Effectiveness of Wellness-Based Classroom Guidance in Elementary School Settings: A Pilot Study

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Abstract

A three-session, wellness-based classroom guidance unit was developed based on the Indivisible Self wellness model and presented to 55 students in 5th grade. Participants completed the Five Factor Wellness Inventory, Elementary School Version, before and after the unit. Wellness scores were significantly and positively higher at post-testing for Total Wellness and three of five wellness factors addressed in the guidance sessions (Creative, Social, and Physical Self). Follow-up studies revealed that students with low wellness scores at pre-test improved the most. Implications for elementary school counselors are discussed.

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Wellness can be defined as the holistic wellbeing of an individual throughout the lifespan (Myers & Sweeney, 2005a). Family structure, academic pressure, peer pressure, experiences with violence, obesity, poor nutrition, and limited physical activity are but a few examples of stressors which may negatively impact wellness (Beilock & Carr, 2005; Holcomb-McCoy, 2005; Pedro-Carroll, 2001; Villalba & Borders, 2005). Though these stressors can have a profound and long-lasting effect on adults, children are particularly susceptible to poor wellness due to lower levels of maturity and development (Santor, Messervey, & Kusumakar, 2000; Weissberg, Kuster, & Wahlberg, 1999). For children, these obstacles to wellness tend to manifest themselves in the two places where children spend most of their time: home and school (Cowen, 1991; Villalba & Borders).

Since challenges to wellness can have life-long ramifications on a person's physical health and emotional stability, it is in the best interest of children to learn about wellness at an early age (Towey & Fleming, 2003). In addition to knowledge, acquiring the skills to establish and monitor healthy behaviors is an important means of enhancing wellness choices (Myers & Sweeney, 2005a). Classroom guidance has been shown to be an efficient and effective method for providing large numbers of children with information (Myrick, 2002), and remains untested as a method of teaching children about wellness. In fact, few studies have been conducted to explore holistic wellness at the elementary school level (Holcomb-McCoy, 2005) Therefore, this study was conducted to develop and test the effects of a classroom guidance unit aimed at

increasing wellness awareness and skills in elementary school children on their overall wellness.

Myers and Sweeney (in press) presented The Indivisible Self (IS-Wel), an evidence-based model of wellness grounded in Adlerian counseling theory, as a means of understanding holistic wellness factors affecting individuals across the lifespan. In this model, which was developed through structural equation modeling (Hattie, Myers, & Sweeney, 2004), wellness is a single first-order factor within which there are five second-order factors: the *Creative Self*, *Coping Self*, *Social Self*, *Essential Self*, and *Physical Self* . Each of the second-order factors incorporates a set of corresponding third-order factors (e.g., self-care, self-worth, work, nutrition, friendship, etc), which were derived from the original theoretical model underlying the IS-Wel (see Myers & Sweeney). The presence of the higher order factor confirmed earlier hypotheses concerning the interactive nature of the individual wellness factors. Change in one area causes or contributes to changes in other areas, and these changes can be for better or for worse. Additionally, the authors emphasized the use of the model for strength-based interventions. By identifying areas of strength, or higher wellness, counselors can help clients use their strengths to enhance areas of lower wellness.

In this study, we focused on only three of the five second-order wellness factors - the *Creative Self*, *Social Self*, and *Physical Self.* The *Creative Self* includes the third order factors of Thinking, Emotions, Control, Schoolwork, and Positive Humor. The *Social Self* includes Friendship and Love, and the *Physical Self* includes Exercise and Nutrition. The choice of only these factors was made because of their easier applicability with elementary school students due to the concrete nature of the factors

(Villalba & Borders, 2005). Younger children, because of their cognitive and social development, are more likely to understand these components of wellness compared to factors of the *Essential Self* (e.g., Spirituality, Gender Identity) and *Coping Self* (e.g., Realistic Beliefs) (Villalba, 2007; Villalba & Borders, 2005). Secondly, because most counselors have only limited access to elementary school students, brief, targeted interventions with a concrete focus are desirable with this population.

Method

A classroom guidance intervention was developed to help children understand the overall concept of wellness, discuss the types of behaviors and beliefs that foster or impede wellness, and learn methods for monitoring their overall wellness. Although ideally a guidance unit intervention based on components of the IS-Wel model would include six to eight sessions (Myrick, 2002), a three-session wellness-based classroom guidance unit was developed due to time constraints placed by the participating school. The first author, a former elementary school counselor, presented the unit to 3 different classrooms (ranging from 19-21 students per class), over a 3-week span, with 1 session presented per week. Each session lasted 30-35 minutes and a variety of materials (i.e., worksheets, pencils, crayons) were provided during the sessions.

Participants

Fifty-five children in 5th grade who attended a private school in a Southeastern state were granted permission by their parents to participate in this study. Their ages ranged from 10 to 11 (M = 10.52, SD = .50), and over half were female (n = 36). Forty-four participants where White, four were Native American, four were Asian/Asian American, one was African American, and two were Latina/o.

Instrumentation

The Five Factor Wellness Inventory, Elementary School Version (5F-Wel-E; Myers & Sweeney, 2005b) was used to measure first, second, and third order factors in the IS-Wel model. The 83-item 5F-Wel-E was initially derived from the Five Factor Wellness Inventory, Adult (5F-Wel; Myers & Sweeney, 1999; 2005) and included additional items to assess wellness in young children. The 5F-Wel-E items have a maximum reading level of 3rd grade and are "I-statements" (e.g., "I eat a healthy diet"; "I like to solve problems") to which children respond using a 4-point Likert-type scale ranging from "strongly agree" to "agree," "disagree," or "strongly disagree". Eight demographic questions relevant to wellness (i.e., age, gender, race/ethnicity, parent marital status, participation in religious activities) are included. A linear transformation is used to place all scores on a common metric, with scale scores ranging from 25 to 100. A profile of scores and an interpretive report were provided to all children participating in the study.

Validation to date of the elementary school version includes content and construct validity evaluations from experts in wellness and children's development, and testing and focus group feedback from a small group of 3rd grade students. In the present study, Chronbach's alpha coefficient for *Total Wellness* was .91. Alphas for the five factors were Creative .76, Coping .63, Social .79, Essential .84, and Physical .65.

Data Analysis

Participants completed the 5F-Wel-E prior to and at the conclusion of the classroom guidance unit. Potential changes in wellness were determined by computing paired samples t-tests based on pre-and post test scores on *Total Wellness* and the five

second-order factor scales. For wellness factors with significant differences between the two testing times, within group differences were examined using contrasted groups of students with high and low wellness. An alpha of .05 was established to determine statistical significance.

Guidance Intervention

A three-session wellness-oriented group guidance intervention (see Appendix A) was developed for use in elementary school settings. The focus of the intervention was to increase children's knowledge of wellness through specifically targeting the *Creative Self*, *Social Self*, and *Physical Self.* This was accomplished by having students use components of their *Creative Self* (i.e., thoughts, emotions, positive humor) to complete worksheets and participate in discussions. In the first session, the basic aspects of the intervention were explained (e.g., presenter introduction, length of session, materials to be used), participants were provided with a definition of wellness, and the benefits of using each person's unique *Creative Self* and *Coping Self* strengths to enhance overall wellness was demonstrated. Children were asked to provide examples of the interrelatedness of wellness components and their schoolwork and talents. To illustrate the notion of interrelatedness, students received a 4-piece "Coat of Arms" worksheet and were directed to write and/or draw their best school subject and career aspirations (*Creative Self* components), and favorite sport and proudest accomplishment (aspects of the *Coping Self*) in a corresponding area on the worksheet. Children also were told of the historical nature of a coat of arms (that they were often painted on shields to explain certain attributes of an individual, in addition to providing protection from harm). The "Coat of Arms" motif served two purposes: to demonstrate that we all possess personal

traits which make us feel good about ourselves; and that we can reflect on personal strengths and preferences when we are thinking about our wellness. Lastly, each child was provided an opportunity to discuss and share their completed worksheet with the rest of their class.

The goals for the second session were to review information from the first session, establish definitions and benefits of nutrition and exercise (*Physical Self* wellness), and encourage children to discuss how nutrition and exercise impact their overall wellness. Participants were asked to provide examples of nutritious and non-nutritious foods, beneficial and detrimental nutrition and exercise behaviors, and examples of the types of individuals (e.g., parents, teachers, siblings, peers) that have an impact on which activities they choose to do and the types of things they eat.

Following the initial discussion, each child was provided with a worksheet entitled, “the Social-Physical Pizza Pie.” This worksheet was comprised of a large circle partitioned into four sections. Children were asked to fill in one section corresponding to the following four questions: How do you demonstrate healthy nutrition? How do you demonstrate healthy physical activities? Who are positive influences in your lives? What are fun things to do with family and friends? As with the previous session, children were asked to write and/or draw their responses, and they also were provided an opportunity to share their worksheets with peers. Again, the focus was on helping the children identify the interrelationships among the wellness factors.

In the final session, children were asked to revisit their friends’ and family’s role in assisting or hindering their wellness (i.e., review the topics discussed in the second session), while the presenter helped them realize the importance of committing to a

lifelong wellness orientation. For this last session, children were provided with a "Wellness Bullseye" worksheet which was composed of four concentric circles labeled as follows from smallest to largest: "Wellness Now," "Wellness in Middle School," "Wellness in High School," and "Wellness in College and Beyond." Children were asked to provide as many examples of healthy wellness behaviors as they could and to describe decisions corresponding to the appropriate time frame (i.e., balancing friends, school, and work responsibilities during high school, making the right decisions about relationships in college and beyond). As with previous activities, children individually completed their worksheets by writing and/or drawing, and could elect to share their completed worksheet with their peers. At the conclusion of this exercise the presenter complemented all children on the use of their creative abilities throughout the guidance unit, thereby underscoring the relationship between the *Creative Self, Physical Self,* and *Social Self*. Finally, children were instructed to keep their completed wellness activity sheets in a folder for future reference.

Results

Ranges, means, and standard deviations for Total Wellness and the five second order wellness factors for pre- and post-tests administrations of the 5F-Wel-E are shown in Table 1, along with the results of the paired sample t-tests. Not shown in the table are minimum scores for all scales, which ranged from 54 (Creative Self) to 68-67 (Social Self) at pre and post-test. As shown in Table 1, participants' scores were significantly different between pre- and post-test administrations for *Total Wellness* ($t = 2.54$, $p = .014$, $d = .343$) and three of the second order wellness factors: *Creative Self* ($t = 2.15$, $p = .036$, $d = .289$); *Social Self* ($t = 2.36$, $p = .022$, $d = .315$); and *Physical Self* ($t = 2.29$, p

= .026, *d* = .309). No significant differences were reported for the *Coping Self* or *Essential Self* factors.

Further exploration of the third order factors within the *Creative Self* and *Social Self* revealed important findings. In the *Creative Self*, only the *Work* factor (i.e. school work) and not any of the other 4 third order factors – *Thinking*, *Emotions*, *Control*, or *Positive Humor* – were significantly different from pre- to post-test (*t* = 2.85, *p* = .006, *d* = .384). The observed variance for the *Social Self* was due to significant differences for the third order factor, *Friendship* only (*t* = 2.30, *p* = .026, *d* = .313), and not *Love*.

Table 1

5F-Wel-E Scale Ranges, Means and Standard Deviations for Pre- and Post-Test Administrations, t-tests, and Effect Sizes for Pre-Post Differences (*N* = 55).

	Pre-Test			Post-Test						
	Range	*Mean*	*S.D.*	*Range*	*Mean*	*S.D.*	*t*	*p*		*d*
5F-Wel Scales										
Creative	44.20	81.11	8.00	43.33	83.01	8.09	2.15	.036	*	.289
Coping	28.27	79.05	6.94	33.33	79.91	7.29	1.43	.160		.189
Social	31.82	88.92	8.38	33.33	90.62	8.29	2.36	.022	*	.315
Essential	32.35	84.96	9.50	38.24	86.08	9.79	1.37	.180		.185
Physical	30.56	81.57	7.47	37.22	83.69	7.48	2.29	.026	*	.309
Total Wellness	29.84	82.82	6.69	30.98	84.33	7.00	2.54	.014	*	.343

* $p < .05$.

To further explore the dynamics of wellness among the participants, contrasted groups were created comprised of the 1/3 of students scoring highest and 1/3 scoring lowest on the 5F-Wel scales. Ideally, the n for each group would be 18, or 1/3 of the

total n of 55. However, due to differences in the score distributions, it was not possible to achieve this result without splitting students who received a particular score. We were unable to achieve equal groups based on score ranges, and thus the number of students in the contrasted groups varied from 15 to 19. As shown in Table 2, students scoring lowest in wellness were significantly higher at post-test on all scales examined – Creative, Social, Physical and Total Wellness factors. Students scoring highest in wellness were not significantly different at post-test on any scale.

Table 2

Contrasted Groups t-tests Between Students with High (top 1/3 of scores) and Low (bottom 1/3 of scores) Wellness.

	Pre-test		Post-test							
	Mean	*S.D.*	*Mean*	*S.D.*	*r*	*df*	*t*	*p*	*Sig.*	*d*
5F-Wel Scales										
Creative Self										
High	89.77	3.04	89.06	3.97	.41	15	0.726	.479		
Low	71.81	5.16	77.82	9.72	.62	17	-3.221	.005	*	.77
Social										
High	97.71	1.87	97.02	3.07	.35	12	0.364			
Low	76.66	4.97	80.42	7.54	.76	15	-2.753	.018	*	.59
Physical										
High	89.17	1.99	88.06	4.86	.15	19	1.000	.330		
Low	73.47	4.81	78.49	8.70	.25	19	-2.535	.020	*	.71
Total Wellness										
High	90.80	2.34	90.35	3.82	.42	15	0.508	.619		
Low	74.01	3.45	76.67	6.98	.87	12	-2.211	.047	*	.48

* $p < .05$

Discussion

Looking at the group as a whole, students' overall wellness increased after the completion of the classroom guidance unit as measured by increases in *Total Wellness*. In addition, significant increases in scores between pre- and post-test administrations, as measured by the *Creative Self*, *Social Self*, and *Physical Self* subscales, indicate that the specific focus on the classroom guidance unit on these facets of wellness led to

direct enhancements in these areas. Interestingly, no significant differences between pre- and post-test administrations were found for the *Coping Self* and *Essential Self* subscales. Though this observation may be linked to the omission of these factors from formal discussion within the guidance unit, it may also justify focusing this particular classroom guidance unit on the more concrete aspects of wellness (i.e., *Creative Self*, *Social Self*, and *Physical Self*). This suggestion is especially important for students with low wellness, as these students changed the most as a consequence of the guidance unit.

In relation to the third order factors of *Work* and *Friendship*, Myers and Sweeney (2005a) argued that the factors in the IS-Wel model are overlapping and interactive, such that change in one area causes or contributes to changes in other areas, both of which can be for better or for worse. For the current participants, it stands to reason that school wellness (defined as “work” wellness for children) is so high that it may “pull up” the scores on the other third order factors within the *Creative Self*. Similarly, high *Friendship* scores may help increase *Love* wellness. Conversely, for those students whose school wellness is low, due to factors such as low academic or testing success, wellness in these same areas may be negatively affected.

A review of the specific items within the *Work* factor (e.g., *“I get to use my skills in my schoolwork”; “I look forward to the school work I do each day”)* provides important clues to the meaning of this finding. Students who feel challenged and appreciated by others at school are likely to have higher wellness in this area, as are those with effective time management skills. Teachers are critical to helping students feel challenged through the creation of specific tasks that tap students’ creativity and skills

such as use of computers that may not be taught within the elementary school curriculum. Counselors may want to consult with teachers to help them understand the importance of creativity in relation to total wellness. Further, school counselors may find that additional guidance sessions focused on creativity are an important means of enhancing total wellness in the elementary school population.

As for the *Friendship* factor, specific items (e.g., "*Kids my age like me"; "I have at least one person who will help me if I need it")* refer most to peer relationships. For children participating in this study that scored high on the *Friendship* factor, having high *Social Wellness* signifies having good, positive relationships with peers they can trust and depend on. Not having positive relationships places children at risk in terms of other wellness factors.

Caution for magnifying the impact on participants' wellness must be heeded since effect sizes for significant differences were in the small-to-moderate range. However, these results validate the notion that holistic wellness is directly tied to an individual's second-order wellness factors (Myers & Sweeney, 2005b), particularly in elementary school-aged children. Moreover, it was encouraging to realize the largest effect sizes were for *Total Wellness* and the *Physical Self*, considered the most basic and fundamental aspects of children's holistic wellness (Villalba & Borders, 2005). The results also validate the use of classroom guidance as an effective method for helping children acquire knowledge and skills related to wellness behaviors, such as establishing beneficial relationships and a healthy life style, while also demonstrating the importance of developing evidence-based school counseling practices (Studer, Oberman, & Womack, 2006).

Although caution is needed in interpreting the findings due to the low number of participants, the finding that students scoring high on wellness at pre-test did not change as a consequence of the guidance intervention is encouraging. These students already were practicing positive wellness behaviors which may have been validated as a consequence of the intervention. The significant change among the students with low wellness, on the other hand, suggests that wellness-oriented guidance interventions may be especially important for these individuals. Elementary school counselors typically have high caseloads and limited time, and strategies for targeting students most at-risk are an important means of optimizing services. The 5F-Wel-E offers a useful screening measure for wellness, and its use would allow school counselors to select students with low wellness for specific guidance interventions such as the one used in this study.

A key limitation to this study is that it took place in a private school setting, which may make it difficult to generalize the results to a public school setting. Participants were exclusively 5th grade students, which also challenges the applicability of this unit to younger or older children. In future studies, using an experimental/control group design, with the pre-test as the covariate, may help to strengthen the argument that wellness-based classroom guidance interventions can improve the wellbeing of young children. It also would be helpful to conduct group wellness interventions with children in middle and high school settings since they, too, feel the impact of stress, academic expectations, and social-emotional maturity, factors known to have a negative effect on holistic wellness (Myers & Villalba, 2007; Villalba & Borders, 2005). Of course, the

nature of the guidance intervention would need to be modified to match the developmental level of older students.

The two testing times in this study were only a few weeks apart. Whether the increases in wellness we observed would continue over time remains to be determined. Future studies that include longer term follow up with assessments at intervals such as 3, 6, and 9 months are needed to determine the long term impact of wellness interventions on children's wellness behaviors. Finally, longitudinal studies are needed to determine if, as hypothesized in wellness theory (Myers & Sweeney, 2005a) students who learn wellness skills in elementary school settings are applying these skills during middle school and beyond.

The focus of the present study was on mean differences, which of course may function to obscure differences among individuals. The range of scores for each of the wellness scales was broad, thus it is clear that some children experience a high level of wellness and some are very low in one or more of the areas assessed. With almost a 40-point spread for each scale, and with median and mean scores very close for each scale (median scores were not reported in Table 1), approximately half of the participants scored below the average for this group in all areas of wellness. Those scoring in the lower half of the scale could be considered at risk in terms of the wellness factors. Additional studies with larger samples could validate whether significant differences indeed exist among students with high and low wellness, and how those differences might best be addressed to increase wellness for students in both groups.

Based on the current findings, the 5F-Wel-E shows promise as a screening instrument for selection of wellness group participants. If only those children with low

wellness were targeted in follow-up studies, and their wellness scores improved with a short guidance intervention such as the one presented here, an even stronger case might be made for the importance of including wellness interventions in elementary school settings. Finally, school counselors might find it useful to study the relationship between students' participation in wellness-based activities and a variety of school-related factors. For example, the relationship between wellness and school-wide discipline referrals, absences due to sickness, and standardized test scores remains unknown. Responses of students to bullying, or perpetration of bullying behaviors could be related in some way to wellness or lack of wellness. Since we know little about wellness of young children, any studies which identify factors that support and contribute to wellness could be beneficial to students as well as school counselors working with them.

Implications for Elementary School Counselors

The existing literature includes a variety of adverse impacts on children's physical and mental well-being related to social problems (Pedro-Carroll, 1991; Weissberg, Kuster, & Walberg, 1999), including the increased emphasis by schools on academic performance at the neglect of personal and social development (Amerein & Berliner, 2003; Villalba & Borders, 2005). The results from this study support the use of wellness-based classroom guidance units to counter the effects of academic and social stressors on young children. Increases in overall wellness for students in this study can be directly linked to the experience of a classroom guidance unit emphasizing the beneficial aspects of eating well, regular exercise, seeking the assistance of family,

highlighting desirable friendship traits, and using creativity to solve problems and boost self-confidence.

The current findings also compliment the positive connections between leisure, health, wellness, and education proposed in the literature (Caldwell, 2005; Villalba & Borders, 2005). Furthermore, as evidenced by the results for the third order *Work* factor, counselors designing school-based wellness programs may want to address school climate and teacher training as these relate to helping students feel more valued and accepted. In addition, school-based guidance and counseling programs should focus on relationship skills and how to secure and maintain friends, consistent with results for the *Friendship* third order factor. A focus on both of these areas holds potential for enhancing wellness overall. Consequently, these findings support the need for school counselors to provide responsive services related to personal-social development. School counselors are encouraged to design and implement wellness-based interventions relevant and applicable to their students' and schools' needs.

Finally, although the results of this study are limited due to the nature and size of the sample, the finding of significant within group variation raise the possibility that different interventions may be needed for students with high and low wellness. Myers and Sweeney (2005a) underscored the fact that assessments sample only a portion of the possible domain of attitudes, beliefs, and behaviors in any given wellness area. For example, the 4-item self-care scale includes items on seat belt use and use of tobacco and alcohol. It does not include items on sleep habits, preventive dental care (e.g., flossing), and other important self-care areas. Thus, even a student who scores 100% on this scale may be experiencing less than high level self-care wellness. Such a

student might benefit from targeted interventions that explore the range of possible positive self-care behaviors and how to increase such behaviors. Students with low wellness may also benefit from exploration of the broader meaning of a particular scale, but assessments will reveal low scores on specific items that can then serve as a concrete focus for initial intervention efforts.

Conclusion

The purpose of this pilot study was to determine if a classroom guidance unit aimed at increasing wellness awareness and skills would benefit elementary school children. Our results are encouraging and suggest that wellness may be enhanced with only a three-session intervention, especially for students with low wellness. Although it is impossible to determine the long-term effects of the intervention without further study, the small to moderate effect sizes are encouraging. It may be that changes in the guidance unit, particularly the addition of more sessions focused on additional aspects of wellness, will result in even more improvements in participants' wellness. School counselors may use the results of this study both to develop similar programs and to advocate with parents, teachers, and administrators for the inclusion of more wellness-focused content in elementary school settings.

Using an existing wellness model based in counseling theory was useful in the development of the guidance intervention used in this study. School counselors may find that this model provides a foundation for both long- and short-range school counseling interventions targeted at enhancing wellness among children. Integrating a formal means of assessment, such as the 5F-Wel-E, can provide a means for quickly screening children based on various wellness factors and facilitate assignment to

guidance groups targeted at specific areas, such as self-worth or sense of humor. Aggregate data can be used to provide feedback to teachers, administrators, and parents to underscore both the need for wellness-based guidance and the benefits of such programs for children in the schools.

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Appendix A

Wellness Classroom Guidance Session

Session 1: Making a Strong Self Identity

Objective: To define wellness and wellbeing and to understand the importance of a strong self-identity. Also, to demonstrate how taking care of ourselves, learning how to express ourselves, and understanding our roles as children and students can all lead to a strong self-identity.

Time: 45 minutes

Materials: A Coat of Arms sheet, something to write with for each student, and a chalkboard.

Activity:

1 - *Define* ***wellness*** *and* ***well-being*** by putting the words up on the board and asking students what the words mean. Then, using examples from the media, help the children connect with the meaning of the words.

2 - *Define* ***self-care*** *and* ***self-concept*** by putting words up on the board and asking students what the words mean. Then, using examples from the media, help the children connect with the meaning of the words. It may also be useful to self disclose how you take care of yourself and what your self-concept may be. All of this leads to your identity (give an example of how your job also defines your self-concept; me as a professor and them as students).

3 - *Finally, define* ***creativity***. This is important because it how we show or tell people who we are. Rather, help the children understand that creativity, which leads to expressions and humor and emotions, are very important to self-care and self-concept.

4 – *Ask the kids what a Coat of Arms is*. Then tell them about the activity. The Coat of Arms should include the following 4 items. Draw and/ or Write:

Best School Subject / **Favorite Hobby, Sport, Activity** / **The thing you are most proud of** / **What you want to be you grow up**.

5 – Before the kids do one for themselves, *they do one for Harry Potter as the class*. Then, once they understand the concept, they do it for themselves. Allow *10-20 minutes* for folks to REALLY think about their Coat of Arms.

6 – *Finally, have folks share their Coat of Arms with the class*.

Summary: Let them know that the creativity they shared in coming up with their Coat of Arms really helped them focus on who they are and their talents. Let them know these ideas can help them cope with a variety of things, and that we will talk more about those things next time.

Assessment: Ask them for *five things* they learned today.

Session 2: Developing Ways to Cope with School and Home Stress

Objectives: To learn how to use the social and physical selves of the 5F-WEL model to cope with stressors.

Time: 45 minutes

Materials: Social – Physical Pizza Pie sheets (2 per each student), chalk board, writing pens/crayons/pencils for children.

Activity:

1- Define **stress** and **stressors** by putting the words up on the board and asking students what the words mean. Then, using examples from the media, help the children connect with the meaning of the words.

2 – Ask students how they come with stress and stressors

3 – Propose the idea of using health, nutrition, friends, and the love we have for others as ways to cope.

4 – Define **nutrition** and **health** by putting the words up on the board and asking students what the words mean. Then, using examples from the media, help the children connect with the meaning of the words.

5 – **Introduce the social – physical pizza pie**, first by having them, as a **group** produce, a "**bad**" one, and then by having them produce a **good one individually**. Each piece of the pizza pie should correspond with a piece of wellness: **Nutrition**, **Healthy activities**, **Friends/Family**, and **Fun things to do with Friends/Family**.

6 – Have each group share their "bad" pizza.

Summary: Let folks know that it's often easier to make a "bad" pizza pie than a good one, because the good one takes time and effort. However, in the end, it's better to have a good pizza pie. So tell them to practice making those kinds of activities part of their lives, which will lead to improved wellness.

Assessment: Ask the class for 5 things them learned today.

Session 3: Getting Ready for a Future of Wellness

Objectives: To get children to think about how a life-long focus on wellness can help them in a variety of places and with a variety of people. In addition, to get children thinking about their short-term, mid-term, and long-term goals related to school and personal objectives.

Time: 45 minutes

Materials: "Wellness bull's-eye," something to write with, and copies of their two previous wellness activities.

Activity:

1- Have children describe what they're most excited about for middle school, high school, and beyond

2 – Have children think about some of the obstacles they may face in middle school, high school, and beyond

3 – Now have children look at their Wellness Now, Wellness for Ever sheet (Wellness Bull's-eye), and describe what they would do to deal with the things they mentioned

4 – Have children think about each section individually, and encourage them to come up with different coping ideas (though recycling an idea is just fine)

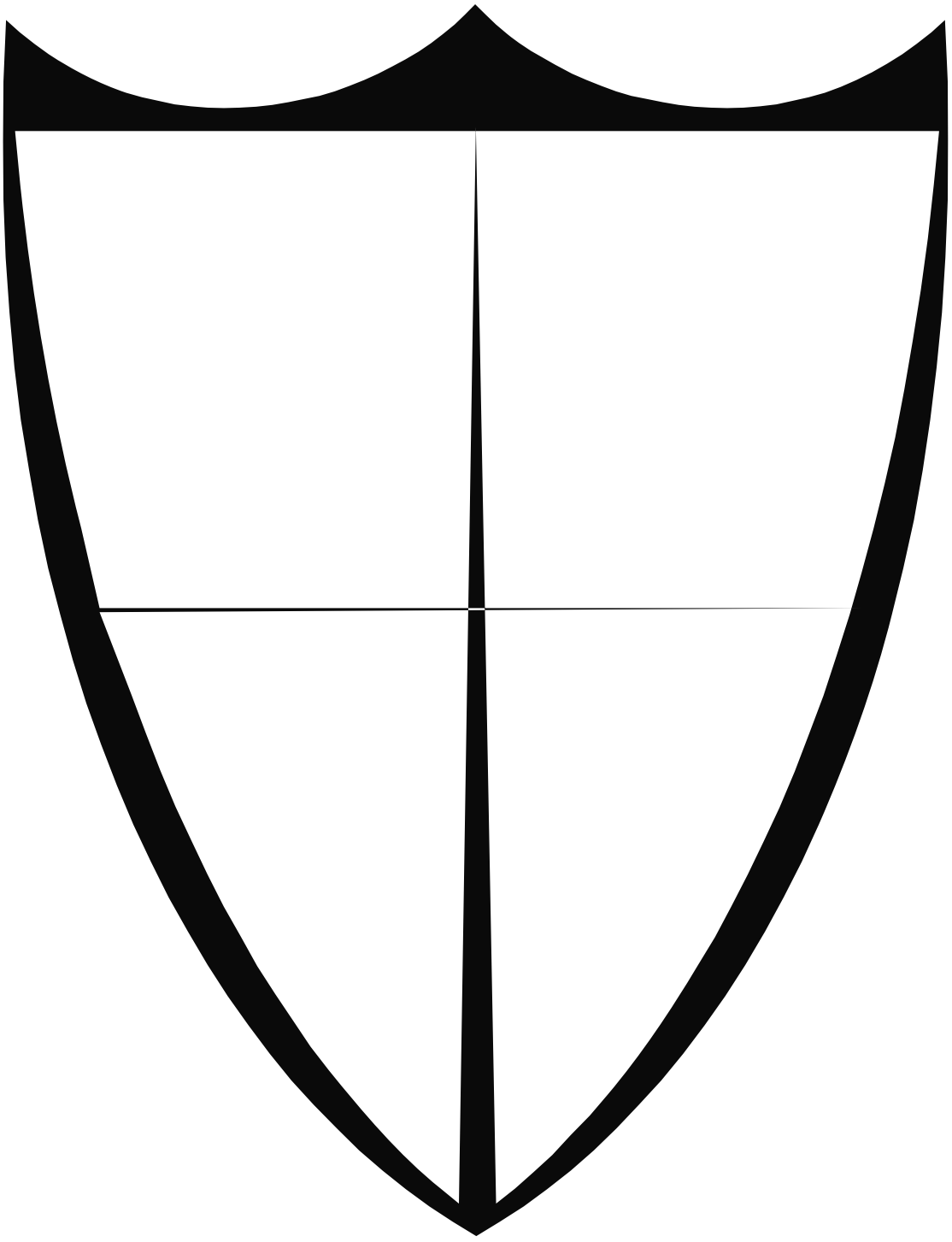
5 – Each child should be presented with an opportunity to share their activity sheet, detailing how they plan on using social and physical wellness factors to help them achieve their short-term, mid-term, and life-long goals

6 – Encourage children to use these wellness ideas in the school as well as the home

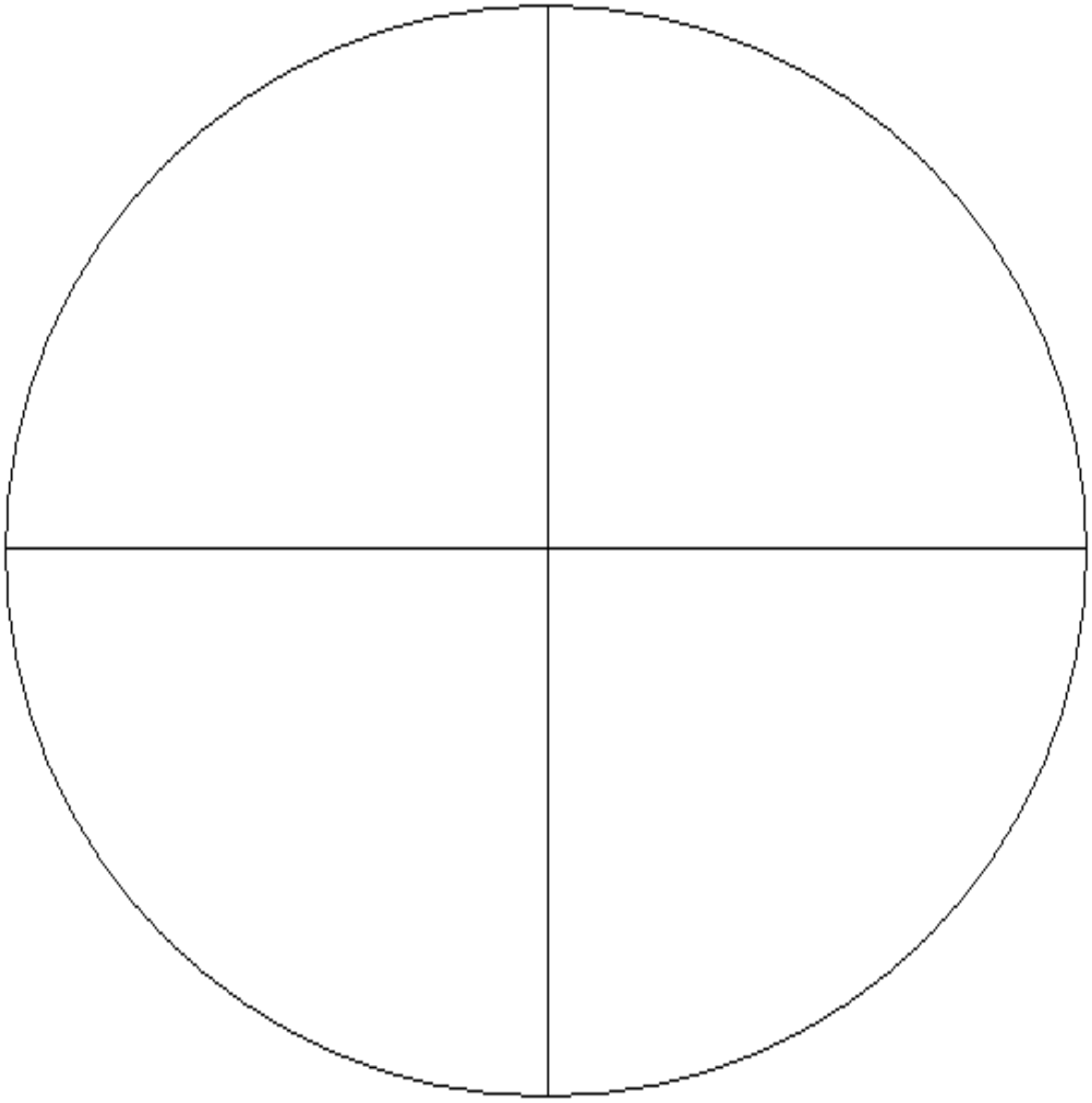
Summary: Thank children for their participation over the past three weeks, and link their work towards identifying strong identity, developing coping strategies, and the current

topic to holistic wellness. Finally, have children define wellness once again, and encourage them to continue to strive for wellness.

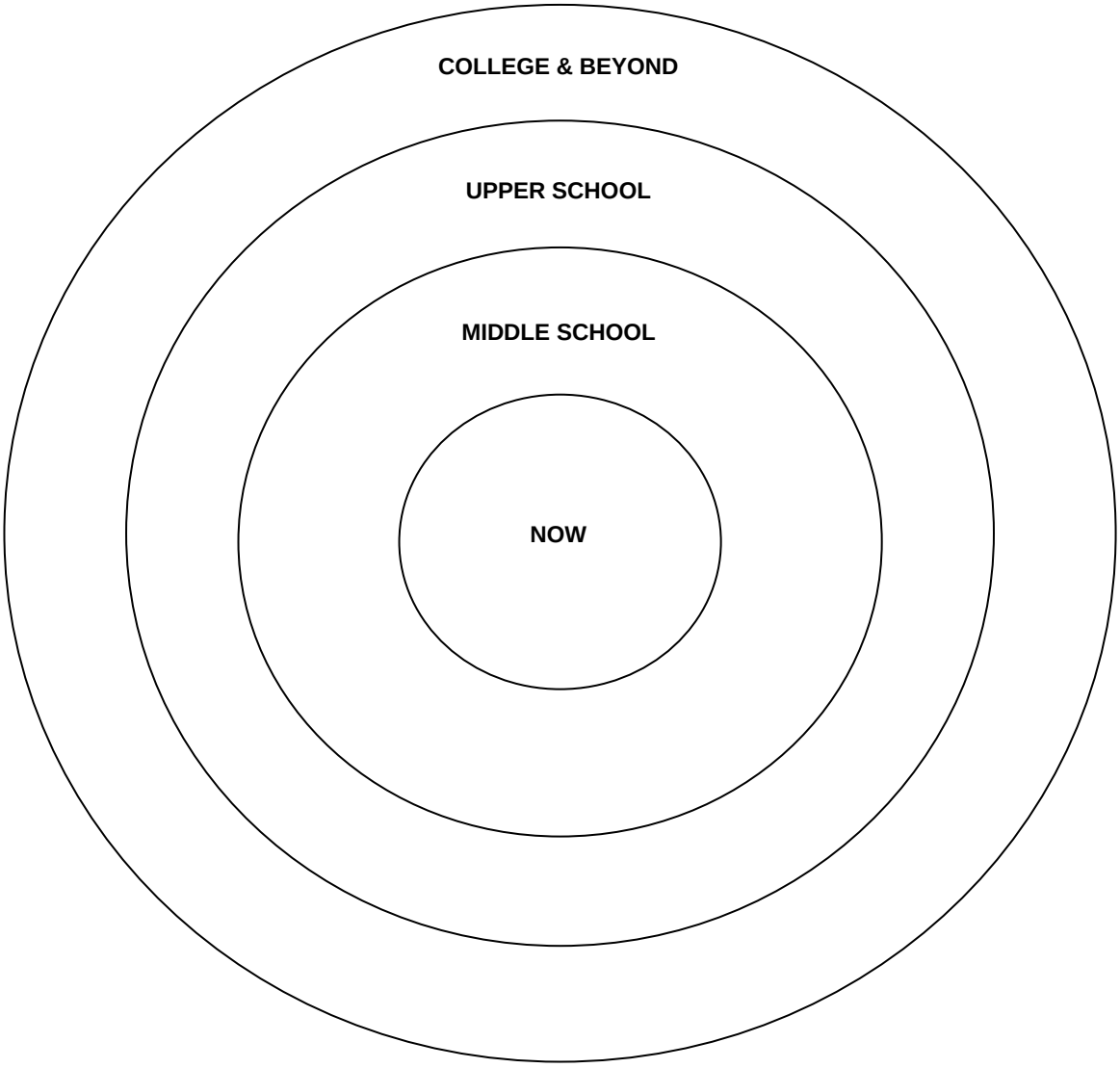
Assessment: Ask children for 5 ways they have changed their actions or behaviors in the past 3 weeks to reflect wellness awareness.



My Coat of Arms



Social – Physical Pizza Pie



Wellness for Now, Wellness Forever

Author Note

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