

## Teaching Skills for Stress Control and Positive Thinking to Elementary School Children

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### Abstract

The purpose of the study was to examine whether elementary school children could learn to: (1) relax themselves at will, (2) implement stress control strategies, and (3) increase the frequency of their highlights (simple pleasures or meaningful experiences in one's day) when taught Orlick's Positive Living Skills Program. Results showed that by implementing this program, elementary school teachers were successful in teaching the children in their classrooms to relax, to increase the frequency of their highlights and to utilize effective stress control strategies both inside and outside of the classroom.

The development of positive living skills at an early age strengthens children's capacity to maintain a positive perspective and deal constructively with stress, conflicts or setbacks. This can serve to enhance the overall quality of children's lives (Orlick, 1998). Unfortunately for many children, the teaching and learning of positive living skills is not a normal part of their educational experience.

Egan (1984) stated:

We live in a society where acquiring certain kinds of "life skills" is left to chance or is, at best, a rather haphazard process... It seems that "life skills" *acquired, practiced, and used* is not one of the valued accomplishments of education, either formal or informal. (p. 35)

If children are to learn these positive life skills, they must be taught. Elementary

school teachers see their students on a daily basis. Elementary school counselors also have regular contact with their students. This affords teachers and counselors the opportunity to teach positive life skills in the classroom and guidance room and to help children practice these skills on a regular basis. Daily contact makes the school an ideal place for this learning, refining and reinforcing positive life skills.

Former teachers, Borba and Borba (1978; 1982) developed a self-esteem program for the classroom. The authors noted that negative experiences lead some children to conclude that they have little worth. This can hinder a child's personal development because he or she often sees no point in trying to learn, and "despite our efforts to emphasize their positive qualities and to help them develop their full potential, their negative self-image limits their success" (p. 2). The goal of their program was to help children learn to like themselves, thus, enhancing their self-esteem via simple games and activities.

Orlick (1998a, 1998b, 2000) maintains that the development of any individual to his or her full human potential is dependent upon a combination of one's acquired perspective, life experiences and learning important mental skills or positive living skills. He designed a unique Positive Living Skills Program for children (Orlick 1998a, 2003) which teaches children how to relax, cope effectively with stress, benefit from their creative imagery, focus and refocus (when distracted), and maintain a positive perspective. This program was developed specifically for children and is delivered in an enjoyable, non-threatening manner. The major concepts and skills are presented with audio-tape/CD's, along with games and activities.

Previous studies that have assessed various components of this Positive Living Skills Program have demonstrated its effectiveness in applied settings (Cox & Orlick, 1996; Gilbert, 1997; Gilbert & Orlick, 1996; St. Denis & Orlick, 1996). In each of these studies, children in the experimental groups experienced significant increases in the positive living skills assessed, while control groups and comparison groups experienced no such improvements.

More researchers and practitioners are beginning to recognize the value of teaching positive life skills to children. For example, Tammen and Wayda (1999) used classroom games, lectures and videos, as well as play and physical activity in the gymnasium, to examine a life skills educational program with "underprivileged" elementary school children. Results showed that the 12-week intervention program had a positive effect on the students' behaviors. Sherman (2000; 2001) offered a mini-curriculum to physical education teachers designed to teach performance excellence through the instruction of life skills such as goal setting, focusing, relaxation and the use of positive self-talk.

## **Stress And Children**

Children can face enormous amounts of stress in different parts of their lives. For example, when the normal developmental changes experienced by a student are combined with environmental conditions such as poverty, instability in living conditions, psychological or physical harassment, a great deal of stress can be created for the child (Romano, 1992). There are three main ways that stress is discussed in the literature. First, Hans Selye (1956) proposed that there were many causes of stress, and that the body has a physiological response to these stressors. The second conceptualization of stress focuses on the stressor or stimulus itself and how it affects one's physical

health (Holmes & Rahe, 1967). The third view is an interactive model proposed by Lazarus (1966). According to this theory, a stressor is mediated by personal factors such as one's appraisal of the stressor and his or her available coping resources. Regardless of which conceptualization of stress one aligns him or herself with, it is clear that if stress is not managed effectively, it can lead to negative consequences for the individual.

When faced with stress many children use inappropriate or ineffective coping strategies if they are not taught more positive techniques. For example, elementary school children sometimes respond to stress through physical fights with their peers and/or keeping their feelings to themselves (Dickey & Henderson, 1989). Lang and Stinson (1991) reported that students in the intermediate grades displayed harmful reactions to stress, which included various illnesses that were psychosomatic in nature.

Inadequate coping and/or an absence of effective focusing skills in the school environment can also inhibit learning and retention. Stress often diverts a child's attention from the cognitive tasks that he or she is engaged in, and centers it on worry or feelings of being overwhelmed (Matheny, Aycok, & McCarthy, 1993). The result can be a deterioration of the child's learning and academic progress. As such, stress control and focusing skills appear to be central to one's learning. Furthermore, some children might misbehave in the classroom because they do not possess appropriate coping skills (Blom, Cheney, & Snoddy, 1986). The effects of such disruptions are detrimental not only to the learning of that child, but also to his or her classmates. There tends to be a decrease in "acting out" behaviors in classrooms where children possess and use appropriate stress control strategies (Blom et al., 1986). Ongoing stress combined with a

lack of effective coping strategies are a detriment not only in the classroom, but can also hinder a child's overall well-being and mental health.

One objection to school-based interventions designed to teach stress control skills is that there simply is not enough classroom time to devote to this subject matter; another is that teachers and school counselors have other more important matters to attend to. Others feel that this is really a job for the parents. However, parents deficient in these skills or problem-solving skills often model high stress behaviors (Honig, 1986). The result is that their children often demonstrate high stress levels and do not cope effectively when faced with stress. Since positive life skills, such as learning to manage stress effectively and stress control are not often acquired by children on their own (Egan, 1984; Honig, 1986) and can have detrimental effects when not learned, it can be concluded that they should be taught.

Romano, Miller, and Nordness (1996) noted the importance of preventive interventions, which focus on stress control and overall well-being. They stated that "managing stress and learning healthy life-style behaviors are lifelong skills, which need to be taught early, practiced, and reinforced through the school years" (p. 269). If children are taught about stress and stress control at a young age, they have an increased chance of learning adequate coping strategies and applying them in the classroom and their daily lives. It is believed that the effective application of stress control strategies in the classroom would be a benefit to the learning of all children and would make discipline less of an issue for the teacher.

Several researchers have suggested that relaxation and stress control strategies

should be taught to children in the classroom along side other core subjects such as math, science, and language arts to enhance learning (Cox & Orlick, 1996; Gilbert & Orlick, 1996; Orlick, 1998; Solin, 1995). Studies of stress control interventions in the classroom have met with varying degrees of success. This was likely dependent on the quality of the program provided. For example, Romano et al. (1996) examined a developmental guidance program on stress management and student well-being for fourth and fifth graders. The six-week intervention was conducted by the school counselor at a rate of one 45-minute class session per week. There was no significant difference found between those students who received the stress management and well-being curriculum and those who received the regular developmental guidance curriculum. Henderson, Kelby and Engebretson (1992) found more positive results when they investigated a stress-control program which included nine sessions with third graders. The experimental group reported significantly more coping strategies than the control group ( $p < .0001$ ), and these coping strategies were more appropriate as compared to those reported by the control group.

In another study Dubow, Schmidt, McBride, Edwards, and Merk (1993) evaluated the effects of a primary prevention program aimed at teaching fourth grade children general coping skills. During the intervention the children learned to practice these newly acquired skills in relation to five stressful life events/experiences. Two intervention programs were offered. The first occurred in the Fall and was conducted with the immediate-intervention group. The delayed intervention group did not receive the intervention during the Fall period, and therefore acted as a control group. The analysis of the repeated-measures ANOVA

showed a significant difference in the self-efficacy to implement positive coping strategies across the five stressful life events/experiences for the immediate-intervention group when comparing the post-test scores to the pre-test scores, but no such differences for the delayed-intervention (control) group. In the Spring, the program was again offered, but this time the delayed-intervention group received the program and the immediate-intervention group did not. The repeated measures ANOVA of these pre-test and post-test scores showed that there was a significant difference in self-efficacy to implement positive coping strategies for the delayed-intervention group (which received the program) across the five stressful life events/experiences. Of more interest, however, is the fact that the immediate-intervention group that received the program only in the Fall also showed a significant difference during the Spring testing period. This testing represented a five-month follow-up, which means that even five months after receiving the program, these children showed continued improvement in their self-efficacy to implement positive coping strategies.

Cox and Orlick's (1996) study used the Positive Living Skills Program (Orlick 1998), and investigated relaxation and stress control skills in elementary children (kindergarten to sixth grade students) as measured by heart rate. They discovered that the children exposed to the program could significantly lower their heart rates following a 10-week intervention period as compared to before it began. No improvements were found for the control group children. Gilbert and Orlick's (1996) study with second grade students also used Orlick's program and similar findings emerged. The experimental group children were able to significantly lower their heart rates on the post-test as compared to the pre-test. The

control group children showed no such improvements. Perhaps more important, participants in both of these studies successfully applied the positive living skills to many areas of their lives such as, at home, at school, when in fights with siblings or friends, when doing homework, when unable to sleep, when playing sports, and when on the playground.

The benefits of positive coping skills are numerous. As noted by Kern, Gfroerer, Summers, Curlette and Matheny (1996), “the result of better coping resources is less stress and less depression of the immune system, better defense against a wide variety of diseases, and, hence, better health” (p. 52).

In addition to relaxation and stress control strategies, it is important to teach children to think, “see” and live positively (Orlick, 1998). By so doing:

*we free them to develop their talents, experience less anxiety and balance the abundance of negative input to which they will be subjected. Positive thinking enables children to grow with self-confidence and maintain a sense of perspective and positiveness throughout their lives. (p. 17)*

To teach children to think positively and experience more of life's simple pleasures, Orlick recommended an activity called "Looking for Highlights". A highlight is a simple joy, or any other positive experience that lifts the quality of one's day. When given the task of looking for highlights, emphasis is placed on recognizing and appreciating the simple joys in life (Orlick, 1998). This helps children adopt a more positive outlook.

St. Denis & Orlick (1996) used the Orlick's Positive Living Skills Program (Orlick, 1998), to determine whether grade four children could learn to increase the number of highlights experienced. A 10-week intervention was delivered to the children. It was found that the experimental group children significantly increased their highlights, and experienced increased positive feelings about themselves over the course of the study. No such effects were found for the control group. Similar findings occurred in a second study with Orlick's Program. Gilbert (1997) delivered a 9-week intervention to sixth grade students. There was no significant difference between the experimental and control groups on the pre-test with respect to recognizing and reporting highlights. However, the experimental group children showed a significant increase in highlights on the post-test as compared to their pre-test scores. No significant differences were found for the control group children. These findings were also found to be true in a similar study with second grade children (Gilbert & Orlick, 1996).

Learning to relax, cope effectively with stress and find highlights every day are assets for all children. The purpose of the present study was to examine the extent to which elementary school children could learn and use these skills when their teacher delivered Orlick's Positive Living Skills Program. More specifically this study assessed whether elementary school children could learn to: (1) relax themselves at will as measured by heart rate, (2) implement stress control strategies on their own, and (3) increase the frequency of their highlights (simple pleasures or meaningful experiences in one's day that are often overlooked) when the usual classroom teacher implemented Orlick's Positive Living Skills Program. (Orlick 1998, 2003).

## **Method**

### **Participants**

Existing classes from one urban elementary school served as participants for the study. The experimental group was composed of three classes (i.e., grades 1, combined 1 and 2, and combined 5 and 6), and the control group comprised three equivalent classes. The experimental group consisted of sixty children, and the control group consisted of sixty-three students. Many of the children involved in the study came from diverse ethnic and cultural backgrounds including African, Asian and Middle Eastern countries. Therefore, for many students, their first language was something other than English. Also, the high number of students participating in the school's free breakfast program indicated that their overall socio-economic status was low. Informed consent was attained from the parents of all participants before the intervention program began.

### **Positive Life Skills Intervention Program**

All children were pre- and post-tested on variables of interest in the present study. Experimental group children then participated in the intervention program that consisted of four or five, 15- to 20-minute intervention sessions per week for 9 consecutive weeks. The control group children followed their regular classroom routine.

During the intervention period, the experimental group children were taught different relaxation techniques and fundamental concepts about stress and stress control. They were also taught how to identify positive things in their life (highlights). It should be noted that highlights were introduced to the elementary school children as the simple things in their day that were often overlooked or taken for granted such as playing with a friend, seeing a beautiful bird. The elementary school children were taught that only experiences that were

positive and didn't hurt others would constitute a highlight. For example, if a student stated that his highlight was punching his younger brother, the Program leader(s) emphasized that this would actually be a lowlight due to the negative impact on the younger brother. The Program leader(s) would then lead a discussion about lowlights and how they could be harmful. The student would then be asked to share an alternative experience appropriate to the definition of a highlight and encouraged to apologize to the younger brother when he returned home.

Each intervention session consisted of activities from Orlick's Positive Living Skills Program (Orlick, 1998, 2003). These resources were supplied to the teachers before the start of the study. An activity guide offered a clear and simple outline for each intervention session including specific relaxation, highlight, and logbook activities to use, and questions to pose to stimulate discussion. (See page 66 for a sample lesson.). During the intervention period, the first author met informally with the experimental group teachers on a weekly basis. This gave the teachers an opportunity to discuss any issues that they had concerning the program and its implementation and allowed the researcher to check the status of the implementation in a relaxed setting.

The first author organized the pre- and post-testing, but did not carry out these procedures. Instead, the pre- and post-testing was conducted by a group of researchers with knowledge in the area of life skills training with children, and who were not aware of each group's status (i.e., if they were experimental or control groups).

## **Instruments**

### **Relaxation/Stress Control**

The Heart Rate Monitor (DT 1000) was used to measure the extent to which the children learned to relax. The instrument has a reliability rate of 97% (Cox & Orlick, 1996). Heart rates were measured during the pre- and post-tests by an independent researcher (i.e., not one of the authors) who was not aware of the children's group membership (i.e., experimental or control). The children were put in groups of four and were asked to join the researcher in a quiet spot of the classroom. Each child was equipped with a heart rate monitor and a baseline heart rate measure was taken after 20 seconds. This delay allowed the children's heart rate to stabilize and secured an accurate reading. The following instructions were then issued to the children: "I'd like you to relax the best way that you know how for 1 minute." The researcher recorded the children's heart rate at the 1-minute mark while they were still attempting to relax.

### **Highlights/Positive Experiences**

Each participant was individually pre- and post-tested on the frequency of his or her highlights using the highlight assessment form. This form follows a script in which the interviewer reminds the child what highlights are and encourages the child to give an honest response (i.e., "Some people may have highlights, some may not and that is ok too. I want to know what is true for you."). The interviewer then asks if the child experienced any highlights in the past two days and records any answers given. A highlight frequency was later tabulated for each student.

### **Interviews**

The team of researchers conducted individual post-program interviews with all experimental group children. The goal of this procedure was to obtain information re-

garding the extent to which the children used the relaxation and stress control activities on their own and to solicit their honest views and feelings about the overall program.

## **Results**

### **Learning to Relax**

Similar to the Gilbert and Orlick (1996) study, heart rate difference scores (heart rate before relaxing minus heart rate after relaxing equals heart rate difference score) were used to assess the extent to which the children could relax themselves at will. Results of an analysis of variance (ANOVA) on the pre- and post-test heart rate difference scores showed a significant difference between the matched control and experimental groups ( $p < 0.01$ ). The results indicate that after the intervention program, the experimental group was better able to relax themselves at will than was the control group.

### **Highlight Experiences**

Results of an analysis of variance (ANOVA) on the frequency of highlights revealed a significant difference between the control group and the experimental group on the pre- and post-test highlight frequencies ( $p < 0.01$ ). The experimental group children significantly increased the frequency of their highlights over the course of the study while the control group children did not.

### **Post-Intervention Interviews**

An interview was conducted with all experimental group children following the intervention period. The purpose of this interview was to assess the extent to which the children were applying intervention strategies to their daily lives and to gain a better understanding of their overall feelings and views about the intervention program. The interviews were conducted on an individual basis by a team of researchers

with knowledge in the area of life skills training with children.

In response to the question, “How did you feel about the (Intervention/Relaxation) program? Did you like it or not like it?”, 99% of the experimental group children said they liked it. Some typical responses were the following: “I really liked it because it made me relax,” “I enjoyed it a lot, it was fun,” and “I liked it, it made me feel good.” When asked if they had learned anything from the program or if the program had helped them in anyway, 97% of the experimental group students stated that they had learned how to make themselves feel better, relax, and/or cope with stress. Typical responses included the following: “Helped me to not be tense,” “I learned how to calm down and feel better when I am scared,” “I learned how to relax, I didn’t know how to relax before,” and “Helped me to control my feelings and my anger.”

Children were asked whether they were actually using the things (skills) that they had learned in the intervention sessions, and if yes, to give specific examples. Upon analysis of the responses, it was determined that 86% of the intervention group children were using the skills or activities on their own (outside the intervention context). When asked if they thought they would use the activities on their own in the future, 89% responded positively. Specific situations cited for when they had used the skills they learned, and when they would use them in the future, included when they were stressed, mad, angry, sad, nervous, scared, when they couldn’t sleep, when they were returning to their classroom after recess and/or lunch, when in a fight or argument, when doing their school work or before a test, when they were hurt and when they felt they needed to calm themselves down.

## Discussion

The results of the present study show that the intervention group children who participated in the Orlick’s Positive Living Skills Program learned to relax themselves at will. These positive results support previous findings of Cox and Orlick (1996) and Gilbert and Orlick (1996). Henderson et al. (1992) also demonstrated third grade students’ ability to learn and apply appropriate coping strategies when confronted with a stressful situation. The elementary school children in the present study certainly proved themselves capable of learning relevant relaxation skills and stress control strategies. These positive coping strategies were used in a variety of situations outside of the intervention sessions, such as at school, at home, with peers, on the playground, in sports and when going to sleep. These findings demonstrate children’s capacity to learn positive living skills in a relatively short period of time and to benefit in a variety of ways from so doing.

The results also indicated that the elementary school children that participated in this intervention program increased the frequency of their highlights during the study. These results support the findings of St. Denis & Orlick (1996), Gilbert and Orlick (1996) and Gilbert (1997). Each of these studies found that children exposed to Orlick’s Positive Living Skills Program significantly increased the frequency of their highlights over the course of the intervention period. Teaching children to recognize and seek out highlights nurtures a more positive outlook and helps children to feel better about themselves.

*The process of extracting and sharing highlights teaches children to look for good things in their daily experiences, and helps them to continue to enjoy simple pleasures*

*and cherish simple treasures. It helps them realize that most of life's joys are of a very simple nature and well within reach, every day. Recording highlights encourages children and adults to look for "the positive" within themselves, their experiences and others (Orlick, 1998, pp. 18-19).*

Feeling good about oneself is a powerful coping resource (Lazarus & Folkman, 1984). It appears that recognizing highlights and experiencing the positive feelings that are associated with highlights, helps children cope more effectively with stressful situations.

A post-intervention interview was conducted with all children in the experimental group to assess their overall feelings about the program. Virtually all participants liked the program, and the vast majority felt that the program had helped them in very practical ways. These findings concur with Cox and Orlick (1996), Gilbert and Orlick (1996), and St. Denis and Orlick (1996).

In the present study all data was collected directly from the children. In future studies of this nature it would be valuable to also gain from the perspectives and observations of their teachers, peers and parents. Additional information related to the learning process and outcomes from a variety of sources could be used to validate the children's responses and provide a more detailed understanding of the Program's impact.

Future studies are needed to examine the effectiveness of different types and lengths of training programs, and different types of children including special populations of children (e.g., gifted children, children with learning disabilities, or emotional or behavioral problems). Also, follow-up studies are

needed to determine the extent to which children continue to use positive life skills on their own once the intervention period has finished. Furthermore, intervention programs that continue over the entire school year should be considered for all children, as repetition and reinforcement are likely to strengthen the overall positive effect.

Classroom teachers effectively delivered the intervention program in this study. It is believed that school counselors and those engaged in similar roles would also meet with success when implementing the Positive Living Skills Program. A school counselor or qualified mental training consultant could visit the classroom to teach positive living skills such as relaxation, stress control, positive focusing and identifying highlights to the students and the teachers. In this way, the teacher is learning and practicing the life skills along with his or her students. Some children may be more receptive to learning and practicing the skills when they see their teacher also participating in the sessions and subsequently modeling effective use of the life skills.

An alternative collaborate approach is for the teacher and counselor, or consultant, to collaborate on teaching and reinforcing the positive life skills. One option for this model, is for the classroom teacher to deliver daily 15-minute sessions. The school counselor or mental training consultant would then reinforce the concepts during small group sessions or individual discussions with the students.

The potential benefits of teaching positive life skills to children are enormous. When children participate in well-designed positive living skill programs, and are given ample opportunity to learn, practice and share their positive experiences, several effects are evident. First, many children ex-

posed to these experiences learn relaxation techniques and adopt healthy coping strategies that help them when they are faced with stress. Second, children increase the frequency of their highlights and gain the ability to change their focus from negative to positive, thus adopting a more positive outlook. These outcomes can enhance children's self-esteem and self-confidence, which are considered to be central to one's overall success in life (Borba & Borba, 1978; 1982; Orlick, 1998).

Furthermore, the relationship that teachers and school counselors (and in some cases coaches) can develop with their students and the amount of time spent together each day, make the elementary school an ideal environment for teaching these skills. Orlick's Positive Skills Program affords all educators an opportunity to make another significant, long lasting contribution to the day-to-day lives of their students. The present study supports the value of positive living skills for the benefit of all school children.

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### Sample Intervention Lesson

- Questions: Does anyone have a highlight to share? Encourage sharing of details.
- Did anyone do Spaghetti Toes at home to relax or to go to sleep last night?  
Encourage sharing of details – when, where, and how it worked?
- Teaching Point: When you do your Jelly Belly (diaphragm) breathing everything slows down and relaxes. It's a good way to relax quickly, especially if you are worried or tense.
- ACTIVITY: 1. Audiotape Jelly Belly  
2. Cat Relaxation Color in the cat you felt you were like before listening to Jelly Belly and after listening to Jelly Belly.
- Post-Activity Questions: How did you feel during Jelly Belly? Did your body feel tense or relaxed?
- When have you used Jelly Belly? Could you use it at any other times or for anything else?
- Reminders
- For children: Practice Jelly Belly or Spaghetti Toes on your own whenever you feel worried, or just for the fun of relaxing.
- For teacher: Suggest one situation where the children can use Jelly Belly on their own, at school, after school, or at home.