

Running Head: EVALUATION OF THE D.R.E.A.M. PROGRAM FOR GIFTED CHILDREN

**A Gift to Address the Double-Edged Sword of Giftedness: Pilot Evaluation of the
D.R.E.A.M. Program for Gifted Elementary School-Age Children**

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Abstract

Up to 30 to 40 percent of gifted children experience mental health concerns, compared to up to 20 percent of non-gifted children. The unique qualities of gifted children, such as emotional intensities, asynchronous development, and perfectionism may put them at greater risk for concerns. The current study is a pilot program evaluation of the D.R.E.A.M. program (Developing Resilience through Emotions, Attitudes, and Meaning), designed to address the needs of gifted and profoundly gifted children between the ages of 6 to 12 years. Participants completed pre-test and post-test questionnaires to measure factors that the program is designed to target: mental health, emotion regulation through agency over thoughts and behaviour, self-esteem, hope for the future, and openness to learning and other experiences. The 10 brief units in the D.R.E.A.M. program are comprised of songs and creative activities that are grounded in Logotherapy, Attachment and Rational Emotive Behaviour theories. From pre-test to post-test, there was a statistically significant increase in self-reported meaning (agency, self-esteem, hope, and openness) and mental health (significant decrease in symptoms of depression and anxiety, obsessions, perfectionism and behavioural concerns, as well as enhanced reported social connected). We carried out this program in partnership with the Association for Bright Children, Ottawa branch. Further research will serve to implement the D.R.E.A.M. program with a broader audience and establish an online tool for ease of use in schools and the community.

Keywords: Mental health programs, children, gifted children,

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A Gift to Address the Double-Edged Sword of Giftedness: Pilot Evaluation of the D.R.E.A.M. Program for Gifted Elementary School-Age Children

Some may view giftedness as an “easy road” for children. To be gifted means that a child has advanced intellectual capabilities and a good potential for success or societal contribution (Da Costa & Lubart, 2016). However, much of society is not aware of the darker side of giftedness (Heylighen, 2017; Tong, 2017). More specifically, giftedness, in particular profound giftedness, is a double-edged sword: Although gifted children often have an unusually advanced degree of intellectual ability, they are at risk for social isolation and bullying, can be highly sensitive emotionally or to small changes in their environment, and can also be perfectionistic and non-conforming (Heylighen, 2017; Tong, 2017). These challenges may have negative effects on the mental health, academic success, and developmental outcomes of gifted children (Coleman & Hughes, 2009; Phelan, 2018). However, with the right programming delivered at an early age, these children can learn to be resilient (Coleman & Hughes, 2009; Phelan, 2018). Therefore, the goal of the present study was to pilot test a new Socio-Emotional Literacy (SEL) program designed specifically to meet the needs of gifted children: the D.R.E.A.M. program – Developing Resilience through Emotions, Attitudes, and Meaning (Gifted Edition). This program was designed in collaboration with gifted children, as well as their parents and teachers, and grounded in the research literature (Armstrong, Desson, & St. John, *unpublished manuscript*), in order to meet their unique needs. The overall goal of the D.R.E.A.M. program (Gifted Edition) is to enhance meaning and mental health in gifted children.

Defining Giftedness

The definition of “gifted” is elusive, as criteria for giftedness varies between researchers, as well as by regions and school boards within regions (e.g., IQ in the top 10 percent; academic “superstars” recognized by teachers or parents; Da Costa & Lubart,

2016). For example, in the Ottawa-Carleton District School Board (OCDSB), within the region where this study was conducted, giftedness is described as an “unusually advanced degree of general intellectual ability” (Ottawa-Carleton District School Board, 2018). The OCDSB proposes that those who are gifted require a learning environment that is of greater depth and breadth than that of a normal classroom. The OCDSB defines “profoundly gifted” as an IQ >140 on a standardized intelligence test, allowing for entry into their primary gifted classes, while “gifted” is represented by an IQ >130, allowing for entry into upper elementary and secondary school classes. Within the same region, the Ottawa Catholic School Board defines “gifted” as an intelligence score on a standardized test within the top two percent. Thus, based on these definitions, the term gifted can mean a high cognitive intelligence, but that definition is clearly quite variable.

Beyond solely cognitive ability, the term “gifted” can also be applied to different areas of strength, as per Ken Wilber’s Integral Theory (1999). Integral Theory proposes that there are different types of intelligence, such as cognitive, ethical, aesthetic, spatial, spiritual, musical, and others (Wilber, 1999). The different types of intelligence proposed by Integral Theory can increase at different rates to differing levels: A person can have heightened intelligence in one area (e.g., quantitative reasoning) but lower intelligence in another (e.g., verbal skills; Wilber, 1999). Reflecting different types of intelligence, the National Association for Gifted Children (NAGC) in the United States defines gifted children as those whose ability is significantly above the normal range for their age group. This group proposes that giftedness may show itself in a variety of different aptitudes in children including intellectual, creative, artistic, leadership, or in a specific academic field (National Association for Gifted Children, 2018).

Gagne (2008) developed the Differentiated Model of Giftedness and Talent which explores how the developmental nature of giftedness or potential for talent and achievement should be highlighted when defining giftedness, rather than actual achievement itself. The

model explains how the potential for, and development of, these skills are more important than performance on an achievement test. This is similar to the model used in standardized intelligence tests, as such tests (e.g., the WISC-IV) measure a child's potential to learn rather than their current academic abilities. Differing from Gagne's model, however, standardized tests measure solely a child's intellectual potential. Gagne's model states that giftedness can present itself in four different aptitudes: intellectual, creative, socio-emotional, and sensorimotor. Gagne defines gifted as representing children in the top ten percent of their age group who have—and use—outstanding natural abilities, or “aptitudes,” in at least one of the four domains.

Based on the body of research literature proposing that there may be many different types of intelligence, for the purpose of the proposed study, “gifted” is defined as *a high potential for talent and achievement, reflected by intelligence in cognitive (i.e. formally identified by standardized testing as “gifted”), musical, physical, artistic, or other key domains that would allow parents or others to identify the child as particularly “bright” or “gifted” in comparison to his or her same-age peers.*

Defining Mental Health and Meaning

The Mental Health Commission of Canada ([M.H.C.C.], 2013), highlights the critical importance of promoting mental health in young school-age children. *Mental health* includes positive social, emotional, and behavioural functioning (Elsley & McMellon, 2010; M.H.C.C., 2013; Shucksmith, Spratt, Philip, & McNaughton, 2009). More specifically, this can include positive mood (few self-reported symptoms of depression, anxiety, obsessions, perfectionism), positive behaviour (few reported behavioural concerns), as well as social connectedness (Elsley & McMellon, 2010; Shucksmith, Spratt, Philip, & McNaughton, 2009). Given the social, emotional, and behavioural challenges experienced by gifted children (Heylighen, 2017; Tong, 2017), this population may be a key group for prevention

programming so that they may meet their developmental potential. One key factor predictive of mental health is meaning (Frankl, 1986; St. John, 2017).

For adults, “meaning” is represented by one’s sense of purpose in life, achieved through choice and responsibility over one’s attitudes and behaviour, as well as an orientation toward positive experiences such as social connection, giving to the world, or helping others, experiencing nature or something beyond oneself, or meaningful work (Frankl, 1986). For children, the definition of “meaning” is similar to that for adults and encompasses (Armstrong, 2016a; St. John, 2017):

- 1) Choice and responsibility—autonomy or agency—over thoughts, feelings, and behaviours.
- 2) Positive self-concept to believe one has the capacity to choose thoughts and actions, rather than to feel defeated by life’s challenges.
- 3) Hope for the future to give the child a reason—a “what for”—to make a difference in their life and in the world around them (e.g., to help others, use self-regulation and problem-solving skills, as well as to engage in and value enjoyable pursuits, learning, and social connection).
- 4) Openness to experiences (e.g., openness to feeling alarm bells to recognize an opportunity for choice and responsibility, openness to other’s feeling to recognize opportunities for empathic responding to build social connections, and openness to learning and trying new things)

Unique Needs of Gifted Children

There is some controversy in the literature regarding the mental health of gifted children in comparison to their peers. Some research suggests that many gifted children fare better than their non-gifted peers in terms of their mental health (e.g., Perham, 2013; Richards, Encel, & Shute, 2003). However, other more recent literature suggests that certain characteristics of gifted children may put them at greater risk for mental health

concerns than their non-gifted peers (e.g., Pilarinos & Solomon, 2017). In the general population, up to 20 percent of children experience mental illness, while 30 to 40 percent of gifted children (IQ >130) can be identified with significant symptoms of anxiety, depression, behavioural, or social difficulties (Pilarinos & Solomon, 2017). Overall, gifted children are more likely to experience diagnosable mental illnesses like Major Depressive Disorder or Anxiety Disorders, and they more often present with obsessions, perfectionism, and behavioural concerns, suicidal ideation, and autism spectrum concerns than their non-gifted counterparts (Peterson, 2009; Pilarinos & Solomon, 2017; Tong, 2017). In particular, gifted children also note social isolation from their peers in school, and sometimes find social interactions more difficult, particularly so for profoundly gifted children (Heylighen, 2017; Tong, 2017). These children are more likely to develop anxiety and depression, in part because they feel different than other children their age and, thus, also feel less socially connected (Heylighen, 2017; Tong, 2017). They are also more likely to be the “rejected child” in the classroom (Heylighen, 2017; Tong, 2017).

In addition to challenges with classroom peers, social, emotional, and behavioural concerns in gifted children may also stem from a poor child-environment fit within a classroom setting (Peterson, 2009). For example, when a teacher does not recognize giftedness or provide intellectual stimulation to gifted children, children may respond by acting out or disengaging from learning which has led to the phenomenon of underachieving gifted children (Cunningham & McCaw, 2003). Furthermore, there is generally poor gifted literacy in society, even among classroom teachers, resulting in a lack of understanding of perfectionism or other sensitivities (spiritual, physical, emotional, auditory, intellectual, etc.) that are often seen in this population, resulting in a misinterpretation or layperson “misdiagnoses” of gifted children’s behaviour (Peterson, 2009; Tong, 2009). As well, it is reported that gifted students may be more emotionally and spiritually sensitive, which can

lead to them experience negative life events in a more intense way (Hyatt, 2010; Lovecky, 1992).

Hyatt (2010) stated that, in gifted children, perfectionism can have negative effects: Striving for perfection can sometimes lead to failure and failure can lead to guilt, depression, anxiety, and even suicidal ideation in gifted children (Hyatt, 2010). Smith et al. (2012) reported that young people who are gifted may also be hypersensitive to bullying by peers, so it can adversely emotionally affect them more than it affects others. Further, the study stated that gifted young people can have a highly developed intellect but their social skills may not be as developed, which can put them at greater risk for bullying by peers. Gifted children may also be bullied if their social skills are quite advanced and they do not fit with their age-related peer group. Specifically, for profoundly gifted children, they may not have any intellectually similar peers in the classroom, which can lead to the school environment feeling like a poor fit (Smith et al., 2012). Bullying may also occur as a means to trigger an emotional reaction, given emotional oversensitivity that can result in large reactions from the gifted child, or in response to other unique behaviours (e.g., obsessions with things having to be a certain way), especially for younger children. Bullying, emotional sensitivities, spiritual sensitivities, and other unique aspects of gifted children can put them at greater risk for mental health concerns than their age-related peer group (Pilarinos & Solomon, 2017).

Concerning the emotional experiences of gifted children, Lee and Olszewski-Kubillus (2006) studied the emotional intelligence, moral judgment and leadership of 200 gifted students who participated in accelerated academic programs. The results of the study yielded findings that the emotional intelligence of gifted males was comparable to non-gifted peers, but the emotional intelligence of gifted females was less well-developed than in the normative group. Further, both males and females in the gifted group scored higher on adaptability but lower on stress management and impulse control ability than their non-

gifted peers. With regards to moral judgement, the gifted students scored at a level similar to individuals who have a master's or professional degrees, well above that of their non-gifted peers (Lee & Olszewski-Kubillus, 2006). Overall, in part gender-dependent, the gifted group of children was significantly different across the domains of leadership, moral development, and emotional intelligence than their non-gifted peers. Although certain abilities were more advanced, the lower scores on stress management and impulse control in the gifted students elucidate that there may be issues with emotional regulation in this population.

Given the unique needs of gifted children presented, beneficial targets for prevention programming should, therefore, include:

- Skills to build social connection;
- Self-regulation tools to manage mood, anxiety, and behaviour;
- Tools to manage obsessions and perfectionism;
- Skills to hone sensitivities (spiritual, physical, emotional, sensory, intellectual) in a positive direction or to understand challenges in react in a socially-appropriate manner;
- Problem-solving skills around bullying to know when and how to seek help;
- Tools to manage stress and impulses.

Theoretical Framework of the D.R.E.A.M. Program & Relationship to Gifted Needs

A mental health promotion program grounded in Rational-Emotive Attachment Logotherapy ([R.E.A.L.], Armstrong, 2016b) may be helpful for gifted children. R.E.A.L. is a Second Wave Positive Psychology theoretical framework. Second Wave Positive Psychology emphasizes that all emotions and experiences, both positive and negative, are working together in the journey toward meaning and mental health (Ivtzan, Lomas, Hefferon, & Worth, 2015). As a Second Wave Positive Psychology theory, in R.E.A.L. theory, challenging emotions are viewed as an inner voice, or “alarm bell” prompting choice

and responsibility for meaningful attitudinal or behavioural change, while recognized positive emotions can prompt feelings of gratitude or mindful attunement to good moments (Armstrong, 2016b). Thus, for gifted children, both their strengths and challenges can play an important role their journey toward meaning and mental health. Both challenging and positive emotions are valued human experiences (Ivtzan et al., 2015). Within this framework, longer-term goals for mental health may involve hope for the future, valued sense of self, as well as recognizing challenging emotions as indicators for action or change, and positive emotions as indicators of meaningful connection and experiences (Ivtzan et al., 2015). Second Wave Positive Psychology (Ivtzan et al., 2015) also advocates practices that strive toward ideals and values, such as kindness, honour, giving to the world, and other humanistic virtues (Wong, 2011).

R.E.A.L.: Rational-Emotive Attachment Logotherapy Theory

Rational-Emotive Attachment Logotherapy ([R.E.A.L.] Armstrong, 2016b) is Second Wave Positive psychology theory that integrates Rational Emotive Therapy/Rational Emotive Behaviour Therapy (REBT), Attachment Theory and Logotherapy.

Rational Emotive Behaviour Therapy. Rational Emotive Behaviour Therapy (REBT) is an evidence-based Cognitive-Behavioural approach developed by Albert Ellis (2004) to help individuals learn healthy ways of thinking and behaving. REBT posits that what people think affects how they feel about a situation, and what they feel about this situation contributes to their behaviour (Ellis, 2004). A major part of REBT theory is the concept of irrational thoughts and how to dispute these irrational thoughts (Ellis, 2004). An REBT approach has been successfully used with school children as Rational Emotive Education, which Ellis carried out at the Living School, a primary school at the Albert Ellis Institute (Ellis & Bernard, 2006). As gifted children sometimes exhibit patterns of perfectionism which can lead to anxiety and stress (Hyatt, 2010), an REBT framework may be a good fit, as anxiety and perfectionism are well addressed through challenging irrational

thoughts (Ellis, 2004). The utilization of REBT may help gifted children address irrational beliefs or sensitivities experienced by building healthy thinking patterns. Further, catastrophic thinking or all-or-nothing thinking that are components of perfectionism are also well-addressed by an REBT approach (Ellis, 2004).

Attachment Theory. Building secure connections with others through play, the ability to recognize one's feelings through body sensations, and engaging in social perspective-taking are core goals of attachment-related work with children (Armstrong, 2016b; Malchiodi & Crenshaw, 2014). Using play and shared experiences, as well as by teaching perspective-taking skills, students can create stronger peer connections, and the ability to view situations from another person's perspective (Armstrong, 2016b; Malchiodi & Crenshaw, 2014). Perspective-taking is a key foundation for empathy. Empathy is important for secure attachment, and in turn important for emotion regulation (Panfile & Laible, 2012). Panfile and Laible (2012) found that children who were rated as more securely attached had higher levels of empathy and also had better emotion regulation than children who were rated as less securely attached. Moreover, children who were rated as more securely attached were also rated as more empathic when responding to a distressed friend (Panfile & Laible, 2012). With regards to gifted children, Lovecky (1992) found that this specific population tended to be significantly more compassionate and empathic than their non-gifted peers, which could sometimes lead to distress through the experience of mature world concerns or another person's distress. Although their empathy may be advanced beyond expected for their age, gifted children may have difficulty knowing how to deal with their strong feelings associated with this empathy (Lovecky, 1992). More specifically, their ability to address their emotions may be "immature" (or more similar to their peer group), while their empathy may be advanced. This is known as asynchronous development, which is common in this population, and can result in intense behavioural reactions (Lovecky, 1992). Therefore, a program to help gifted children understand their

sensitivities, recognize when challenging feelings start to emerge in their bodies, and use skills to manage these challenging feelings may be helpful. Further, as previously noted, gifted children often feel different than their peers within a regular classroom (Luftig & Nichols, 1991). Given this, building connections through play and problem-solving with a group of like-minded peers may also help to make these children build longer-term connections with one another and feel like they “fit” among this group of peers (Luftig & Nichols, 1991).

Logotherapy Theory. Frankl (1986) developed Logotherapy, which was partly based on his research with suicidal youth and his personal experiences in the Nazi concentration camps during the Second World War. The theoretical basis for this approach is that a person has better mental health if they are able to notice meaning in their life or in different situations. Frankl (1986) identified four pathways to creating meaning: Doing a deed for others or creating something (particularly for others), experiencing something like meaningful engagement in extracurricular activities, making meaningful connections with family and peers, and choosing our attitudes (helpful thinking). These pathways to meaning build skills for resilience to prevent mental health concerns (Frankl, 1986; St. John, 2017; Wong & Wong, 2012). Given that Lovecky (1992) found that gifted children were highly creative and excitable, the creative components of Logotherapy may be ideal for gifted children. The gifted children in Lovecky’s study enjoyed creative talents in music and exploring new environments (Lovecky, 1992). Logotherapy also builds a sense of personal agency, or the notions of being able to choose and being responsible to make personal choices over one’s thoughts, feelings, or behaviour (Frankl, 1986). Agency over thoughts, feelings, and behaviour is critical to mental health and is a developmental asset (Search Institute, 2018). Logotherapy also encourages longer-term meaningful engagement (Frankl, 1986). Meaningful engagement in extracurricular activities enhances mental health, especially for those at greatest risk for mental or behavioural concerns (Armstrong, 2011).

Therefore, a program grounded in a R.E.A.L. approach may serve to enhance longer-term meaningful engagement, healthy thinking, secure attachment, and responsible choice for gifted children.

Prevention of Mental Health Concerns Through Building Meaning

Approximately 20 percent of children in general experience diagnosable mental health concerns (Oh, Mathers, Hiscock, Wake, & Bayer, 2015). Impulse control disorders tend to have earliest age of onset, with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) typically beginning by early school years (Kessler, Angermeyer, Anthony, De Graaf, Demyttenaere, Gasquet, 2007). With regards to anxiety disorders, the typical age of onset for phobias and separation anxiety disorders is 7 to 14 years (Kessler et al., 2007). Further, the Mental Health Commission of Canada ([M.H.C.C.], 2013) reported that, by the age of 12 to 19 years, 5 percent of male youth and 12 percent of female youth have already experienced a major depressive episode (M.H.C.C., 2013). Despite this fairly large range in the onset of various mental illnesses, half of all mental illnesses begin by 14 years of age (World Health Organization, 2018).

Only one in five children who need access to mental health services receive such services (M.H.C.C., 2013). Therefore, without appropriate prevention or treatment, Canada's youth suicide rate is the third highest in the industrialized world and suicide is the second leading cause of death in Canadians between the ages of 15 and 24. Regarding societal cost, mental disorders in youth are ranked as the second highest health care expense in Canada (M.H.C.C., 2013). As there is a significant gap in the bridge between child and youth experience of mental illness and resource access, the M.H.C.C. stresses the importance of early prevention approaches, such as in the early elementary school years.

When the mental health needs of children are unmet, these concerns typically persist into adulthood (Godoy & Carter, 2013). For school aged children, there is generally an 80

percent rate of unmet mental health needs (Godoy & Carter, 2013). Godoy and Carter also found poor parental mental health literacy, wherein parents indicated believing that their children would grow out of the problematic behaviours, worries, or irritability, rather than viewing these concerns an indication of a mental health issue (Godoy & Carter, 2013). This attitude is one reason why there is often a delay between the onset of children's symptoms of mental illness and when they are bridged to resources (Carter, Briggs-Gowan, & Davis, 2004).

Carter et al. (2004) found that, while there has been a recent societal increase in the prevalence of mental health issues in toddlers and young children, there is also a parental resistance to the idea that young children can experience serious psychopathology. This denial can have an impact on children's adaptive functioning, relationships, and learning (Carter, Briggs-Gowan & Davis, 2004). When parents have taken mental health concerns seriously, their concerns have sometimes been minimized or not taken as serious by health care practitioners (Carter et al., 2004). Even infants and toddlers can suffer from emotional problems, including profound sadness, disruptive anger, and debilitating fear (Carter et al., 2004). There is a need for more mental health resources for young children so that parents and teachers can aid children when they are starting to experience mental health concerns at the early stages. By implementing more mental health programs in schools or in the community earlier, the children will be learning more coping strategies before the mental health concerns increase in severity and become more challenging and costly to treat. In gifted children—due to social challenges or emotional, sensory, intellectual, and imaginal intensities—social, emotional, and behavioural adjustment concerns can emerge as early as pre-school and primary school (Kitano, 1990). Therefore, intervening early seems particularly relevant for this population.

To design a program, it may be best for material to be presented within a particular developmental stage, so that the full target sample may generally comprehend the presented

tools. Children between ages 7 to 11 were proposed by Piaget to be within the Concrete Operational Stage of Development, which involves logical, organized, and rational thinking (Piaget, 1954). Such rational thinking may fit well with REBT theory and the children's application of logic to themselves and to world issues. Regarding the age range, however, researchers that followed Piaget found that operational thinking may begin earlier, around the age of six and, for some, this stage in thinking may extend longer than age 11 (Dasen, 1994; Rose & Blank, 1974). In fact, children as young as six can accurately provide self-report information on their own mental health, but no younger, suggesting a change in self-reflective thought processes at this age (Riley, 2004). Therefore, a target age range between 6 and 12 for the implementation of a prevention program would likely span the Concrete Operational Stage. Further in support of a 6 to 12 age range, as these children are enrolled in the school system, they may already be formally identified as gifted or the "signs" of giftedness may be better recognized by their parents and teachers than if the children were younger. As the age of onset for most mental health concerns is 14 years of age, targeting the Concrete Operational developmental stage of 6- to 12-year-olds would generally mean early prevention or early intervention for gifted children. A major gap in research with young children is that their voice is often ignored in program development and in providing information about their own mental health (e.g., Eklund et al., 2015; Amsden & VanWynsberghe, 2005). Ignoring the voice of key stakeholders, such as the children themselves, can result in programs and services that may fail to meet their needs or accurately examine their needs (Amsden & VanWynsberghe, 2005). Research literature notes that children can provide accurate self-report on their own mental health by the age of six (Riley, 2004). Therefore, the current study will include children aged 6 to 12 years of age. Throughout the study child friendly, interactive video-based, self-report surveys will be used to explore meaning and mental health in the gifted primary children themselves, so their voice can be heard.

D.R.E.A.M. Program (Gifted Edition)

The D.R.E.A.M. program uses original music and hands-on activities, such as drama, crafts, and games, to teach skills to promote mental health and meet the unique social, emotional, and behavioural needs of gifted children. It is the first Social Emotional Literacy [SEL] program designed in collaboration with gifted children, their teachers, and parents, specifically for gifted children, filling a significant gap in the research literature (Armstrong, Desson, & St. John, *unpublished manuscript*). The program was designed following the Knowledge Translation Integrated model (Armstrong, 2018) that was used to develop the original D.R.E.A.M. program. Existing SEL programs designed for the general population may be a poor fit for gifted children, as they were not developed in consultation with those who will use or participate in the program and are also not grounded in the real-life experiences of gifted children (Coleman & Hughes, 2009; Phelan, 2018).

The D.R.E.A.M. program teaches children emotion-recognition, social literacy, healthy thinking and behaviour, as well as meaningful community engagement. The program utilizes R.E.A.L. theory (Armstrong, 2016b) as its foundation for the different activities. The D.R.E.A.M. program is designed so that it can be implemented in the classroom or a community group setting. It consists of ten brief program units, ranging in administration time from 5 to 30 minutes. Each of the units includes an original song and a hands-on activity as a teaching tool. Music is integral as a teaching tool: Decades of research suggest that listening to music while learning improves memory for information, accelerates learning, improves reasoning ability, discussions, and critical thinking, and enhances motivation (Scripp, 2002; Shafaei, 2010).

For a detailed description of the D.R.E.A.M. program units, refer to the administration manual in Appendix F. In brief, the D.R.E.A.M. program units include:

- Emotion recognition (Attachment theory on body-felt emotions / Logotherapy responsibility and choice principles): Recognizing negative

emotional “alarm bells” in the body as a helpful indicator for responsibility and choice over thoughts and behaviours

- Logotherapy “dereflection” tools to remove over-focusing on concerns: Generating a list of brief enjoyable activities to use in response to the feeling “alarm bell” indicators; Relaxation strategies
- Rational-Emotive tools: Awareness of the connection between thoughts and feelings; Identifying unhelpful thoughts
- Attachment theory tool to enhance empathy: Social perspective-taking skills
- Attachment theory tool to enhance social connectedness: Group attachment-building through shared play and problem-solving
- Logotherapy tool to enhance the potential for the experience of meaning, reduce sense of disempowerment in relation to major world issues: Awareness of the connection between positive feelings and giving to others; how to make a difference in the family, school, and community or larger world
- Logotherapy tool to plan for the ongoing experience of meaning: Longer-term meaningful extracurricular activities, and the relationship between regular activities to look forward to and mental health.
- Stories, examples, and discussion scenarios used throughout the program come directly from the research literature and lived experience of gifted children, as well as parents and teachers of gifted children (e.g., perfectionism, emotional and sensory intensities, being bullied, social exclusion, competitiveness, fear of failure, academic disengagement, disempowerment and discouragement when thinking about major world issues, etc.).

As the D.R.E.A.M. program is educational rather than therapeutic, children apply knowledge they have learned to characters in songs or stories, rather than to their own issues. The overall goal is to build a “toolbox” of skills that children will be able to use to promote their own mental health, regulate their emotions, engage in learning, make healthy choices, and be involved in their community. Overall the D.R.E.A.M. program aims to enhance child mental health through building a sense of meaning (Armstrong, 2016b). As noted, meaning is a predictor of mental health in children (St. John, 2017).

Current Study

Purpose & Objectives

Of the 23 best evidence-based SEL programs, many may not meet the needs of gifted children (Cross, 2016). Therefore, researchers (Coleman & Hughes, 2009; Phelan, 2018) recommend developing a SEL program specifically for gifted children, to build resilience to mental health concerns, as well as enhance their chance of thriving in academics and in life. Therefore, the goal of the current study was to pilot test the D.R.E.A.M. program and hopefully begin to address the gap in social and emotional programming targeting gifted elementary school-age students. Ultimately, this program aims to enhance mental health before difficulties develop or as they are emerging (M.H.C.C., 2012). While it is shown that gifted programs benefit academically advanced students, there is a lack of prevention approaches targeting the specialized mental health concerns these students may encounter (Cross, 2016).

Through pilot-testing of the D.R.E.A.M. program (Gifted Edition), the purpose of the current study is to examine whether this program appears to enhance meaning (agency over thoughts, feelings, and behaviour; valued self; hope for the future; and openness to learning, feelings, and other novel or creative experience), as well as enhanced mental health (corresponding to fewer reported depressive symptoms, anxiety, obsessions, perfectionism, and behavioural concerns, and greater reported social connectedness) in gifted children. If

the program shows promise in the areas of meaning and mental health, this would support the ongoing development and research of the D.R.E.A.M. program for gifted children.

Research Questions & Hypotheses

D.R.E.A.M. program pilot study. Does the D.R.E.A.M. Program (Gifted Edition) appear to enhance meaning and mental health? Is a positive self-reported change in meaning predictive of mental health?

- Past research with the D.R.E.A.M. program (Original) with a non-gifted sample suggested that the program enhances meaning and mental health (Armstrong, 2018). Therefore, it is hypothesized that greater self-reported meaning and mental health will also be reported by gifted children from the pre-test to the post-test surveys with the D.R.E.A.M. program designed specifically for these children.
- As meaning has been found to predict well-being, it is expected that a change in self-reported meaning scores from pre-test (before the D.R.E.A.M. program) to post-test (after the D.R.E.A.M. program) will be predictive of self-reported mental health scores.

Methods

Participants. For pilot program evaluation research, a minimum sample of 30 participants is recommended for the sample distribution to be normal (Rosner, 1995). Therefore, a minimum sample of 30 was required for the present study.

The participants in the current study included 45 children, 6 to 12 years of age (mean = 7.53 years), who are affiliated with the Association for Bright Children (ABC) Ottawa, as well as classrooms in schools connected with ABC Ottawa. The children who typically participate in ABC Ottawa programs are gifted (IQ >130) or exceptionally bright children who live in the Ottawa area, previously tested and identified as gifted or otherwise identified by parental report as exceptionally “bright” in one or more areas (e.g., music, visual arts,

drama, mathematics, etc.). Parents and teachers in the current study noted that the majority of participants were formally identified by standardized testing as “gifted,” while the remainder were suspected by parents or teachers to be gifted and were seen to be unusually advanced in certain academic or other key areas (e.g., music).

The four D.R.E.A.M. groups that were carried out varied in size from 9 to 16 participants. The group of 16 was divided up into two groups of eight participants. Within the groups, there were 12 children who did not complete the post-test surveys, either because they did not complete the group sessions due to illness or vacation, or because they were absent when post-test surveys were conducted in a classroom setting. Thus, there were 33 participants who participated in the full program and completed both pre- and post-test surveys. The participants consisted of 25 girls, 19 boys, and one who identified as transgender.

Procedure. This study was approved by the Office of Research and Ethics at Saint Paul University (see Appendix D for ethics certificate). The parents were asked to review the online consent form and provide informed consent before children began answering the survey questions (see Appendix E for online consent form). A survey was administered to all participants before they participated in the D.R.E.A.M. program and again once the program concluded. The research team sent the weblink for the survey for children to complete at home or within the classroom. Surveys were completed via FluidSurvey and then, later, via SurveyMonkey when it acquired FluidSurvey and was appropriate for Canadian data security regulations. Pre-test and post-test surveys were identical. For each group, the ten-unit program was divided into three sessions, each one hour and a half to two hours in duration. The program was carried out in the Counselling Centre at Saint Paul University on Saturday mornings, as well as within school settings during regular school hours.

Please refer to Appendix F for the program manual detailing the exact methodology followed for each of the ten program units. The first group session consisted of the administration of units one to three, the second session consisted of units four to seven, and the final session completed units eight, nine and ten. The different units each presented a main skill through a song and a hands-on craft, drama, game or other exercise, including imagery, progressive muscle relaxation, distraction activities and cartoon drawings, as noted in the manual. Appendix F details each unit's activities, as well as how the facilitators explained the activities and what materials were needed. The sessions were conducted by two group facilitators, Stephanie Desson and Dr. Laura Armstrong, with an assistant, Elizabeth St. John. The exception to this was when a large group was divided into two smaller groups to facilitate learning and behaviour management. In this case, one group was facilitated by Dr. Armstrong, while the other group was conducted by Ms. Desson and Ms. St. John. In the classroom groups, the teachers corrected child behaviour and observed the sessions. For the ABC Ottawa groups, parents were invited to observe during the sessions, but not participate. Parents of all participants, both in the classroom and community settings, were given parent handbooks to practice and continue using skills learned with their children outside of the group sessions. Teachers were also given a copy of the parent handout for classroom use.

The recruitment listing on the ABC Ottawa Facebook page and in their email to members read as follows:

Program for gifted children to teach skills to manage the challenges associated with giftedness: Emotional intensities, perfectionism, etc. and build skills for emotional and social resilience. 3 sessions, Saturday mornings, 9:30 to 11:30, Counselling Centre, Saint Paul University. Join us for original music, crafts, games, drama, and other hands-on activities to teach lifelong skills!

As a follow-up to receiving this email through ABC Ottawa, teachers with private school classrooms of gifted students affiliated with this organization contacted us to participate. Therefore, we conducted two community groups and two classroom groups. The ABC

Ottawa community groups consisted of students primarily from public school primary congregated gifted and regular classroom settings. Thus, the groups were conducted with a diverse range of public and private gifted school children from Eastern Ontario.

Measures

The data collection was comprised of two validated, interactive, online, video-based surveys for children: The Child Identity and Purpose Questionnaire (Ch.I.P.; Appendix A – transcript of video items; Armstrong, 2016a) and the Interactive Symptom Assessment (I.S.A.; Appendix B. – transcript of video items; Armstrong, St. John, Watt, & Desson, *unpublished manuscript*).

Child Identity and Purpose Questionnaire (Ch.I.P.). The Ch.I.P. questionnaire consists of 17 questions where the children select on a scale of 0 (negative) to 10 (positive). They move a slider to represent “I feel more like Chip” or “I feel more like Ceira,” in which Chip or Ceira are counterbalanced for the positive and negative spectrums of the questions. The Ch.I.P. measures meaning mindset (agency over thoughts and behaviours, self-esteem, hope for the future, and, openness to learning, feelings, and other new experiences). The Ch.I.P. questionnaire had an internal consistency reliability of .83 in a validation sample and demonstrated good convergent validity (Armstrong, 2016a; Armstrong, St. John, Watt, & Desson, *unpublished manuscript*).

Interactive Symptom Assessment (I.S.A.). The I.S.A. questionnaire consists of 23 questions in which the children select “I feel more like Eibe” or “I feel more like Isa” on a sliding scale of 0 (negative) to 10 (positive). The I.S.A. measures DSM-5 symptoms of depression, anxiety, obsessions, and behavioural concerns, as well as social challenges. Each item also measures opposing strengths to the challenges. The I.S.A. questionnaire had an internal consistency reliability of .91 in a validation sample and demonstrated good convergent validity (Armstrong, St. John, Watt, & Desson, *unpublished manuscript*). On the

I.S.A, a cut-off score of 150 means that those who score below this are presenting with more distress than average.

The Ch.I.P. and I.S.A. were designed specifically to evaluate the D.R.E.A.M. program (regular and Gifted Editions) and rigorously evaluated, both paper-and-pencil versions, as well as the follow-on interactive video-based measures. Three formally identified gifted children (IQ >140) from the Ottawa area acted out the questionnaire items at a professional recording studio.

Children also completed a brief demographic measure with their age and gender.

Results

Data Analysis

The data analysis for this study was conducted using the Statistical Packages for the Social Sciences version 25.0 (SPSS). Data screening and cleaning was carried out and no missing responses were found for any items. However, there were 45 initial participants and 33 participants completed both pre and post-test surveys (thus, surveys were either 100% complete or 0% complete for the 12 participants who did not fill out the post-test).

Incomplete post-tests generally included participants who did not complete the D.R.E.A.M. program (e.g., within the four D.R.E.A.M. groups, four participants missed the last group session due to out-of-town vacations or a Santa Claus parade, four missed the last group session due to reported illness, and two participants were away from school on the day children completed the post-test surveys in classes), while two participants simply did not complete the online post-test at home. The pre-test data of those who did not complete the post-test was not significantly different from those who completed both surveys ($p > .05$). In order to test for outliers, z-scores were computed on the total scores for the Ch.I.P. and I.S.A.. All scores fell below a score of 3.3 and therefore it was concluded there were no outliers. Normality was tested using skewness and kurtosis in SPSS. A normal distribution would fall between +2/-2 for skewness and kurtosis (George & Mallery, 2010), and the

current dataset falls into these parameters. Based on the z-scores and the skewness and kurtosis, it can be assumed that the current dataset is normally distributed. Further, if 30 to 40 percent of the sample reported mental health concerns, then this sample may be appropriately representative of the gifted population noted in the research literature (Pilarinos & Solomon, 2017). This was important to consider since, self-selection could have potentially resulted in a higher distress rate in the current sample. Within the present gifted sample, 36 percent reported more distress than average, with a score below the measure cut-off of 150.

Does the D.R.E.A.M. Program (Gifted Edition) appear to enhance meaning and mental health?

To analyze if there was an increase in self-reported meaning before and after the program was administered, repeated measures t-tests were conducted on the total scores of the pre- and post-test Ch.I.P. surveys. There were significant differences between the total pre-Ch.I.P. (M=110.68, SD= 35.31) and the total post-Ch.I.P. scores (M=133.38, SD= 27.49), $t(33) = -4.20, p < .001, d = -.738$. To analyze whether self-reported mental health increased from pre-test to post-test, a repeated-measures t-test was performed on the pre- and post-test I.S.A. surveys. There were significant differences between the total pre-test I.S.A. surveys (M=161.91, SD= 46.22) and the total post-test ISA surveys (M=189.35, SD= 36.87), $t(33) = -3.94, p < .001, d = -.689$.

To test the hypothesis that a positive change in meaning is a resiliency factor predictive of mental health, as noted in the literature (Frankl, 1986; St. John, 2017), a hierarchical multiple regression was conducted. Pre-test Ch.I.P. scores were entered in step one, post-test Ch.I.P. scores were entered in step 2, and I.S.A. scores were entered as the outcome variable. The regression yielded an R^2_{change} of .32, which indicates that a third of the variability in mental health scores was explained by a change in meaning scores, ($\beta = .66, F_{\text{change}} = 21.79, p < .001$). When meaning scores change by one-point, mental health

scores change by .66. Beta coefficients in step two for the predictors were $\beta = .135$, $t = .995$, $p = .347$, $\text{partial } \eta^2 = .12$ for the Ch.I.P. pre-test and $\beta = .661$, $t = 4.668$, $p < .001$, $\text{partial } \eta^2 = .56$.

Discussion

In the current sample, consistent with the research literature, 36 percent of gifted children reported significant concerns with their mental health prior to participating in the D.R.E.A.M. program. Given the high-level of distress reported, within regular classroom settings, teachers may not be equipped to manage or address this population, without adequate training. In fact, very few special education training programs for teachers address giftedness, nor the challenges that these children can experience (Moon, 2004). Therefore, for gifted children the research literature recommends congregated classroom grouping which can often address the unique needs and reinforce strengths associated with giftedness (Karaduman, 2013). Such grouping is recommended at an early age, such as primary school years, allowing these students to feel valued and normal, feel socially connected, not disengage from the learning process, and reach their potential (Karaduman, 2013; Kitano, 1990; Winkler & Voight, 2016). Gifted classrooms would also be an ideal place in which to carry out D.R.E.A.M. groups, to further meet student emotional, social, and behavioural needs.

Pilot Findings: The D.R.E.A.M. Program Appears to Enhance Meaning and Mental health

The goal of the current pilot study was to explore if the D.R.E.A.M. program appears to enhance meaning and mental health. Following the D.R.E.A.M. program, gifted participants reported significantly more meaning than they did before the program. These results indicate that, potentially as a result of the program, children were able to learn skills that enhance meaning. Specifically, on the meaning questionnaire, they reported: enhanced agency over thoughts, feelings and behaviour; increased positive self-regard; greater hope

for the future; and enhanced openness to learning and trying new things, engagement in valued pursuits, and to their own and other's feelings. Further, through the pilot research, we examined whether the D.R.E.A.M. program was associated with greater mental health and fewer reported symptoms of depression, anxiety, obsessions, perfectionism, social disconnection, and behavioural concerns. The results indicated that, from pre-group to post-group, participants noted greater self-reported mental health.

As indicated, enhancing meaning has been found to be predictive of mental health (Frankl, 1986; St. John, 2017). The D.R.E.A.M. program is designed to enhance meaning. In the current study, from pre-test to post-test, a positive change in meaning scores significantly predicted a similar change in mental health scores. These results suggest that the D.R.E.A.M. program for gifted children potentially allows children to use meaning-enhancing skills to reduce their mental health symptoms thereby increase their mental health. In fact, groups of children presented the team of D.R.E.A.M. program facilitators with cards and notes well after the program ended to state that they have been able to use skills learned on an ongoing basis at home and at school:

“Thank you for coming. We really enjoyed the D.R.E.A.M. program. I really liked your tricks. They work very well. We hope you can come back.”

“Thank you for coming to teach us. All of us really enjoyed it. We really liked the bubbles and lots of other things, like the drawing and the songs. We use the things we learned at home and school and they help us feel better.”

“We loved the program. We would like you to come back. The emotions game and others really helped and still help us. We all love it!”

“Can you do this group again? I want to come back. It really helps me and I had so much fun.”

Limitations and Future Research

As the present study was a pilot exploration, the sample size was small, so analyses could not be broken down further by specific subgroups. Specifically, the current sample initially had 45 participants, while 33 participants completed the post-group questionnaires. Although the sample size was small, research on recommended sample sizes for a pilot study suggests that 10 to 30 participants are appropriate for a pilot study (Hill, 1998; Isaac & Michael, 1995), with 30 required for a normal distribution (Rosner, 1995). The sample was also restricted to a single city and was a pre-post design in which results could be subject to a placebo effect. Therefore, in order to evaluate the effectiveness of this program for gifted students, expanding the sample size and including further cities, as well as a randomized design with a control group, would help to establish the program as an evidence based.

Another potential limitation of the study when carrying out the D.R.E.A.M. program involved group size and location, as different group compositions appeared to change group dynamics. Group dynamics appeared to change depending on group size and composition (strangers versus classroom peers). Larger non-school community groups appeared to have more difficulty staying on task, as some participants would sometimes misbehave and “goof off” while getting to know one another. This is consistent with the research literature on gifted children that notes some gifted children will even incur mild behavioural sanctions from adults for “clownish” behaviour in group settings to attempt to build or maintain their status with peers (Luftig & Nichols, 1991). Given this, we divided the largest community group into two smaller groups in order to enhance focus and learning. When the participants were in smaller groups, the participants tended to be better-behaved and focused. Therefore, within community group settings with peers who began as strangers, children may have learned and retained more information in smaller groups than in the initial larger group. Results of the current study appear to indicate that the children in all groups took in the information and reported enhanced meaning and mental health. However, these outcomes

could be further enhanced if future research explores ideal group dynamics and sizes. Larger classroom groups could be redirected by teachers, so smaller groups did not appear to be necessary in such settings. Further, within classrooms, children already knew each other and therefore appeared to be more comfortable with each other. This level of comfort may have been important in staying on task with the activities and participating in the songs for different units. In the groups where the children knew each other better, the participants tended to sing along to the songs more or even danced. The level of comfort with the group may potentially have impacted how actively a child would participate and, thus, how much material they absorbed, how much fun they had, or whether they would be willing to use the material at home. For future research in this area, group size by setting should be further explored to determine whether a specific configuration may better enhance learning and retention of material. Given the current sample size, this was beyond the scope of the present study.

The present study involved self-selection, as teachers with classrooms of gifted students and parents of gifted children were aware of the aims of the program and signed up to participate. This means that gifted children experiencing the challenges noted in the research literature may have been more likely to participate than gifted children not experiencing such challenges. However, as 36 percent of the sample noted concerns with their social, emotional, and/or behavioural mental health and this is consistent with the noted research literature (Pilarinos & Solomon, 2017), the sample does not appear to have included significantly more distressed gifted children than would be expected from a sample of gifted children.

Approximately half of the participants came from private schools. This may mean that the sample could be biased by a restricted socioeconomic status. However, the remainder of the participants (i.e., the community group in the counselling centre) came

from public primary congregated gifted and regular classrooms. Therefore, potentially this sample diversity captures the range of gifted students within the region.

The current study looked solely at gifted children, but many gifted children are also "twice-exceptional." Ronksley-Pavia (2015) published an article that attempted to define both giftedness and twice-exceptional children in Australia. In Ronksley-Pavia's study, the research employed the same definition of gifted as Gagne (2008) and then focused on twice-exceptional children. Specifically, as previously noted, Gagne defined gifted as being in the top 10 percent of a child's age group in intellectual, creative, socio-emotional, or sensorimotor domains. Building on this, Ronksley-Pavia noted that twice exceptional children are considered gifted in one or more of Gagne's areas, while also possessing a learning, emotional, physical, and sensory and/or developmental disability. Identification of giftedness in twice-exceptional children can be challenging, as the difficulties may mask giftedness (Ronksley-Pavia, 2015). There are children who may not be assessed for giftedness, as the adults in their environment only focus on the disability (Ronksley-Pavia, 2015). Further, these children might have their learning disability or other exceptionality met in the classroom setting, but their giftedness may not be addressed, thereby creating a poor child-environment fit. These children may, then, not have access to the resources that may best suit their gifted learning style (Ronksley-Pavia, 2015). A further area of investigation would be to see whether the D.R.E.A.M. program may also be beneficial for twice-exceptional children. Although not measured in the current study, one classroom teacher of a class of gifted students noted that a few of her students were twice-exceptional. Therefore, this program may be effective with twice-exceptional groups, but further research is warranted in this area. In fact, enhancing meaning has been found to be more beneficial in young people at greatest risk (Armstrong, 2011), therefore, it is possible that the D.R.E.A.M. program may enhance mental health more for those who are twice

exceptional than those who are gifted alone. This assessment is beyond the scope of the present study.

Implications

As the current pilot study demonstrated that the D.R.E.A.M. program potentially enhances skills for meaning and mental health, the program demonstrates promise. With further validation research to establish it as an evidence based program, it could be implemented in elementary schools in a variety of cities, particularly in congregated gifted classrooms or pull-out groups of children identified as gifted. Potentially adapting the program to a video-based delivery model, with live group activities, so that teachers or community group leaders can easily utilize the program might allow for wider distribution. Simply craft supplies and print-outs would be required.

Considering many young children have diagnosable mental health concerns (Oh et al., 2015), it is important that empirically validated programs are made accessible to these children. As well, the Mental Health Commission (2013) reported that only 20 percent of children who need access to mental health services receive them, suggesting the critical role for prevention. By utilizing this program and distributing it to a wider audience, it would allow more children who need mental health services to have access. Further, by implementing this program in schools and community settings, it could also teach children the resiliency skills they need to handle mental health concerns before the issues arise. In Canada, it was reported that the Canadian government spends approximately \$7.9 billion per year on the treatment of mental illness in the health care system, with 3.8 percent of hospital emergency room visits being related to mental health issues (M.H.C.C., 2013). Given that gifted children may be particularly at risk for mental health concerns, with up to 40% experiencing concerns (Pilarinos & Solomon, 2017), this may be a group appropriate for targeted prevention approaches. If Canadian gifted children were taught the skills included in the D.R.E.A.M. program from a young age, there is a possibility that such skills

could lower the cost of mental health care in the Canadian health care system and decrease the cost for emergency departments or the mental health system. Ultimately, with further research and development, if the D.R.E.A.M. program enhances meaning, then it may help gifted children reach their developmental potential and experience lifelong emotional, social, and behavioural mental health.

References

- Amsden, J., & VanWynsberghe, R. (2005). Community mapping as a research tool with youth. *Action Research, 3*(4), 357-381. doi:10.1177/1476750305058487
- Armstrong, L., (2011). *The Anatomy of Rural-Urban Youth Suicidal Ideation— Who Is at Greatest Risk. What Factors to Target. How to Intervene*, ProQuest Dissertations and Theses.
- Armstrong, L. L. (2016a). The Child Identity and Purpose (Ch.I.P) Questionnaire: Pilot assessment and development. *The International Forum for Logotherapy, 39*, 78-88.
- Armstrong, L. L. (2016b). R.E.A.L. therapy. *The Family Journal, 24*(2), 164-173. doi:10.1177/1066480716628626
- Armstrong, L.L. (2018). The D.R.E.A.M. Program: Developing Resilience through Emotions, Attitudes & Meaning. *Journal of Counselling & Spirituality*.
- Armstrong, L.; Desson, S. & St. John, E. (*unpublished manuscripts*). Developing the DREAM Program (Gifted Edition) Using a Knowledge Translated Integrated Approach.
- Armstrong, L.; St. John, E.; Watt, E. & Desson, S. (*unpublished manuscripts*) The Interactive Symptoms Assessment: I.S.A. – Development and Validation Using a Knowledge Translation-Integrated Model
- Carter, A., Briggs-Gowan, M., & Davis, N. (2004). Assessment of young children's social-emotional development and psychopathology: Recent advances and recommendations for practice. *Journal of Child Psychology and Psychiatry, 45*(1), 109-134.
- Coleman, M., & Hughes, C. (2009). Meeting the Needs of Gifted Students within an RtI Framework. *Gifted Child Today, 32*(3), 14-17.
- Cross, T. L. (2016). Social and emotional development of gifted students: The role of contagion in suicidal behavior among students with gifts and talents. *Gifted Child Today, 39*(1), 63-66. doi:10.1177/1076217515597272

- Cunningham, B., & McCaw, William P. (2003). *The Phenomenon of Intellectually Gifted Underachievers and Education: Listening to the Male Adolescent Voice*, ProQuest Dissertations and Theses.
- Da Costa, María Pereira & Lubart, Todd I. (2016). Gifted and talented children: Heterogeneity and individual differences. *Anales De Psicología*, 32(3), 662-671.
- Dasen, P. (1994). Culture and cognitive development from a Piagetian perspective. In W .J. Lonner & R.S. Malpass (Eds.), *Psychology and culture*. Boston: Allyn and Bacon.
- Eklund, K., Tanner, N., Stoll, K., Anway, L., Tanner, N., Anway, L. (2015). Identifying emotional and behavioral risk among gifted and nongifted children: A multi-gate, multi-informant approach. *School Psychology Quarterly*, 30(2), 197-211.
doi:10.1037/spq0000080
- Ellis, A. (2004). *Rational emotive behavior therapy: It works for me, it can work for you*. New York, NY: Albert Ellis Institute
- Ellis, A., & Bernard, M. E. (2006). *Rational emotive behavioral approaches to childhood disorders: Theory, practice and research* (1st ed.). Boston, MA: Springer.
doi:10.1007/b137389
- Elsley, S. & McMellon, C. (2010). *Checking it out: A consultation with children and young people on a draft framework for children and young people's mental health indicators*. Glasgow: NHS Health Scotland.
- Frankl, V. (1986). *Man's search for meaning*. New York, NY: Simon & Schuster
- Gagné, F. (2008). Talent development: Exposing the weakest link. *Revista Espanola De Pedagogia*, 66(240), 221-240.
- George, D. & Mallery, M. (2010). *SPSS for Windows Step by Step: A Simple guide and reference*. Boston: Pearson.

- Godoy, Leandra, and Alice S. Carter. "Identifying and Addressing Mental Health Risks and Problems in Primary Care Pediatric Settings: A Model to Promote Developmental and Cultural Competence." *American Journal of Orthopsychiatry* 83, no. 1 (2013): 73-88.
- Guénolé, Speranza, Louis, Fournieret, Revol, & Baleyte. (2015). Wechsler profiles in referred children with intellectual giftedness: Associations with trait-anxiety, emotional dysregulation, and heterogeneity of Piaget-like reasoning processes. *European Journal of Paediatric Neurology*, 19(4), 402-410.
- Heylighen, F. (2017). Gifted people and their problems. Retrieved from <http://talentdevelop.com/articles/GPATP1.html>
- Hill, R. (1998). What sample size is “enough” in internet survey research? *Interpersonal Computing and Technology: An Electronic Journal for the 21st Century*, 6(3-4).
- Hyatt, L. (2010). A case study of the suicide of a gifted female adolescent: implications for prediction and prevention. *Journal for the Education of the Gifted*, 33(4), 514+.
- Isaac, S., & Michael, W. B. (1995). Handbook in research and evaluation. San Diego, CA: Educational and Industrial Testing Services.
- Ivtzan, I., Lomas, T., Hefferon, K., & Worth, P. (2015). *Second wave positive psychology: Embracing the dark side of life*. London, United Kingdom: Taylor & Francis Ltd.
- Karaduman, E. (2013). Developing and implementing school for highly gifted, exceptionally gifted, and profoundly gifted students. *Journal for the Education of the Young Scientist and Giftedness*, 1, 53-57.
- Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R., Demyttenaere, K., Gasquet, I., . . . WHO World Mental Health Survey Conso. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the world health organization's world mental health survey initiative. *World Psychiatry*, 6(3), 168-176.
- Kitano, M. (1990). A developmental model for identifying and serving young gifted children. *Early Child Development and Care*, 63(1), 19-31.

- Kroesbergen, E. H., van Hooijdonk, M., Van Viersen, S., Middel-Lalleman, M. M. N., & Reijnders, J. J. W. (2016). The psychological well-being of early identified gifted children. *Gifted Child Quarterly*, 60, 16-30. doi:10.1177/0016986215609113
- Lee, S., & Olszewski-Kubilius, P. (2006). The Emotional Intelligence, Moral Judgment, and Leadership of Academically Gifted Adolescents. *Journal for the Education of the Gifted*, 30(1), 29-67.
- Liratni, & Pry. (2011). Enfants à haut potentiel intellectuel : Psychopathologie, socialisation et comportements adaptatifs. *Neuropsychiatrie De L'enfance Et De L'adolescence*, 59(6), 327-335.
- Lovecky, D. V. (1992). Exploring social and emotional aspects of giftedness in children. *Roeper Review*, 15(1), 18-25. doi:10.1080/02783199209553451
- Luftig, R. L., & Nichols, M. L. (1991). An assessment of the social status and perceived personality and school traits of gifted students by non-gifted peers. *Roeper Review*, 13(3), 148-153.
- Malchiodi, C. A., & Crenshaw, D. (2014). *Creative arts and play therapy with attachment problems*. New York, NY: Guilford Press.
- Mental Health Commission of Canada. (2013). *Making the case for investing in mental health in Canada*. Ottawa, Ont.: Mental Health Commission of Canada.
- Moon, S. M. (Ed.) (2004). *Social/emotional issues, underachievement, and counseling of gifted and talented students*. Thousand Oaks, CA: Corwin Press.
- N.A.G.C. (2018, February 10). *What is Giftedness?* Retrieved from National Association for Gifted Children: <https://www.nagc.org/resources-publications/resources/what-giftedness>
- O.C.D.S.B. (2018, February 10). *Gifted Program*. Retrieved from Ottawa-Carleton District School Board: <http://www.ocdsb.ca/cms/one.aspx?portalId=55478&pageId=216441>

- Oh, E., Mathers, M., Hiscock, H., Wake, M., & Bayer, J. (2015). Professional help seeking for young children with mental health problems. *Australian Journal of Psychology, 67*(3), 187-195.
- Panfile, T. M., & Laible, D. J. (2012). Attachment security and child's empathy: The mediating role of emotion regulation. *Merrill-Palmer Quarterly, 58*(1), 1-21.
- Phelan, D.A. (2018). *Social and emotional learning needs of gifted students* (Doctoral dissertation). Walden University, Minnesota.
- Perham, H. J. (2013). *Interpersonal skills of gifted students: Risk versus resilience* (Doctoral dissertation). Arizona State University, Tempe.
- Peterson, J. S. (2009). Myth 17: Gifted and talented individuals do not have unique social and emotional needs. *Gifted Child Quarterly, 53*(4), 280-282.
doi:10.1177/0016986209346946
- Piaget, J. (1954). *The construction of reality in the child*. Basic Books.
- Pilarinos, V., Solomon, C.R. (2017). Parenting styles and adjustment in gifted children. *Gifted Child Quarterly, 61*, 87-98.
- Richards, J., Encel, J., & Shute, R. (2003). The emotional and behavioural adjustment of intellectually gifted adolescents: A multi-dimensional, multi-informant approach. *High Ability Studies, 14*, 153–164.
- Riley, A. (2004). Evidence That School-Age Children Can Self-Report on Their Health. *Ambulatory Pediatrics, 4*(4), 371-376.
- Ronksley-Pavia, Michelle. (2015). A Model of Twice-Exceptionality: Explaining and Defining the Apparent Paradoxical Combination of Disability and Giftedness in Childhood. *Journal for the Education of the Gifted, 38*(3), 318-340.
- Rose, S. A., & Blank, M. (1974). The potency of context in children's cognition: An illustration through conservation. *Child development, 49*9-502.
- Rosner, B. (1995). *Fundamentals of biostatistics* (4th ed.). Pacific Grove, CA: Duxbury.

- Smith, B. W., Dempsey, A. G., Jackson, S. E., Olenchak, F. R., & Gaa, J. (2012). *Cyberbullying among gifted children*. London, England: SAGE Publications. doi:10.1177/0261429411427652
- Scripp, L., & Gilbert, J. (2016). Assessing the Development, Integration, and Reflective Understanding of Multiple Literacy Skills Shared between Music, Math, Language, and the Arts. *Arts Education Policy Review, 117*, 186-202.
- Search Institute. (2009). *40 Developmental assets for children grades K-3*. Minneapolis, MN: Author.
- Shafaei, A. (Ed.) (2010). *Frontiers of Language and Teaching*. Florida: Universal Publishers.
- Shucksmith, J., Spratt, J., Philip, K., & McNaughton, R. (2009). *A critical review of the literature on children and young people's views of the factors that influence their mental health*. Glasgow: NHS Health Scotland.
- St. John, E. (2017). *Meaning as an early determinant of childhood mental health: Potential influence of religious attendance* (Master's thesis). Retrieved from University of Ottawa database. <http://dx.doi.org/10.20381/ruor-20307>
- Tong, T. (2017, February 28). It is truly synergistic when you see several of these bright kids together. Retrieved from Ottawa Parenting Times. <http://www.ottawaparentingtimes.ca/truly-synergistic-see-several-bright-kids-together/>
- Von Stumm, S. (2018). Better Open Than Intellectual: The Benefits of Investment Personality Traits for Learning. *Personality and Social Psychology Bulletin, 44*(4), 562-573.
- W.H.O. (2018, March 18). *Child and adolescent mental health*. Retrieved from World Health Organization: http://www.who.int/mental_health/maternal-child/child_adolescent/en/

- Wilber, K. (1999). An approach to integral psychology. *The Journal of Transpersonal Psychology*, 31(2), 109.
- Winkler, D., & Voight, A. (2016). Giftedness and overexcitability: Investigating the relationship using meta-analysis. *Gifted Child Quarterly*, 60, 243-257.
- Wong, P. (2011). Reclaiming Positive Psychology. *Journal of Humanistic Psychology*, 51(4), 408-412.
- Wong, P. T. P., & Wong, L. C. J. (2013). A meaning-centered approach to building youth resilience. ()10.4324/9780203146286
- Yeager D. S., Romero C., Paunesku D., Hulleman C. S., Schneider B., Hinojosa C., Dweck C. S., et al. (2016). Using design thinking to improve psychological interventions: The case of the growth mindset during the transition to high school. *Journal of Educational Psychology*, 108, 374-391.
- Zolkoski, & Bullock. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, 34(12), 2295-2303.

Appendices

Appendix A: Ch.I.P. Child Identity and Purpose Questionnaire

I am a girl, boy, other (circle)

I am 5, 6,7,8,9,10, 11, 12, 13 years old (circle).

Please write your initials or name (so that we can match pre-group responses to post-group responses, but we will make your name a "number" when entered in our dataset, so that you can be anonymous):

Child Identity and Purpose Questionnaire (Ch.I.P.) – Interactive *Croyances de l'Enfant: l'Identite et une Raison d'être pour Aujourd'hui* CEIRA

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)



Example 2:

Chip cried a lot this week. Ceira did not cry this week. (I cried a

bit this week)



QUESTIONS FOR YOU:

- 1) When things aren't going well for CHIP, he thinks he can come up with ways to fix the problem

When things aren't going well for Ceira, she thinks she can't come up with ways to solve the problem



- 2) Ceira believes she can make choices about things in her life

Chip thinks he can't make choices about things in his life.



3) 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



4) 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



5) 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 todo much of anything



6) Chip is happy to be Chip

Ceira wishes that she were a different person



7) Chip thinks that he is important to other people

Ceira thinks that she is not important to other people



8) 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



9) Ceira thinks that she can do things as well as other kids

Chip doesn't think that he can do things as well as other kids



10) When things are going badly, Ceira thinks that things will get better

When things are going badly, Chip thinks that things will never get better



11) 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



12) Chip believes that his life is important

Ceira believes that her life doesn't matter



13) Chip likes to make believe or come up with new ideas

Ceira likes to see, hear smell, taste or see things right in front of her, rather than coming up with new ideas



14) 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



15) 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



Appendix D: Ethics Certificate



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY

02-10-
2017
dd-
mm-
yyyy

Bureau de la recherche et de la
déontologie Office of Research and
Ethics

**Ethics Certificate
Research Ethics Board
(REB)**

REB File Number 1360.4/17

Principal Investigator / Thesis supervisor / Co-investigators / Student

Last name	Name	Affiliation	Role
Desson	Stephanie	Faculty of Human Sciences	Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Director

Type of project Master Thesis

Title A Gift to Address the Double-Edged Sword of Giftedness: Evaluation of the D.R.E.A.M. Program for Gifted Primary School-Age Children

<u>Approval date</u>	<u>Expiry Date</u>	<u>Decision</u>
02-10-2017 (dd-mm-yyyy)	01-10-2018 (dd-mm-yyyy)	1 (approved)

Committee comments:

**The Research Ethics Board (REB) approved the project.
The researcher is invited to use the reference number 1360.4/17 when
recruiting participants.**

In accordance with the Tri-Council Policy Statement, the Saint Paul University Research Ethics Board has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.

Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Signature



Louis Perron

Chair

Research Ethics Board (REB)

1/1

Appendix E: Online Consent form for Parents

Dear Parents,

In partnership with the Association for Bright Children (ABC) Ottawa, we are delivering a socio-emotional educational program for groups in Ottawa in fall-winter 2017-2018. DREAM - or Developing Resilience through Emotions, Attitudes, & Meaning - is a program developed especially for gifted and bright children by researcher Dr. Laura Armstrong, a Clinical Psychologist and Assistant Professor at Saint Paul University.

In the DREAM program, children will learn social and emotional skills to manage the challenges associated with high intelligence--such as emotional intensities, perfectionism, and much more. The goal is to have fun while learning lifelong, evidence-based skills through games, music, drama, and crafts. All skills learned are applied to characters in songs and stories so that children are learning skills that they can use in everyday life, but not discussing their own issues, as the program is educational, rather than therapeutic. Children will be sent home with a booklet of parent handouts so that parents/guardians can be aware of the helpful calm down, problem-solving, community engagement, and social literacy skills that their children have learned and may want to practice.

This is the first year that we have offered the version of the DREAM program designed specifically for gifted and bright children, so we ask that your children complete our pre-group and post-group questionnaires. We will use these questionnaires to measure what the program is doing well and what we can improve upon to refine the program. Masters in Psychotherapy, Counselling, and Spirituality student at Saint Paul University, Stephanie Desson, will also use the data to complete her thesis.

If you agree to have your son/daughter participate in our pre and post group questionnaires, please ask your child to complete the 2 video-based online questionnaires, which relate to skills taught in the program, both before and after your child takes part in the D.R.E.A.M. program activities. Participation in the surveys will take approximately 20 minutes of your child's time.

Rights of Participants

If you decide to participate in the quality assurance research of this program, your child is free to withdraw at any time. Your child may also choose not to answer any questions that he/she does not want to answer. The information that your son/daughter provides us will help evaluate if the D.R.E.A.M. program targets the needs of gifted and bright children, helping us to improve the program. All information collected from this project will remain confidential and only be used for research purposes.

Benefits & Risks of Participation

Participation in the research surveys may be fun for your child. Other children have reported that the video-based questionnaires used to evaluate the program were enjoyable to complete. If your child experiences distress while completing questionnaires (e.g., if they realise that they are feeling sad or anxious like one of the characters in the videos), then you are free to contact Dr. Laura Armstrong at 613-236-1393 x2341 for information about local mental health resources. However, participation in the D.R.E.A.M. program itself should also provide your child with skills to enhance their mental health.

Contact Information

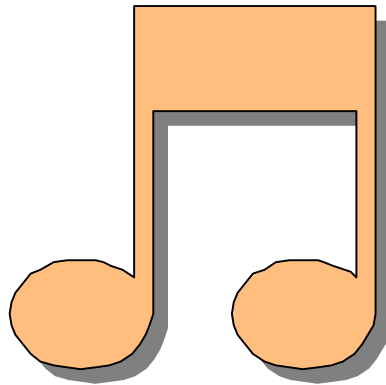
This research proposal has been reviewed and approved by the Saint Paul University Research Ethical Review Board. If you have any questions about research ethics you can email recherche-research@ustpaul.ca or phone 613-236-1393. If you have any other concerns or questions, they can be directed to Dr. Laura Armstrong, 613-236-1393 x2341.

Please click below if you consent to your child completing these questionnaires.

PROGRAM ADMINISTRATION MANUAL

Copyright Dr. Laura Armstrong, C.Psych. 2017

**Developing Resilience through Emotions,
Attitudes & Meaning: DREAM Program - Gifted
Edition**



Day 1: Unit 1 → De-“Myth”tify

Goals:

- Establish group rules (e.g., everyone gives each person a chance to talk)
- Team-building activity
- Pre-test evaluation of program (if not done in advance)
- Enhance mental health literacy: Address common myths, negative attitudes, & stigma that children hold toward mental illness
- Learn about different child friendly mental health services available

Materials:

- Song: “Just Like Me”
- Two large papers (True / False)
- Tape
- Smarties for icebreaker
- Sticker dots
- Timer (3 minutes - phone)
- CD and CD player
- Zone of the room with fidget activities (e.g., colouring, drawing, silly putty, fidget spinners - anything they can fidget with)

Main Steps	
Online Questionnaires	Child Identity & Purpose Questionnaire (Pre-test) Interactive Symptom Assessment (Pre-test)
Establish Group Rules	Invite group members to come up with 5 rules that group members should follow (e.g., give everyone a chance to talk, don't criticize each other's ideas, etc.)
Fidget Space	Point out the fidget space just outside of the group circle. Mention that, if anyone finds it tricky to sit in the circle or needs a little bit of a break, they can still hear what's going on, but can colour or play with something to calm down a bit (like silly putty).
Ice Breaker	Children sit in a circle. Each child picks a few Smarties. Each child presents their name, then information about themselves based on the colour of Smarties that they chose: Red (favourite movie), Green (favourite thing to do at school), Blue (favourite ice cream flavour), purple (who is your hero), brown (favourite ride at an amusement park), orange (favourite sport to play or watch), pink (favourite thing to do for fun), yellow (I choose not to share)
Group Discussion	What is Mental Health? What is Mental Illness?

Activity	Common myths about mental health & mental illness. Run back and forth between "true" and "false" papers taped to the wall & check off whether each item read aloud is true or false (all are false). Discussion with group about correct answers.
Just Like Me Song	Play song about symptoms of common mental health concerns (anxiety, depression, autism spectrum, schizophrenia). Children sing or move along. Use the song to talk about the symptoms mentioned in the lyrics.
Group Discussion	Where could a child go for help if they were experiencing concerns like those presented in the song?

Detailed description:

- 1) Have children complete the video-based questionnaires before the group starts (if it's a school group). Otherwise, they will have already completed the questionnaires at home. Thank them for completing the video surveys and explain that we want to see that the program teaches them what we think it will teach them. By completing them before and after the program, we can see if they learned the skill we teach them, or how we can improve the program.
- 2) Invite group members to sit in a circle and create 5 group rules that they will follow (give them the example of "give everyone a chance to talk," "be respectful and don't say negative things") and write down the rules on a big piece of paper that everyone can see. This exercise empowers them to be co-creators of the group. Always post these rules near the group during each session.
- 3) Point out the area, just beyond the circle where there are fidget activities. Let them know that if they start to feel restless or need a bit of time to themselves, they can draw or play with silly putty (etc), but still be able to hear what's going on and participate if they want to.
- 4) Put Smarties in a bowl and have a spoon in the bowl. Explain (and have written on a piece of paper) what each colour of Smartie represents (as noted above). Allow each child to pick 2 Smarties. They can choose the colour that they want, again giving them the power to share what they want to share with the group, or even to choose not to share. Go around the circle. Each child says their name and the 2 things about themselves based on their chosen Smartie colour.
- 5) Talk about how children who are bright or who do really well at things sometimes feel feelings strongly, like being excited, or sad, angry, or scared. Ask them if they've noticed that they feel feelings strongly. Say that this is

normal for gifted children to feel strong feelings. Sometimes it's hard to know what to do with the strong feelings. Kids who are bright often are sensitive in other ways too. Sometimes they are bothered by loud noises or other sounds. Other bright children may be sensitive to touch and might feel touch or fabrics (like socks) more intensely than other children do. Bright children might also have a very rich imagination. All of these things can be positive, as a lot of famous musicians, artists, book authors, or scientists are gifted these experiences can lead to great things. These experiences can also be challenging, as bright kids might feel different than other children, or might be picked on by others, or they might not have the skills to manage strong feelings.

- 6) Ask them what they think mental health is. (Is their definition positive or negative, is it full of stigma? Notice this.) Then, ask them what they think mental illness is. Talk about how some kids feel strong feelings for a long time and that this is different than the strong burst of feelings that come and go in everyday life. Talk about how some feelings, like grumpiness or sadness, last for so long that it's hard to feel happy much of the time or to calm down from being worried a lot of the time. This is mental illness.
- 7) Have the mental health myths (below) written on each of the two large papers on either side of the room. Put the word "True" at the top of one page and "Not True" at the top of the other page. Give each child a sheet of 10 dots, same number as the number of myths. Make sure all the dots are the same colours so that no one knows who is "right" or "wrong." Explain that they will have 3 minutes to decide whether the sentences are true or false. They will run back and forth voting with dots, sticking dots and the true page or the not true page. Say that it doesn't matter if they get the right answer, just try their best and say that it's just helpful to know what the group thinks. Set a 3-minute timer and say, "ready, set, go." When the time is up, let the children know that all the items were "not true" but that they are all things that a lot of kids think are "true." Explain the following facts:
 - i. Many people have a mental illness (about 1/5).
 - ii. People with a mental illness are not dangerous. Newspapers, radios, and television sometimes make people believe that. In reality, imagine if you were afraid of spiders. If you found out that there were spiders on a dock and you wanted to go swimming, you might find the spiders scary, but you would still go swimming. That's a fear. If you found out that there were spiders on a dock and you wanted to go swimming, but your

fear of spiders always stopped you from swimming, that's when a fear becomes something called a phobia. That's when a normal experience shifts to an easy to treat mental illness called "Anxiety." Some mental illnesses like phobias are kind of like having an ear infection: Give people a few strategies to use and the phobia is managed, just like the ear infection is managed with a quick antibiotic. Other mental illnesses take a bit or a lot longer to treat with therapy tools and maybe even medication.

- iii. Depression is a real experience. People get in a sad or irritable mood for a long time and they have trouble feeling happy. They might stop doing things that they used to like to do. People can't just "snap out of it," but there are tools that can help them. Through this educational program, you'll be given tools that can help you feel better if you're feeling sad, angry, or scared. Bright children often have strong feelings and it's nice to have some tools to be able to have some control over these strong feelings, since it doesn't always feel good to have bursts of anger, right? With what you learn from this program, you could maybe even prevent mental illness because you'll have good coping tools. For example, sometimes bright children find out about a problem in the world and this makes them feel sad and then they don't know what to do with that sad feeling. You'll learn tools that can help.
 - iv. All of the rest of the sentences are also "not true." Do you have any questions?
- 8) Tell the children that you have a song about common things that children face, some of which you just talked about, as well as some new ones. Give them the lyrics and invite them to sing along or dance. Tell them that there was one of gym full of 800 teenagers that sung along to one of the songs from this program, so kids often like to sing (just make them feel comfortable participating). Tell them that it's also okay if they just want to listen. Give the "Just Like Me" song lyrics handout. Play the song.
- i. Ask them what the characters in the song might be experiencing. In the first verse, the boy might be experiencing depression because he's sad and he quit the things that he used to find fun. He's also having trouble sleeping. In the everyday life of bright kids who sometimes want to do things perfectly, sometimes they feel sad or mad if something doesn't go perfectly, so they quit. This isn't the same thing as depression, but the same tools are helpful to feel better.

- ii. In the second verse, the little girl character has anxiety. She's been worried for a long time. She doesn't try doing the things that she is afraid to do. She's worried about failure.
- iii. In the third verse, the boy is on the autism spectrum. He has trouble understanding other people's feelings. People like psychologists and psychotherapists help children who are depressed, anxious, or even on the autism spectrum. If they ever are feeling sad, mad, or worried for a while and want helpful tools, talking to a family doctor, going to the guidance counsellor at school, or meeting with a psychologist or psychotherapist can be helpful. Let them know that they've put some search information for psychologists/psychotherapists on the handout for their parents. So, they never need to be stuck.

True or False? (Myths)

- 1) Kids don't have mental health problems. Any problems they have are just part of growing up:
True_____ False _____
- 2) People with a mental illness are 'psycho', mad and dangerous, and should be locked away:
True_____ False _____
- 3) Depression isn't a real thing. People should just 'snap out of it':
True_____ False _____
- 4) Once a friend or family member has a mental illness, they will be sick their whole life:
True_____ False _____
- 5) Therapy and self-help are a waste of time. Why bother when you can just take a pill?
True_____ False _____
- 6) I can't do anything for a person with a mental health problem:
True_____ False _____

7) Prevention doesn't work. It is impossible to prevent mental illnesses:

True_____ False _____

8) It is the parents' fault if children suffer from mental health problems:

True_____ False _____

9) There are no therapy tools that can help young children with mental health concerns. They're too young to understand:

True_____ False _____

10) You can look at someone and see that they have a mental illness:

True_____ False _____

Unit 2 → Recognizing Feelings

Goals:

- Discuss universal feelings
- Help children learn to recognize feelings
- Help children recognize situations in which someone might have a particular feeling

Materials:

- Song: "I Have So Much To Say" & lyrics sheet for all children
- Feeling card deck (happy, sad, angry, fear, surprise, disgust) - printed from power point (2x3 tables, each page has one emotion written 6x; 36 cards)

Main Steps	
Group Discussion	What sorts of feelings do they think everybody in the world show on their face? Discuss the universal feelings: happy, sad, angry, fear, surprise, disgust
I Have So Much to Say Song	Before they listen to the song, ask them to think about what the song is teaching them. Listen to it. Ask them what they learned. (Right answer: It's saying that different people can feel differently even if they face the same situation)
Discussion about Song Using a Story	Discuss how different people might feel (and act) in the same situation: Ernie and Bert metaphor → Both Ernie and Bert write a test, both fail. Their friends invite them to play baseball and eat cake. Ernie goes out with their friends and feels happy at the end of the day despite failing the test. He thinks that he can talk to the teacher and figure out where he went wrong so that he can do better next time. Bert doesn't go out with his friends. He goes home to mope, thinks that he will never do well, and he feels miserable at the end of the day. Although feelings are universal, different people might feel different things in the same situations, in part, based on how they act in response to the situation or how they think about it.
Emotions Card Game Activity	Have the children in groups play "Emotions Go Fish" (played just like regular Go Fish; e.g., Do you have "sad?" Yes! Or Go Fish). When matched pairs of emotions are collected (aside from pairs in the initial hand of 5 dealt), the child who collected the pair talks about a situation in which kids might feel that feeling (on the matched cards). The rest of the group members then discuss why someone might feel that way. They then talk about how someone might feel differently, what they might feel, and why they might feel that way in that same situation. The game ends when

	the second last person runs out of cards or when it seems to be a natural end if it's going on too long.
At-home Activity	Children are provided with brief scenarios. They can talk these over with their parents, or write down their answers and bring them back.

If a group leader gets a "go fish" pair, they can talk about common scenarios in which bright children might feel sad, angry, happy, scared, surprised or disgusted. For example:

Sad: When working with a classmate, the other student says, "We're going to use my idea" and does not listen to the other student's idea.

Sad: A child asks questions in class because they are curious, but the teacher gets annoyed when the child asks so many questions.

Angry: A child likes to have their own space and another child moves into their personal space.

Angry: Someone buds in front of someone in line. This is unfair.

Happy: Someone's teacher said "good job" when they got most questions right on a math assignment (Someone else may be frustrated because they didn't get perfect).
Engineering motto: Good enough is better than perfect in the work world!

Surprise: People shout surprise, happy birthday! (Someone else might be bothered by the social attention).

Disgust: Someone is disgusted that a kid said something mean to someone else (someone else might be angry at that person or sad for the child).

Unit 3 → Relaxation

Goals:

- Introduce concept of relaxation
- Teach diaphragmatic breathing
- Teach imagery

Materials:

- Song: "Relaxation"
- Balloon
- Handouts
- Bubble containers

Main Steps	
Body-Feeling Awareness	<p>Tell the kids to imagine that the room is divided into 25%, 50%, 75%, 100%. Show them what this looks like with your hands (a little bit, a bit more, more, a lot more, full out). Have the kids act out just a little bit of anger (5%), while standing close to one wall. Ask them where they feel the anger in their body when they're showing just a little bit of anger. Go to the 25% part of the room. Get them to act out 25% anger - where do they feel that in their body? Then 50% and where they feel that, then 100% and where they feel that. Come back to 5% and where they feel the anger. Ask them why they think it might be helpful to know where they feel feelings in their body when they're feeling it just a bit. Let them know that knowing where they feel the feeling can help them know when to use tools to help them calm down or feel a bit better when feeling sad, angry, or scared. So, next time they feel a feeling, like worries, or sadness, or anger, notice where they feel it. Sometimes, before the feeling gets too strong, if they can be aware of where they feel it (like butterflies in their tummy, clenched fists, headache, etc.), then they can do something to prevent the feeling from becoming so big. Ask them to notice their body feelings this week.</p>
Psychoeducation About Relaxation	<p>Say that you're going to teach them a tool that can help them calm down if they are worried or mad. But first, say that you're going to use an activity to show why the tool works. Use "pink elephant in the room" metaphor. Get children to visualize a pink elephant (is it big or little, is the trunk up or down, are its ears floppy or up, is its tail long and straight or short and curly). Ask children if they can "see" the pink elephant in their imagination. Make sure they can really see it. Got it? Quickly tell children to stop</p>

	<p>thinking about pink elephant (most can't). What are they thinking about? The pink elephant! Now, get them to notice what they are sitting on, what their hands are doing, the colours around the room, what they see outside, the sounds they hear, etc. Ask what's going on for them now. What happened to the pink elephant? Pink elephant disappeared. Relaxation exercises work that way to make stressful things become background noise, a little less noticeable.</p>
<p>Introduction to Diaphragmatic (Belly Balloon) Breathing</p>	<p>Blow up balloon, tie it. What would happen if it got too big? Have someone pop it. "Boom!" That's like a big explosion of anger or a worry that makes us run away from what we want to do. Blow up another balloon, don't tie it. Ask them how they breathe when they are mad or scared (shallow chest breath). This type of breathing prepares the body for action, but it means we can't think clearly. If they were in the woods and saw a wolf, this kind of fast breathing prepares the body to run or fight the wolf. But, there are ways we can stop the body from preparing for action when we don't want to feel sad or mad. Can let out air (stress) slowly. (Let the air out of the balloon slowly.) Explain that deep breathing helps to calm the body, just like making the pink elephant wander away.</p> <p>Give them small bubble containers. Ask them to take a deep breath in for a count of 4 (filling up their belly like a balloon), hold the breath for a count of 7, and then let it out for a count of 8, blowing the bubbles. Repeat 4x.</p>
<p>Relaxation Song</p>	<p>Put down the bubbles, but try to do the same thing without. Children do "bubble" breathing with the choruses of the song (breathe in for 4, hold for 7, breathe out for 8).</p>
<p>Group Discussion</p>	<p>What was that like for them? Talk about when kids could use that exercise: When they are stressed, scared, mad or having trouble sleeping. Remind them that they might start to feel feelings in their body before the feelings become really big. They can use bubble breathing to calm down.</p>
<p>Assign At-home Activity</p>	<p>Practice bubble breathing. Colour the picture in their handout corresponding to how calm they feel before the exercise and how calm they feel afterwards. They can even practice it when they're not feeling stressed, worried, or mad, just so that it they can use it better when they need it.</p>

Day 2: Unit 4 → Worry Time, Imagery, & Humour

Goals:

- Teach children how to create a worry time
- Teach children how to use imagery as a relaxation tool

Materials:

- Song: "Worry Time"
- Drawing paper
- Markers, pens, pencils

Main Steps	
Review At-home Activity	Discuss what the children thought of the relaxation exercise at home. What did they notice about how calm they felt before / after the exercise?
Worry Time Song	<p>Ask the children to listen to the song and think about what 2 things it is teaching. Listen to it.</p> <p>One thing that people can do, if they find they can't get their mind of something - like something they are worried about, or sad about, or mad about, is pick a time during the day (e.g., 6pm-6:15pm) in which they are going to think about the things that make them worry, or be mad, or sad. That way, during the rest of the day, they can think to themselves, "this isn't my worry time/mad time/sad time." Saving things up for a certain time can help people think about things better because it's more organized. Sometimes, when someone is trying to worry hard or be really mad at a certain time, they also end up laughing. When something becomes a bit funny, then people sometimes don't feel as sad, mad, or scared.</p> <p>The song also talks about using something called "imagery." To feel less sad, angry, or scared, people can imagine a safe, relaxing place or a story in their mind, and this can help them to feel a bit better.</p>
Imagery Activity	Have children draw the most relaxing scene that they can imagine. Take a minute to have the children imagine that scene in detail using as many senses as they can (what they would see in the scene, hear, touch, taste...). They can use the picture that they drew to remind them that they can use imagery to calm down or feel a bit better.
Humour Relaxation Activity	Have the children stand up and imagine that they are spaghetti noodles. They jump into the boiling pot. They bounce around as they are cooking, getting softer and

	<p>softer. When they are cooked, they hop out of the pot and flop onto a plate. What was that like for them? Doing something funny, like this or dancing around to music in a funny way, can be very relaxing.</p>
<p>Progressive Muscle Relaxation</p>	<p>Sometimes when we're feeling stressed, mad, or afraid, our muscles feel all stiff. There's something we can do to feel less stiff. Let's try this. Take a deep breath. Make your face tight like a robot, hold it, make it floppy like a jelly fish. Enjoy that floppy feeling. Make your left arm tight like a robot, hold it, make it floppy like a jelly fish. Enjoy that floppy feeling. Take a deep breath. Make your right arm tight like a robot, hold it, make it floppy like a jelly fish. Enjoy that floppy feeling. Make your tummy tight like a robot, hold it, make it floppy like a jelly fish. Enjoy that floppy feeling. Take a deep breath. Make your hands tight like a robot, hold it, make them floppy like a jelly fish. Enjoy that floppy feeling. Make your left leg tight like a robot, hold it, make it floppy like a jelly fish. Enjoy that floppy feeling. Take a deep breath. Make your right leg tight like a robot, hold it, make it floppy like a jelly fish. Enjoy that floppy feeling. Make your feet tight like a robot, hold it, make it floppy like a jelly fish. Enjoy the floppy feeling in your whole body.</p>
<p>Assign At-home activity</p>	<p>Practice imagery (with their drawings), spaghetti dance or other funny dancing, and robot-jelly fish relaxation. Colour the picture in their program notebook corresponding to how calm they feel before the exercises and how calm they feel afterwards.</p>

Unit 5 → Avoidance

Goals:

- Provide information about avoidance versus exposure

Materials:

- Song: "No School Today"
- Popsicle sticks, drawing paper, scissors, glue

Main Steps	
Drama Activity	<p>Have group members volunteer to act out two scenes: Need a "person" and several people to play "dogs." Leader narrates. Scene 1: The person is not afraid of dogs. They are just walking along, minding their own business, when a dog comes along and bites them (tell them not to actually bite). What do they think the person might be feeling? They see another dog that looks the same. What might the person be feeling? What do they do when this other dog comes along (have them run away). Another one comes, and another and another (have them run away each time). What has happened to their fear? Is it little or has it got really big? By avoiding, their fear has got really big.</p> <p>Scene 2: The person is not afraid of dogs. They are just walking along, minding their own business, when a dog comes along and bites them (tell them not to actually bite). Do they have a bit of fear? Other dogs come along. They pet the dogs. What happens to their fear? It gets smaller?</p> <p>When we avoid things that we're a bit afraid of, fear can become really big! Sometimes that fear can even stop us from doing things that we want to do. But, if we take steps to do the things that we're a bit afraid of, then we can learn to have control over our fears.</p>
No School Today Song	<p>Discuss what's going on in the song (avoidance). Highlight that the song is talking about pretending to be sick. Mention that, often when people feel stressed or scared, they can feel it in their heads as a headache or in their tummies as feeling sick. These things, as well as avoiding things, can tell us or our mommies and daddies that something is going on that we might need help with, like being picked on at school, or worries about not making</p>

	work perfect, or other things that are problems that can be solved with a little help from other people.
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Popsicle stick activity:

Sometimes children who are bright don't like the feel of certain fabrics or things they can touch, like socks, tags, or seams on clothes, or other people getting into their space. Sometimes bright kids don't like certain sounds, like loud noises or other types of sounds. There are other bright children who feel like they "have" to do things, like having to walk back to where someone picked them up, or redo things over and over again until it feels right, or they think that they have to do things perfectly, rather than just doing their best and enjoying what they are doing. If you ever get stuck in these situations or others where you feel like your brain is telling you that you have to do something, there's a game that you can play: Let's come up with an animal or an insect that can be kind of annoying (for example, some kids like to choose a mosquito, but as a group, we can come up with whatever animal or bug you think is annoying)....

I'd like you to imagine that the _____ is creating a game for you and making up the rules. The _____ is trying to get points to win the game, but you want to win the game. The _____ gets a point if you react to the touch or the sound that you don't like or if you do or redo something that your brain is telling you that you "have" to do. You get a point if you say, "Ha! That's just the _____ trying to get a point. I'm not going to do what the _____ tells me to do. So, I get a point!!" Celebrate your point. Sometimes the _____ will get points, but you're just trying to get more points than the _____. I'd like you to take one minute to draw a tiny picture of the _____ and another one minute to draw a quick stick-figure drawing of YOU! We're going to cut these out and stick them to each side of a popsicle stick, so that you can keep this and remember that you want to talk back to the _____ and get a point to win the game!

Unit 6 → Enjoyable Distraction

Goals:

- Provide information about positive distraction activities as another calm-down (emotion-regulation) tool

Materials:

- Song: "Worry Shark"
- Balloons

Main Steps	
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Worry Shark Song	What is the song teaching them? Listen to it. It's teaching about how helpful distraction can be. Discuss situations in which enjoyable distraction can be helpful (e.g., it acts like a time-out when angry, it can make people feel happier when sad, it can make people less worried about things)
Group Game	<p>Tell story about a bad day. Get the children to imagine that they are in a spelling bee and they make a mistake on the first word, so they are out of the competition. Then, on the drive home, a tire on their car goes flat and they aren't able to make it to their best friend's birthday party later in the day, as they are stuck waiting in the cold for a tow truck. On top of that, they throw up. They got the flu that was going around school. Imagining that they just had a bad day like that, how do they feel (0-10: 0 = feel so terrible, 10 = feel really happy). Demonstrate 0-10 with hands (small, big).</p> <p>Have 3 balloons. Tell them that, over the next minute, they're going to try to keep the balloons in the air. If the balloon drops, that's ok, just pick it up and keep going. Stop the game when they are laughing or smiling a lot.</p>
Group Discussion	0 (terrible)-10 (happy): How do they feel after playing the game?
Generating Helpful List of Distraction Activities	Have the children generate as a group a list of up to 10 enjoyable, brief distraction activities that they could use to feel less sad, angry, stressed, or scared. Mention that this isn't avoidance, it's just helping them to feel a bit better so that they can think more clearly about things.

Unit 7 → Meaningful Living

Goals:

- Discuss key things that make life meaningful:
 - Creative pursuits (especially making or doing things for others; work that makes a positive contribution)
 - Captivating experiences (nature, travel, participation in regular, enjoyable activities)
 - Choosing our attitude in any circumstance (to be further discussed in subsequent sessions)
- Introduce meaningful engagement in extracurricular activities
- Feedback on song & program material

Materials:

- Song: "Youth Engagement"
- Paper to make cards
- Markers, pens, pencils, decorations for cards
- Fun Activities Catalogue

Main Steps	
Group Activity & Discussion	Have the children make a card for someone that they appreciate. While making cards, discuss what they appreciate about that person. Talk about how creating something for others or doing something to help other people can make us feel good ourselves. Each person has the potential everyday to make a small difference or big difference in the world, which makes others feel good and also makes us feel good. What sort of things for others do they think they could they could do in their house to make a difference? What kind of things could they do in their classroom to make a difference? What kind of things could they do in their school to make a difference? Is there a problem in the world that bothers them? Is there a way they could help out with this problem to make a difference? Generate a list. Photocopy it if possible so that they can have an action plan in these areas.
Youth Engagement Song	What do we learn from this song. Listen to it. Discussion: How does involvement in a regular, enjoyable activity also make us feel good?
Fun Activities Catalogue	Have the children circle activities on the "Fun Activities Catalogue" that might be fun for them to engage in at some point.

Day 3: Unit 8 → Connection Between Thoughts & Feelings

Goals:

- Learn the connection between thoughts and feelings
- Learn that we can change our thoughts and feel differently
 - Personal choice: Choosing one's attitude in any situation

Materials:

- Song: "Crown of Thoughts"
- Crown templates
- Scissors
- Tape
- Markers, pens, pencils, stickers
- Sticky note paper
- Program notebook for each child

Main Steps	
Review Homework	How did enjoyable distraction work for them?
Left Foot Metaphor	<p><i>Imagine that I get up to go get a drink of water. As I'm walking across the room, I step on your left foot. What do you feel? (Pain)</i></p> <p><i>How long do you think that feeling would last? (Short time)</i></p> <p><i>Now as I'm walking back across the room to my seat, I step on that same foot again. What do you feel? (Pain)</i></p> <p><i>How long do you think that feeling would last? (A bit longer)</i></p> <p><i>I get up one more time to put my paper cup in the garbage and I step on your left foot again. What do you feel? (Pain; Anger) How long do you think that feeling would last? (Long time)</i></p> <p><i>Isn't it interesting. I did the same thing to you three times. The situation was the same, but you reacted differently the first time than you did the third time. So, what's causing you to feel different? It's not the situation that's different. I would suspect that the third time, thoughts got in your head. As long as you have those thoughts, you're going to continue to be (angry / sad). Those thoughts (she should have been more careful; she did it on purpose - anger / What did I do to deserve that - sadness) block the brief, short-lived emotions. The natural short-lived emotions that we feel are pain and joy. They're important. Holding onto "stinky thoughts" leads to long-lasting anger, sadness, fear. Our "stinky thought" can cause tricky feelings.</i></p>
Crown of Thoughts Song	<p>What happened to the boy in the story (song)? Why do you think he lost the races? What "stinky thought" got in the way? What feeling do you think he had then? Why do you think he won? What helpful thought might he have had</p>

	that helped him win? What feeling do you think he had then?
Crown Activity	Have children cut out and decorate crowns. Provide children with scenarios in which the character has a thought. Write that thought on a sticky note and put it on the crown. Have the children make the "feeling" that goes along with that thought using their faces.
At-home Activity	Give handout of more scenarios to take home.

Crown of Thought Activity

What feelings might the characters have if these were their thoughts? Stick it to the crown and make the feeling with your face.

1) A teacher calls on Jeff in class to answer a question. Jeff thinks: "Oh no! I don't know the answer."

2) Devika's friend won a trophy and brought it to school. Devika thinks: "Show off!"

3) Ian made a mistake in his math work. He thinks: "I can't do anything right" and he gives up.

4) Amal's friend passes her in the hall and doesn't say "hi." Amal thinks: "Does she not like me anymore?"

5) Peter comes up with a good idea for a game that he has to create with Lisa. Lisa has a different idea for the game and wants to make hers instead. Peter thinks: "We're going to do it my way because my idea is better!"

6) Ines was proud of herself for doing well at a local science competition and she wanted to tell her friends at school. She comes to school and her friends don't want to hear about this. Ines thinks: "They don't care about me."

7) Scott is given tricky work at school. He thinks: "I'm going to fail" and he refuses to try the work.

8) Loud noises bother Jenna. One of her classmates cries loudly. Jenna thinks: "Make it stop! Go away."

9) Cheng to finish writing his story, but his parents want him to come to supper and take his story away from him. He thinks: "This is so unfair! I must finish my story now."

10) James sees a news story about a hurricane that destroyed many homes and businesses. He thinks: "This is terrible and I can't do anything about it."

11) Sarah has a great imagination. When she is interested in something, like a videogame character, she becomes really interested in it because she imagines all sorts of stories about that character. Sarah tries talking to her classmates at school about this character every day. Soon, her classmates get annoyed at her for talking about it all the time and say that the character is stupid. Sarah thinks: "Nobody cares about what I'm interested in."

12) Devan is silly in class because he thinks that other kids will like him if he acts silly. His teacher gets mad and no kids ask him to play at recess. He thinks: "Why am I all alone?"

Unit 9 → Choosing to Think Differently (Attitudinal Change)

Goals:

- Discuss feelings as "alarm bells"
- Learn how to think in more helpful ways and, therefore, have more control over feelings
- Learn how to also use previously learned distraction and relaxation activities as "slow down skills" to calm down enough to think differently
- Remind them (Emotions Go Fish) how 2 people can have the same thing happen but if they act differently or think differently, then they can feel differently

Materials:

- Song: "Thought Detective"
- Papers with written scenarios and "stinky thoughts"

Main Steps	
Thought Detective Song	<p>Talk about how feelings can be important "alarm bells" like a fire alarm that can tell us we're having a stinky thought. Remind them (Emotions Go Fish) how 2 people can have the same thing happen but if they act differently or think differently, then they can feel differently. Also tell them that they can use their relaxation or distraction tools to calm down a bit in order to be able to think a bit more clearly.</p> <p>Tell them that the group is going to use the song verses and will figure out the stinky thoughts that they characters are having, and the feelings, and then to come up with more helpful thoughts, good reasons for these more helpful thoughts, and the feelings related to the more helpful thoughts.</p>
Group Discussion	<p>What was that like for them?</p> <p>Let them know that, even when something really bad things happens, there are more helpful ways of thinking. Sometimes, even the bad thing can be transformed into something positive. Imagine if someone was bullied. They could have the stinky thought: "This is terrible" and become really sad and mad for a long time. They might even pick on others to bring others down, as it might bother them to see others happy. What might be a more helpful way of thinking about being bullied? Someone might think: "Bullying is really bad. It's a problem in the world. I want to do something about it." They then might come up</p>

	with something that helps others who are bullied or spreads kindness. This helpful thought and these actions might make someone feel happy because they are making a difference even though the bad thing happened to them.
Detective Activity	Divide children into pairs. Give one person in each group a scenario, "stinky thought," and challenging feeling written on a piece of colourful paper, while the other person in each group leaves the room. The children with the papers hide them. They return and play "hot and cold" (far away from thought is cold, close is hot, hotter, really hot!!). Then, the other person takes a turn to hide their given scenario. In pairs, they come up with a more helpful thought, reasons for why the person might think the more helpful thought, and the new feeling. They also might discuss helpful actions that they could take if they had the helpful thought.
Group Discussion	Everyone presents their scenarios and responses to the full group.
At-home Activity	Take the at-home scenarios and write a more helpful thought and, therefore, feeling.

Note: The scenarios/stinky thoughts used in this exercise are the ones that were discussed for the Crown of Thoughts lesson.

Unit 10 → "Act As If," Problem Solving, & Putting It All Together

Goals:

- Learn how to "fake it 'till you make it" ("act as if")
- Apply all tools learned to date to problem solve new situations

Materials:

- Song: "Caped Crusader"
- Pens, pencils, markers
- Paper
- Comic page
- Superhero pages

Main Steps	
Caped Crusader Song	What is this song talking about? (Story below explains)
Fake It 'Till You Make It Story	<i>When Sara went to school, she shyly walked with her head down as she made her way down the hall. At one point, in English class, Sara read a book in which the main character used to walk shyly down the hall, looking at her feet. The character in the book decided that she wanted to try something different: Pretending that she was confident by looking up at the world as she walked. Pretty soon, other students started to notice this character & she formed friendships. Sara decided to try this: Faking confidence. She walked down the hall with her head held high even though she was feeling nervous. When looking up, other kids began to say "hi" to her and she made new friends. Her confidence grew. She didn't feel as shy anymore.</i>
Group Discussion	We can choose who we want to be. If we act like the person that we want to be, then we can become that person. What does the group think about that?
Superhero Activity	Have group members come up with qualities that each superhero in the song would have: What would an angershaker superhero have (someone who can control their anger), a fearbreaker superhero (someone who can confront their fears), a joywaker (someone who knows how to make themselves feel a bit better if they're feeling sad or to notice the joy in everyday life), and a peacemaker (someone who spreads kindness and creates connection between others)? They can draw the superheroes if they want.
Problem Solving Comics Activity	Based on the qualities that the children come up with, how would each superhero act in different situations? Draw the comics. If the children wanted to be a superhero, do

	<p>they think they could choose to act like one of these superheroes? How?</p> <p>Comics: Problem-solving activity incorporates the application of all previously learned skills (relaxation, distraction, engagement, changing thoughts / feelings / behaviour). Ask the children to take everything that they have learned - relaxation, distraction, feel-good activities, and helpful thinking to try to find good solutions in these comics. Be a superhero!</p>
<p>Feedback</p>	<p>Feedback from group on the whole program. What did they like? What would they change? Is there anything that wasn't covered that would be helpful to add?</p>
<p>Questionnaire</p>	<p>Children's Identity and Purpose Questionnaire (post-test) Interactive Symptom Assessment (post-test)</p>