DREAM program aims to enhance Meaning Mindset (MM), while MM in turn has been found in past research to enhance mental health (MH) (Parrott, et al., 2021). Thus, to further test the hypothesis that DREAM is doing what it is expected to do for gifted children specifically, the regression included MM as a mediator between gifted challenges and MH. Data were anonymized, and surveys with more than 50% missing data were deleted. Specifically, one participant who completed only the post-test and not the pre-test was removed from the analysis. The attrition rate for the pre-test (n = 25) and post-test (n = 14) was a difference of 11 participants, which included 7 families, 5 child participants and 9 parent. The retention rate was 56% where a few families who could not attend every session, and did not complete the research portion of the study. Those who did not attend, however, were provided with recordings of the session to that all participants could access the full program.

The qualitative analyses were conducted using the Braun and Clarke (2022) guidelines for data coding using thematic analysis, along with two data reviewers to minimize potential bias. Following the Knowledge Translation-Integrated protocol, thematic analysis was used, as described by Braun & Clarke (2006), and integrated with grounded theory as outlined by Hays & Wood (2011). The current study was grounded in thematic analysis and grounded theory (Hays & Wood, 2011). Thematic analysis examines common patterns and themes that emerge from the

data and defines a theme as a grouping of various data points that reveals fresh information about the research question (Vaismoradi et al., 2013). Thematic analysis is considered an integration of both content and thematic analysis, whereas content analysis can only examine explicit content (Vaismoradi et al., 2013). According to the authors' further explanation of this model, manifest content refers to patterns that are plainly visible in the data, whereas explicit content shows meaning derived from the patterns in the data (Vaismoradi et al., 2013). Thematic analysis will be used for this research project as it analyses the explicit content and the patterns within the data.

Grounded theory deduces a theory from the data itself through the interaction between the researcher and the data (Glaser & Strauss, 1967). Because of this, the process involves symbolic interactionism which entails meaning is created by the interaction between the data and the researcher (Morse & Field, 1996). As grounded theory is a deductive process, results may be influenced by the researcher's subjective perspective and bias (Ralph et al., 2015; Walker & Myrick, 2006). When analyzing the data, researchers are advised to be cognizant of their biases and to set them aside to limit confounding results (Cutcliffe, 2000). Keeping this in mind, the interaction between the researcher and the data are considered a key piece of the process (Walker & Myrick, 2006). By advocating for the researcher to be aware of their values, prior knowledge and thoughts, it is posited that they can reach an original solution (Cutcliffe, 2000). Subsequently, when original solutions and fresh hypotheses are validated by other data sources, the grounded theory process confirms the validity of the results (Cutcliffe, 2000). Thus, integrating grounded theory approach and thematic analysis is recommended as it includes both the context and setting in which the data is found and allows for a deeper analysis of the data (Cutcliffe, 2000; Wilson & Hutchinson, 1991). Thus, the aim of following the KTI protocol

while merging grounded theory and thematic analysis was to assess whether the program was perceived as credible, acceptable, sustainable and feasible in an online setting while including the whole family (Armstrong et al., 2020).

The following KTI term definitions were based on research by Emmalyne Watt's examination of the DREAM program with families in person (2020) and broadened to include an online platform for the current study: The *acceptability* of a program pertains to the acceptability of the content to families, while *credibility* indicates how effectively the program does what it is meant to do: to improve meaning mindset, as well as internalizing and externalizing mental health. *Feasibility* refers to the how feasible it is to use the program in their everyday lives, while *sustainability* relates to the perceived likelihood that a family will continue to utilize the program in their everyday lives. Results for MM and MH below included the data from participants who completed both the pre-test and the post-test (n =13), and results were significant at $p <$ or $= .05$.

**Table 5**

*Means and Standard Deviations of Main Variables and their Subscales*

| Variable | *n* | *M* | *SD* |
|---|---|---|---|
| MM Pre | 13 | 80.2308 | 25.09699 |
| MM Post | 13 | 87.7692 | 15.07290 |
| MH Pre | 13 | *48.2308 | 20.76918 |
| MH Post | 13 | *43.4615 | 16.14835 |
| GSC Pre | 12 | 114.0833 | 18.57397 |
| GSC Post | 5 | 112.8000 | 19.05781 |
| IQ score | 6 | 98.6167 | 1.45385 |

*Note.* MM Pre/Post = Scores from the Child Identity and Purpose Questionnaire (Ch.I.P) for children and the Adult Identity & Meaning Scale (AIMS) for parents.

MH Pre/Post = Scores from the Interactive Symptom Assessment (ISA) for children and parents.

GSC Pre/Post = scores from the Gifted Child Strengths & Challenges Scores.

IQ = Intelligent Quotient, total scores from the WISC or CCAT scale.

*A low score on the ISA indicates higher mental well-being and lower mental illness symptomology.

Correlations are presented in Table 6 below.

**Table 6**

*Two-tailed bivariate correlations of main variables*

| Variables | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 1. MM PRE | - | | | | | |
| 2. MM Post | .795** | - | | | | |
| 3. MH Pre | -.729** | -.633* | - | | | |
| 4. MH Post | -.258 | -.481 | .523 | - | | |
| 5. GSC Pre | -.521 | -.633 | .367 | .863 | - | |
| 6. GSC Post | -.315 | -.909* | .522 | .919* | .667 | - |

*Note.* MM Pre/Post = MM Pre/Post = Combined scores from the Child Identity and Purpose Questionnaire (Ch.I.P) and the Adult Identity & Meaning Scale (AIMS).

MH Pre/Post = MH Pre/Post = Scores from the Interactive Symptom Assessment (ISA) for children and parents.

GSC Pre/Post = Scores from the Gifted Strengths & Challenges Scale.

Scale. *$p < .05$, ** $p < .01$, ***$p < .001$

**Hypothesis 1: Credibility**

As previously noted, it was expected that as in past research with gifted children (Armstrong, 2017; Armstrong & Potter, 2022), that this educational program would be **credible,**

and improve the meaning mindset, as well as internalizing and externalizing mental health of families. A general linear model through a paired samples t-test was conducted to determine whether there was a difference between meaning mindset (MM) and internalizing and externalizing mental health symptoms (MH) for both child and parent participants (n = 13) before and after participating in the DREAM program. Firstly, to assess whether there were differences in their mean MM and MH scores before and after the program, a descriptive analysis including both parents and child scores. For Meaning Mindset, the mean scores for children and adults were found to have increased from 80.2 (n = 13, SD = 25.1) in the pre-test, to 87.769 (n = 13, SD = 15.07) after participating in the DREAM program.

To determine if the differences detailed above were significant, a paired samples t-test was conducted to determine if there was a difference between the Meaning Mindset for both child and parent participants (n = 13) before and after participating in the DREAM program. Post-test MM scores were statistically significantly higher than pre-test MM scores, ($t$ (12) = -1.699 $p$ = .05), with a 95% confidence interval [-1.037, .112 ]. A paired sample effect size analysis using Cohen's d indicated a moderate effect size ($d$ = .5, with a 95% confidence interval [-1.037, .112]).

To assess whether there was a change before and after the DREAM program in the scores of internalizing and externalizing mental health (MH) of parents and children, a descriptive analysis was conducted. For MH, the mean scores from the ISA scale for children and adults were analyzed. For reference, scores below 76 represented better than average mental health, while scores higher than 110 represented significantly worse mental health than average (Armstrong et al., 2022). Thus, a higher score indicated a higher mental illness symptomology and a lower well-being. The mean scores for child and parent participants decreased from the

pre-test from a mean of 48.2 (n = 13, SD = 120.769), to 43.46 (n =13, SD = 16.148), but not significantly, as noted below.

To determine if the differences detailed above were significant, a paired samples t-test was conducted to determine whether there was a significant difference between internalizing and externalizing mental health (MH) symptoms for both child and parent participants who completed both the pre and posttests (n = 13). Although there appeared to be a mean difference before and after, the output indicated that post-test scores were not statistically significant and were lower than pre-test scores, ($t$ (12) = .933 $p$ > .05, with a 95% confidence interval [-.300, .806 ]. A paired sample effect size analysis using Cohen's d indicated a small effect size ($d$ = .3, with a 95% confidence interval [-.300, .806 ].).

A hierarchical regression analysis was conducted with post-test gifted challenges entered in Step 1, post-test MM in step 2, and post-test mental illness symptoms as the dependent variable. All of these variables were significantly correlated, as noted previously (Table 6). The relationship between gifted challenges and mental illness symptoms was fully mediated by meaning mindset: Specifically, the regression yielded an $R^2$ of .84 at Step 1, (β = .92, $t$ = 4.03, $p$ = .03, partial eta$^2$ = .92) for the prediction of mental illness symptoms by gifted challenges. With the addition of MM in Step 2, the relationship between gifted challenges and mental illness symptoms was non-significant, β = .62, $t$ = .99, $p$ = .43, partial eta$^2$ = .26. Therefore, the first hypothesis that the program would do what it said it would do for gifted children (i.e., enhance MM, which in turn is predictive of MH, even if children present with challenges associated with giftedness) is supported. Specifically, participants reported significantly higher MM at post-test than at pre-test. Further, MM at post-test fully mediated the relationship between gifted challenges and mental illness symptoms, rendering this relationship non-significant.

## Qualitative Analysis: Thematic Analysis

### Hypotheses 2: Feasibility

Secondly, as previously noted, it was expected that the strategies learned in the DREAM program would be perceived by parents and children as **feasible** to use in their everyday lives. Qualitative data was coded from the weekly feedback links asking parents and children what they liked about the program, song(s) and the activities and what would they suggest being changed (outlined in Appendix I). Additionally, the following question from the post-test was included: #27. *What did you like? And what were your suggestions in making it better?*(For the full Satisfaction Scale, refer to Appendix H). Quantitative data was coded from 2 questions examining enjoyment and acceptability: *Do you think the program gives kids ideas about how to **think** and to **act** in a healthier way?* The participant mean score for both questions examining the perceived feasibility of the content to impact kids thinking was a 3.75 (mostly happy) (n = 11, SD = .683), indicating that families were mostly happy with the content and found it feasible to use in everyday life. Their responses ranged from mostly unhappy (2) to happy (5), (range = 3), signifying a moderate difference in responses. For the following questions, *#32. Do you think the DREAM program might help kids notice their feelings?* the answers ranged from unhappy (1) to happy (5). The participant mean score examining the perceived feasibility of the content to impact emotional literacy of children was a 4 (mostly happy) (n = 11, SD = .998), indicating that families were mostly happy with the emotional literacy content and found it feasible to implement. Their responses ranged from unhappy (1) to happy (5), (range = 3), signifying a large difference in responses.

In general, participants reported that they enjoyed the program, and some parents perceived some implementation of the skills learnt in the program by their children and noted

changes in their children. One parent commented that they perceived an improvement in their daughter's emotion regulation. However, two participants reported that the sound quality of the video was impacted by the internet which made it difficult to integrate the material. There was a difference in participant recommendation for the pace and implementation of the program that could have improved the feasibility of skills being implemented in the everyday life of participants: one parent asked for the pace to be faster based on the needs of their child, and a six-year-old child recommended that the video and video subtitles be slower, to be more easily read.

**Validations:**

- *Parent:* "*I saw a huge improvement in my daughter's emotional regulation.''*
- *Parent: " I like the variety of concrete strategies we tested, tried, and implemented. Such as the different breathing and relaxation techniques and making the lists of activities we can do to make ourselves feel better.''*
- *Parent: "My daughter really liked the program. I liked that it was accessible by Zoom and video recording. I liked the content/concepts introduced. I thought it was paced well."*

**Recommendations:**

*Parent: ''Move along a little more quickly if possible, and the internet delays affect the impact of the songs (Week 2).''*

*Parent: "The song was choppy and we could not hear properly to assess [the song for week 4].''*

*Child: "Would like longer to be able to read the words that appear in the video (Week 5).''*

*Parent: "[The program] doesn't stream very well [online]; Not repetitive enough to increase understanding (Week 2)."*

*Parent: "More practice for the kids on how and when to use the coping strategies would have been great to help it generalize."*

*Parent: " Spending more time discussing what to do when the techniques don't make the child/you feel relaxed or just "don't work". In general, relaxation is not her strength. None of the techniques [this week] really resonate with my child (or maybe her expectations for how they should work are not realistic) (Week 4)."*

**Hypotheses 3: Acceptability**

Thirdly, as previously noted, it was expected that the content would be perceived as appealing and acceptable by families. Qualitative data was coded from the weekly feedback links asking parents and children what they liked about the program, song(s) and the activities and what would they suggest be changed (outlined in Appendix I). Additionally, the qualitative data from the following question from the satisfactions scale at post-test was included: #27. *What did you like? And what were your suggestions in making it better? ?* (For the full Satisfaction Scale, refer to Appendix H). Quantitative data was coded from a question examining enjoyment and acceptability: #26. *How happy were you with the DREAM program? (playability, what you learned, how fun it was?).* The participant mean score of their enjoyment of the program was a 4 (mostly happy) (n = 11, SD = .82), indicating that families were mostly happy with the program and found it acceptable. Their responses ranged from mostly unhappy (2) to happy (5), (range = 3), signifying a moderate difference in responses. Participants reported that they appreciated the practical and interactive elements of the program and found it easy to follow along with the program to learn the skills. Two child participants and one parent commented that they enjoyed learning and practicing the activities and learning the content through the videos and games, the facilitator and interactive participation. However, three families commented that they believed

the content of the program was generally geared to a younger audience and was not acceptable for their children above the age of 10. For example, one parent stated that the program worked well for their seven-year-old, but not their 10-year-old, and recommended a different format to be tailored to an older audience such as a faster pace and more advanced content. Additionally, two parents stated that although they liked the program, they noticed that some of the content did not apply to their child and recommended more time and space for personalized material per child. For example, one parent stated that the relaxation techniques did not apply to their child as [the child] struggled to relax and wished that there had been more time to discuss and tailor skills to the needs of their child during the session. Another parent stated that their child did not struggle with emotion recognition and the session which focused on that topic was not applicable to his needs. They recommended more time to share personalized experiences and stories to deepen and enrich the meaning of the activities.

**Validations:**

- *Parent:* "*My son enjoyed the sessions and the activities*."
- *Child: "I liked the facilitator, the hand tracing, and the songs.''*
- *Child: "I liked that we could raise hands to participate."*
- *Child: "I liked the cheerfulness and support of the facilitator.''*
- *Parent: "The scenario examples with individual children are very straightforward and easy for kids to relate to; Very informative and used easy to understand language; helps to illustrate the concepts (Week 2)."*
- *Parent: ''I liked that many kids are chatting/sharing their opinions during the Zoom meetings (Week 6).''*
- *Child:''[six-year-old] loved the videos (Week 5)."*

**Recommendations:**

*Parent: "I liked some of songs and videos, but I found others a little odd... I don't know that older clients would respond well to some of the songs either.''*

*Parent: "We liked some of the activities. Perhaps having two age groups as some of the activities were a bit young for my 11-year-old.''*

*Parent: "I wish there was more connection to his day-to-day experiences, although I appreciate this is hard to do in a group. There was a lot of time recognizing emotions which is not something my son struggles with at all. More sharing of personal experiences would be helpful to make it more meaningful for the child's actual experiences.''*

*Parent: "The materials worked ok for my 7-year-old but not my 10-year-old; perhaps more of a lecture-style (sharing knowledge) could have moved us forward more so than asking the kids what they thought at each step."*

*Child: " I think that the games could be made less embarrassing.''*

**Hypotheses 4: Sustainability**

Finally, as previously noted, it was predicted that the skills participants learned would be perceived to be sustainable in their everyday lives. Qualitative data was to be coded from the weekly feedback links asking parents and children what they liked about the program, song(s) and the activities and what would they suggest be changed. Quantitative data was coded from the satisfaction scale at post-test to examine if the participants learned skills that they perceived to be usable and sustainable in their everyday lives in terms of their behavior. Additionally, the following question from the post-test was included: #27. *What did you like? And what were your suggestions in making it better?* However, there was no qualitative or quantitative data that was recorded to discuss the sustainability of the program.

Overall, qualitatively or quantitatively, families perceived the DREAM program to be credible, acceptable, and feasibly. Further, research is needed on perceived sustainability, as no sustainability themes emerged.

## Discussion

The current study could potentially have significant implications for the literature examining child mental health and possible interventions. No mental health promotion programs for children to date have included a meaning-building component for families of gifted children, administered through an online platform. Knowledge Translation Integrated (KTI) methodology was used to assess and integrate qualitative data for *acceptability, feasibility,* and *sustainability* into what families liked about the program and what they recommended be changed to improve it to better meet the needs of gifted children. To analyze this data, grounded theory and thematic analysis were utilized, leading to the identification of categories related to validations and recommendations, through evaluation by two separate reviewers. For the *credibility* of the program, statistical analyses were conducted to determine if the program improved meaning mindset and internalized and externalized mental health symptoms from before to after the program. In general, participants were mostly happy with the program, and there were requests by parents and children for the program to be repeated so they could participate a second time. The qualitative and quantitative findings are discussed below. In particular, families who participated as a whole in the drama, art, discussion, and game activities—as intended—rather than just sending their child alone, were satisfied with the program.

### Credibility

Credibility was defined as having improved the meaning mindset, as well as internalizing and externalizing the mental health of children and parents. Meaning Mindset (MM) improved from before to after the program, and this perceived enhanced MM predicted MH through mediating overexcitabilities, and other challenges associated with giftedness. This suggests that the credibility hypothesis was supported. MH itself was predicted by MM, similar to in past

research (St. John et al., 2023). Although some past research also suggests that DREAM can directly enhance MH (Watt, 2020), in addition to indirectly through MM, the current sample was relatively small, making the detection of small or medium effect size relationships more challenging. Further, the sample was restricted: At pre-test, the current sample's MH score was more than one standard deviation better than average mental health. Meaning-based and MH promotion strategies tend to display the greatest benefit for those at greatest risk for MH concerns (Armstrong & Manion, 2015). Further research should, thus, be conducted with a larger, more diverse sample of gifted families.

### Feasibility

Feasibility was defined as the perception by children and parents that the strategies learned in the DREAM program would be feasible use in their everyday lives. The following recommendations for feasibility were provided:

#### Recommendations: *Technology*

Overall, participants reported that they enjoyed the program, and some parents perceived the implementation of the skills learned in the program by their children and noted changes in their children from implementing strategies from the program. However, the online platform itself was sometimes a barrier to the feasibility of the program where the variability in the quality of the participant and facilitator's internet impacted the sound and streaming ability of the videos shared by the facilitator. Specifically, one participant stated that internet delays affected the impact of the songs. Although one participant commented that they appreciated the access to the program the online platform provided, having access to a computer and high-quality internet was necessary to participate in the program, and may be a barrier to lower-income families who may be interested in participating in the future. Therefore, potential solutions to these issues may be

using a more efficient sharing platform than Zoom to resolve the streaming issues, or offer an in person option to disseminate the program. However, videos and songs must still be shared online, even with an in-person program, such as in a classroom, as this allows for consistency in administration. One of the biggest barriers to successful program implementation credibility is inconsistent program implementation(Lean & Colucci, 2013). It could also be helpful to ask potential participants what they would need to participate in the DREAM program online, and accommodate to their unique challenges and to explore alternative appropriate online platforms. Online administration in the current study allowed for families of gifted children from across the country to participate, permitting wider-scale program distribution.

**Recommendations: *Duration & Pacing***

There was a variable range in participant validations and recommendations for the duration and pacing of the program where many participants stated that the content and pacing were feasible to implement, and others stated that the pacing was either too fast or too slow. For example, one parent asked for the pace to be faster based on the needs of their child, and a six-year-old child recommended that the video and video subtitles be slower, to be more easily read. However, the target age range of the program is generally 7 to 9 years, although DREAM program research has allowed for a broader range of 6- to 12-year-olds to participate. Feedback from parents of 6-year-olds has been consistent across previous iterations of the DREAM program (Desson, 2018; Watt, 2020). Also, some families participated as a whole, as intended, and other children participated alone, which meant they were not participating in group-based family activities and discussions. Thus, there may have been variability in parent support where some children were supported by their parent(s) and others were not during the implementation of the program, which could have led to variability in how the program's content was integrated

and implemented across the program, particularly for younger children. In a previous study examining recommendations for the DREAM program online, a suggestion was made to implement a few program units once every week, and send reinforcement activities throughout the week (Parrott et al., 2021). However, in the current study, recommendations included requests to have more time to practice the skills learned between units, and to tailor the content to the specific needs of their child. This recommendation was timely, as an online platform is being considered with core program units and "recommended" program units, based on an initial family needs survey. In the current study, one participant asked for more time to discuss and practice alternatives to relaxation as the content did not resonate with their child. Therefore, potential solutions could be to offer the program more than once a week, and leave a portion of time for participants to discuss and practice their unique challenges surfacing when practicing the skills. In past in-person administrations of DREAM, alternative activities were presented for children with special needs, as these needs arose (Armstrong et al., 2019a; Desson, 2018; Watt, 2020). In an online administration, unless families suggested in a private chat that a particular activity was not resonating, a one-size-fits-all approach was applied. Further, in the present study, variability in family involvement may have potentially impacted how feasible the content and reinforcement activities were to apply and practice as a family throughout the week. Research indicates that program adherence tends to decline when users are not prompted daily, and regular monitoring reminders have been shown to reduce participant attrition (Boniel-Nissim & Barak, 2013). In the currently study, families were sent reminder emails along with reinforcement activities and the next Zoom link. However, a lack of family involvement in the intervention process is one of the main barriers to successful intervention for children receiving mental health support (Ingoldsby, 2010) and variability in family support could have been a

factor in the impact of the program on child mental health. More research needs to be conducted to determine if these solutions are appropriate and to determine the relationship between family involvement and the credibility, feasibility, acceptability and sustainability of the program.

## Acceptability

Acceptability was defined as the perception of the content to be appealing and acceptable by families. The following recommendations for acceptability were provided:

### Recommendations: Target Child Audience

In general, participants found the content of the program to be acceptable wherein families described themselves as "mostly happy" with the program. The majority of the recommendations for acceptability by both parents and children included a perspective that the activities were most acceptable for younger children, two participants specifying that they believed some parts of the program may be less acceptable for children over the age of ten. Participant recommendations to address this gap was to include a different format to be tailored to an older audience such as a faster pace and more advanced content. Similar findings from past research were found (Desson, 2018; Watt, 2020). Thus, there is a current funding application for a DREAM Tween program for children ages 10 to 13, with music, themes, and activities geared to their age group. Additionally, in the current study, two parents stated that, although they liked the program, they noticed that some of the content did not apply to their younger child and recommended more time and space for personalized material per child. Therefore, there was an overlap in the recommendations for both acceptability and feasibility categories, as data for questions assessing both surfaced data that led to a recommendation for a younger target audience and for more time for specified support. For example, one parent stated that they wished that there had been more time to discuss and tailor skills to the needs of their child during

the session; another parent recommended more time to share personalized experiences and stories within the family to deepen and enrich the meaning of the activities. The variability in recommendations from the feasibility category where participants stated that the pacing, duration and content were both feasible and appropriate, and other stated that it was not appropriate for them or their child, could potentially be rectified by targeting children from 7 to 9 years of age.

**Sustainability**

Sustainability was defined as the perception of the skills learned by participants as to be sustainable in their everyday lives. There was no qualitative or quantitative data that was recorded to discuss the sustainability of the program, and therefore the hypothesis was not able to be supported or refused. More research needs to be conducted to determine the sustainability of the DREAM program with families on an online platform. Integrating the goals learned in intervention programming into the daily lives of gifted children has been found to be effective in sustaining the skills after the program (Weissberg & O'Brien, 2004) and could be a further avenue of research.

**Theoretical Implications**

The Knowledge Translation Integrated approach (KTI) brings knowledge into action by involving stakeholders throughout the program development and evaluation processes while focusing on the program's credibility feasibility, acceptability and sustainability (Armstrong, 2017). The goal of a KTI strategy is to promote the scientific utility standards— credibility feasibility, acceptability and sustainability (Judd, 2001). It is also a Third Wave Positive Psychology Approach (PP3.0) of MM theory (Armstrong & Potter, 2023) and integrated a grounded theory approach and thematic analysis to include both the context and setting in which the data was found (Cutcliffe, 2000; Wilson & Hutchinson, 1991). By doing so, the stakeholders,

who understand the purpose of the program the best, could feel a higher sense of certainty and personal agency (Patton, 1984). It would be interesting to examine if participants found the program more meaningful and felt like they had a higher sense of agency through including program evaluation and KTI framework in the weekly feedback surveys and pre and post. The current study adhered to the KTI approach through stakeholder engagement through the satisfaction scale and the weekly feedback links sent to participants, as well as through resource development. The feasibility, credibility, sustainability, and acceptability can be effectively incorporated into upcoming projects to establish a strong foundation for engaging stakeholders. Incorporating perspectives from both parents and children between the ages of 6 and twelve presented both advantages and difficulties in this project as various stakeholders held different understandings of the issues, at times leading to conflicting suggestions. In future endeavors, integrating varied viewpoints may bring about both advantages and challenges due to differing interpretations among stakeholders that could lead to conflicting recommendations. The results emphasize the importance of using a KTI framework and engaging stakeholders to demonstrate how credible and acceptable the program by ensuring that the program meets the needs of participants and adapts according to recommendations to enhance user experience. Moreover, is also important to include stakeholder views on its utility and barriers to access to ensure that the program is feasible and sustainable.

In current study, meaning mindset (MM) appeared to improve with the implementation of the program, suggesting that the DREAM program enhances agency, openness, positive self-concept and hope for the future (MM). The implications of these results on the needs of gifted children are potentially powerful, as research suggests that the wellbeing of gifted children is dependent on their ability find meaning and purpose in their life, particularly for their future

well-being as adults (Rodríguez-Fernández & Sternberg, 2023). It would be interesting to examine whether an increase in positive self-concept through meaning mindset may be connected with a decrease in unhealthy perfectionism, which is related to poor self-concept (Christopher & Shewmaker, 2010). Through psychoeducation, this program can contribute positively to overall mental well-being by focusing on enhancing resilience, emotional and mental health literacy and developing social-emotional skills (Armstrong et al., 2019b; Children's Mental Health of Ontario, 2024; Fonseca, 2016).

**Limitations**

Although the study demonstrated the importance of assessing potential appropriate and adequate mental health programming for gifted children and their families, there were a few limitations to the study. Firstly, the demographics of the research sample were not representative of the larger Canadian population in terms of income, education or race. The sample was of a higher socio-economic status for both income and educational background than the average Canadian population where parent participants rated themselves to be highly educated with a degree above a university or college degree and were of high economic status. Therefore, the results of the study may be less generalizable to the larger Canadian population. Additionally, 84,6% of participants rated themselves as White/Caucasian compared to 69.8% of the Canadian population and 15.4% rated themselves as East Asian compared to 1.1% of the general Canadian population (Statistics Canada, 2024). Therefore, the sample was not representative of the larger population. Research suggests that gifted children could be experiencing challenges related to adaptation and behavior, particularly if they come from marginalized backgrounds or ethnic and cultural minority groups (Renati et al., 2022). Therefore, more research needs to do be done with a meaning component program with a gifted sample that includes minority and low socio-

economic status to better understand and address their program and mental health needs. However, this may reflect a larger societal gap in meeting the needs of gifted children. In fact, since many school boards have removed universal screening for giftedness, with questions about the cultural sensitivity of older assessment measures, it is generally higher income families who can afford private testing of giftedness. Thus, lower income families may not even be aware that their child is gifted and, thus, may be less likely to participate when families of gifted children are invited to take part in an online mental health promotion program. More societal support is, thus, needed in the identification of gifted children from diverse socio-economic backgrounds. Currently, school boards in Ontario, Canada are investigating the use of a potentially inclusive universal gifted screening measure: The Naglieri General Ability Tests. However, such systems are not currently in place. Thus, the academic, SEL, and mental health needs of gifted children, unidentified, from lower socio-economic backgrounds are not currently being met.

Secondly, further analyses should be carried out with a larger sample and a rural sample. Although the call for participation was particularly favoring rural participants across Canada, the sample ended up as primarily urban. Specifically, rural, or urban differences were not included in the current statistical analyses due to a small sample where 77% (n = 20) of participants lived in an urban location, and 23% (n = 6) lived in rural location: Since the sample was restricted in terms of size, income and education, location was not included in the analysis. However, it would be important to examine the wellbeing of rural children further as children in rural communities have been found to experience more mental well-being difficulties and risk factors than those in urban settings (Mandal & Burella, 2021) and have poorer access to care than in urban regions (Wikström et al., 2022). Gifted programming in schools (e.g., congregated gifted classes) are also fairly non-existent in most rural regions, meaning that fewer rural children may

also be screened for giftedness than in urban regions, even among higher income rural families. Additionally, there is a gap in both resources and the literature examining the mental health of rural children, and this underscores the need to improve data collection, clarify the economic basis of treatment, and the need for innovative training methods (Dubé et al., 2019). In general, there is a dearth of evidence surrounding the mental health of children and possible interventions in Canada (Boydell et al., 2006; da Costa et al., 2022). Therefore, examining the DREAM program in rural settings would be foundational in developing potential appropriate and adequate mental health programming to promote meaning and address the mental health needs of rural children.

**Future Directions**

Examining the DREAM program for gifted children and their families online with a larger sample would be important to shed more light on the credibility, acceptability, feasibility and sustainability of the program, while ensuring that the program adapts to the unique needs of participants appropriately. As there was a decrease in mental illness symptoms with a restricted sample that had better mental health scores than average, it is possible that the results would have been even more robust with a larger sample. Based on participant recommendations, it would be interesting to examine the potential impact of the program if the structure of the program permits for additionally facilitator support, time and flexibility to address unique needs of each child participant during the program online, as well as to a more restricted age range that includes a younger audience. Alternatively, if there were to be no live facilitator, but participants could take the time they needed to proceed through family units in a fully online program, potentially with a “clickable” program delivery, this could also be evaluated.

Examining the DREAM program in rural settings and/or with a larger sample, would be foundational in developing potential appropriate and adequate mental health programming for rural children to promote meaning and address the mental health needs of rural children. Finally, as noted, more research needs to do be done with a meaning component program with a gifted sample that includes minority and low socio-economic status to assess and address their program and mental health needs.

## Conclusion

Although gifted children have been found to exhibit positive wellbeing when properly supported, characteristics unique to gifted children can influence their psychosocial development and may lead to significant mental health challenges (Siegle & Schuler, 2000). The DREAM program for families of gifted children may be foundational in addressing their unique needs and provide further research on the mental health of gifted children and appropriate interventions that need further inquiry. Additionally, as the program uses video teaching episodes and songs without the need for training in program administration, it is widely accessible and distributable; thus, potentially alleviating some of the barriers for youth and children when accessing care. Through the KTI approach, recommendations and validations were provided by participants and largely recommended restricting the age range that include a younger audience between 7 and 9 years of age. More research needs to be made with a larger sample with a lower socio-economic status and rural sample, would be important to shed more light on the credibility, acceptability, feasibility and sustainability of the program to adapt to the needs of a broader sample appropriately. In general, there is a lack of evidence on the mental health of children and a need for further inquiry into appropriate interventions (Dubé et al., 2019), specifically for meaning mindset in gifted children (Rodríguez-Fernández & Sternberg, 2023). Therefore, the current

study is timely and addresses this dearth; examining the DREAM program in a larger sample that includes children living in a rural setting and that includes minority and low socio-economic status, would be foundational in developing potential appropriate and adequate mental health programming for gifted children who are in need of mental health support.

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# Appendix A

## Ethics Approval

UNIVERSITÉ SAINT-PAUL UNIVERSITY

06-09-2023
dd-mm-yyyy

Comité d'éthique de la recherche (CER) | Research Ethics Board (REB)
Bureau de la recherche et de la déontologie (BRD) | Office of Research and Ethics (ORE)

### CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

**SPU-REB Number** **1360.6/23**

| Last name | Name | Affiliation | Role |
|---|---|---|---|
| **Champaigne-Klassen** | **Elyse** | **Faculty of Human Science** | **MA Candidate-PI** |
| Armstrong | Laura | Faculty of Human Science | Thesis Director |

**Type of project** M.A. Thesis

**Title** The DREAM Program: Developing Resilience through Emotions, Attitudes, & Meaning – A Community-Based Program to Enhance Child Mental Health in Rural Settings.

| Approval date | Expiry Date | Decision (*) |
|---|---|---|
| dd-mm-yyyy | dd-mm-yyyy | |
| **06-09-2023** | **05-09-2024** | **1 (Approved)** |

(*) **Approved**:

**The Saint Paul University Research Ethics Board (REB) approved the project**. Recruitment and data collection may begin as outlined in the application and initially approved by Royal Roads University REB. Please use REB **Protocol 1360.6/23**.

The ethics approval applies for one year. However, any modification to the project must first be approved by the REB before the changes can be implemented. The REB must be notified of all changes or unanticipated circumstances (Unanticipated issues / adverse events report) that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. An annual renewal report for ongoing projects must be submitted. The researcher must provide a final report for projects that have been approved by the Research Ethics Board (REB) in order to close all REB-approved files.

In accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 and other applicable laws and regulations, the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Comité d'éthique de la recherche (CER) * UNIVERSITÉ SAINT-PAUL UNIVERSITY * Research Ethics Board (REB)

Louis Perron, Ph.D.
Chair
SPU Research Ethics Board (REB)

Université Saint Paul University | 223, Main Ottawa (Ontario) Canada K1S 1C4 | ☎ 613 236-1393 | Télécopie - Fax 613 782-3005

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## Appendix B

### Parental Informed Consent

***The D.R.E.A.M. Program: Developing Resilience through Emotions, Attitudes, and Meaning***

Dr. Laura Armstrong, Ph.D., C.Psych.
Associate Professor, School of Counselling, Psychotherapy & Spirituality, Saint Paul University

Dear Parent/Guardian,

You have been invited to participate in the program D.R.E.A.M.: Developing Resilience through Emotions, Attitudes, and Meaning. This program teaches children skills for healthy thinking and behavior, problem-solving, empathy and social literacy, as well as how to make a difference in their community. D.R.E.A.M. is evidence-based and has been found to increase child well-being, self-esteem, hope for the future, social connectedness, openness to learning and other new experiences, and a belief that one can have control over unhelpful thoughts and behaviours. This program evaluation research has been funded by the Social Sciences and Humanities Research Council, with an Insight Development Grant.

The goal of the D.R.E.A.M. program is to have fun while learning lifelong skills through games, music, drama, and crafts. Children are also asked to complete anonymous pre-program and post-program questionnaires measuring the skills learned over the course the program. These questionnaires are to measure what the program is doing well and what we can improve upon. These questionnaires should take 5 to 10 minutes of your child's time. This project has been approved by the Ethical Review Board at Saint Paul University. The research is being conducted by Ms. Elyse Champainge-Klassen, MA candidate at Saint Paul University, under Dr. Laura Amstrong's supervision.

If you decide to let your child complete the evaluation questionnaires, you and your child will be free to withdraw from completing the questionnaires at any time. Questionnaires with significant incomplete data will be securely deleted. In addition, children are free to refuse to answer any question. Participation is fully voluntary. If your child participates in this research, it will serve to improve our program. Children may also have fun completing the questions, as they are delivered through video clips. Questions your child will be asked are about openness to learning, to social and community involvement, and to other new experiences; hope; self-concept; and a sense of control over thoughts, feelings, and behaviors: Areas in which the program is designed to build skills for resilience. Regarding minimal risks for participation, if your child experiences any concerns with their self-concept, a resource list of community services will be provided to you. This resource list may be helpful if your child expresses the need for support beyond the skills that the program provides. Your child's name will be collected to allow us to match their pre-program questionnaire to their post-program questionnaire. Some children will complete both sets of questionnaires before receiving the program to compare the program outcomes to school services as usual. After we have completed the process in which we match your child's surveys, 1 month after data collection, all documents and data files containing your child's name will be destroyed. The remaining anonymized data files will be stored in a locked office at Saint Paul University on an encrypted, password-protected computer for a period of 5 years. For research purposes, anonymity is guaranteed in all publications, as data will be number-coded.

This project has been approved by the Ethical Review Board at Saint Paul University. If you have any questions or concerns, please contact Mohamed Kouachi (Office of Research and Ethics at Saint Paul University) 613-236-1393 x 2323 or Dr. Laura Armstrong at 613-236-1393 x 2341.

**Question Title**

**1. I consent to my family's participation in this study.**
**Yes**
**No**

**2. I DO NOT consent to my family's participation in this study.**
**Yes**
**No**

## Appendix C

**Internalizing & Externalizing Mental Health Symptoms**

**The Interactive Symptom Assessment Adult Scale (ISA): Adult Scale**

| **I.S.A. Parent Form** |
|---|
| 1) I felt cared about by the friends in my life this week / I didn't feel cared about by the friends in my life this week** |
| 2) I felt I did many things well this week / I felt I didn't do anything well this week** |
| 3) Over the past week, I've been feeling happy most of the time / Over the past week, I've been feeling sad most of the time** |
| 4) This week, I wanted to do many things that I enjoy doing / I did not feel like doing much at all this week** |
| 5) I was honest to everyone this week / I told lies or withheld important information this week** |
| 6) I was cheerful this week / I was irritable this week** |
| 7) I did not have arguments or fights with family or friends this week / I often had arguments with family or friends this week** |
| 8) I was not worried or fearful this week / I was feeling worried or fearful a lot this week** |
| 9) I didn't worry about dirt, germs or something bad happening to myself or someone I love this week / I worried about dirt, germs, or something bad happening to myself or someone I love this week** |
| 10) I was nice to everyone this week / I said hurtful things to some people this week** |
| 11) I found it easy to concentrate and focus this week / I found it hard to concentrate and focus this week** |
| 12) I looked in the mirror this week and felt good about what I saw / I looked in the mirror and did not feel good about what I saw** |

## Appendix D

**Internalizing & Externalizing Mental Health Symptoms**

**The Interactive Symptom Assessment (ISA): Child Scale**

**Isa (Eibe)**

***We are going to play a game called "Isa / Eibe." Many things happened to Isa and Eibe this week that may or may not have happened to you.***

*For each item, colour the "box" on the line for the character that you are like. Colour the box "I'm like Isa" or "I'm like Eibe" if you are totally like this character or farther down the line if you are a bit like this character, but not totally.*

---

**1) Isa felt good about the friends in her life this week.**

**Eibe didn't feel good about the friends in his life this week.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Isa | ← | | | | | | | | I was like Eibe |

---

**2) Eibe felt that he did many things well this week.**

**Isa felt that she didn't do anything well this week.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Eibe | ← | | | | | | | | I was like Isa |

---

**3) Eibe is feeling happy. Over the past week, he has been feeling happy most of the time.**

**Isa is feeling sad. Over the past week, she has been feeling sad most of the time.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Eibe | ← | | | | | | | | I was like Isa |

---

**4) This week, Isa wanted to do many fun things.**

**Eibe did <u>NOT</u> feel like doing much this week.**

| I was like Isa | | | | | | | | | | I was like Eibe |
|---|---|---|---|---|---|---|---|---|---|---|

**5) Isa didn't lie to anyone this week.**

**Eibe told many lies this week.**

| I was like Isa | | | | | | | | | | I was like Eibe |
|---|---|---|---|---|---|---|---|---|---|---|

**6) Isa was cheerful this week.**

**Eibe was grouchy this week.**

| I was like Isa | | | | | | | | | | I was like Eibe |
|---|---|---|---|---|---|---|---|---|---|---|

**7) Isa did not have arguments (or "fights") with her family or friends this week.**

**Eibe often had arguments with his family and friends this week.**

| I was like Isa | | | | | | | | | | I was like Eibe |
|---|---|---|---|---|---|---|---|---|---|---|

**8) Eibe was not worried this week.**

**Isa was feeling worried a lot this week.**

| I was like Eibe | | | | | | | | | | I was like Isa |
|---|---|---|---|---|---|---|---|---|---|---|

**9) This week, Eibe didn't have to do things over and over again until they were perfect or felt right.**

**This week, Isa had to do things over and over again until they were perfect or until they felt right**

| I was like Eibe | | | | | | | | | | I was like Isa |
|---|---|---|---|---|---|---|---|---|---|---|

---

**10) Eibe was never worried about dirt, germs, or getting sick this week.**

**Isa was worried about dirt, germs, or getting sick this week.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Eibe | ← | | | | | | | → | I was like Isa |

---

**11) Eibe was nice to everyone this week**

**Isa said mean things to someone this week**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Eibe | ← | | | | | | | → | I was like Isa |

---

**12) Isa found it easy to sit still in class this week.**

**Eibe had a hard time sitting still in class this week.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Isa | ← | | | | | | | → | I was like Eibe |

---

**13) Eibe looked in the mirror this week and felt good about what he saw.**

**Isa looked in the mirror and did not feel good about what she saw.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| I was like Eibe | ← | | | | | | | → | I was like Isa |

---

## Appendix E

**Meaning Mindset**

**The Child Identity and Purpose Questionnaire (Ch.I.P.)-Interactive: Child Scale**

**I am a girl, boy, other (circle)**
**I am 5, 6,7,8,9,10, 11, 12, 13, 14, 15, 16, 17, 18 years old (circle).**

_____

*We are going to play a game called Chip and Ceira. Chip and Ceira feel, think, or act in ways that you may or may not feel, think, or act.*

*For each item, colour the "box" on the line for the character that you are like. Colour the box "I'm like Chip" or "I'm like Ceira" if you are totally like this character or farther down the line if you are a bit like this character, but not totally.*
*Example 1:*
*Chip says he's a boy. Ceira says she's a girl.*

*(My name is Laura and I say I'm a girl)*

| I'm like Chip | ← | | | | | | | | → | I'm like Ceira |
|---|---|---|---|---|---|---|---|---|---|---|

*Example 2:*

*Chip cried a lot this week. Ceira did not cry this week.*

*(I cried a bit this week)*

| I'm like Chip | ← | | | | | | | | → | I'm like Ceira |
|---|---|---|---|---|---|---|---|---|---|---|

***QUESTIONS FOR YOU:***

1) **When Chip has a difficult feeling like sadness, fear, or anger, he finds it easy to think about things to feel a bit better**

   **When Ceira has a difficult feeling like sadness, fear, or anger, she finds it hard to think about something to feel a bit better**

| I'm like Chip | ← | | | | | | | | → | I'm like Ceira |
|---|---|---|---|---|---|---|---|---|---|---|

2) **When Ceira has a difficult feeling like sadness, fear, or anger, she talks to someone or plays with someone**

**When Chip has a difficult feeling like sadness, fear, or anger, he doesn't talk to someone or play with someone**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I'm like Ceira | ← | | | | | | | | | I'm like Chip |

3) **When Chip has a difficult feeling like sadness, fear, or anger, he choses to relax, have fun, or create something**

**When Ceira has a difficult feeling like sadness, fear, or anger, she chooses not to do much of anything**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I'm like Chip | ← | | | | | | | | | I'm like Ceira |

4) **Chip is happy to be Chip**

**Ceira wishes that she were a different person**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I'm like Chip | ← | | | | | | | | | I'm like Ceira |

5) **Chip thinks that he is important to other people**

**Ceira thinks that she is not important to other people**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I'm like Chip | ← | | | | | | | | | I'm like Ceira |

6) **Ceira thinks that she has done many things to be proud of**

**Chip thinks that he has not done many things to be proud of**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I'm like Ceira | ← | | | | | | | | | I'm like Chip |

7) **Ceira knows that good things will happen in her life as she grows up**

**Chip doesn't know if good things will happen in his life as he grows up**

| | | |
|---|---|---|
| I'm like Ceira | ← | I'm like Chip → |

8) **Chip believes that his life is important**

**Ceira believes that her life doesn't matter**

| | | |
|---|---|---|
| I'm like Chip | ← | I'm like Ceira → |

9) **Ceira knows that she can find ways to get something that is important to her**

**Chip doesn't know if he can find ways to get things that are important to him**

| | | |
|---|---|---|
| I'm like Ceira | ← | I'm like Chip → |

10) **Ceira is interested in watching her feelings as well as other people's feelings**

**Chip is more interested in what he can see, feel, hear, taste, and touch, rather than feelings**

| | | |
|---|---|---|
| I'm like Chip | ← | I'm like Ceira → |

11) **Chip likes to try new things and learn new things**

**Ceira likes to stick with things that she knows**

| | | |
|---|---|---|
| I'm like Chip | ← | I'm like Ceira → |

12) **Ceira often participates in a very fun activity with other children and one or more adult leaders**

**Chip does not often participate in a very fun activity with other children and one or more adult leaders**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I'm like Ceira | ← | | | | | | | | → | I'm like Chip |

## Appendix F

**Meaning Mindset**

### The Adult Identity and Purpose Scale (AIMS): Parent Scale

On a scale of 1-10, please indicate how much you agree or disagree with the following statements by moving the slider:

1. Please move the slide to indicate your level of agreement 0

When I experience difficult feelings like sadness, fear or anger, I am not able to change my attitude toward the situation.

When I experience difficult feelings like sadness, fear or anger, I am able to change my attitude toward the situation so I feel a bit better.

2. Please move the slide to indicate your level of agreement 0

When I have difficult feelings like sadness, fear or anger, I don't tend to talk to anyone.

When I have difficult feelings like sadness, fear or anger, I have a meaningful person in my life who I like to talk to.

3. Please move the slide to indicate your level of agreement 0

When I have a difficult feeling like sadness, fear or anger, I often choose not to do much of anything.

When I have difficult feelings like sadness, fear or anger, I often choose to relax, have fun or create something to feel a bit better.

4. Please move the slide to indicate your level of agreement 0

I wish that I was a different person

I am happy to be me

5. Please move the slide to indicate your level of agreement 0

I don't think that I am valued by other people

I think I am valued by other people

6. Please move the slide to indicate your level of agreement 0

I don't think that I do many things to be proud of

I think that I do many things to be proud of

7. Please move the slide to indicate your level of agreement 0

I do not expect good things to happen in my life

I know that good things will happen in my life

8. Please move the slide to indicate your level of agreement 0

I believe my life is hopeless

I believe my life is meaningful

9. Please move the slide to indicate your level of agreement 0

I don't know if I can find ways to get things that are important to me

I know that I can find ways to get something that is important to me

10. Please move the slide to indicate your level of agreement 0

I am more interested in what I can see, feel, hear, taste and touch, rather than noticing feelings

I am interested in noticing my own feelings as well as other people's feelings

11. Please move the slide to indicate your level of agreement 0

I prefer to stick to the things that I know

I like to try new things and learn new things

12. Please move the slide to indicate your level of agreement 0

I don't participate in regular, meaningful leisure activities

I participate in regular, meaningful leisure activities

## Appendix G

### Gifted Strengths & Challenges Scale: Parent Scale

Score on WISC or CCAT (percentile): _____

If your child did the WRAML (memory test), what was their score on the Picture Memory subtest: _____

My child has not been formally assessed for giftedness, but I think they might be gifted: Yes ___ No ____

Has your child been diagnosed with ADHD: Yes ____ No ____

Has your child been diagnosed with ASD: Yes _____ No _____

Child age: ____

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. From a very early age, my child was able to recognize other people's feelings | | | | | |
| 2. My child expresses their feelings intensely | | | | | |
| 3. My child has a great appreciation for beautiful things (e.g., in writing, music, art or nature) | | | | | |
| 4. My child is more bothered by a particular texture, clothing item, sound, or smell than most children | | | | | |
| 5. My child seems to have a richer imagination than their peers | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 6. My child worries about issues in the world more than most children because they can imagine these things so clearly | | | | | |
| 7. My child has high levels of energy | | | | | |
| 8. My child finds it hard to sit still if not intellectually stimulated | | | | | |
| 9. My child is curious, asking many deep questions about the world around them | | | | | |
| 10. My child thrives on learning new information | | | | | |
| 11. My child, from an early age, asked spiritual questions, such as about death or how things came to be in the world | | | | | |
| 12. My child has had a | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| spiritual experience (e.g., heard a voice, seen a ghost/angel, said they've been reincarnated, or had a unique experience of déjà vu). | | | | | |
| If yes, please describe: | | | | | |
| 13. My child has had an imaginary friend | | | | | |
| 14. My child is socially immature | | | | | |
| *15. My child is often invited to things (e.g., to join groups in class or is regularly invited for playdates or birthday parties) | | | | | |
| 16. Handwriting is effortful for my child | | | | | |
| 17. My child is clumsy or has some difficulty in sports compared to peers | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 18. My child has difficulty with geographic directions (e.g., how to get places or knowing where things are located in their environment) | | | | | |
| 20. My child has obsessive or intense interests | | | | | |
| 21. My child has some challenges with planning and organizing their school work | | | | | |
| 22. My child has difficulty making choices or decisions | | | | | |
| 23. My child has a messy room | | | | | |
| 24. My child notices details that other children don't seem to notice | | | | | |
| 25. My child can miss the "big picture" if they get caught up in details | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 26. My child needs the reason for rules explained to them | | | | | |
| 27. Fairness and justice are important to my child | | | | | |
| 28. My child needs solo time for contemplation | | | | | |
| 29. My child has a need for precision in their activities or in their social interactions (e.g., corrects others when they don't say something exactly right) | | | | | |
| 30. My child sometimes does things impulsively that may bother others | | | | | |
| 31. Right and wrong are important to my child | | | | | |
| 32. My child is easily bored | | | | | |
| 33. My child, at a young age, used rich descriptors for the world | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| around them (e.g., use of similes or metaphors) | | | | | |
| 34. My child has a lagging skill in verbally presenting their ideas to teachers or classmates | | | | | |
| 35. My child struggles with perfectionism | | | | | |

## Appendix H

**Knowledge Translation and Integration (KTI)**
**Satisfaction survey: Child & Parent Scale**

1) How happy were you today with the DREAM program? (playability, what you learned, how fun it was?) Click on the number as shown by the flower that best represents your response.
5= happy
4= mostly happy
3= so-so
2=mostly unhappy
1= unhappy


What did you like? Do you have ideas to make the program better?

_____
_____
_____
_____
_____
_____

2) Do you think that the program gives kids ideas about how to to **think** in a healthier way? Click on the number as shown by the flower that best represents your response.5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all


3) Do you think that the DREAM program gives kids ideas about how to **act** in a healthier way? Click on the number as shown by the flower that best represents your response.
5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all


4) Do you think that the program helps kids learn things that could be good for their self-esteem (liking yourself, feeling worthwhile, believing in yourself and knowing what you do well)? Click on the number as shown by the flower that best represents your response.
5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all

5) Did the program give you a bit of hope in knowing how to manage difficult situations? Click on the number as shown by the flower that best represents your response.
5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all


6) Do you think that the program might help kids notice their feelings? Click on the number as shown by the flower that best represents your response.
5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all


7) Do you think that the program might help kids learn skills to be able to try or learn new things? Click on the number as shown by the flower that best represents your response.

5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all


7) With the DREAM program, did you have fun with your family? Click on the number as shown by the flower that best represents your response.
5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all


8) Do you think that the program helped you and your family talk about important things? Click on the number as shown by the flower that best represents your response.5= Totally
4= Quite a bit
3= So-so
2=Not really
1= Not at all

## Appendix I

## Weekly Program Evaluation Surveys

1. **What did you like about the program? _____**
2. **Is there anything you would suggest changing about the program? _____**
3. **What did you like about the video? _____**
4. **Is there anything you would suggest changing about the video? _____**
5. **What did you like about the song? _____**
6. **Is there anything you would suggest changing about the song? _____**

## Appendix J

## Participant Demographics Questionnaire

1. Please enter your family's research code given to you by email____.

2. Do you and your family live in an urban area?
   - ❑ Yes
   - ❑ No
   - ❑ Other (please specify)

3. Do you and your family live in a rural area?
   - ❑ Yes
   - ❑ No
   - ❑ Other (please specify)

4. What is your age? _____ (years)

5. What is your gender identity?
   - ❑ Man
   - ❑ Woman
   - ❑ Non-binary
   - ❑ Transgender/2-spirit
   - ❑ Other (specify if comfortable) _____

3. How would you describe your ethnicity?
   - ❑ Black (e.g., African, Caribbean)
   - ❑ East Asian (e.g., Chinese, Filipino, Japanese, Korean)
   - ❑ Indigenous (e.g., First Nations, Métis, Inuk (Inuit))
   - ❑ Latin American (e.g., Mexican, Columbia, Peruvian)
   - ❑ Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
   - ❑ South Asian (e.g., East Indian, Pakistani, Sri Lankan)
   - ❑ White/Caucasian
   - ❑ Other (please specify):_____

4. What is your biological sex?
   - ❑ Male
   - ❑ Female

6. What is your highest level of education? (check one)
   - ❑ High School
   - ❑ Post-secondary Certification
   - ❑ Partial college/university (min. 1 year) or special training
   - ❑ Standard college or university graduate (i.e. B.A., B.Ed.)

- ❑ Graduate or professional training (i.e. M.A., PhD.)

8. Are you currently employed? (check one)
   - ❑ Yes. What is your occupation? _____
   - ❑ No. What is your occupation during periods of employment? _____
   - ❑ No. I do not have a job.

13. Please check your household income category (before taxes) for this past year:
   - ❑ Less than $5 000
   - ❑ $5 000-$19 999
   - ❑ $20 000-$34 999
   - ❑ $35 000-$49 999
   - ❑ $50 000-$74 999
   - ❑ $75 000-$99 999
   - ❑ $100 000-$149 999
   - ❑ $150 000-$199 999
   - ❑ $200 000 and higher

## Appendix K

*DREAM Program Unit Activity Summary*

| UNIT | MAJOR CONCEPTS |
|---|---|
| **Unit 1: Mental Health & Gifted Literacy** | • Song: Just Like Me and You<br>• Common feelings and how to identify them.<br>• What is mental health? What is mental illness? Knowledge to reduce stigma.<br>• There are things we can do to help us feel better.<br>• Understand how to get help.<br>• Emotion Improv Activity to practice identifying emotions.<br>• Reinforcement Activity: Matching a feeling to the feeling face worksheet. |
| **Unit 2: Emotion Recognition & Social-Emotional Literacy** | • Song: You Feelings Will Tell You<br>• Common feelings and how to identify them (building on Unit 1).<br>• Learn about how our feelings might be affecting our thinking and our behaviour.<br>• Learn how there are different ways of feeling in the same situations. |

| | |
|---|---|
| | • Emotions Go fish Activity to understand how children can feel different things in the same situations.<br>• Reinforcement Activity: Complete a situation worksheet to idenitfy the possibl feelings & different feelings someone may have. |
| **Unit 3: Relaxation** | • Song: Sleep is my superpower to discuss how sleep hygiene/why sleep is important<br>• Direct teaching of common relaxation techniques (54321 grounding activity, 5 finger breathing, imagery, progressive muscle relaxation).<br>• How to create a worry time<br>• Reinforcement Activity: Practice all relaxation activities. |
| **Unit 4: More Calm Down Activities: Worry Time, Imagery, Humour** | • Song – Worry Shark: to teach about worry and how to manage it.<br>• How to create a worry time and how to create an imagery scenario to feel a bit better.<br>• We can talk to an adult we trust |

| | |
|---|---|
| | • Reinforcement Activity: write your own calm-down/feel good activities and choose which ones you would like to use throughout the week and do them at least once. |
| **Unit 5: Connection Between Thoughts & Feelings** | • Song: Thought detective– feelings as important "alarm bells" like a fire alarm that can tell us we're having a stinky thought. Remind them about emotions go fish and how people can have the same thing happen, but if they think or act differently, they can feel differently. Remind them how they can use their relaxation tools to feel differently.<br>• Song – how enjoyable distraction/helpful thinking can help children calm down<br>• Crown of Good Thoughts Activity: to understand the connection between thoughts and feelings and helpful thoughts vs. unhelpful thoughts. |
| **Unit 6: Choosing to Think Differently** | • Activity: Reading the Story Worry Wind |

| | |
|---|---|
| | • Learning about practicing gratitude and how avoidance increases worries/fear.<br>• Strategy to manage feelings:<br>Strategy: 1) Hand to heart & tummy (identify feelings); 2) Point to head (identify and question thoughts); 3) Thumbs up (choose a helpful action) |
| **Unit 7: Meaningful Living** | • Children make a card for someone they appreciate. Group discussion during craft: How do they think the person will feel when they give them the card. How will they themselves feel when they give the card?<br>• What helps children lead meaningful, fulfilling lives<br>• Cultivate a meaning mindset<br>• Learn about what happens when we help others<br>• Learn about engagement in extracurricular activities & well-being |
| **Unit 8: Consolidation** | • Consolidate all the skills learned<br>• Activity: the families complete the problem-solving comics; complete the |

| | |
|---|---|
| | feeling faces and thought bubbles to solve the problems using all the skills learned in the program.<br>• Becoming our own superheroes: Fearbreakers (strategies to manage our fears), Angershakers (strategies to manage anger), Joywakers (strategies to help ourselves feel happy or content), Peacemakers (strategies to spread kindness and develop good relationships with other people). |