

Journal of Excellence

The Journal of Excellence
is devoted to nurturing
excellence in
all human endeavors
and all worthy pursuits.



Issue No. 7

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Mission of the Journal of Excellence

Terry Orlick - University of Ottawa

My mission in initiating the birth of The Journal of Excellence was to fill some important gaps in our knowledge and in our lives that are essential to the successful pursuit of excellence. The Journal of Excellence is devoted to nurturing excellence in all human endeavors and all worthy pursuits. It is centered on the pursuit of excellence in the working or performing parts of our lives, as well as the non-working parts of our lives. Our goal is to inspire excellence, to present a forum to discuss the positive pursuit of excellence and to provide practical strategies and perspectives for pursuing high-level goals.

The Journal of Excellence is the communication vehicle for the International Society for Mental Training and Excellence (ISMTE), a not for profit organization with the vision of education and training for better people, better performers and a better world.

There is much discussion about the quest for, and value of excellence, for example in education, sport, health, the performing arts, parenting, teaching, coaching, leadership, health care, business and the workplace. There is also much talk about the importance of quality living, quality relationships and the development of a higher level of humanity. This is the first, and only journal, which has **EXCELLENCE** in multiple domains as its sole focus. Providing people with insights and strategies for being successful in their pursuit of performance excellence and excellence in living is the ultimate mission of the Journal of Excellence.

My vision is a journal that is applied in orientation, relevant in content and wide ranging in application. We are committed to:

- 1) Learning from and sharing the experiences of great performers and great people.
- 2) Developing a more thorough understanding of the mental links to excellence.
- 3) Promoting excellence in performance and excellence in living.
- 4) Initiating positive real world change.

If you have applied research or meaningful insights that are relevant to the pursuit of excellence in any worthy human endeavor, for any age group, we encourage you to submit your material to the Journal of Excellence to be considered for publication.

Introduction to Issue No. 7

Welcome to Issue 7 of the Journal of Excellence.

This issue of the Journal of Excellence focuses primarily on mental skills training for children and youth; the overall goal being to improve the lives of children and their families.

The first three articles are the result of thesis work examining the effectiveness of mental skills training interventions with children. Klingenberg presents the process and results of her intervention work with a disabled child and his family. Koudys discusses her intervention work with a young child stricken with cancer and his family. Gilbert presents her mental skills thesis conducted with elementary school children where the teachers implemented the program to the children within their classrooms.

The next two articles are the result of graduate student internships in mental training consulting with children and youth. Julien discusses her mental training intervention and how it was received by children and youth attending a sports camp. Theberge presents her internship program which involved working with children and youth at a summer camp where the children had never been exposed to mental skills training.

In the final article of Issue No. 7, Orlick shares a global perspective on nurturing positive living skills for children, including the bigger goal or dream goal, why it is important and how we can make it a reality.

We encourage anyone who is conducting applied research in this area, or working with children and youth to improve their mental skills or quality of life, to submit articles about their work.

Terry Olick, PhD
Editor in Chief

Teaching Positive Living Skills to a Family with Special Needs

Melissa **Klingenberg** and Terry **Orlick**, Canada

Melissa Klingenberg is a mother and educator who has a wealth of experience teaching children and families with special needs. She completed her Masters Degree thesis entitled, “A qualitative case study approach to examine the process of using mental skills in a family with special needs,” under the supervision of Terry Orlick at the University of Ottawa in 2001.

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Abstract

The purpose of this study was to introduce positive living skills to a family with special needs. A qualitative single case study was used to discover whether positive living skills would be advantageous as tools or resources for one family with special needs. Activities, from Orlick’s Positive Living Skills Program for children, were adapted and presented to the family, at their home on a weekly basis. Information was gained through observations, conversations, interviews and interactions. Weekly notes were gathered and reported. Interviews were conducted mid-way through the program and at the end of the program. The interviews were transcribed and analyzed to see if the positive living skills were useful tools or resources for the family. A detailed description of the responses of the child, the parents and the researcher are given. Through the intervention the family was equipped with a common language and positive actions for dealing effectively with stressful situations. An extremely valuable family discovery was that despite their many demands, there was time to spend together which could re-energize each of them. Family coping was improved and they viewed themselves as functioning at a much more satisfactory level than before this program began. This article presents one family’s journey of interacting with each other while discovering that positive living skills can help them all to face the special demands and stress of their unique family.

The Purpose

The purpose of this study was to introduce a positive living skills program to a family with special needs. Through the study we sought to discover whether Orlick’s positive living skills program could provide relevant tools or resources that were advantageous to the family.

Much literature supports that raising a child with disability creates a special challenges for the parents (Cummings, Bayley, & Rie, 1966; Dyson, 1991; Rousey, Best, & Blacher, 1992; Simons, 1987;). Evidence in the literature supports that each family has a special combination of strengths, stressors, vulnerabilities, and coping strategies. The

family structure and the members of the family are of utmost importance as they:

“...often represent the only long-term responsible, and caring people in the life of a child with a disability. The family is of vital importance; interaction with family members deeply influences the child’s opportunities, barriers, challenges, expectations, ambitions, frustrations, and general quality of life. Whether the family is nuclear, single-parent, or extended, it plays a powerful role in the child’s social, emotional, behavioural, and academic development and progress” (Winzer, 1993, p. 571).

People who care for the disabled often see very little in the way of measurable outcomes as these special needs people live and function in a society which places an emphasis on higher levels of individual success. The eyes of society often view disabled persons as unsuccessful, which leads them to no achievement at this level of individual success, Cordon (1990) makes a power statement concerning families who have disabled children:

“It is a sad cliché that having a handicapped child too often results in a handicapped family. A handicapped family is one that does not function as well as it might” (p.39).

Families may set out desiring to function “as well as they might”, but this goal is not always achieved. Families need to be challenged and assisted to mobilize resources to fulfill the needs of their unique situations and to develop positive coping strategies for present and future situations.

Intervention Approaches

A search of the literature related to intervention programs aimed at providing resources for disabled family needs reveals there is a lack of information in this area. Interventions exist primarily in two areas. First, a teacher’s perspective on how to aid the disabled child in integration. Second, a counselor’s perspective on how to gain understanding of differing phases and changes that occur within families. Children in today’s society experience numerous stresses: to excel in school, to fit in socially, and to cope with potential stressors within their families (Winzer, 1993; Zeitlin & Williamson, 1994). Much of the research and available interventions take a public institutional approach (school or hospital).

Special populations of children also experience stress, such as fear of the unknown, loss of control, and the uncertainty of their futures (Siegel, 1995). Teaching children effective methods to deal with stressful events can reduce feelings of helplessness and anxiety by equipping them with positive life skills along with practical methods for coping (Gilbert & Orlick, 1996; McDonnell & Bowden, 1989, Orlick, 1998). Previous studies have shown that normal school children are able to apply these strategies across a variety of settings, such as school and the hospital (Cox & Orlick, 1996; Genevro, Andreassen, & Bornstein, 1996).

In my review of the literature, I did not find any approach that empowered both the child with disability and their family together, at a familiar location such as the family home.

“Since changes in a child’s development are intimately and directly impacted by the care giving that a child receives, it seems especially important to consider how the care giving aspects of the family system

operate in relation to a child's development" (Bradley, Parette, & VanBiervliet, 1995, p.3).

How a family functions, whether positively or negatively, impacts on the child's development; thus positive functioning should be further examined within family environments.

In my encounters with families who have children with disability, the medical diagnosis is the beginning of a long journey of support and care for all involved. The family still faces the reality of living with disability every day. Very little alters after spending time searching out a piece to the puzzle by going from professional to professional. What does a family need? I have posed this question to parents with special needs children and have learned that among other things, these families desire to create more supportive environments for each member of the family, including the child with disability. The family is committed to supporting each other and there is a willingness to take the steps necessary to achieve their goal of a positive, high-functioning family. Often these families feel that the family unit is divided and unable to be fully supported. In their attempt to meet the challenges and demands of life they are often unsuccessful and thus further disabled. Greater levels of support can be achieved when a family with disability and a supportive society work together, thus preventing the family from becoming a "handicapped family".

The Process

The method chosen for this study was a qualitative single case study. Creswell (1994) summarizes this type of research as consisting of "a single entity or phenomenon ('the case') bounded by time and activity (a program, event, process, institution, or social group)[in which the researcher explores]

and collects detailed information by using a variety of data collection procedures during a sustained period of time" (p. 12). The task was to build upon and explore each participant's responses. Individual family members were asked to describe personal experience with an adapted life skills program and subsequent topics under exploration namely, positive living skills and family functioning. With this single case study approach it was necessary to have a varied and fluid context, dependent on the family's situation week by week.

The sampling decision in this study involved the selection of a single case, in this instance, an individual family with a child who has a disability. I chose to find the potential case family through the Ottawa Children's Treatment Centre, knowing that the clients at the centre would be most representative of families who have a child with disability in the Ottawa area.

The study was conducted with one family who has a child with disability. The family participants included a single child with a physical disability and a cognitive delay, and his parents. A part-time caregiver was also involved in the sessions when present in the family home at the time of our meetings.

Ten sessions were conducted in the participant's home. Meetings were conducted on Saturday mornings for four months. The average time spent in the home per visit was one hour. During our time together we reviewed the events that had happened the previous week. Following this review I introduced a new activity for the family to try together (training both the child and parents). The family was encouraged to use the activities presented to them as they felt necessary during the following week. Taped interviews were conducted on the fifth and tenth session meetings.

The Positive Living Skills Program

The program used during the sessions consisted of activities from Orlick's (1998) positive living skills training program. Brief overviews of all the audiotape activities selected for use during the sessions are presented in Table 1. The parents were given copies of two books: *Nice On My Feelings* (Orlick, 1995) and *Feeling Great: Teaching Children to Excel at Living* (Orlick, 1998). This program is intended to teach children valuable mental skills through the use of games, activities, and audiotapes. I examined the program resources prior to meeting with the family and chose activities based on this family's needs and the child's level of functioning and mental ability.

Mental Skills training was incorporated through Orlick's Positive Living Skills program which can be adapted from the school setting to the home and family environment. Orlick's program provides the parents, child and caregivers with resources for continuing to learn how to live, cope and interact effectively together in unique family situations.

Analysis

Observation and interviews were the tools for examining the perspectives and impressions of the individuals with respect to the mental skills resources, personal growth and family interactions. During sessions five and ten (of the ten week program) we conducted an informal interview (Fraenkel & Wallen, 1996) or what Rubin and Rubin (1995) termed the topical interview. This approach consists primarily of posing open-ended questions. The task is to build upon and explore the conversational partner's (in this case the individual family member's) responses to the questions along with a description of his or her experience.

In addition to the interviews, non-participant observation, journals and field notes were used during every session. The observation

was in the participant's home or another family member's home, given the particular circumstance. I asked the family to pay specific attention to family functioning, and the use of mental skills, as a potential personal resource throughout the weeks of the study. I gained information on weekly interactions through the parents verbal recollection. Field notes were recorded following each session with the family.

Results and Discussion

There was a vast amount of information gained in this study through observations, conversations, interviews and interactions. To organize this information and make it more understandable, I two charts were constructed to display all the vital information in a logical format. The chart indicates the activities which of Orlick's (1998) positive living skills program were used during this study. Audio taped activities have been noted by capitalizing the entire name of the activities. Activities that were found in Orlick's written materials but not presented on audiotapes were noted by the capitalization of the first letter (Capitalized). (The descriptions of these activities are brief in the charts. However, detailed descriptions follow after the charts in the summaries of each session.)

The weekly session overviews, presented in the following pages, are a combination of descriptive results and discussion. Given the vast amount of information and the unique progression of interactions, we felt that presenting the information on a week-to-week basis would be helpful for the reader. Interview extracts have also been included to strengthen the depth of understanding. It is hoped that as a result of this format, the reader will have an opportunity to gain a deeper understanding of this particular case.

Overview of Program Activities and Impact: Weeks 1-4

Week	1	2	3	4
Date	February 12, 2000	February 19, 2000	February 26, 2000	March 4, 2000
Where	family home	family home	family home	family home
Who	Dad, Mom, Adam, Caregiver	Dad, Mom, Adam	Dad, Mom, Adam, Caregiver	Dad, Mom, Adam
Activity	initial meeting HIGHLIGHTS (simple pleasures, little treasures of life)	share HIGHLIGHTS JELLY BELLY (fill up your stomach and empty it- abdominal breathing) LAUGHING (listening to an audiotape of laughter) Workbook -Highlight pages for colouring	share HIGHLIGHTS CHANGING CHANNELS (change mental channels from negative to positive, worried to relaxed, unhappy to happy) JELLY BELLY Workbook -Cat Scales (a subjective measure of stress vs. relaxation. See figure 1.)	share HIGHLIGHTS STAR TRACK (imagine yourself on a space voyage floating in space) Imagine Light-Imagine Heavy (imagine holding different objects and the effect they would have on muscular response) Adam frustrated. He used Cat Scales to communicate then chose CHANGING CHANNELS to do together.
To Do	look for HIGHLIGHTS	Family choice	Family choice	STAR TRACK SOARING (Imagine yourself soaring like a seagull)
Notes		Mom gone all week “know-all-ogy” (Adam’s definition of Mental Skills)	Mom gone all week Adam and Dad wrote and coloured Highlights in Workbook Adam understood personal quiet times and SPECIAL PLACE (Imagine your own very relaxing place) Adam taught JELLY BELLY to Aunt and Uncle and Caregiver. Adam defined family. Only wanted to do activities with entire family present.	Activities done before bed every day of the past week. Incorporation of CHANGING CHANNELS into everyday family language with examples given. Adam excited to share HIGHLIGHTS. Adam frustrated today but able to choose CHANGING CHANNELS to refocus.

Overview of Program Activities and Impact: Weeks 6-9

Week	6	7	8	9
Date	April 1, 2000	April 8, 2000	April 15, 2000	April 22, 2000
Where	Grandmamma’s	family home	family home	family home
Who	Mom, Adam, Caregiver	Mom, Adam Caregiver	Dad, Mom, Adam (sick)	Dad, Mom, Adam, Caregiver
Activity	<p>share HIGHLIGHTS</p> <p>Sound Listening (attentive to the sounds around us)</p> <p>GREAT LISTENER (teaching children how to focus in listening)</p> <p>SOUNDS (audiotape of sounds for identification)</p>	<p>share HIGHLIGHTS</p> <p>Visual Connection (focus on an object such as a leaf, in order to choose it from a group of the same)</p> <p>Shadow Movement (focus on the movement of another and repeating it)</p> <p>DUAL FOCUS (audiotape of two stories overlapping, need to focus on one story)</p> <p>SOUNDS</p>	<p>Share HIGHLIGHTS</p> <p>Adam showed me what it he did every night before bed: got the audiotape, listened to Jelly Belly, Changing Channels and Floating on Clouds.</p> <p>MAGIC WANDS (story to help children have some sense of control over their lives and how they feel physically)</p>	<p>share HIGHLIGHTS</p> <p>MAGIC WANDS</p> <p>QUIET LAKE</p> <p>RAINBOWS (story to help children have some sense of control over their lives and how they feel physically)</p>
To Do	Family choice	Family choice Imagery exercises in Workbook	QUIET LAKE (Imagine yourself relaxing next to a beautiful, quiet, calm lake)	Family choice
Notes	<p>Last two weeks missed because of a flood in the family home, leaving them living in other homes.</p> <p>Adam’s attention and focus increasing.</p> <p>Adaptability of activities continues to be a key component of interaction.</p> <p>Adam challenged his parents to see Highlights.</p>	<p>Adam chose favorites this week: Jelly Belly, Changing Channels, and Floating on Clouds</p> <p>Adam integrated thinking of Floating on Clouds into everyday situation of driving in fog.</p> <p>Adam used Cat Scales to show how he feels regularly</p> <p>Adam imagined and expressed a story of living on the bottom of the ocean.</p>	<p>Adam described “dark side” and fear.</p> <p>Adam eager to show what he did with audiotapes and relaxation.</p> <p>Adam felt badly that he was sick.</p> <p>Adam initiated and reminded parents of the activities.</p>	<p>Activities done before bed every day of the past four weeks.</p>

Condensed Notes

Week 1

Adam was excited to tell me that his birthday was March 17, 1992 and that he was born in London, Ontario. He asked if I knew where London, Ontario was. Adam was determined to teach me the names of all his doctors, therapists and teachers. Following each name he would instruct me, “you better write that down.” This statement: “you better write that down” enlightened me that this child has been required to share personal information many times, probably with numerous professionals.

In addition to Adam’s physical limitations he experiences cognitive delays. I noticed that he had a difficult time focusing on my initiation of discussion through direct questions. I knew from my past experiences with other special needs individuals that a significant amount of time was usually needed for effective communication to occur between the special needs individual and myself. It requires the learning of sounds and gestures on my part to have the ability to communicate effectively. Mom helped Adam communicate with me and me with him. Adam did understand that he can have large problems and frustrations and not know how to fix them.

Adam told me that he did not like to play. Mom explained that Adam found play could be hard work because of his limitations and so he preferred not to have this kind of work at home. School, in Adam’s mind, was equated with work in various forms because he attends school at a centre. At O.C.T.C., all levels of treatment are incorporated into the student’s educational plan. Physiotherapy, reading, and play all happen at school. For Adam and his family home was outside school, and therefore did not require structured play, which was “hard work” for

Adam. He was uncertain that our “play” time together would help him with his frustrations.

When I asked Adam what made his family special he said “that my Mom and Dad know how to support me.” Adam is a sensitive child who understands that he has limitations. He recognizes that his family is unique and that both his Mom and Dad have made good efforts to help him and the family. Mom and Dad care deeply for Adam and have been his greatest advocates.

After our time of acquaintance I presented the concept of HIGHLIGHTS. We discussed that looking for Highlights is to place emphasis on noticing, recognizing, feeling, appreciating and recalling simple joys, many of which otherwise go unnoticed or unappreciated (Orlick 1998, p.18). I asked Adam to remember one thing from the upcoming week to tell me next Saturday when we shared Highlights.

Week 2

I asked Adam if he understood what it meant to feel scared, tense, afraid, or worried. He did not seem to be focusing on my questions and I probably asked too many. Dad shortened my questions and gave an example that Adam knew personally. Dad reminded Adam of his visits to the hospital and how it was that Adam felt when he had to have some tests. I expanded the discussion by asking Adam if he knew what it felt like to relax. Adam was now listening attentively, but did not seem to understand. This time Mom helped by asking Adam what he did on Friday afternoons after school. Adam told us that he would get out of his wheel chair and lay quietly on the couch. Mom asked him what he thought about when he was laying on the couch. Not much could come to Adam’s mind. Mom explained to Adam that laying on the couch was his way

of relaxing after school and that relaxing was letting our minds slow down from all the busy things that go on during the day. I explained to Adam that one of the ways we can help our bodies relax is by breathing better. We practiced our breathing together and I explained that we need to learn to breathe deeply. I proceeded to put in the relaxation activity audio cassette. We laid on the floor and listened to JELLY BELLY, an activity to help children learn how to do diaphragmatic breathing. Adam and Mom were laughing and had trouble focusing on the activity right away. I laid beside Adam and over-emphasized the breathing and had him mimic me in this. He seemed to like it, but hadn't caught on completely. Adam expressed that he would like to do it again, only later. I left him the audiotape and encouraged him to try Jelly Belly later in the week.

Adam created a word for what I had done with him and his family; he defined everything we had done as “know-all-ogy”. I asked Adam if he liked “know-all-ogy” and our time learning it together. Adam responded with a very positive “Yes!” I was encouraged to see that Adam was now taking ownership for the activities we were doing together and hoped that his dislike of play at home would change during our time together. That Adam was creating a word to describe our interactions was beneficial to his remembering what we had done together and for his subsequent learning of the positive mental skills we were doing. I was reminded that it is important to have fun activities in order for children to have enthusiasm when participating.

Week 3

We started by sorting out what had happened during the previous week. Mom had again been away all week for work. I was told that the previous Saturday after I had

gone, that Adam's aunt and uncle had come by for a visit and that Adam insisted on teaching them the Jelly Belly activity. On Adam's insistence they all went down to the basement: Mom, Dad, Adam, Aunt and Uncle; where Adam taught them Jelly Belly. The next day he was again determined to do the activity with Mom and Dad. Mom had gone out of town on Monday morning. Dad and Adam talked about the activities as they drove places during the week. Dad asked Adam if he would like to do them, but Adam said not until Mommy returns home.

It was very evident to me that Adam had been thinking about these concepts all week as Adam's attention and interaction during this week's session was more focused and expressive.

When Adam needs to get some space he goes to his room and shuts the door. His parents can often hear him talking to himself in the mirror. Adam's parents have put mirror doors in other rooms in their home to help Adam access them more easily because of his physical limitations. Adam is able to crawl with his arms to a mirror door close by; he will look at himself, talk to himself. The mirror is a device that helps Adam to refocus his emotions and change his perspective.

I introduced the concept of mental channels, such as a television remote control. This was not a difficult concept for Adam to understand and he enjoyed explaining how the television works. We listened to the Channel Changers activity on the audiotape. Adam laid on the floor, very quietly and relaxed, listening attentively: He focused well on the activity. Following the exercise we talked more about how we control our minds. Together, we tried to think of some specific examples of when we might need to change our mental channels.

Week 4

The family was quite excited as they had reached a important moment during the past week. They found that doing the activities before going to bed helped Adam to fall asleep. At night Adam has difficulty relaxing in order to fall asleep because his disability makes muscle relaxation very difficult. Tight musculature makes closing his eyelids almost impossible and he has had great difficulty falling asleep quickly because of this muscle tightness. The family discovered that for them the best time to wind down with the relaxation activities was at bedtime. During the week the family listened to Jelly Belly, Floating on Clouds and Changing Channels everyday before bed. At one point during the week Adam was asleep before the audiotape was finished (the audiotape I made for him had only the three activities on it: Jelly Belly, Floating on Clouds and Changing Channels). Mom and Dad were ecstatic to have discovered a way to help Adam sleep and thus help them function better as a family.

The effect that Adam's falling asleep had on his parents was very encouraging. As a family the parents then had more time to devote to other things, including each other, instead of trying to help put Adam to sleep by reading him stories and continuously rubbing his back.

The effect on Adam and his capability to fall asleep better was positive. He even commented that he liked to do the activities before bed. He also told me that he had looked at the cat pictures (although he refused to colour or draw in the Workbook) before and after the activities. He described how he would lie in bed with the workbook on the page of the Cat Scales and: "I would point to the cat to tell Mommy what mood I was in. Then after the tape I would point to

the sleepy cat." Mom would then watch as he drifted off to sleep every evening.

This family has incorporated Channel Changing into their everyday vocabulary. The family was glad to gain a common expression to use in frustrating family situations. They commented that using a verbal cue such as "let's change channels" along with the gesture of snapping their Channel Changing fingers was effective for them all. The family explained how they had used the activities twice in the past week.

Week 5

The choice to conduct an interview during week 5 was motivated by my curiosity to see how Adam would describe what we had done in the previous weeks. I chose to do this first interview at what was the halfway mark of our time together. The second interview would be our final interview during week 10. This first interview was done with the entire family where as the final interview was done with Adam individually and then with the entire family. I decided to conduct the first interview with the entire family because I did not know Adam very well and I had some difficulty understanding entirely what he would try to express. As the weeks went by and we became better acquainted, I felt much more confident that I could understand him. Thus, part of the final interview was done without Mom and Dad present. Not knowing how Adam would be with a taped interview, his parents purchased a toy microphone and had him practice speaking into it the week before our actual interview discussion. When I arrived at the home Adam was thrilled to use the microphone and we amused ourselves by speaking into it to see how our voices sounded amplified. Adam was also very excited to listen to the audiotape of his voice and our discussion. He

asked often throughout the discussion if we could listen to the audiotape.

Aware that Adam had a short attention span from our previous weeks together, I chose to keep the interview informal, as a discussion. I followed his lead in the conversation. The objective of this interview was to discover how well Adam could answer questions by his remembering the activities we had done together. I hoped to learn what he could recall from the ideas and concepts we had examined together. I was interested to see how much Adam remembered from the past weeks and how well he could describe our time together. By the end of our talk Adam was extremely tired and fell asleep on Mom's lap.

Although Mom had been away all week for work, it was still possible for the family to find Highlights. Adam remembered some of the most immediate ones, such as going out to get the mail that morning, and the happenings of the week, such as his first homework, Dad getting a job promotion, and having a shower in the new shower stall. The ease with which Adam brought these events to mind indicated that he clearly understood what Highlights were. This is an excerpt from our discussion:

Adam: I think that I might say that Highlight was a huge one

Mom: What Highlight was a huge one?

Adam: The homework one

At one point Adam and I spoke about his homework and it was evident that he understood what qualifies as a Highlight because he mentioned something that could happen, but had not necessarily happened that week. Adam's thoughts about potential homework Highlights:

Melissa: That is excellent and you took it back to school the next day?

Adam: Ahhh yes, I did because my teacher always wants to see it.

Melissa: And was she happy with what you had done?

Adam: Ahhh yes.

Melissa: What did she say to you?

Adam: She always writes "good work" because I do the right answers you know...so Ahh that is one of the Highlights.

Melissa: That is a good Highlight.

It was also evident that Adam had an understanding of when he could mentally change channels. The family used the snapping of fingers as a special signal for changing channels. It was a Highlight for both Dad and Adam that neither one had formally Changed Channels this week. Remembering that Dad was the only physically-present parent this week, as Mom was away with work, it is positive to recognize that Dad and Adam functioned well in the midst of many demands and responsibilities:

Dad: But we didn't have to switch channels this week, did we bud?

Adam: We didn't have to switch channels once this week!

It also became clear though, that Adam was still unable to transfer what he had learned at home with his Mom and Dad to school. Even though Adam and his parents could use gestures and reminders to Change Channels, Adam still felt that he was still very reliant upon the audiotape to help him

implement the concept of changing channels:

Melissa: Yes, do you ever think about changing channels or doing relaxation at school?

Adam: No, I might use the tape.

Melissa: Just when you have the tape, eh?

Adam: I don't even do it at school, because I might use it.

Mom: Do you think you could think about changing channels without the tape, or do you think you need the tape to help you change channels?

Adam: Mmm, need the tape.

When asked if he had done Changing Channels at home without the audiotape Adam remembered that he had and he also remembered that the family had a special signal to help them remember:

Melissa: Okay... I think you have done it before without the tape. Haven't you, with Mom and Dad reminding you: Adam gotta change the channel?

Dad: How do we change the channel?

[**Adam:** shows with fingers]

Dad: Yep!

Mom: That is very good.

Melissa: Cool. That is a good move.

Adam: When I move my fingers...

Melissa: That is a good idea. Good job!

Dad: Do you ever stop to snap your fingers at school?

Adam: To get their attention sometimes.

Dad: Oh, but not for you to change channels? ... when you snap your finger...

[**Adam:** snaps fingers repeatedly]

Adam was also able to describe a time during the past week when he had been upset, because his mother was not home. Mom was surprised to discover that Adam had used the Cat Scales as part of his plan to remedy the situation and thus to feel better:

Mom: You haven't looked at any of those pictures of those cats that look, umm, rather upset.

Adam: Yah!

Mom: Did you have to look at that this week while Mommy was gone?

Adam: Yes, I did.

Mom: Oh you did.

Melissa: When did you look at them? Do you remember?

Adam: Mmm...

Adam: Were you upset that day?

Adam: Umm, kind of.

Mom: Can you think of why you did? What made you upset? And after looking at the pictures did you...

[**Adam:** interrupts]

Adam: Because you weren't there.

Mom: That is a good reason I like that reason.

Melissa: So you looked at the cats and said “I feel like this cat”?

Adam: Yeah.

Melissa: Did you think that in your head?

Adam: I thought that in my head.

Melissa: Then, did you do anything different? Did you think differently or did you talk to Mommy on the phone and then look at the cats again?

Adam: Umm, yes. And I watched a bit of movie and did homework and umm watched some more of the movie.

Melissa: That made you feel better?

Adam: Yeah

In an attempt to see if Adam could define relaxation I asked him directly if he could tell me what relaxation was. Adam began to describe the concept in an abstract way and then completed his explanation using an example of an overexcited dog as an example of not being relaxed. His understanding of relaxation is very good. I was impressed with his creative way of describing relaxation:

Melissa: Okay Adam, I know we have talked about this before many times. Can you, into the microphone, cause it likes to hear what you say, can you tell me again what relaxation is? How you relax and what does that mean?

Adam: Ahh well much of it means that you don't do as much that you don't get hyper sometimes because Gerry has a dog that is

really very hyper.

Melissa: And it is not very relaxed? [the dog]

Adam: No.

Melissa: What word would you use to describe the dog?

Adam: I would describe hyper.

Melissa: Hyper. Stressed?

Adam: He kinda is.

Adam further described the concept of relaxation with a more personal example. He was able to identify when he had not been overexcited, hyper or stressed and told about those moments. He understood that those moments were relaxing:

Melissa: When are times when you like to feel relaxed?

Adam: Umm, well on the day that I feel like it.

Melissa: Okay, what about when you are in bed? Before bed do you like to feel relaxed?

Adam: Ahh, yeah.

Melissa: Yeah.

Adam: Like on Friday nights.

Melissa: Friday night, that is a good night for you?

Mom: What do you do on Friday nights?

Adam: I lie on the couch; that is a real Highlight.

Lying on the couch on Fridays after school is wind-down-time for Adam. He plays an imagination game to help him relax and he spends time alone before supper:

Mom: When you are lying on the couch hey what are you playing? Couch...

Adam: Potato.

Mom: Right.

Melissa: Oh, that is a great name for it! You feel like a big sack of potatoes, do you?

Adam: Because I go [acts out a potato by laying as flat as he could]...

Mom: Potato!

Adam: Then I go [acts out a stretched potato by putting his arms and legs in a star shape]...

This first interview was very beneficial for gaining understanding of the present stage of learning of Adam and his family. In four weeks the family was able to incorporate some major conceptual ideas into their everyday living. Highlights were shared in abundance. Channel Changing was used as a positive reminder when people were beginning to become frustrated. Relaxation was included before bed and at other times during the week and Cat Scales was used to help Adam visualize emotions. The family had made great efforts thus far to embrace the learning of mental skills for the increase of positive family functioning. The family has integrated the new activities and concepts into what they have previously used. Wrestle study breaks, tub wars, mirror time outs and Friday couch potato are activities that the family has used to cope with their situation. Now they have included new understandings to these activities.

Week 6

It was a very good session and most encouraging as Adam's attention was completely focussed for the entire time. I felt much more comfortable with the length of activities and the adaptation required to keep Adam interested. I realized how important it was to have a good mix of hands-on and still activities as well as a good balance of talking. Adam is very focused when listening to the audiotape which is useful for his learning of activities and concepts. Adam is not distracted when listening and wants to listen to the audiotape activities on his own. Adaptability continued to be a key component of our interactions. I had to be ready to follow Adam's lead for discussions and for his attention. I found it useful to have set out what the session would include but to be flexible with the order in which the activities are done.

Week 7

Arriving at the home I was excitedly greeted by Adam. He moved around busily on the floor, telling me all about what he was doing. He had almost finished watching a Star Wars movie and was thrilled. The movie was completed about 10 minutes later. During that time, Adam was listening to the television but watching me and telling me all about the movie. Adam's hearing is much better than his eye sight and he can focus with his ears on many different things, but can only focus on one visual cue at a time. Knowing that Adam's hearing was better than his vision, I chose to do hearing focusing the previous week and leave vision focusing for this week.

We talked about what had gone on through the week and Adam was excited to tell me that his favorite audiotape sessions were still Jelly Belly, Changing Channels and Floating on Clouds. Mom recounted a time this past week when it was extremely foggy out and

Adam had imagined while they were driving that they were walking on the clouds. He likes to do the activities while lying in his bed in the evening, with Mom and Dad present. He looks intently at his Workbook but has trouble drawing in it because he doesn't want to "spoil" it by drawing on the clean pages. The Highlight's of the week were learning to read and not having homework because he had worked so hard at school.

Adam and I talked for a short while which was a good opportunity for me to ask Adam about some of the things we had done together. I had previously noticed that Adam would occasionally touch his belly button when I was over and Mom had commented that he did this at other times. During our short talk I asked Adam what he thought about when he was doing Jelly Belly. He said nothing. I asked further, and he described that he uses bedtime as an opportunity to really focus on listening to the audiotape, his breathing and his belly button. Adam finds that Jelly Belly is a relaxing activity for him. Adam would touch his belly button as a reminder to breathe better when he needs to relax.

Week 8

Today when I came to the home I was greeted by Dad, Mom, and Adam, who was sick. Mom commented that they did not want to postpone our meeting because they thought that something good would come out of us getting together.

Adam wanted to demonstrate for me what he does to think better and how he has learned to relax with his fears. As Adam was busy with the tape player buttons Mom, Dad and I discussed that Adam had not worked on anything new but that every night he had listened to the audiotape. Mom and Dad commented: "He likes to start with Chang-

ing Channels, then Jelly Belly, and finally Floating on Clouds. He even does the wiggling of his fingers and holds his finger to his belly. It has been great! He had trouble falling asleep for years, but he is asleep within 5 minutes of listening. You can hear him focusing on his breathing. It is so encouraging, we have even listened to the tape after midnight to get to sleep. It was always on Adam's initiative!"

Adam displayed knowledge and understanding of mental skills and how certain resources such as Jelly Belly were useful for him to think positively, relax and face his fears. Mom and Dad were really glad to discover something that has been so effective with Adam.

Week 9

Mom commented that Adam was persistent with the activities before bed each day. Adam had discovered that this time was not only family time, but it also helped him get to sleep. The family felt equipped to face their apparent challenges at this point and was able to now choose the particular activities that met their needs.

Week 10

This week was our final meeting. It had been arranged for us to record some of our discussion time. As we started our discussion Mom and Dad were in the room, but quietly left once Adam was comfortable with the tape recorder. I noticed that prior to Mom and Dad's departure Adam was preoccupied with both the tape player and his parents' presence. Adam paused frequently and did not focus until his parents had relocated to another room.

Melissa: What kind of things might we be afraid of?

Adam: Ahh...

[Pause]

Adam: Ahh, Mmm...

Mom: What makes you scared, honey?

Adam: I'm trying to think.

[Pause]

Mom: I can think of one thing and then you can think of another. I remember when we went to the hospital, and what happened? You didn't want to go some place because you were afraid. Do you remember?

Adam: Yeah.

Mom: Do you want to tell us about it?

Adam: [fumbling with tape player]

Melissa: Do you remember that we talked about stress and relaxation?

Adam: Yeah.

Melissa: I thought you did. What kinda things make us stressed?

[Pause]

Melissa: Not sure? Okay well then what kinda things help us relax?

Adam: [Unrecognizable words]

Melissa: We can talk into there [microphone] and then later we can listen to it. So let's think about relaxation for a minute, Adam. What kinda things help us to feel better and relax?

[Pause]

Melissa: Did we do anything together that helps us remember what it is like to relax?

[Pause: parents leave room]

Adam: Why did you go, Mom?

[Pause]

Adam: Yup [*answering my previous question about remembering what it is like to relax*].

Adam and I were both sitting on the floor for the rest of our discussion. Following his parent's departure Adam took the tape recorder in hand and turned his back to me. I had seen Adam do this before in our discussions and I understood it to be a strategy for decreasing the number of distractions that were in his visual field. Adam faced the wall with the tape recorder in his hand so that he could speak directly into the microphone. I proceeded to ask Adam if he could recall the many activities we had tried together:

Melissa: Remember, we lay on the floor sometimes and we do some special breathing?

[**Adam:** starts to breathe]

Melissa: What were we trying to do? Were we trying to make ourselves feel better?

[Pause]

[**Adam:** continues to practice breathing]

Melissa: Adam?

[Pause]

[**Adam:** is completely focused on breathing and his hand is on his belly]

Melissa: Were we trying to make ourselves feel better?

Adam: Ahh.

This made it very evident that Adam remembered what we had done with breathing. It was also evident that he had practiced the breathing exercises many times and was now able to do them without the aid of the audiotape. His hand on his belly demonstrated what we had done many times together when we did Jelly Belly [a breathing activity on audiotape].

I continued to probe Adam's memory regarding the activities we had done together. My intent was to discover what Adam could tell me about our time together during these past months. Adam remembered what we had done and expressed that he did the activities before bed and that this was helpful for him in trying to fall asleep.

Melissa: Can you press the buttons by yourself on your tape player?

Adam: Um, no because I am usually lying in bed.

Melissa: Is it good to lie down and listen to the tape?

Adam: Yeah.

Melissa: What are your favorite ones on the tape?

Adam: They're really secrets.

Melissa: They're secrets?

Adam: I said they're secret-ish.

Melissa: Do you like Jelly Belly?

Adam: Yeah.

Melissa: What about Floating on Clouds?

Adam: I do.

Melissa: What do you think about when you Float on Clouds?

Adam: Hmm. Not really nothing because I'm usually asleep by then.

Melissa: You are usually asleep by then? What about when you are listening to Jelly Belly what do you think about?

Adam: I am usually asleep by then too.

Melissa: Oh, okay. Did you listen to Quiet Lake, the one with the lake and the birds and the water?

Adam: Yeah.

Melissa: Did you like that one?

Adam: Um, I am usually asleep by then.

Melissa: They put you to sleep!

Adam: Yes.

Adam and I spent a large amount of our discussion time on the topic of family. Family is very important to Adam and he has consistently defined his family as his Dad, Mom and himself.

Melissa: Can you remind me and tell me what a family is again?

Adam: In this [tape recorder]?

Melissa: Yeah, you can talk in there.

Adam: Ahh it is when you... why do you sometimes forget?

Melissa: I do, I sometimes forget. And I know that you have a very good memory.

Adam: It is when people go together and pick out some stuff or something like that.

Melissa: Who is in your family?

Adam: My Dad, my Mom and me.

Adam, when asked, did not think that his family had any stress, a very different perspective from that of his parents. Adam went into a lengthy discussion with me about what his family would be afraid of:

Melissa: What do you think is one stressful thing about your family?

Adam: Nothing stressful in my family.

Melissa: No? It is all happy all the time?

Adam: Yeah.

Melissa: Is there something that your family is afraid of?

[Pause]

Adam: Tiggers.

Melissa: Tiggers? Are there tiggers around here?

Adam: In the forest.

Melissa: Tiggers?

Adam: Tiggers, yes.

Melissa: Wow, have you seen one?

Adam: Wolves...

Melissa: Wolves. Yes, that is what they are called I think.

Adam: Vicious dogs...

Melissa: Yeah I would be scared of those too!

Adam: They are like a vicious pet.

Melissa: They are, aren't they.

Adam's age, combined with his parents' priority of putting family first and the supportive community around them made it unlikely that Adam would recognize the unique strains on his family. Adam's parents have done extremely well in their pursuit of providing him with a supportive environment. Adam's parents often have put him first, and their own needs second. When Dad and Mom filled out a questionnaire of their individual Life Time Zones it was apparent that Adam's needs took priority over their own. The first question was for Dad and Mom to record when they had time for themselves individually. Both parents left the space completely blank. It was evident that Adam's parents sought to put Adam and family life as their priority.

Adam verified this family priority when I asked him if he liked that Dad and Mom listened to the audiotapes with him before bed. Adam had chosen the time and place for the activity as well as insisted from the beginning that the whole family be together to do the activities.

Melissa: Do you like it that Mom and Dad listen to the tapes with you, listen to Jelly Belly?

Adam: Yes. Maybe we could listen to it.

Melissa: We gotta wait Is it good that Mom and Dad listen to the tape with you?

Adam: Yeah.

Melissa: Are you glad that they know what you do?

Adam: Yeah.

Melissa: Are you glad that you do it together?

Adam: Yes because that I know it is my choice to do it with the whole family around.

Melissa: You like your family, don't you?

Adam: Yeah.

Knowing that Adam had learned and discovered much during our sessions, I thought it would be helpful for Adam to try summarizing our entire time together, if he could. I discovered that he initially had difficulty putting his ideas into complete sentences and engaging in directed conversation.

Melissa: I have one more question for you: If you wanted to teach me one thing, what would you tell me?

Adam: Something is in my memory... the only thing I think about is my family.

Melissa: Okay, that is good.

Adam: If I was yours [teacher], I would ... I would give you all that I remembered and more remembers. I would do that.

Melissa: Would you?

Adam: But if anybody had something else to do I would let them do it, if they were busy. Then they don't know that they are doing it is a little bit of work a problem, but so far it has been umm good. But in all this somebody is working or something, you gotta let them do that if you don't you'll get in big trouble and if guess what's going to happen? You are going to get into deep, deep trouble.

I thought it might be a good approach to ask Adam what other children would find useful from all the activities we had done together. Adam was very focused on this discussion and let me know that he understood the primary purpose of my time with him and his family. The discussion we had was very lengthy given the difficulty that Adam has in communicating. The following are some excerpts from our discussion to help show how well Adam understood:

Melissa: Do you think other little boys and girls would like to learn what you and I did?

Adam: Yup!

Melissa: Yup.

Adam: Just tell them ... make a tape for them [*activities and speaking*] ... record a tape of themselves.

Melissa: Is that the fun part?

Adam: Yes.

Melissa: Little boys and girls like to do that?

Adam: Yes. So you should do it with other kids. Record tapes.

Melissa: Is it important for little kids to listen to that [*activities*]? What does it teach them?

Adam: To teach them how to relax .

Melissa: Kids like that. Don't they?

Adam: Yup. Don't go to kids that already know how to relax, go to kids that don't know how to relax.

Melissa: What kind of kids are those?

Adam: They were like me I couldn't [*relax*].

Melissa: Now can you?

Adam: Yeah.

Melissa: That is great. Isn't it?

Adam: So, you will have to teach the other kids that [*activities*] ... I would do that if I were you.

Melissa: Will that help them be more positive and see more Highlights?

Adam: Ahh, if they know what you mean by Highlights if they're smart kids they will know what Highlights means. They will know what you are talking about, so you'll have to be careful looking for other kids that don't know how to relax.

Melissa: Do I tell them a Highlight is something bad?

Adam: Good!

Melissa: Something good that they think about in their day?

Adam: Yes.

Melissa: Would you like to help me teach sometime?

Adam: I could now that I am smart!

Adam: If you let the child know what he doing [*in the activities*] you will discover what the child is doing [*in s/he's mind*]. If you don't discover it [*what the child is capable of doing*], there is going to be a big problem.

Melissa: That is for sure. Isn't it?

Adam: So, it's your only choice to discover the child's possibility.

Melissa: That is right. Did I discover Adam's possibility?

Adam: My possibility would be different than theirs. If their possibility is different then it would be sensitive that you would let the child know what he is doing [*it would be necessary for the child to know what they needed to learn to discover their possibility*]. If they don't understand just tell them [*help the child learn the activities*]. So they know what you are doing and they know what you are up to, but if you don't tell them they won't understand what a Highlight is.

Melissa: That is right. Did I tell you?

Adam: Yes.

Melissa: Did we discover what your possibilities were?

Adam: Yes.

Melissa: Yes. What are your possibilities?

Adam: My possibilities are what we are talking about.

Adam and I had a very good discussion and he spoke clearly about the ideas that he had racing through his mind. He communicated the importance of my spending time with his family. He summed up the process of discovery that we had ventured into these past months. It was evident that Adam had been empowered through our time together and that he was keen to continue learning about himself and others ("now that I am smart!"). Adam understood that he was a unique child, not because of his special needs but because he was a special person, just like others are special and unique.

After our special discussion time together, Adam and I invited his parents and his Caregiver to join us in the living room. We had a good discussion and Adam was very keen to help his parents in their use of the microphone. I intended for this discussion time to provide a taped response from Adam's parents to a few key questions. The questions were important to gain a better understanding of the parents perception of the usefulness of our time together.

The first areas we explored were the importance of me coming into their home and having all the familiar home supports, and the importance of the family working together. Mom commented that there was greater comfort and confidence available by meeting at the home. She also felt that doing things together as a family allowed for the preservation of all information and experience. This in turn would allow for a better reinforcement of relevant program concepts and activities.

Mom: I think so [*both are important- at home and family involvement*]. There are often cases when you try and do things when the family is not all together. Then you have to try to share the information with the other individual [*who wasn't present*]. It [*the information*] can get kinda lost. Doing it at home also makes things a bit more comfortable and confident, probably even more relaxed in his [Adam's] own environment so that he can do the exercise.

We then discussed whether each participant felt that his or her individual involvement in the sessions was beneficial. Both parents agreed that the consistency and the time together were beneficial:

Mom: For each one of us, Dad or I, have taken on the role of lying with him [Adam] when it comes to the evening and listening

to the tapes with him. It becomes so relaxing that we fall asleep.

Dad: I think it was important that there was consistency because we keep the same strategy. When we got upset we knew, or we just talked about this or that. So, to try that strategy as a family was good.

The family noted that their participation together aided greatly in their communication with one another and particularly with Adam. They were able to try different strategies to help improve individual situations:

Mom: One person could relay it [*the information*] if we found out that one [*activity or strategy*] wasn't working. We wind up communicating that to each other. We would ask each other...[interrupted by Adam]

Adam: You [mom] have to talk into the microphone.

Mom: Okay. So, I would ask the question to Daddy: Did you find that that [*activity or strategy*] was working better than the other? Then we would discover: yeah, one was working better than the other and then we would stick to it [*the activity or strategy*].

The family described what resources or activities were most useful for them. They discussed what resources or activities promoted mental skill concepts that we were trying to teach and learn:

Mom: The book that you had [workbook], the scribbler in which he could relate the pictures with his feelings, that we found useful. Mind you, Adam couldn't use the tool [workbook] like we had anticipated but found a way to express his feelings. Although he could easily express it verbally,

he found it almost exciting to see the feelings through a picture [i.e. Cat Scales].

Melissa: Yes.

Mom: Adam, I think is very visual. Also, the book for him was his so it was ownership.

Dad: The same with the tapes to, but more so with the book.

Dad said that the resources were good because it was possible to use some activities and to leave some activities for another time. He was impressed in the flexibility and adaptability of the resources and activities. This flexibility was useful for Adam and for particular family situations; it was not necessary to do more than was needed.

Dad: I think that this resource is a good resource because some [*activities*] are used more than others. This [*use of different activities*] will probably change from child to child.

Melissa: It would change from stage of life to stage of life too.

Dad: Yes, exactly.

Mom noted that with Adam and many special needs children there is a need for great repetition to achieve learning, even in small areas. For Adam the learning was a gradual process and it was important to have much repetition to help him discover what activities could help him in different situations.

Mom: One thing with Adam, is that you introduce something and he becomes familiar with it right away. If you try and change him and introduce him into something else too soon you have already lost it.

So, you have to continue on with one thing for a little while and then you can make the change. Jelly Belly for instance has stayed because it was the first one that he had listened to. It has stayed with him throughout the whole ten weeks and he still talks about it. He is more familiar with Jelly Belly than Quiet Lake, for instance. Floating on Clouds is the other one.

Dad: For him to interpret them and the other ones [*will take time and repetition*]. We will just keep trying and there will be times for the others [*activities*].

Mom: Magic Sword is starting.

One of the greatest benefits of participation for this family was the positive time it provided for them to spend together. This family was pulled and stretched in many directions with multiple challenges; participating in these activities as a unit brought them together. Adam clued into this early on and set the rule that he wanted all of them to participate in the activities. If everyone could not participate then Adam was not as interested.

Melissa: Can you describe any changes that might have happened either individually or as a whole family since we started?

Mom: While we're lying on the bed!

[laugh]

Mom: If I look at in the sense of where it has brought the unit together, at a special moment for him [Adam], which is his resting time. It is Mommy or Daddy or all of us, we all lie together and listen to the tapes. In a good sense it makes him calm-down as well as us calm-down. At the end of the day we are all exhausted, we realize we have a lot of things to do still, like we have to get

supper or lunch ready and we have to get clothes ready, but at the same time it brings the unit together and it actually calms you down and makes you relax....What do you think hon?

Dad: I agree. I agree, I think it also makes us a little more aware during stressful times. We actually think about it [activities] and we remind ourselves and we remind him to use some of the methods to calm down and to think about it. It just adds another dimension to think about which is good.

For this family finding time, for things other than daily living, was and continues to be the most difficult thing to do. Whether it is finding the time to read a book, spend time alone, spend time together as spouses or spend time doing meaningful things as a family. That time is hard to or sometimes impossible to find. Time together, as a family, had been allocated in these past 10 weeks. Adam was attempting to maximize and extend this time together in the evenings before bed. Adam and his parents found the time together to provide great benefits for them all and they found it to be meaningful time.

Mom: I think that is why right now the comfort zone is that bedtime, because that is the quiet time, that is the time to tone down. The rest of the day is a busy time and he has other things on his mind and so do we, but then that time brings us together.

Mom: The one thing we can't do right now is take the time out to read the books that you gave us to read, It is all a matter of trying to...

Dad: Make time.

Mom: I think that has always been the hardest [finding time]. When you have a

child that is physically challenged your arms and your legs, as a Mom and a Dad, need to become eight instead of four. [*It is necessary to help your child accomplish daily living tasks that his arms and legs are incapable of, i.e. eating or using the bathroom*]. For both of us, I think that is the biggest challenge that we find. Perhaps bringing in those times when we can all lie down and listen to Jelly Belly or Floating on Clouds makes you realize that we all have to tone down. That we all have to realize you can have control, that you can make it better, you have to make it better.

Melissa: I'm sure you can sometimes feel that you have ten other arms that you need when trying to meet all the needs of Adam. Some days you can't even stop and consider what your hands and feet are to suppose to do.

Mom: Oh, exactly.

Melissa: It is good to know that there is a space, however small to just stop together, for however long and to be refreshed by that time.

Mom and Dad: Um Hmm.

Mom: What he [Adam] has wound up doing is not just having us listen to two at the night time. Now it has turned into four or five.

Dad: He is trying to extend the time.

From the parents and Caregivers perspective, activities such as the one's we had tried together should be included in school and in other homes with families who have special situations. It was expressed that a partnership of home and school would be the most effective for the children and families.

Caregiver: I think it would help some of the teachers to know about Changing Channels and stuff like that. So, that when Adam is stressed out they can say something that might trigger something [*to help him refocus*].

Dad: It might be something for the school to consider. I know Adam's first two years there [*at school*] were really heavy in the social skills and how to handle complex situations or stressful situations. This type of resource will be good at that time too.

Personal Reflections on this Journey

It was a cold winter day when I arrived at this new and different home in the country. As I pulled in the drive I considered how much I didn't know and curiously awaited the discovery of these things. Parking the car I breathed out my anxiety and breathed in the confidence of knowing that all experiences provide depth to life. Now was the time to dive in. I looked up at the house, which could be anyone's home, but noticed something which set it apart from other homes. Beside the front step through the snow a wheelchair lift was visible. I was quickly reminded that this house was special to me and that I was on the verge of discovering how. This house contained three people who called it home. I treaded up the steps with excitement to meet this family. As I did this I reminded myself that I was here to learn and that thought thrilled me.

I was fifteen minutes earlier than we had arranged. As I rang the bell I contemplated whether I should have or not. Weighing the option of driving around in the snow or moving ahead and starting what I had set out to do; I chose to arrive early and begin this encounter.

What lay behind the door I could only imagine and my imagination was failing me.

Upon ringing the bell there was a flurry of activity from within. After waiting a brief moment the door was opened to me and I was greeted by enthusiasm. Mom promptly greeted me and instructed me to join them in the kitchen, not really paying attention to my apologies for being early. "Never mind that, we are finishing up lunch, come and join us." She turned and led the way. Entering the kitchen was a superb moment as I was introduced to Adam who was wide eyed and bursting with questions for me. He did well to hold his questions back as I took my seat at the table. Little did he know that I too was bursting with questions. We quickly discovered our questions were of the same intent. Mine to discover him. His to discover me. Over the next few months Adam and I, along with Mom and Dad, would attempt many ways to answer some of our questions. We would soon discover though that some of the answers came before we knew that we had questions. Our journey to learn was the same and the path we discovered continues to grow.

Adam was interested in knowing why I was there and what it was that I do. Explaining to a seven year old child with multiple disabilities of which I know not the limitations was my first and deepest challenge. It was a profound challenge because it demanded that I simplify my task for the one whom it mattered most. It demanded that I have a clear intent, however unknown the means and the end would and had to be. It demanded that I embrace our interactions and believe that the end really didn't matter but that I was there to learn and to discover with this particular little boy and his parents. I expressed to Adam the importance of being aware of our situations, of knowing what we faced, of the challenges and the joys of our individual lives. Having come from such different places, we were able to agree to start out on a journey. Our journey was one

of learning to live better in the midst of all the different things we faced. We agreed to try some new things together.

To Adam this was initially a process of learning to play some new things. How quickly the play turned into an every day necessary reality. How quickly Adam discovered that this play was different and how he desired and orchestrated this play to meet a need in him. What was initially unknown became known and termed as “know-all-ogy” by Adam. He finalized our intent as being the process of discovering possibilities through knowing new things about ourselves. The one to whom this mattered most, namely Adam, was the one who defined the process most profoundly and simply. Towards the end of our time together, I asked Adam what I should do if I were to offer the program to other children. His response: “it is your only choice to discover the child’s possibility!” For Adam, our time together was the discovering of possibilities. This is the journey we found ourselves in and this is the journey that will continue beyond our time together. Adam had a deep interest in knowing all that he could about himself and others. Our task each week was to deepen the “know-all-ogy” and to discover our possibilities.

The everyday reality of incorporating the mental skills play, thoughts, words, and activities did not take Adam long. Our meetings every Saturday started with the sharing of Highlights from the previous week and a discussion on how possible resources or play activities had been used. The sharing of Highlights was a special time, it enabled Adam to learn that play didn’t have to be work as he had previously thought. A child with particular mental and physical needs finds that simple play or thought takes much work and thereby requires constant effort; play can become

work. Adam though was able to prepare for Saturday morning Highlight sharing and so it was not work. He had already formulated the thoughts and the words to share and was now able to focus on the excitement of sharing his particular Highlights. The discovery here was that the possibility existed to communicate more easily and to more effectively communicate things which were important; things that he and his family desired to share when adequate time was provided along with a specific purpose.

The discovery of a common language was valuable to this particular family. Having an understood vocabulary with some key phrases which prompted important strategies for stressful situations promoted more positive family functioning. The use of changing channels was effectively used by Adam and his parents. Adam created a physical symbol to help him remember to change his mental channel. When he was cued either by a parent or by his own initiative, Adam would attempt to snap his fingers as best as his muscles would allow him to. The process of changing his thoughts and behavior from one that felt and acted out of control, to one that was in control was of great value. This required that Adam discover how much time he needed to accomplish something. It further required Adam to be patient with himself in order to behave in an unfrenzied way. Adam was able to spend less time calming down from a high level of frustration and instead attempted to take the time to recognize the situation he was in and his specific limitations and needs. In doing so Adam discovered that he was able to problem solve within his abilities.

The presence of a common language also emerged when the family was moving through daily living. Simple imagination, which can bring much joy, moved out of blowing up ships in the bathtub to more

complex and profound uses. One morning as he and Dad were driving to school in a dense fog Adam commented: “clouds”. Dad, not being sure what Adam was commenting about, continued to question and dialogue with him. Adam had made a connection between a cloud imagination activity that he had done with me and was now integrating the idea into life. Adam was able to see beyond the fog and it’s driving frustration and to remind his father that they were in the clouds, that they were driving on the clouds, that they could relax at this very moment as they thought of the Floating on Clouds activity and relaxation.

Quite moving was the wisdom of this seven-year-old boy. A common language along with the patience and opportunity to explore his thoughts was discovered to be useful in promoting family understanding. His parents were able to see more clearly the struggle it was for Adam to express himself. His parents also recognized the depth of thought that existed in their child’s mind in the form of imagination and his growing philosophy of life long discoveries. Adam, in responding to the program activity of Magic Wands and integrating his thoughts on the movie Star Wars, was able to share his fears. Adam expressed to us his knowledge of how a Star Wars character moved from the side of light to the dark side. He, for our benefit, simplified the moving factor to fear. Adam then went on to describe his own fears and how he would choose not to go to the dark side in his thoughts. He described Highlights as a way of keeping himself free from fears.

Many of Adam’s fears showed when thoughts of hospital visits or activities that seemed too difficult to understand were talked about. Highlights and common language were such a valuable discovery for Adam. Adam and his family were told by his present school that the coming school

year would have Adam in a new school. Upon visiting the new school with his parents and hearing his parents expressions of concern for Adam at this much larger school, Adam was able to express that he was not afraid. He was able to express that, yes this was new and unknown, but “Mom it is a Highlight for me.” Mom was not as enthusiastic about the change and recalled to me what Adam had told her “you have to have faith in other schools Mom!” Great insight and words from a seven year old who has faced many difficult challenges in living. Adam had discovered that he was able to embrace a new challenge and to see the positive in this move, even if it meant leaving the known and suitable school.

Adam’s physical limitations made it incredibly difficult for him to close his eyes because the attaining sleep was a long and frustrating process. Adam’s parents had decided to give Adam the freedom to decide when and where they would participate in the activities that I presented to them. Adam decided that he would like to do them lying in his bed. Adam was able to inform his parents of the particular activity on the audiotape that he would like to listen to. First he might choose Changing Channels, and then he might choose Jelly Belly or Floating on Clouds. One night in the process of this choosing, the chooser became silent. Mom and Dad looked at each other with smiles. Adam had fallen asleep in less than fifteen minutes on his own. This had never happened before in his seven years. The following Saturday the parents were filled with thanks to me for helping their family, most especially Adam realized a solution to a problem that until then had always seemed a mystery to solve.

Other unsolvable problems which found solutions existed for this family over our time together. Adam’s limitations had him

very congested and at times he found it difficult to breathe. Rather than have a panic attack, be it Adam or his parents, they were all able to put the breathing techniques that they had learned to good use primarily through Changing Channels.

Of immeasurable value was the discovery by this family that despite their many demands, there was time to spend together which could re-energize each of them. Although the parents were stretched beyond what they could manage effectively, they could recharge for a half hour each day with Adam before bed. Although there were still numerous tasks to complete for the day, the family could pause and enjoy a few joyful moments together. This family discovered the joy of relaxing and learning together. The coping of this family was improved and they viewed themselves as functioning at a much greater level than before this program began and before they chose to take this time together.

Discovering their possibilities for these weeks was a true exercise in “know-all-ogy”. They were learning to recognize the areas in their lives which required some attention in order for them to all live more positive lives. They were able to better know what their needs were as they discovered answers to questions they had not previously asked [i.e. relaxation before bed can help]. Through this process the family was able to take an honest view of themselves and to evaluate the patterns of communication and behavior that they had acquired. This family was able to equip themselves to face their specific situation and to discover that their possibilities were greater than they had realized.

The Path Ahead

Participation in this research study was enlightening for this family. The family

enjoyed the Positive Living Skills program and was very pleased with how well they could incorporate the activities into family life. Orlick’s program provided valued, fun activities for Adam and his parents. The program was adaptable to their specific needs and the parents felt confident in their ability to use the activities together. Adam was excited to participate and when he discovered that the activities were beneficial for helping him to relax; he used them on his own initiative. Throughout this program the family learned more effective methods of communicating with one another. For example, Adam was able to express his feelings in a more visible way by using the Cat Scales. As well, activities such as Changing Channels allowed the family to communicate in stressful situations through the use of cues and gestures.

Of great importance was how the program empowered the family. From the beginning, Adam was inquisitive and creative with the information presented to him [creating a word for it: know-all-ogy]. In our final discussion Adam expressed that he had become a “knower” and that he perceived himself as smart [“I am smart”]. It is valuable for Adam, a child with many challenges, to consider himself as smart and able. Adam exhibited great learning and insight with respect to mental skills and their use in many different situations throughout our weeks together. For Adam’s parents the use of the activities provided greater opportunity to meet the needs of their family and to support one another.

The knowledge of how this one family experienced this program can be of value to other families who may have similar stresses and demands. Each family is a unique combination of individuals and thus unique demands and stresses exist in families. How individual families interact and relate with

one another is different, but it has been discovered that the activities and resources used in this study have great adaptability. Individuals have the capability of learning mental skills, regardless of their personal demands or stresses.

The information gained in this study could be of value to professionals who work with and support families who have children with disabilities. It is clear from this study that it is possible for parents to become the teachers in their homes with respect to positive mental skills and coping strategies. Families supporting a child with disabilities are interacting often with professionals for things such as treatment or care support. Professionals, such as teachers or doctors, can present positive skills as a viable resource to families in helping the family cope effectively with demands and stresses.

At the beginning of this investigation I was challenged to consider that children are intimately and directly impacted by the people who are closest to them. From my family experience, as a daughter of parents who continue to directly involve themselves in my life, I am profoundly aware of their impact on my outlook and subsequent life choices. From my work experience, supporting persons with special needs, I have witnessed the impact my involvement with them can have on their lives. My experience with Adam and his family provided further evidence on how much our life can have an impact on others.

Families with increasing demands and stresses can have the opportunity to be empowered from within to experience success in dealing with the pressures. Not only is success increased when the family is able to confront the demands placed upon them, but success can be achieved by decreasing the gap between home and other

supports. Positive living skills programs can potentially be adapted to fit into any family situation, with the parent or caregiver as the principle educator. In meeting the many needs and demands on families, it is necessary to move forward in integrating the roles of all supports: home, school, or medical. All areas of support need to strive to work together in finding the best means of support for individuals in families, if our society is to see more positive ways of functioning. In my study I have seen how beneficial the learning and use of positive living skills has been. I hope that this family is able to communicate to the larger support community how best to help them face the unique stresses of living with a child who has a disability. In turn it is my vision that this project will increase awareness and knowledge for the larger society in the continuing attempt to foster healthy families and to help decrease the occurrence of “handicapped families.”

Through many interactions over a significant period of time I have come to see the great necessity for support that special needs individuals and their families require. I have witnessed the struggles that the special needs community faces when trying to function positively in a health and social support system that is unable to completely meet their needs. Families need to confront the issues surrounding the support that their children receive either in a school setting or through home care. These special families struggle when advocating for the needs of their child and family within the community. Although I have seen some extremely positive interactions between parents and their children, there is often an underlying “stress” or “demand” placed on these parents. They are faced with some ongoing “unique demands” that few parents with non-disabled children confront. More programs and research designed to support

these children and their families is warranted.

Petr, Murdock, and Chapin (1995) conducted an interesting study which explored the relationship between stressful events, the family's help-seeking behaviour, professional response, and crisis resolution in four families who depended upon home care for a child with disability. They recommended that "professionals need education about the coping processes and experience of parents, and about how important empowerment is to that coping process. Training programs should utilize parents as trainers and require trainees to actually spend time with the families in their homes. The comments of [these] families encourage professionals to focus more on the strengths of families and the positive, character building aspects of the process" (p.20). This study draws attention to the need for further applied work with special needs families. Research is needed which focuses on training the

trainer; the parent. It would be beneficial to further examine how families can best support their children with disabilities from within the home.

Families are in need of resources that can aid them to function better within the family unit. Among these are positive living skills programs which can open doors to more positive interactions with one another. Programs can potentially be adapted to fit into a family situation in which the parent or caregiver can be the principle educator. The goal would be to increase both the caregiver's and the child's coping strategies and positive living skills, and therein promote more positive family interactions. Delivering support to families with special needs, along with the curriculum and ideas behind positive living skills programs for children and adults, can provide a valuable resource for any family facing unique stress or pressure.

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Coping with Cancer: Lessons From a Pediatric Cancer Patient and His Family

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Abstract

This case study describes the experiences of a four-year pediatric cancer patient and his primary care giver as they attempt to learn effective skills for coping with cancer. The processes involved in learning and applying appropriate mental skills or positive-living skills in this situation are examined. The child learned a number of different mental skills and applied these skills during stressful experiences both inside and outside the hospital environment. The use of mental skills was also associated with improved behavioral functioning, leading to fewer anger outbursts and decreased aggression. The primary caregiver also learned to deal more effectively with her emotions, such as stress and fear. This enabled her to provide more effective support to her child during stressful situations, decreased her feelings of helplessness, and equipped her with effective parenting techniques to cope with her son's behavioral issues. Results indicate that creative efforts to introduce these skills to children in the early stages of their treatment, with family involvement, may provide an effective means of enhancing children's coping techniques, improving the experience of pediatric cancer treatment and enhancing quality of life during this stressful time.

Introduction

Childhood cancer is an overwhelmingly stressful event in the life of a child and his/her family members. The initial diagnosis is greeted with feelings of fear, anxiety and uncertainty. Amidst this emotional turmoil parents must attempt to function in an effective manner. Information must be

gathered in an effort to understand the details and implications of this unrelenting disease. Treatment protocols must be explained and decisions made.

At the same time, children try desperately to understand what is happening to their body, their life and their family. Normal childhood

activities are curtailed by illness symptoms, lengthy treatment protocols, hospitalizations, painful medical procedures and treatment side effects. These disruptions often make it difficult to engage in regular childhood activities such as attending school and playing with friends (Wallander & Varni, 1992). In addition to these changes in normal daily patterns, children are exposed to a seemingly unending array of new stressors such as receiving the diagnosis and treatment, building relationships with health care providers, separation from family and friends and the threat of death (Spirito, Stark & Knapp, 1992). Some of these stressors may be “intermittent” experiences such as painful medical procedures (i.e., lumbar punctures, intramuscular injections) and treatment side effects. Other stressors, described as “chronic”, are more continuous in nature and encompass the daily reality of living with a cancer diagnosis, such as altered activity patterns and lifestyle, and uncertainty towards the future (Hockenberry - Eaton, Manteuffel & Bottomley, 1997).

Children’s knowledge and use of different coping strategies, and the interventions designed to help children develop coping skills, has been examined in a number of studies. These studies indicate that children are aware of proactive coping responses and are capable of implementing these responses during stressful situations (McDonnell & Bowden, 1989; Bachanas & Roberts, 1995; Powers, Blount, Bachanas, Cotter & Swan, 1993). Furthermore, when children are taught effective coping techniques, their feelings of anxiety, helplessness, and related pain behavior are replaced by a sense of mastery. (McDonnell & Bowden, 1989).

Although there are numerous interventions designed to help children cope effectively with cancer, these interventions focus primarily on acute stressors related specifi-

cally to the child’s disease, such as reduction of pain, improved management of symptoms, and the management of procedure-related distress (Kibby, Tyc & Mulhern, 1998). Few interventions attempted to teach children how to better manage chronic symptoms of stress, within the hospital, school and home environment. Given that only 20% of hospitalized children and adolescents identified procedure related pain as the most prevalent stressor in their life (Spirito et al, 1992) the need to broaden interventions to address additional sources of stress is evident. The need for broader-based interventions becomes increasingly obvious when cancer stressors and adjustment to cancer are examined. Cancer stressors are identified as “those occurrences within the cancer experience that activate a stress response that may be psychosocial, emotional, or physical in nature” (Hockenberry-Eaton et al, 1997). Furthermore, Hockenberry-Eaton et al (1997) identify children’s adjustment to cancer as the ability to adapt to the aspects of their environment that have been altered during the course of their illness and treatment. As stressors are not limited to the time immediately during and surrounding painful medical procedures, and environmental changes are not isolated to the hospital, the need to address the occurrence of cancer stressors beyond these situations and settings is clear. If the primary goal of health care is to improve behavioral functioning and quality of life (Kaplan, 1990), then interventions must be designed to address the multi-dimensional effects of living with a cancer diagnosis.

Mental training and positive-living skills programs provide one important advantage over programs typically designed for use with pediatric cancer patients. These programs teach children an assortment of techniques and perspectives that can be used

in a variety of situations. Skills such as muscle relaxation, positive imagery/focusing, diaphragm breathing and positive perspectives training have been used effectively by healthy children to cope with a number of daily stressors in a number of different situations and environments (Parrott, 1990; DeWolfe & Saunders, 1995; St. Denis, 1994; Cox & Orlick, 1996; Gilbert & Orlick, 1996). These programs often incorporate stress reduction techniques similar to proactive coping behaviors, emphasizing absorption in internal states through attention focusing or mental imagery (Smith & Womack, 1987). Teaching these kinds of skills to children undergoing treatment for cancer might be an effective means of helping them cope with both their painful cancer treatments and related stressors that occur outside the hospital environment.

The remainder of this article describes the individual experiences of one child and his primary care giver (mother) as they attempted to learn effective skills for coping with cancer. The purpose of this intervention was to explore the use of a mental training or positive living skills program, specifically Orlick's "Feeling Great Program" (1998), within one family. The processes involved in learning and applying appropriate mental skills in this situation are examined.

Methods

Participants

One family, consisting of two parents and three children, was involved in this case study. The primary focus of the study was on the experience of the child diagnosed with cancer, Nicholas, and his primary caregiver, his mother. Nicholas was five years old at the beginning of the study.

Program

In addition to being the primary investigator in this study, the first author also had the opportunity to be closely involved with Nicholas and his mother as the Feeling Great Program facilitator at the Children's Hospital of Eastern Ontario. Nicholas was involved in weekly or biweekly sessions for 4 months in the Feeling Great Program. In these sessions he participated in activities such as Spaghetti Toes (muscle relaxation), Jelly Belly (diaphragm breathing), Changing Channels and Umbalakiki (focusing/refocusing) and Star Trek and Floating on Clouds (Positive Imagery). A typical weekly session involved a discussion of the past weeks events, listening to a Feeling Great activity on audiocassette and brainstorming ideas for using the skills. This role gave the first author a unique understanding of Nicholas and his family, the Feeling Great Program and the context within which it operated.

Data Collection

A number of different sources of data were collected during the initial 4-month intervention period and for a two-year period following the intervention. First, field notes were collected during the course of the child's participation in the Feeling Great Program. These field notes included information gathered on site visits to the hospital during the child's participation in weekly sessions of the Feeling Great program, conversations with key informants such as the child's mother and hospital staff, and observation of the child during mental training sessions and treatment situations. The first author continued to follow the progress of the family for two-years after the initial intervention period. Two primary forms of communication during this time were included as data; electronic mail between key informant (mother) and the first author, and a treatment log created by the

child's mother that was posted on the child's internet web site. Finally, a retrospective interview was conducted with the mother and child using a semi-structured interview guide.

Data Analysis

Data analysis included both “data reduction” and “data interpretation” (Creswell, 1994). The documents and interview data were analyzed, and “segmented” into relevant codes and categories. Emergent themes were examined and categorized to develop coding themes and coding category relationships. The analysis was guided by Yin's (1989) dominant modes of case study analysis; a) patterns were identified within the data, b) explanations about the case were developed (“explanation building”), and c) changes in patterns or behaviors over time were traced (“time-series”).

Results

Pre-Intervention: Reactive Coping Behavior

Four-year old Nicholas is extremely frightened and angry during visits to the hospital for treatment for acute lymphoblastic leukemia (ALL). His coping style is reactive and involves screaming, running away, hiding and physically striking out at parents and hospital staff. This behavior has forced his parents and staff members to restrain Nicholas regularly, as his mother explains.

For Nicholas to have bloodwork I needed to sit on his pillow, put my legs around him and wrap my arms around him and hold him there to get the sample. For chemo we used to have anywhere from three nurses to five nurses to hold him down to administer his chemo. He was very tense and afraid and constantly screamed and fought making the needles hurt all the more. It re-

minded me of physical and emotional abuse ... I have never caused so much pain in my child.

This aggressive behavior often begins long before the actual treatment procedure. Nicholas frequently resists entering the hospital by running away and/or grabbing onto doorframes and walls. Once in the hospital, even routine procedures, such as removing tape or bandages, require his parents to physically restrain him. More invasive procedures, such as needles, are the most traumatic for Nicholas and often result in the reactive coping described above.

Treatment for acute lymphoblastic leukemia (ALL) requires a lengthy 2 ½ year protocol which is split into three phases; induction, maintenance and consolidation. Nicholas, who is only 10-months into treatment, is currently in the maintenance phase. This phase requires weekly hospital visits for bloodwork and chemotherapy, bimonthly visits for lumbar punctures, and countless other procedures, such as MRI's and CAT scans. Months of unrelenting cancer treatment and hospital visits have only increased Nicholas' fear and aggressive behavior, while his coping abilities during painful and distressing procedures remain ineffective. This experience is not only stressful for Nicholas, it is also extremely stressful for his entire family, especially his parents.

We didn't know what we were going to do with Nicholas' built up anger and aggression and ever growing fears ... At this point I was willing to do and try anything if it would help Nicholas learn to deal with what was being done to him ... and get him through treatment for leukemia. He was constantly very angry and while he was having these anger outbursts he would hit me (mom) and deliber-

ately hurt me. He was very abusive with his words and also constantly frustrated. His fear with needles was way out of control and we physically had to hold him down to give him his treatment.

These anger outbursts often extended into the home environment where Nicholas was becoming increasingly frustrated and aggressive, often refusing to comply with his parents and verbally and physically striking out at them and his sisters.

I was beginning to get very angry and it got to the point where something had to be done to help me deal with him like that. Because no matter what I did he got angrier and angrier, he would literally throw all of his mattresses off of his bed ... And then as soon as it was over, as soon as that anger was out, it was like he was a totally different child. Like two personalities. But he was so angry and he was getting physical with me, so I thought it's only a matter of time before he becomes physical with the girls.

Participating in the Feeling Great Program

It was at this point that Nicholas began to participate in the Feeling Great Program attending weekly or biweekly sessions for a four-month period. These sessions involved listening to audiotapes teaching positive mental skills, discussing stressful experiences and brainstorming effective methods of coping with these experiences. Nicholas enjoyed participation in the Feeling Great Program, as his mother describes, “when he went with you it was fun, and it was even more fun than sitting in the play room ... He thought it was fun because ... you were doing imaginary things”. During these

sessions Nicholas was energetic and enthusiastic, displaying considerable creativity in his use of imagination, as the following quote indicates, “I am fishing with the man in the moon and we are catching sharks, baby ones. And I am going to put it in a bowl. Then the sun comes out and fishes with us too”. During these sessions Nicholas also identified a number of experiences that caused him stress, such as “chemo”, and described how these experiences make him feel, which is “mad”.

Nicholas’ involvement in the mental skills program also extended into the home environment as his mother often helped him practice the skills he was learning.

I'd take him to bed and he'd lay down and I'd tell him ... 'Now take some deep breaths'. And we were going to relax his body, put it to sleep, from his toes to the top of his head. So he would do a little wiggling of his toes, move his legs, his knees, his hips, his butt. Like all the way up, right to his head and the hair, and then take another deep breath, and then [I'd say], 'Close your eyes'. And sometimes we'd talk about imagination and then I'd tell him, he'd have to do some deep breathing and keep his eyes closed and go to sleep.

Developing Mental Skills

The combination of learning environments in the hospital and in the home, helped Nicholas develop mental skills and changes were obvious, in both environments, very early into the program.

I saw changes in Nicholas' behavior almost immediately upon beginning the program. We started to use his imagination right from the begin-

ning, he would imagine he was on a cloud and he would use my face to concentrate on so he could make it through the needles. He also began to use Jelly Belly and Spaghetti Toes to relax his body. When it was bedtime he would relax his body, bit by bit, taking deep breaths until he was relaxed to go to sleep. He would do this at chemo time too.

The skills Nicholas was learning to use during these procedures immediately helped decrease reactive coping behaviors, such as screaming and hitting, and enhanced proactive coping behaviors, such as focus on positive stimuli, use of imagination and relaxation techniques. These skills had a profoundly positive effect on the level of pain and distress experienced by Nicholas, and at times he was able to get through intramuscular injections without ever feeling the needle. Moreover, the skills decreased the feelings of helplessness and anxiety experienced by Nicholas' parents during procedures. Nicholas' ability to implement these skills helped decrease both the duration of the procedure, as he allowed hospital staff to perform their jobs more efficiently, and the pain involved with the procedure, as he was able to relax his muscles and maintain physical control during painful events. These changes are described by his mother,

The largest impact of the program on Nicholas was the ability to be able to control his fears. He learned to get over his fear of needles and to not react to something that may not cause him pain until he actually experiences that pain. And he has learned to say 'Ouch' instead of screaming his head off. Nicholas has learned self-control, mind over matter, to be able to place his thoughts somewhere else when something that

does, or may, cause him pain is happening to him. He has [progressed] from a little boy who needed four or five people to hold him down for chemo, to being able to go for bloodwork on his own, take off his tegaderm patch (topical anaesthetic), and to watch the needle being prepared and injected into his leg. All willingly.

Along with drastic improvements in Nicholas' behavior during invasive medical procedures, his parents also reported significant decreases in his level of frustration and anger, and in his aggressive behavior, in the home. Nicholas' parents felt that the skills taught in the Feeling Great program provided instant help in this situation, "I found almost immediate relief with that. Like almost immediately [it improved]". His mother attributes these improvements to enhanced self-control in Nicholas. "I really think he himself has learned control. He's learned how to control himself because he's been on prednizone (medication that often alters mood) the last three times and has controlled himself every single time. And he literally will walk out of the room [when he is angry], and go to his room, and sit on his bed on his own".

Nicholas also learned to identify simple joys and "highlights" and would often focus on these happy experiences during this difficult period.

For highlights, a lot of the times he used things that made him happy. Happy thoughts. So what he would do, is if something was scaring him, he would close his eyes, using his imagination, he would replace it with that happy thought. And there were all kinds of things - at the end of the day there were scary things, but

those things he didn't like to talk about. But he did like to talk about his highlights. So we would ask him, 'What was one of your highlights today?' And sometimes he'd turn around to me and say, 'Mommy you're my highlight'. So I'd say, 'Oh, okay. That's good'. Or [he'd say], 'Daddy's my highlight'. Or the girl that was helping with his relaxation she was one of his highlights because she helped him cope through all of those scary times.

Nicholas' mother was extremely consistent in her approach to parenting Nicholas with the use of these skills. She describes how she would foster the use of these skills in the home environment.

We say [to Nicholas], 'You're angry inside your head ... inside your body. You're not allowed to [just] let it out. You've got to let it out without hurting anyone else. So you have to calm down and take it out of your head'. So he will physically take it out of his head and put it into his little worry box. Like he could put his hand on the table now and stand up taller and just go (takes a big breath), 'It's gone!'. And he'll leave it, like he'll leave [his anger] on the table. He can do that. And I notice him practicing it".

Improving Family Function

Although Nicholas was the only one with cancer, his experience was affecting the entire family. His explosive temper, and anger outbursts, had begun to seriously impair his relationship with his siblings and were making normal family interactions extremely difficult. This behavior was vividly described by his mother.

You almost feel like you're a unique family, different from anyone else in the community and there's almost this big sore spot right in the middle. Because everybody's lives have changed because of it (Nicholas' cancer). We do a lot of positive things around his cancer, and there are a lot of positive things that have come out of it. But I find the girls (his sisters) have no idea what to do around him when he behaves that way. Like I really feel when he gets angry it's almost like one person taking one drink too many. You can't turn it off after that.

After beginning participation in the Feeling Great program, Nicholas' ability to control his anger and frustration, and deal with it in an effective manner, led to improvements in family interactions and in overall family functioning. Nicholas' parents describe their interactions with Nicholas as less volatile and have learned techniques that help them to regain control of his explosive behavior. Moreover, Nicholas' behavior with his siblings has improved and their relationship has become much less strained.

I cannot believe how much this program has done for our family. Without these techniques I cannot honestly tell you where we would be at this point. We as parents were beginning to argue more about Nicholas and the girls were beginning to resent him. They were forgetting how much fun he could be because he was always angry. He is still like that a lot, but I feel if there was something ongoing and we could enter into it, [it] would help our whole family heal.

These behavioral improvements were so dramatic his mother describes the program as ‘a cure’; “[The Feeling Great program] cured it. Honestly ... I don’t know where we might have ended up, in a family break-up or something. Because it was really getting bad. We had nowhere to turn”.

Helping Parents Learn Mental Skills

Although the child with cancer, in this case Nicholas, is the main concern for both parents and health care providers, the effect of a cancer diagnosis, and the reality of living daily with this disease, has a profound effect on the family. This effect impacts most significantly on the parent who assumes the role of primary care giver. In this family the mother assumed this role and experienced a great deal of physical, mental and emotional stress.

You’re left with one parent almost always being there. And there’s no way you’re going to leave that child for any period of time, other than to run out quickly and get something to eat and a shower and come right back. So you’re in this room, all alone, with someone who’s sick. And you have no idea how it’s going to turn out. So you’re just left there. You’re thoughts are building and building and building. And if there was some way to channel them in a different way. Because I find, I know there are not as many stressful and scary things now, but I can channel those thoughts, and just put them away. But in the beginning of treatment you can’t take anything out of your head. Everything’s in your head.

The mother’s involvement in the program included reading the Feeling Great book and listening to audiotapes with Nicholas. This

helped her develop her own effective coping skills which she applied regularly during stressful situations. She describes her use of these skills during a situation where Nicholas was having a seizure.

If I hadn’t gone through the relaxation therapy with him, I wouldn’t have been in control of the situation as much as I was ... I found myself saying things like, ‘I’ve done everything I can do. There’s nothing else I can do. I need to wait for the ambulance’ ... When we got to the hospital he was still unconscious and I was actually getting up tight ... I left the room and I found myself leaning up against a wall, holding onto the wall, deep breathing enough that a nurse came to see if I was okay ... I basically said, ‘Yes, leave me alone. I’m breathing. I’m relaxing. I’m just fine. I’m okay now’. And I went back into the room .. and then I was better able to cope with what I wasn’t able to control ... I find I do a lot of taking these thoughts and placing them in a drawer for another time. Because I can get very paranoid myself with ‘what ifs’, and ‘what the future holds’, and thinking negatively when it’s not doing you any good to think negatively, because nothing has happened. So think positively and everything’s fine. But it’s hard to control.

This program provided Nicholas’ mother with an effective means of helping to support her child during painful and/or distressing situations in the hospital environment, thereby reducing her feelings of helplessness. It also helped provide simple and effective tools she could use in the home environment to parent her child more effectively. As she describes, “the book ...

also has a different approach to dealing with the children. The better we handle our frustrations, and stress, and anger, the better they respond”. Moreover, the Feeling Great Program helped her develop a more positive outlook for the future, “Although I still have fears I am really beginning to believe that we are near the end of this nightmare and heading towards a cure! How’s that for positive thinking?”

The Learning Process

Although improvements in coping were obvious very early in the program, Nicholas’ mother indicates that the level of coping he has currently achieved did not happen “over night”. “This really, really worked. But it took a long time. It didn’t work over night. But I started to see signs”. While learning new mental skills, there were a number of times when Nicholas was either unable or unwilling to apply these skills effectively. During these situations he would sometimes revert back to his former reactive coping behaviors, as he describes.

When chemo time came I ran away two times. I went in the [treatment] room all by myself. I didn’t let mom pull my pants down to take my emla off (topical anaesthetic). I kicked mommy. I pushed the ladies chair. Jody’s daddy had to hold me down. I screamed one big one. I didn’t want to listen to my music. I kept my knees up and my needle hurt a little bit. Then it was all done and I told my mommy I love her. I was scared.

During these times of overwhelming fear Nicholas was unable to apply the mental skills he was learning. After these frightening experiences Nicholas would often express regret for his actions and would talk about “what went wrong” and what he could do differently next time. Over time, the

frequency of these traumatic situations decreased and Nicholas became more consistent in his use of proactive coping strategies. However, learning to consistently use these skills took considerable time and involved a number of different learning processes. These processes included repeated practice of mental skills, parental reinforcement, overcoming bad memories of treatment, altering expectations for pain, developing trust in the mental skills and his ability to apply them, gradually enhancing self-control and the ability to adapt skills and incorporate additional approaches.

Repeated Practice of Mental Skills

Involvement in the Feeling Great Program enabled Nicholas to practice using mental skills in a relatively stress-free environment, without the immediate presence of painful medical procedures. Although these sessions occurred in the hospital, they took place in an environment free of medical equipment and hospital staff. These two factors appeared to be integral to his successful skill development. His mother confirmed the importance of this factor, “The fact that the person teaching him never hurt him in any way, and was also a person who was very relaxed around children made a big difference to him”.

Nicholas’ practice also occurred in the home environment with his mother, who regularly practiced skills such as relaxation and imagery before bed.

We have been practicing relaxing every night before he goes to bed. All I do is start relaxing him from his toes and do every part of his body until we reach his hair once, and then say goodnight, and then I tell him to do it once himself. Before it took him approximately 30 minutes to fall asleep by the time he stopped talking to himself. Well every night

since he [started the relaxation activities] he has been asleep in five minutes.

Stress-free practice environments enabled Nicholas to learn and apply the skills in a relatively relaxed situation, which made him better able to use the skills during situations that involved increasing levels of stress.

Parental Reinforcement

Both of Nicholas' parents were deeply committed to the Feeling Great Program and placed a high level of priority on participation, even traveling an extra two-hour distance to a much further treatment location to ensure his involvement. Nicholas' parents supported his learning by maintaining regular contact with the program facilitator, sharing past and present experiences, and discussing weekly events including effective and ineffective coping attempts. This ensured that weekly sessions were relevant to Nicholas' current needs. Nicholas' parents also fostered skill development by practicing skills with him at home and reminding him to use the skills he was learning during stressful situations. Often Nicholas' mother would use her own creativity to guide Nicholas through procedures and complement skills Nicholas was learning in the program.

I used the relaxation on Nicholas yesterday as he had to have a MRI and they wanted him to try it awake. Before it would have never worked, but he stayed so calm and didn't move for over 30 minutes. I told him to pretend he was in a spaceship and he was going to the moon and that he was an astronaut. The technicians were amazed that he did it because he was so young. Also, we chased rainbows while the nurse unhooked his IV ... he kept his eyes closed and

I kept 'Changing Channels' for him. It didn't work perfectly but the nurse noticed a huge difference in his reactions from before the relaxation.

The consistent support and reinforcement offered by his parents was an integral part of the learning process and provided an important compliment to the formal Feeling Great sessions Nicholas was involved in.

Overcoming Bad Memories of Treatment and Altering Expectations for Pain

One of the most important, and difficult, steps in helping Nicholas acquire and implement effective mental skills was overcoming traumatic memories created by painful treatment experiences. Nicholas had encountered countless physically and emotionally distressing medical situations. These memories created an association between specific events, such as blood work and intramuscular injections, and specific emotions, such as fear and anxiety. In short, he expected pain, fear and distress during these situations. Reducing this fear was an important part of the process of developing improved coping skills. As pointed out by Nicholas' mother:

What his fear was, was a fear of procedures, not a fear of the treatment. Because the treatment never really made him that sick. It was what was being done to him that caused him pain. So he would be screaming when he saw the needle, it was nowhere near him, and he'd start, the anxiety leading up to the needle. And if he didn't see [the needle], or know what was going on, he never felt the chemo. He never felt the stinging or anything in his leg. He didn't even know he had treatment ... If we could get over this initial fear [procedures would run much more smoothly].

Nicholas' mother felt that there was only one way to overcome these expectations of pain and fear and that was, "[Undergoing treatment] a few times without it hurting ... And then he'd go, 'That didn't hurt'. Realizing that didn't hurt". The realization that procedures didn't hurt that much, and that he had some control over how he reacted, helped Nicholas recognize that the pain associated with medical procedures could be effectively managed by using proper coping skills. This understanding helped decrease his reactive coping behavior and treatments became substantially less traumatic and painful.

Developing Trust

Overcoming negative memories was closely linked to another important component of the coping process; developing trust. Before Nicholas could apply these skills consistently he had to develop trust in the skills themselves, in his ability to apply the skills and in his parents and staff to help get him through the procedure as painlessly as possible. This level of trust was not easily achieved, as his mother describes. "Trying to show him that if we do this, [saying] 'Trust me'. It's getting his trust [that] it won't hurt. So it was really difficult to get his trust".

Although Nicholas did learn to trust the mental skills, and his ability to implement them, he had a more difficult time developing trust in staff members. Often, what appeared to be a simple procedure created a great deal of pain and anxiety for Nicholas, and he had difficulty trusting staff members after these negative experiences.

It got to the point, what we had to do was have the same nurse do his bloodwork, the same nurse do his needle. Because he had built up a trust in them. Because all you would

need to happen would have one person not get the vein, and have to re-try, then the next time we came for bloodwork we'd be starting all over again ... Because they broke his trust.

Developing this trust required a great deal of time and effort on the part of both Nicholas' parents and the hospital staff. With continued effort and persistence from these individuals Nicholas did learn to develop a more deeply rooted sense of trust. His mother describes his progress, months after his involvement in the Feeling Great Program, "Treatment is going well, really well. He actually went for bloodwork on his own on Thursday. He is very trusting".

Enhancing Self-Control

Gaining self-control was also a large part of the coping process. Before Nicholas could apply these skills consistently and effectively, he had to begin to take control of his own thoughts and feelings, especially related to fear and aggression. Overcoming these feelings was extremely difficult for a four-year old and his mother describes the struggle he undergoes prior to some procedures. "Nicholas told me (mom) the other day when I asked him why he didn't just go in for his treatment without causing a fit, and he said, 'Because his head wants to (go in for treatment), and his tummy tells him to run away'". Although Nicholas understands the need to undergo these painful procedures, and although he wants to cooperate, his fear is sometimes so overwhelming that he cannot control his behavior. At these times he often tries to escape the treatment area or physically strikes out at those around him.

When he has to deal with new faces he reverts to baby talk and very often refuses to do what they want for fear of being hurt ... At these points he

becomes very hyper and doesn't practice much of what he has learned. Then there are times when it starts out that way then all of a sudden he controls himself and is fine.

In these stressful situations, if he is able to regain control, he will remember the mental skills he has learned and shift focus to using these skills. Despite his sometimes overpowering fear, Nicholas eventually overcame many of his fears, “The most important lesson that Nicholas learned was to be able to control his fears, that he had control of what his mind was thinking”. In addition to controlling himself during invasive procedures Nicholas also learned to control his feelings of anger and aggression in the home environment. His anger outbursts decreased considerably, “He can control himself so he doesn't flip out and do these, like you know the normal kid things [when he's angry]. He'll control that”.

Alternating and Adapting Mental Skills During the Course of Treatment

Nicholas used several different techniques to deal effectively with his distress. These techniques included listening to relaxing or happy music on a walkman, closing his eyes and imagining various positive events or ‘Special Places’, listening to his mother talk to him or ‘Change Channels’ for him, having his mother draw numbers on his face with tissue or her finger, and performing ‘Spaghetti Toes’ muscle relaxation and ‘Jelly Belly’ diaphragm breathing. His mother felt that it was important to alternate the types of skills he used during procedures and the approach to treatment, stating, “I had to keep changing what was effective”. She often had to be very “hands-on” and creative in her efforts to help Nicholas. Sometimes she would need to grab his attention either verbally or physically by talking to him or holding his hands in order

to help him refocus and remember to use his mental skills.

Sometimes I can get him back on track by telling him to relax, look at me, and think of something else. Or it may be as much as telling him he won't be allowed to go on the computer or Nintendo when he gets home. A lot of times we would go shopping on our way home for a small reward for bravery. I frequently would need to pull his face to me and talk over his talking and get him to concentrate on only me and to block the sight of the needle so he didn't see it.

Having a variety of different mental skills was essential during his attempts to cope more effectively with stressful experiences. During the process of learning, many different skills would work for a period of time. However, one negative experience while using a mental skill might make this skill temporarily ineffective. Ongoing effectiveness required a great deal of persistence and creativity on the part of his mother as she continuously searched for effective and novel methods of approaching treatment and relaxation.

Positive Outcome

Learning to cope more effectively was a lengthy and challenging process for Nicholas and his family. However, the positive outcomes they experienced justified their investment of time and energy. “What you have taught me, and more importantly Nicholas, has made a major change in his life. His whole life is different. He is not stressed before chemo. He didn't try to run away. He was ready before they were. Simply amazing”. Overall, the program proved to be valuable in helping this family deal with the fear and distress associated

with childhood cancer. Both Nicholas and his parents gained more effective methods for dealing with feelings of fear, distress, anger and frustration. They also developed a more positive perspective, which helped them live with more joy during this challenging time.

When I thought that we were going to a point of no return, you helped to bring us back. And I am serious. What you have done has made a huge difference in our everyday lives. Dealing with the side effects of Nicholas' treatment was really beginning to wreak havoc in our lives. Just being able to deal with that, makes living with this terrible disease a little easier.

A follow-up interview with Nicholas' mother indicates that, in addition to improving the treatment experience, participation in the Feeling Great Program has also helped Nicholas learn to cope with other sources of stress outside the hospital.

He's done this program, I think it's approximately 2 years ago that he started, and he's still using it everyday. He's starting to use it in school for when he has to do difficult work and instead of getting all frustrated he's taking his frustrated thoughts out of his head and putting them into his desk and then going on to another question. So there are just little places here and there where he's using the program, and he seems overall calmer, not as aggressive.

Discussion

The experiences of this child and his family indicate that Orlick's (1998) mental skills program was helpful in teaching this family to deal with painful and/or distressing medi-

cal procedures, as well as stressful experiences outside the hospital environment. Nicholas used a number of mental skills taught in the Feeling Great Program such as refocusing, positive imagery and muscle relaxation to help him cope with intermittent stressors such as intramuscular injections and bloodwork. Furthermore, Nicholas learned to use mental skills to cope with stressors of a more chronic nature, feelings such as frustration towards treatment and hospital visits. These results support previous studies that found the Feeling Great Program to be successful in teaching a broad, school-based population of children relaxation skills, stress control strategies and more positive perspectives (St.Denis, 1994; Gilbert & Orlick, 1996; Cox & Orlick, 1996). This study also supports the findings of other studies, that found that pediatric patients were able to learn and apply effective coping strategies at a young age, and that the use of these strategies decreased their behavioral distress during medical procedures (Powers et al, 1993; LaMontagne, Wells, Hepworth, Johnson & Manes, 1999; Blount, Powers, Cotter, Swan & Free, 1994; Hockenberry-Eaton, DiLorio & Kemp, 1995).

Another notable outcome of this child's participation in the Feeling Great Program was related to family functioning. Prior to the program Nicholas displayed increasing anger and frustration. These feelings were often expressed through violent anger outbursts and aggressive behavior towards family members. This behavior placed great strain on all the family members and their relationships with one another. The tension on relationships caused by a cancer diagnosis is well documented and both marital relationships and relationships with healthy siblings are significantly affected by this strain (Thoma, Hockenberry-Eaton & Kemp, 1993). After participating in the Feeling Great Program Nicholas learned to control

his anger outbursts more effectively and deal with his aggression in a more positive manner, often through the use of deep breathing, refocusing and a “worry box”. His enhanced self-control improved interactions between himself and other family members and made a significant contribution to the family’s overall harmony.

This program also had a significant impact on the coping abilities of the primary care giver. Parents of children living with cancer identify numerous stressors including role uncertainty, insecurities regarding their ability to properly inform and prepare their child for upcoming treatments, anticipation of their child’s pain and distress, and inability to help the child during this encounter (LaMontagne et al, 1999). Involvement in this program helped the primary care giver deal more effectively with her emotions, such as stress and fear. This enabled her to provide more effective support to her child during stressful situations, decreased her feelings of helplessness, and equipped her with effective parenting techniques to cope with her son’s behavioral issues. The value of improving parental coping behavior is supported by LaMontagne et al (1999), who suggest that the behavior of parents during painful procedures impacts on the child’s experience of distress. Similarly, Blount et al (1994) found that coping skills training for children, combined with parental training in “coping-promoting skills”, such as verbal encouragement and coaching, helped children undergo treatment with less distress. Furthermore, parents who model effective stress management in the home environment help support and reassure the child.

Implications for Practice

From a practical perspective the results of this study have several important implications that may improve the treatment and life experience for both pediatric patients

and their parents. These implications include the need for early intervention to decrease the development of traumatic treatment memories and build trust in children’s ability to apply effective coping methods, the need for repeated practice of coping skills in a relatively stress-free environment and the importance of parental support and involvement.

In this study, overcoming current negative memories was an important step in helping to develop positive coping responses. Similarly, Chen, Zeltzer, Craske & Katz (2000) found that once children develop bad memories, which are often exaggerated in the child’s mind, these memories become a significant predictor of future distress behaviors. These findings highlight the importance of helping children develop effective strategies at an early stage of treatment in an effort to prevent traumatic memories and increased behavioral distress. This view is supported by Sawyer, Antoniou, Toogood & Rice (1997) who recommend directing efforts at decreasing distress for children and parents early in the treatment process. An additional benefit of early intervention is the opportunity to enhance children’s self-control during stressful situations and create trust in their ability to use mental skills to alleviate pain during treatment.

After participating in the Feeling Great program, Nicholas was able to employ proactive coping responses more consistently and effectively. This improved coping is attributed mainly to repeated practice of mental skills in a stress-free environment. Regular practice of mental skills helped to increase the number of proactive coping responses available to him, improved his ability to apply these techniques and enhanced his confidence in the effectiveness of the skills. Increased emphasis on consistent

practice in a relatively stress-free environment, will help children learn and implement more positive coping methods. Ideally, practice should be encouraged by parents, caregivers, teachers and health-care practitioners.

Parental support was also identified as an asset to high quality mental skill acquisition and implementation. Peterson et al (1999) suggest that children need both encouragement and motivation in order to engage in proactive coping behaviors during stressful events. Parental support, both during specific stressful experiences and throughout the course of treatment, is perhaps the most influential form of encouragement; therefore every effort should be made to facilitate parental involvement. Increased parental involvement has also been found to reduce feelings of helplessness in parents and decrease feelings of distress in both the participating parent and the child (Powers et al, 1993; Blount et al, 1994; LaMontagne et al, 1999). These findings emphasize the necessity of increasing parental involvement in interventions of this nature, perhaps by including parents and other family members in weekly sessions, by creating a coaching role for parents or by increasing skill use in the home environment.

Finally, this study clearly indicated the importance of maintaining flexibility in mental skill acquisition and implementation. This flexibility should address children's personal preferences, past experiences and contextual factors. Parents and children should be encouraged to adapt skills as necessary and revise these skills to enhance their efficacy and appropriateness. A flexible program design enables children to participate on their own terms, thereby enhancing feelings of control and program enjoyment, and increasing the opportunity to

match program activities with participant preferences.

Future Research Recommendations

The experience of stress and coping is complex and multidetermined. A number of factors influence children's coping and stress responses, such as prior experiences, length of time in treatment, specific medications and support from family and hospital personnel. The goal of this study was not to control these variables, rather to determine how a child could use mental skills in conjunction with these variables. These external factors undoubtedly influence the coping process and therefore must be considered when interpreting the results. Furthermore, a substantial amount of the data is comprised of parental reports and retrospective data, a factor that must also be taken into account.

This study endeavored to identify several key components involved in the process of acquiring and implementing coping skills in a complex situation. Further research that attempts to understand coping as a process, for different populations of children within various contexts, is necessary. Developing a more comprehensive understanding of this phenomenon may enhance the effectiveness of support available to children and their families.

Summary

Nicholas, a four-year old pediatric cancer patient, was capable of learning a number of different mental skills and applying these skills during distressing hospital experiences and in stressful situations outside the hospital environment. The use of relevant mental skills was also associated with improved behavioral functioning, leading to fewer anger outbursts and decreased aggression. Creative efforts to introduce these skills to children in the early stages of their treat-

ment, with family involvement, may provide an effective means of enhancing children's coping techniques, improving the experience

of pediatric cancer treatment and enhancing quality of life during this stressful time.

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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.

Mental Skills Training for Children and Young Athletes

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Abstract

Working with children can be challenging, as it requires a certain understanding of their needs and the ability to prepare mental training sessions that will present them with useful information, and also carry a certain appeal. This purpose of this article is twofold: 1) to share some lessons learned from experiences working as mental training coach with children enrolled in summer sports camps, and 2) to introduce some newly created material that may be of use when helping young athletes develop positive mental skills and perspective.

Introduction

When helping individuals reach their full potential through mental training, being aware of the clients' needs and circumstances is of primary concern. Each athlete has his or her own needs, and individuals gathered within a group can also have particularities that may dictate the type of service offered, especially when these individuals are children.

As part of my supervised internship in mental training consulting at the University of Ottawa, I spent the summer months offering mental training sessions to children (five to fourteen years old) who were attending summer sport camps in the following sports: golf, tennis, and hockey. This sports camp had never before included a mental skills training component. The goal of these sessions was to equip these young athletes with tools that they could easily integrate into their sport, as well as their life. Within the camp setting part of the goal was

to help the children improve their skills in their chosen discipline.

I attempted to create and integrate various activities that would not only introduce mental skills to the campers, but also have enough appeal to maintain their attention and make each session enjoyable. An overview of the activities that were most successful in this particular setting, as well as the lessons I was fortunate enough to encounter along the way are presented below.

The Sessions' Activities

Comic Strips

Considering the young age of some of the participants, it was felt that straightforward presentation and discussions on the topics introduced would be difficult and perhaps ineffective. Hence, I set out to develop a few activities that would grasp their interest and encourage them to adopt strategies aimed at enhancing their performance in their sport. One of the most popular of these activities

consisted of comic strips, through which I could introduce different scenarios possibly encountered in tennis, golf, or hockey. I believe the allure of this activity was that the comic strips not only allowed them to draw, which they always seemed to enjoy, but also, that it provided an opportunity to express their creative nature, as each individual had to choose the scenarios' conclusion. These comic strips addressed many topics in mental training and required that the children fill in certain blank bubbles and empty boxes, deciding how the stories unfolded. (See page 73 & 74)

The first of these comic strip, “Let’s Play Tennis!” dealt with an unsportsmanlike opponent who not only bragged about his or her win but who also suggested that his or her opponent abandon the sport to engage in one in which they would be more successful. The children had to identify, through their drawings and chosen dialogue, how they would deal with such a situation. After the comic strip was completed with the children’s input, their sharing of how they responded to the scenario would trigger a discussion relating to the many ways to address the opponent and the particular situation. Issues such as never giving up, continuing to practice and play the sport, even if wins are rare, and to remain courteous to one’s opponents, even if they may say things that could be considered offensive, were raised through this activity. The importance of having fun instead of focusing solely on winning was also raised, and interestingly, many children at different ages indicated that the outcome mattered less than the enjoyment obtained through participation. In a few instances, children indicated that they would react violently to their opponent’s comments, by either insulting them or even fighting with them. These instances, provided the group with an opportunity to find more acceptable ways to

resolve the conflict and together, we would identify the both inappropriate behaviors and suitable replacements.

The second comic strip, “Practice Makes Perfect...” presented a story line in which the camper was having difficulty serving (in tennis) or driving (in golf). An instructor or other figure, as determined by each individual, gave encouragement to this child by pointing out this area for improvement and by also telling each of them to continue practicing in order to keep improving their skills. The purpose of this particular comic strip was to discuss challenges that may arise in a sport and encourage the children to continue practicing in order to enhance their skills. I noticed that many young children don’t particularly thrive on practices, preferring to play their sport, without necessarily targeting specific improvements. However, most of these children agreed, through their drawings, that committing oneself to practice a task will yield positive results, and thus, even if practices can be long and dull, it has many advantages.

Comic strips were a useful exercise in addressing various topics and in stimulating reflection on various ways to react to different scenarios, thus creating an ideal springboard from which to engage in discussions focused on the challenging aspects of their sport.

Motivation Meter

On some occasions, children would comment that they did not wish to participate in the camp, indicating that their parents had enrolled them without seeking their approval. Some said that they disliked the sport, whether it be tennis, golf, or hockey or indicated that would rather stay home to play with their friends or even, to watch television, rather than spending the day participating in the camp’s activities.

Stimulated by these children's perspective about going to camp, I set out to fabricate a motivation meter in an attempt to help them find the positives within the camp experience. (See page 72)

The motivation meter has two components: the first is a handout and the second is a constructed cardboard meter that can be displayed on a wall. For the first component, the campers had to indicate how eager they were to engage in various activities, on a scale of 0 to 10, 0 identifying an activity that they would avoid, and 10 representing those activities in which they would most wish to participate. A popular example to best describe these ratings is that 0 would often be reserved for school or homework, hence something they very much disliked, and 10 would be associated with playing video games and eating ice cream. Once the campers determined which activities constituted their meter's two extremes (high and low), they had to rate how eager, or motivated, they were to participate in their sport, both through practices and a game.

The larger cardboard meter on the wall served to display ratings on certain activities for all to see. Usually I would ask the children to draw a coloured circle around their rating to indicate their eagerness to participate in the particular camp. This would allow them to engage in a group activity and this was followed with a general conversation on the matter, involving all participants.

The motivation meter, as a tool, could not function on its own; it was linked to the identification of positive highlights in order to encourage children to try to carry a more positive approach to activities they deemed unpleasant. Therefore, once they had placed an activity rather low on the motivation meter, they were asked to find an enjoyable

component about this activity. Depending on the day and mood of the children, they could draw, write, or simply discuss this particular aspect of finding something positive. An example of how this functioned is that, if they said that they didn't care much for tennis, even though their parents had signed them up for this camp, they were encouraged to identify anything they found enjoyable in this camp. Perhaps it wasn't the sport itself, but rather that it created an opportunity to be with friends, or perhaps they relished a particular tennis activity, as opposed to the game as a whole, or even, that they enjoyed the daily swimming hour. Thus, instead of thinking that nothing was fun, they would find an aspect which they looked forward to and try to make the best of a deemed unpleasant situation. By challenging the campers to focus on the positive aspects of camp instead of immediately expressing their displeasure, I hoped to render these camps, or any other activity, more appealing. Moreover, hopefully they will remember to follow such a strategy whenever an imperfect situation arises, whether it be school or any other potentially disagreeable task they may encounter. Basically as Orlick says, the goal is "to help them to find the positives in the negatives, or turn the negatives into positives, or make the best of the situation" (Orlick, 1998).

Goal-Setting

I feel it can be useful for athletes to identify what they wish to gain from their participation in sport or other activities. In the case of these children and young athletes, some wanted to become professional players, and others wanted to play tennis, golf, hockey, or any other sport, simply to have fun. To help these youngsters identify what they were seeking in their sport, they were asked to draw, or write their long-term goal. They did this by dividing a sheet of paper so that it looked like a picture frame, with a large

space in the middle, surrounded by four narrower borders around the edges. To simplify the long-term goal, I suggested that they draw a picture of where they saw themselves, a year from now. For example, they could draw that they anticipated participating in a specific tournament, or simply, that they wished to win a game against their mother and/or father. Then, they would identify 4 mid-range goals using each border surrounding the main drawing to represent a quarter of the year (for example, if in July, the first box would consist of the months of July through September). They would draw, or write, what they planned to do in those months that would help them to reach their overall goal. The more ambitious tennis players indicated that they would continue practicing their serve and other skills, and also find sponsors, and participate in specific championships, thus allowing them to gain the necessary support and experience to compete at a professional level.

This activity was useful for older, more committed teenage athletes who possessed the abilities to assess their expectations and develop strategies that would help them to reach these goals but was not successful with younger children. More thought needs to be given to how one could adapt the questions and content of the picture frame format to make goal setting relevant and useful for young children.

Positive Self-Talk - Red Light Green Light

Many of these children and young athletes indicated that they usually (but not always) maintain a positive outlook during a game, even if things aren't going their way. Most of them also felt that having fun was more essential than winning every game. An activity was devised to reinforce and strengthen their skills at remaining positive and to offer positives solutions to those who

might sometimes think "I can't do this!" or "I'm no good!". I prepared a game to help the children learn to differentiate between positive and negative self-talk, and to identify how they could replace their negative thoughts with something more positive. Negative self-talk can and does affect the mood of the players, and leads to feelings of dejection or hopelessness. Negative thinking can affect the outcome of a shot or game, by reducing the level of effort or focus put into the shot or game (for example, if a player is thinking he or she cannot perform a certain task or win the game). For this reason, I wanted to encourage the young athletes to dispose of their negative thoughts if they arose during their athletic pursuit and replace them with statements that could help them to maintain a positive outlook.

For this game, the children were separated into two teams, and each team was given about twenty statements (some positive and some negative), ranging from "I am probably going to mess this up" to "I have a good serve" (or "drive", for the golfers). The players were asked to place the statements in boxes below the appropriate cardboard traffic lights. Negative statements were to be placed under the red traffic light, as they needed to stop thinking in a negative fashion. Positive statements went under the green light as this kind of thinking would give them the go-ahead and motivate them to continue with their positive thoughts and positive actions. A discussion then ensued, during which each of the statements was read by the players. When encountering a negative statement, I instructed the players to tell themselves to "Stop!" as soon as they realized that they were reading a negative statement or adopting a negative outlook, they were asked to replace it with something more positive, such as "I can do this!" or "I'll do my best!".

At the end of the game, I asked the children to come up with three positive statements they could use in their sport, thereby encouraging them to devise their own self-talk. Some great answers were given, from a simple “Go Team Go!” (from a hockey player) to “Play and act like a winner!”. This activity provided the children with some positive reminders to think about and a practical experience that they could readily integrate use into their tennis, golf, or hockey, as well as in other outside endeavors.

A positive component of this activity was the children learned the lesson in an enjoyable way without making it seem too much like “school”. Most of the children enjoyed getting together as a team and helping each other identify the nature of each statement. Some groups chose to divide the statements and each child was responsible for his or her own pile, while other groups designated individuals whose task consisted of placing all these statements in the appropriate boxes.

Lessons Learned

Insights

This internship was a great learning experience for me and for the children with whom I had the pleasure work. I had the chance to create material to enhance the efficiency and appeal of the sessions, to gather many valuable lessons on the applied field of mental training, and to gain a better understanding of the most efficient ways to respond to the needs of young children. Over the summer, one of my highlights was that I had the opportunity of learning from the children’s enlightening points of view, which they readily shared during the various activities. It was refreshing to hear their ideas and to discover that many felt that the most important part of playing a sport isn’t winning or losing, but rather, having fun. Some children shared the view that since

they can't win all of the time, they should focus on doing their best and having fun. One boy told the rest of the group that, we shouldn’t cry after losing because winning isn’t the point of participating in sport. He went on to say that we should keep a smile on our face and not worry too much about the end result.

I reinforced the importance of enjoyment through the mental skills training sessions, and encouraged these children to carry a positive and enthusiastic approach into all their activities.

The Sessions’ Appeal

I tried to make the material as stimulating as possible for all the children involved. Incorporating props and games that allowed them to learn while having fun often accomplished this. Over the course of this summer internship, it was a common occurrence for youngsters to arrive at the sessions and ask if this was going to be like school. I quickly reassured them that this wasn’t like school; it was something fun that they would actively participate in. The goal was for them to participate in discovering tools that may be useful in their athletic ventures, in the same way as practicing their physical skills in tennis, golf, and hockey, would lead to personal improvements. By the end of each weekly session, most of them left feeling that they were not attending a class but rather, benefiting from another component of their camp aimed at helping them maximize their efficiency in their sport and outside their sport.

It was crucial that I, as a mental training consultant, remained aware of the needs of the children, some of which was determined by their age, their energy level, and the sport in which they participated. It was harder to keep their interest when the activities involved a lot of writing. I had to trust my

creative instincts, and create or present material with more appeal, including games and colorful material that they welcomed.

Patience and positiveness on my part was also of primary importance throughout these sessions.

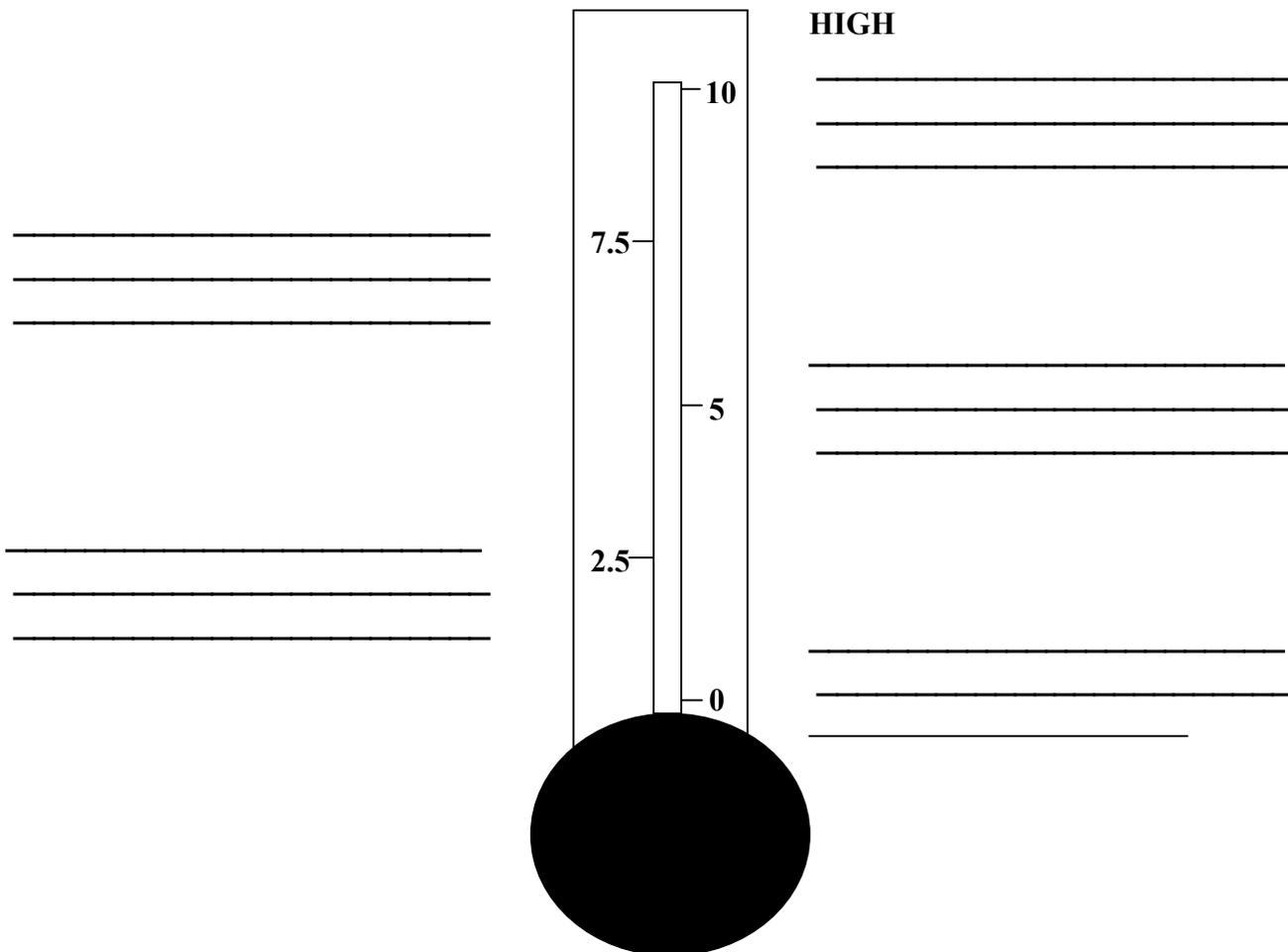
Conclusion

When I set out to offer additional help to these children for improving their athletic skills through mental skills training, my goal was simply to present them with strategies that they could easily integrate into their sport or day-to-day life. If I were to offer advice about working with such young performers, it would be to come prepared for any occurrence, and to not shy away from

creating activities that will immediately attract their attention. Furthermore, we must keep in mind the infinite wisdom of children. We often forget that children have much to teach us. They have many good thoughts to share and we must be ready to listen to what they may say. We must remain flexible and open-minded in order to learn from them.

I found my experiences in these summer sport camps to be truly enlightening and rewarding. Not only did I get the opportunity to gain important insights into my field of study and my consulting work, I also got the chance to work with such unique individuals who delighted me with their perspectives on the issues discussed!

Motivation Meter



BY: _____

Let's Play Tennis



I'm so good.
I won again!!
You should play
another sport

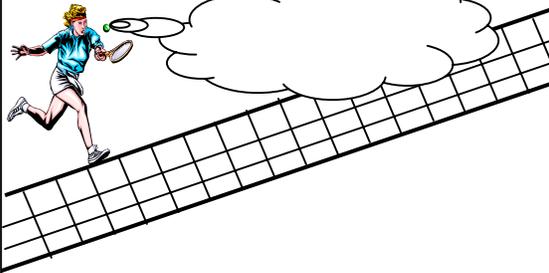
(My response)



Let's play
some more
tomorrow

Coach

The following
day...



(My response)



The End

BY: _____

Practice Makes Perfect



That's the 5th serve in a row that I missed! I will never be able to serve properly!



Coach

Don't give up! You just need a bit more practice. You'll have a great serve in no time.

Later that practice



(My response)



The End

References

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Mental Skills Training with Children in a Summer Camp Context

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Abstract

This article is a summary of my internship experiences as a mental training consultant at a summer camp for children. In this article I discuss how the practical application of mental training knowledge acquired through my applied graduate studies at the University of Ottawa, helped me to enrich the summer for the individuals who attended this camp, including myself. I briefly describe the context of the intervention, summarize what I did with the children, and discuss what worked best. I conclude the article by highlighting the lessons I have learned and share implications for others working with children.

I chose a children's camp for my internship experience because I have always enjoyed working with children and youth. This particular camp was designed for children between the ages of 5 and 12 and ran for eight weeks. The sessions averaged 100 children per week, and they were divided into eight groups according to their age. The number of weeks spent at the camp varied per child. The campers participated in many different sports and activities that were facilitated by a team of counselors. This was an excellent opportunity to introduce children to the concepts of mental skills training and sport psychology. The children at this camp participated in a variety of activities and were in a position to benefit from an introduction to our mental skills training program. The overall goal was to present the children with practical mental skills that could enhance their enjoyment, their performance and their lives.

Prior to beginning my intervention, I spent many hours developing the intervention material and meeting with the camp coordinator. Having previously worked as a counselor at this camp, I had prior insight into the camp routine, which helped with my preparation. Meeting with the camp coordinator before the camp started helped to establish a positive rapport. More importantly I felt confident in my abilities as a student-consultant due to extensive preparation and the knowledge I acquired throughout my applied graduate course work. I felt excited and confident in my abilities as a consultant and was looking forward to growing from each situation and to facilitating the growth of others. My main goals as a consultant with these children was to facilitate mental training activities and cooperative games, provide opportunities for group and individual interaction, and learn ways to enhance the application of mental

skills training for children and youth. More specifically, my intentions were to help children have a positive experience at camp and facilitate some development of mental training skills including confidence, relaxation, and positive imagery. Throughout the course of my intervention I also provided services to the counselors and management, however this is not the focus of this article.

During a typical day at camp I interacted with children both one-on-one and in group settings. A summary of my group and one-on-one interactions are outlined below.

Group Interactions

For the most part, I interacted with children in a group setting. Many times I participated with groups of children during their daily activities. When I did this I encouraged individuals, promoted cooperation and helped children become aware of the enjoyment they were experiencing. When I played with the groups, the children really enjoyed this, and I also experienced tremendous amounts of joy. We can receive wonderful feelings playing with children and in turn project positive energy.

Along with participating with and observing groups, I also facilitated group activities. The most valuable mental training exercise that I did at camp, and the one that I believe worked best was finding joy and highlights. I have personally experienced the joys and benefits of finding and recording highlights. This is why I felt that highlight hunting was an essential activity that I wished to incorporate into the intervention process on a daily basis. I encouraged the counselors in their pre-season training session to have the children write or draw their highlight(s) for each day. Each child's daily highlight was to be placed in the groups' 'treasure box' and at the end of the week they were to be attached with yarn to create a weekly jour-

nal. During the post-camp staff meeting on the Thursday of the first week, one counselor told me that the daily schedules were tight and this activity was very good by difficult to do on an every day basis. As a group, we decided that this activity was a good idea to continue, but perhaps not every day. The staff suggested making a group highlight poster, instead of doing the journal and I applauded the staff for taking this initiative.

This was valuable input from the counselors, which lead to the creation of the Highlight Hall of Fame. Each week the campers wrote or drew their highlights on a piece of colored paper. The colors of the paper corresponded to the group color they were in that week (e.g. pink group, blue group, and so on). Also, each week there was a different theme at camp. I prepared an outline that corresponded to the theme of the week and photocopied this 'highlight border' in the group colors. For example, during the circus week the highlight paper was a balloon and during Jungle Fever week the picture was a monkey's head. All campers present each week participated in this activity. Once the highlights were completed, the outline was cut out and the children placed their most enjoyable weekly moments on the 'Highlight Hall of Fame'. This activity was effective because the counselors enjoyed it themselves and had fun facilitating it each week. Establishing the 'Highlight Hall of Fame' worked really well because the children enjoyed putting their highlights on the wall, looking at each other's highlights, and being reminded of the positive moments experienced. When we took down the wall (which was longer than a tennis court by the end of camp) what remained looked grim and bare. I learned that by remaining flexible and open in my approach as a consultant, finding joy and highlights at camp was better than I ever imagined it could be.

Another fun activity that the counselors facilitated on “Christmas in July day” was to give a “gift” of a highlight. One group painted a box that looked like a present on a large piece of paper and the children and counselors wrote in what they did to make someone else feel good during that day. Making others feel good, in my opinion, is the true essence of the holidays.

I also took time to tell group stories such as the adventures of Zuper from *To Be the Best I Can Be* (Durand-Bush & Theberge, 2002) and Umbalakiki from *Feeling Great* (Orlick, 1998). The first is my own story I am developing that encompasses many concepts of the mental training field and the latter is a truly amazing story written by Terry Orlick. I have told many different children between the ages of 5 and 12 Umbalakiki and often embellished on the details. The wonderful thing about Umbalakiki is that it gives the children a tool to ‘tree’ any negative feelings they many have experienced during an activity. I really enjoy doing this activity with children after competitive activities because it brings the teams together into one circle. It reinforces to the children that we are all playing together for enjoyment. Story-telling is an excellent tool to convey mental skills lessons. If time permitted, I also reviewed stories I told to the group by drawing a picture on a large piece of brown paper in a black marker. As a group the children enjoy adding color to the picture drawn. You do not have to be a good artist to draw for the children, as they love just being involved. On the poster I also recorded the groups’ lessons learned and highlights from the stories told. The cooperative posters were colorful additions to the ‘Highlight Hall of Fame’.

Other group activities included cooperative games and mental skills training workshops. Orlick’s (1978; 1982) cooperative games

books are amazing resources for caregivers and consultants to facilitate games that everyone can enjoy because everyone is a winner. I facilitated some of the games, and will discuss one experience which I found truly demonstrated the value of cooperation in active play. I have worked many years with children and have always enjoyed playing dodge ball. Sometimes children will cry when they get eliminated, often complaining that the ball hurt, and some others may sit out of the game entirely. I experimented with variations of this game such as eliminating teams so it is an all-for-one structure, but even in this format if a child is hit with the ball they must sit down. When I read Orlick’s version called non-elimination dodge ball, I was eager to try this activity with the children. The group is divided into two teams. If one individual is hit with the ball, they have to switch to the other team. Therefore all children will play continuously, regardless the amount of times they are struck with the ball. In the many times I played this version, not one child cried, not one child sat out. I realized that in some cases it was not the ball that hurt them, it was being eliminated and the emotional pain of getting eliminated. Also, the games are more active and lasted longer. I was only asked once ‘how do you win’ and pleasantly replied ‘the team that gets everyone on one side wins’. The child smiled and returned to the game. It was absolutely incredible to see how the children remained active and thoroughly enjoyed these cooperative games.

On weeks one, three, five, and eight, I provided workshops on positive perspectives, changing channels, relaxation, and imagination respectively. I adjusted the approach to accommodate the age group targeted but the content of the workshop was similar. I presented each of these workshops to between six to eight different groups. It

worked best with a maximum of fifteen children per group. More than that number reduced the likelihood of involving all the children in the discussions. An overview of what worked best during the weekly workshops is presented below.

Positive Perspectives

The five and six year olds really enjoyed the story of Umbalakiki (Orlick, 1998), and sharing things at which they were good. Children aged seven through ten had fun with the activity I entitled ‘positive thought scuba tank’. In this activity the campers each had a turn to share something they could say to themselves that would make them feel good. Examples of positive self-talk saying include; ‘I have fun with my friends’, ‘I always say I am sorry’ (when I hurt someone’s feelings) , and ‘I am good at soccer’. As each individual stated their positive self-talk I wrote them on a big scuba tank that I drew. All the tanks were placed on the Highlight Hall of Fame. Time permitted one group to use these positive sayings in a relaxation/imagery script that guided them on a scuba adventure in a warm magical pond with their imaginary scuba tanks filled with positive thoughts. I was ecstatic to observe how well this activity was received by the children and learned that coincidentally a scuba tank in French is ‘Bon Bonne’.

I facilitated this activity on different occasions with groups throughout the course of the camp. Role-plays worked best with the eleven and twelve year old campers. I divided them into mini-groups and gave them a general scenario such as: You are a volleyball team that is playing a big game against a tough team. The groups were instructed to present two short plays demonstrating a negative and positive way to react to the present situation. Only one child (who was very shy) did not want to participate in this activity, but enjoyed being the judge of

the groups. The counselors and children shared a lot of laughs during this workshop.

Changing Channels

Changing Channels is an activity from the Feeling Great (Orlick, 1998) and Mindmasters (Orlick, 2002) programs. I facilitated this activity with all the groups and learned that the different age groups can benefit from being provided with an effective tool like this to control their thoughts and emotions. I was given the idea from a fellow graduate student at University of Ottawa, Kelly Doell, to wrap ‘Smarties’ boxes in a white piece of paper so the children can make their own channel changers. It took time to prepare 120 boxes, but it was well worth the effort. It worked well with all the age groups to listen to Orlick’s Mindmasters CD and discuss different feelings prior to having them create their personal remote controls.

Relaxation

I facilitated the relaxation workshops in the spinning room, because it was quiet, the lights could dim, and there was place to lay mats. The children arrived, got comfortable on their mats, and we discussed the benefits of relaxation. The script I used was special place relaxation (Orlick, 1998) and afterwards the children all drew or wrote about their special place. The children also rated how they felt before and after the relaxation session on a relaxation cat scale (Orlick, 2002). I played quiet, calming music as I read the script in a slow and soft tone. I relaxed myself before the workshop began because it was extremely important that I, as a consultant, feel relaxed before facilitating a relaxation workshop. Again the Mindmaster’s CD (Orlick, 2002) was a very valuable resource. I have an English and French copy which allowed for a counselor to take the few French-speaking children

into a separate room to enjoy the benefits of relaxing.

Following the relaxation component of the workshop, I asked the children how they felt and when it would be good to feel like they do now. Many replied ‘before a test’ or ‘when I am in trouble’. The older children in particular enjoyed this activity so much that they asked for a relaxation session after lunch on several different occasions. The counselors also enjoyed this relaxation time and reported that the groups were very attentive and calm following the session.

Imagery

The first three workshops were scheduled into the weekly routines by the camp coordinator. The theme during the last week of camp was ‘imagination’ so I gave the counselors the option to schedule an imagery workshop into their week. I was delighted that all groups wanted a workshop. Two imagery workshops that I believe worked best, the 5 and 6 year-old groups and the 11 and 12-year-old groups, are discussed below.

With the little ones, I started the discussion on imagination according to the suggestions provided in *Feeling Great* (Orlick, 1998). I guided them through ‘soaring’ (Orlick, 1998), butterfly (Orlick, 1998), and then allowed them to choose what picture they wished to draw from their imagination. Some children enjoyed drawing, but others were getting fidgety so we played space robots (Orlick, 1998). Space robots worked really well with all age groups. This is an effective activity to demonstrate to children that they can control their energy levels. All groups played space robots twice. The second time the children suggested other imaginary buttons. For example, if an animator touched their ear, the children said a short sentence, or if you touched their

shoulders they pretended to fly with their jet pack. The counselors also were very involved in this activity and everyone participated. Space robots was particularly effective with the oldest children following the ‘Star Track’ imagery script (Orlick, 1998). The room where the workshop was conducted was cold, so I added into the script that a star sprinkling stardust was making them feel warm all through their body. I repeated ‘you feel warm and comfortable’ three times slowly. When the session ended, one child sat up and exclaimed ‘when you said I was getting warmer, I was actually getting warmer. It was so cool!’ The others agreed. Following the relaxation script, the older children loved space robots because it brought their energy levels up.

I believe that the workshops with the children were valuable and effective. In a long, active day the children enjoyed having a quiet time for discussion or reflection, and an opportunity to relax. The workshops worked well because I introduced enjoyable activities and I encouraged discussion by asking the group questions. These workshops also provided alternative education to what these and other campers are generally exposed to at camps. A soft respectful tone and clear voice worked well for all workshops and interactions, especially the relaxation workshops.

The workshops were very rewarding experiences and many staff members commented on my positive relations with the children. One individual wrote on my evaluation; “Her workshops brought calm and reflective thought to the group, even the harder kids were giving her their full attention.” There are many factors that influence the attention of the children, however I will introduce two techniques that helped me to acquire and maintain a group of children’s attention:

establishing group norms and attention grabbers.

For group interactions it is very important to establish the group norms prior to beginning. However, I do not like ‘telling’ the group the ‘rules’. Instead I ask the group what they think will make this time fun for everyone and how can we make sure that we can do all the fun things that are planned. Often the children will suggest more rules than you may have. There are times when your time is limited or you are interacting for a second time with a group. In these situations, what has worked well for me is to ask the group for ‘favors’. For example, during the relaxation workshops the favor I asked of the group was to listen and be quiet to help everyone relax.

Getting the attention of groups of children may be a challenge for many individuals. I believe I am effective in this area, and this has been reinforced through my observations and feedback from counselors and management. Speaking with a soft tone suggests that the children have to be quiet to listen, and often the individuals will emulate your communication style. If you are entering a group setting or there is a group discussion and you wish to gain or re-gain the attention of the group respectively, I have found that sitting quietly and calmly is more effective than telling the children to be quiet. Often one or more group members will ask the others to be silent. There are however times where sitting in silence may not work. I like to establish a ‘magic word’ for these situations. A ‘magic word’ is a two-part word or saying that a leader says and the group answers. One counselor came up with a great magic phrase: she said ‘Da da da da’ and the group would reply ‘da da’ (in tune).

Individual Interactions:

In addition to my group work, I looked for opportunities to speak with the campers individually in pre and post camp care, during lunch, and throughout the course of the day. There were occasions when I spoke with children outside of the group environment. Some examples of opportunities for one-on-one interactions included when children were ill, injured or wanted to go home.

On every Friday there was a camp outing. One six year old was visibly upset the morning of the first outing. I asked him what was upsetting him. He told me that he didn’t want to take the bus but he did want to go on the camp outing. I thought it would be a good idea to provide him with an alternative focus so he could look forward to something he would experience after the bus ride. I knew what to expect at this outing, and that he would enjoy it, so I gave him a ‘mission’. This boy was thrilled to get his own special mission to climb a mini-rock wall at the outing and relayed this to his counselor with enthusiasm. As I was not attending the outing, it was important to ensure that a supervisor supported this mission. The counselor later told me that the boy was very focused on remembering his mission during the bus ride and that was the first thing he did when he arrived. ‘Missions’ are a fun way to help children set goals.

On a couple of occasions I was with a group when a child got injured. All counselors and myself are certified in first aid, and I believe that in this situation remaining calm and encouraging the child to focus on taking deep, relaxing breaths work well. When a child is crying it helps to demonstrate (breathe deeply with the child) and encourage deep breathing and to speak to him or her in a soothing tone. Relaxed breathing provides an alternate focus and by suggest-

ing the pain will turn into good feelings by doing this, it will be actualized.

Being concerned, but not overly excited, when children are emotionally or physically hurt seems to work best. A calm composure and encouraging relaxed breathing is very effective. It also helps to remember that smiles are contagious. By smiling you are sending positive energy to the child. Many counselors stated that they learned to remain calm and sensitive to the needs of the children by observing my interactions in 'crisis' situations. I learned that as a consultant, your actions in these situations can have an impact on the child and the caregiver. What worked best was to be empathetic, listen to the needs of the child, encourage them to shift focus and provide an alternative positive focus.

Personal Reflections on the Internship Experience.

This internship experience has been intrinsically rewarding and valuable, and I have extracted many important lessons. I attribute enjoying and benefiting from the process of the intervention due in a great part to the preparation provided by the graduate program in Sport Psychology at the University of Ottawa. This program empowered me with the right tools and fueled my belief in my abilities, which enabled me to extract lessons from my strengths and challenges. The lessons I deemed relevant to my work with children are highlighted below.

1. Take care of your personal needs and your professional work will be enhanced. As consultants we have a wonderful opportunity to work with a number of different people to help them enhance their performance and their lives. This is only possible if we take care of our own needs and when working with others put their physi-

cal, mental, and emotional well-being first. Balance work and play, and even though we may work long days, our energy levels will be maintained if the work is truly enjoyed.

2. The clearest message I learned about consulting with children is what the Feeling Great (Orlick, 1998) and MindMasters (Orlick, 2002) programs effectively convey about teaching positive living skills to children and youth. These programs provide an enjoyable repose for children to focus on developing their mental skills, in particular positive imagery, finding joy, and relaxation. Orlick (1978; 1982) also has developed two incredible cooperative games books that encourage children and youth to work with each other and to have fun while being active. I recommend that consultants and caregivers, who are working with children and youth use these materials as a primary resource to enhance the quality of the active and inactive parts of children's lives. On the other hand, as consultants and caregivers we should also draw upon our own creativity to animate and develop special activities for children.
3. Utilize your resources, not just the literature, but the people around you as well. There are many people in our field and outside our field who can help in our personal and professional development. Formulate your questions and find your answers. To do this you must also be a resource. Provide others with an attentive ear or advice. To share knowledge and lessons one must allow others to share as well.

4. Communication is a vital skill in becoming an effective consultant. I have committed a large amount of effort to improve my ability to listen attentively, formulate open-ended questions, express my thoughts and emotions clearly, and send positive non-verbal messages. This has helped me as a consultant and as a person. Avoid interruptions, and listen attentively. Even thinking can disrupt the message from the client. Allow the message to sink in, and once the pause in the conversation is sufficient to understand the full message, formulate an open-ended question or response. I believe you learn more by listening, and remaining aware that one can also learn from asking questions and sharing experiences. Ask questions, but more importantly always give the client an opportunity to speak freely, safe from judgments and interruptions.
5. Believe in yourself, others will too. Believe in others, this will in turn enhance their perceptions of themselves. Confidence can help overcome any challenges, and for me has enhanced my abilities to effectively cope with stress. Stressors are present daily, even the eternal optimist must agree with that. It is with a positive perspective, analytical skills, the ability to relax, and confidence in one's self that one learns to face any of life's challenges. Choose the battles within your control.
6. In this context I learned that it is valuable to empower the staff to implement components of mental training into their daily functions and activities. Mental training consultants are not the only individuals who can help individuals enhance their perceptions of enjoyment, self-confidence, and develop positive-living skills. If time is spent on educating and training caregivers to facilitate mental training activities, one's effectiveness as a consultant will be enhanced ten-fold. I believe I enhanced my effectiveness as a consultant at this summer camp by offering a Mindmaster's (Orlick, 2002) workshop to the staff.
7. I learned that being calm, demonstrating empathy, and being positive works best in 'normal' and 'crisis' interactions.
8. Learn from every situation then turn lessons into functional strategies.
9. Smiles are contagious!
10. I have read that an effective consultant must maintain a low profile, which I still agree with. However, in the present context there were times it was appropriate to take on a leadership role, be dynamic, and energetic.
11. Treat all persons with respect. This is the best way to earn the respect of others. Give genuine compliments to others when you observe something positive, but more importantly find a compliment for everyone.

Conclusion

I learned a tremendous amount about myself as a consultant but also as a person through this applied experience. I receive a lot of enjoyment in my life from my work with children. Children can also teach us a lot of life's valuable lessons. Interacting effectively with children clearly enhanced my relationship with both the management and

the staff because they observed a positive reaction from the children and this increased their belief in the benefits of the strategies I implemented. Knowing the benefits of mental training skills came through the literature, lessons extracted from my under-

graduate and graduate course work, but mainly by applying the tools and techniques in my work and with myself. This has prompted efforts to bring awareness to others about the beauty and benefits of mental skills training.

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Nurturing Positive Living Skills for Children: Feeding the Heart and Soul of Humanity

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Abstract

Teaching Positive Living Skills to children is all about making better people and better performers, by giving children the tools for enhanced performance and enhanced quality of life. The goal is to prevent problems, teach children positive ways to view themselves and others, give them experiences of success, put them on a positive path, catch them being good and guide them in positive directions - by beginning a positive education program at an early age.

The most important step we can take right now to create positive, real-world change is to go back upstream and give our children the tools and skills required for positive living. Many are willing to talk about problems. Some are willing to talk about solutions. Few are willing to take the necessary steps to implement meaningful solutions. We suffer from an absence of positive action. Yet positive action is the most critical step we can take as individuals and societies to influence real change.

On what we do with children rests the state of our world.

Three Gifts

If you could give your children three gifts that they could carry with them for their lives, what would they be?

The first gift I would give is a positive perspective - skills for seeing the positives in every situation, remaining positive with themselves, finding the positives in others, and maintaining a positive focus through adversity.

The second gift I would give is a pure and absolute focus - skills for being in the moment, enjoying the moment, focusing fully in the moment and being totally engaged in each experience or task.

My third gift would be skills for relaxation, stress control and finding a sense of harmony and balance in life.

I choose these three gifts because I believe they have the greatest chance of enhancing a child's quality of life, and the quality life of those with whom that child interacts?

These gifts, or skills, are so important because they enhance the living of life itself. They apply to everything we do in life, as children, youth and adults, within every performance domain, and outside every performance domain.

If we could give these same "three gifts" to our husbands, wives, boyfriends, girlfriends, teammates, teachers, students, coaches, employees, bosses or neighbors, the world

would immediately become a better place to live.

There's Trouble in Paradise

We can live in the most beautiful place on the most beautiful planet and still not feel fulfilled, productive or happy, if our minds, or the minds of those around us, are not in the right place. Given the current state of our world, collectively we are not doing a good enough job on behalf of all of our children in terms of educating them to live positively, be in harmony, and contribute to their potential. Virtually every negative comment and destructive action grows from a negative perspective or underdeveloped skills for positive living.

We witness problems related to stress, negativity, abuse, violence, disharmony, stress or wasted lives on a daily basis. We see, feel and talk about the consequences these occurrences - but we rarely commit to go back upstream to solve these problems. As a result, the problems continue to grow.

When watching the “news” where the most brutal acts of our species are highlighted daily, we might feel like throwing up our lunch or throwing up hands and saying, “Is there nothing constructive we can do about this”? It seems to be getting worse and worse - greater threats and more harm inflicted on other human beings, often on innocent bystanders going about their daily work, travel or leisure activities. And the age of those inflicting mortal damage appears to be getting younger.

Some acts are so destructive and dehumanizing that they inflict huge, life altering consequences. Lesser negative actions may not have an instantly devastating effect; however if they occur on an ongoing basis they can pick away at us every day. Even small things can hurt how we feel each day, in-

cluding negative comments, inconsiderate or disrespectful actions, put-downs, complaints, or ongoing whining.

Some people seem to rejoice in creating problems for others. They do their best to make the lives of others miserable. When most of your energy is directed at blocking the paths of others, or doing your best to create hassles for others, there is very little time or energy left for doing good things. We may label these people in harsh ways, which they may deserve, but the basic problem is that they have not learned Positive Living Skills or skills for positive human interaction. In the end these people can inflict a lot of damage on themselves and others. Both small and large acts of negativity on an ongoing basis have the potential to lower peoples' confidence, motivation, belief in humanity and joy in living.

Is there anything we can do about it? The one opening, the one reason for optimism, is the fact that very young children do not begin life with negativity, hatred or a goal of destroying other human beings. In fact they are quite the opposite. All children have the potential to grow in positive ways. The more we commit to make positive growth a reality, the more it will occur. This is what keeps me hopeful.

Human Costs

What are the human costs of ongoing stress in the absence of effective coping strategies, on learning, performance, relationships, health and quality of life?

In today's ever-changing world, too many people are living with more stress and less joy than is necessary. Relaxation, stress control skills and a positive perspective can change this by equipping people with skills they need to relax and remain positive through periods of uncertainty.

What are the human costs of an absence of focusing skills on learning, performance, relationships, quality of work and quality of life?

Learning, becoming competent, and feeling connected with what you are experiencing is almost entirely dependent on effective focusing. Skills for effective focusing and re-focusing result in better listening, improved learning, more consistent performance and more joy in the moment.

What are the human costs of a negative perspective on confidence, learning, performance, relationships, health and quality of life?

Teaching children to view themselves, others, and their experiences in positive ways will go a long way in helping people become what they are capable of becoming.

What are the human costs of a lack of empathy on human interaction and quality of life?

Children and adults who commit the most destructive acts, lack the skills that make us human. One skill in which they show the greatest void is empathy - feeling what others might feel and caring about the feelings of others.

A lack of empathy is what creates bullies in the schoolyard, children who exclude or make fun of other children, children who hurt others physically and psychologically, and adults who abuse, hurt or take advantage of others. Teaching children to respect themselves and others, share feelings and appreciate the feelings of others will solve many of our biggest problems and immediately reduce abusive relationships and crimes against humanity.

What are Positive Living Skills

Positive Living Skills are the skills that are required to live our lives fully and joyfully. These skills include the ability to carry a positive perspective, focus effectively, listen attentively, empathize, cooperate, collaborate, relax, cope effectively with stress, dream of a better way, and remain joyful. Our children, teenagers and adults become advantaged or disadvantaged based on how well they learn these skills, regardless of place of origin, cultural background or income level.

The presence or absence of Positive Living Skills has a direct impact on our lives, every day. The state of our learning, performance, relationships, families, children, schools, health, education, places of work, governments, as well as the joy and harmony in our communities, societies, and world are directly affected by the presence or absence of these skills.

Positive Living Skills are essential for nurturing high levels of performance and greater contribution within individuals, teams, families and societies. When we are successful at nurturing essential skills for positive living, the result is better people, better performers, better societies and a better world. Mastering these skills not only creates quality performances but a greater sense of inner harmony and more harmony with others. In essence, our quality of life and quality of performance in every sphere is dependent upon the extent to which we, and those around us, master skills for positive living.

Part of my knowledge base for teaching Positive Living Skills has emerged from my applied work in sport and performance psychology – by learning from great performers in a variety of disciplines about what they do to excel in their performance domains and in

their lives. Another great source of wisdom has come from my work with children – by learning what they do to embrace life and excel at living.

My goal in working with children, families, young performers and high-level performers is the enhancement of life. The process for achieving this goal comes through teaching, coaching, facilitating, nurturing, and refining skills for positive living. Helping people and performers acquire and refine Positive Living Skills is the most important part of the work to which I have devoted most of my life.

In creating and refining strategies for enhancing Positive Living Skills over the years, I have been fortunate to have the assistance of thousands of children, parents, teachers, athletes, coaches, undergraduate and graduate students, and performers in many different fields.

A series of intervention studies, theses, and extensive hands-on experiences, have made a meaningful contribution to the ongoing development and refinement of our Positive Living Skills program. This began with the cooperative play and games work in the early 1970's (Orlick 1972, 1974, 1975, 1976, 1977, 1978a, 1978b, 1979, 1981a, 1981b, 1982, 1983, 1990, 1995, 1997, 1998a, 2002a, 2002b, 2003, Orlick & Botterill, 1975, Cox & Orlick, 1996, Gilbert & Orlick, 1996, St.Denis & Orlick, 1996) and the performance enhancement and quality of living work which began in the mid 1970's and continued through the early 2000's (Orlick 1980, 1986a, 1986b, 1988, 1990, 1996, 1998b, 2000, 2002, Kreiner-Phillips & Orlick, 1993, McDonald & Orlick, 1995, Talbot-Honeck & Orlick, 1998, Towaj & Orlick, 2000, Zhang et.al.1992, Zitzelsberger & Orlick, 1998).

My programs for children were created in hopes of offering a new beginning, a new opportunity for people of all ages, in all phases and walks of life. My dream is that this beginning will guide us along a positive path that few have walked before. With support and nurturing this path has the potential to lead future generations to a better place and a higher level of humanity. Our children deserve this opportunity and it is our collective responsibility to give it to them.

Why Nurture Positive Living Skills?

Why is nurturing Positive Living Skills important?

Simple - Everyone gains when we nurture Positive Living Skills – and everyone suffers when we don't.

We all gain when children come closer to living their human potential.

We all lose when children fall short of their potential. We lose because they do not become the positive people and positive contributors that they have the potential to be.

The most profound loss is inflicted when children grow into teenagers and adults who behave in destructive ways. The worst of these people create fear, terror and disharmony in our minds, schools, homes, communities, nations and world. The greatest tragedy is that these same adults who act in cruel and destructive ways were once little children who had the potential to grow in positive ways.

Why is it important to start with children?

Meaningful change at the individual and societal level best begins with children, by

nurturing positive perspectives and positive actions from an early age.

If we really want to make a difference in the state of our harmony and texture of our world, we have to begin with children. We have to make a serious commitment to provide children with the tools, perspectives, mental skills and support that will empower them to become what they are capable of becoming, both as human beings and contributors to family and society.

If we fail to make this a priority, the problems we are now facing in all aspects of our lives will worsen - including increased levels of stress, bullying and exclusion in the schools, inattentiveness in the classroom, fear of walking city streets and nature trails, and serious concerns about safety for our children and family members in our homes, schools, playgrounds, and normal places of work and recreation.

The potential for humans to do good or harm, in little ways and big ways, is striking. We can do so much good or so much harm, to ourselves, to other human beings, to our natural environment and future generations.

It is essential to invest our collective energy towards nurturing the positive side of humanity, which lives within every child. It lives within all of us - even though it may never have been fully nurtured or tapped. Like the maple tree, the sweetness lives within our core but it can only be tasted if it is tapped.

A small number of destructive people can have a huge negative impact on our lives - in little ways and big ways. The opposite is also true. A small number of positive people, passionately committed to a noble goal can have a huge impact on our lives, our communities and our world. Each of us can

have a powerful impact on others - positive or negative - even when the contact time is short.

Everyone you come into contact with - every day - can influence your day (or your life) in simple ways, for better or worse. Likewise, you have the potential to impact positively or negatively on every person you come in contact with, every day. Even small things can have a heartfelt impact - a simple smile, a simple act of respect, appreciation, goodness, compassion, caring or support.

For those who are at risk of growing in negative ways, our goal is to reach them early, put them on a more positive path, catch them being good, guide them in positive directions and give them essential skills for positive living. Ultimately, this is the most important education a child/person can ever receive because everything else depends on it. What we do or do not do with every child directly impacts on everything that child does or does not do in his or her life.

Why Not Teach Positive Living Skills?

Given the importance of Positive Living Skills for enhancing so many aspects of our lives, why are these skills not taught and nurtured more fully within our homes and schools?

For the most part the learning of these skills are left to chance. Considering the imperfect state of our relationships and world, chance is not working well enough.

Why leave it to chance when we don't have to?

Too many children and adults become disadvantaged because they dwell on the negatives, are stressed out much of the time, have

difficulty focusing, are easily distracted or lack the skills for positive human interaction.

Why risk leaving our children, students and communities at a disadvantage when we can provide them with an advantage?

At some point we have to take responsibility and become accountable for our actions or inaction. As individuals and as a society, we have to take responsibility and make the required investment for teaching children Positive Living Skills.

Why don't we do it right now?

Is it assumed that children learn these skills automatically without any guidance or nurturing?

Is it a lack of knowledge about the importance of teaching Positive Living Skills at an early age?

Is it that teachers, parents, coaches and others in leadership positions are not aware that programs for teaching Positive Living Skills are available?

Is it assumed that these skills cannot be taught?

Is it a lack of commitment or caring from administrators, politicians, teachers or parents?

Or is it simply that no one has the time to do it?

Stay at home parents don't have time - they are struggling just trying to get through the day. Teachers don't have the time - they have large classes and a pre-set curriculum to get through. Caregivers don't have the time - they are too busy caring for other

peoples' children. Parents in the workplace don't have time - they are too busy with their work. Politicians don't have time - they are too busy trying to solve other problems and get re-elected.

If teachers, parents, and politicians are too busy doing what they feel is more important, who is going to initiate positive change?

What could be more important, or have a more meaningful long-term impact on our children, society and world, than teaching children Positive Living Skills?

We can all become advantaged in living our lives through early exposures to experiences, opportunities and people who teach and nurture Positive Living Skills. When these opportunities are not available to us, we all become disadvantaged, if not immediately then down the road.

We have the knowledge, tools and capacity to teach and nurture Positive Living Skills right now. What we lack is the collective will, or wisdom, to act on this knowledge.

Certainly some parents, schools, communities, and countries do a better job than others at nurturing Positive Living Skills. Nevertheless in virtually all communities some children fall through the cracks and grow to become more destructive than constructive, inwardly or outwardly.

The highest cost to individuals and societies comes from children who slip through the cracks, grow negative and unleash their negativity on others.

All children have the capacity to grow into adults who respect their own lives and impact positively on the lives of others.

Global Impact

Positive impact will be felt at an individual and global level by giving every child an opportunity to learn Positive Living Skills, one child at a time, one classroom, one family, one community, one nation at a time. The process can be likened to immunizing individuals, families, communities, against a dangerous disease by providing a positive antidote - one shot, one step, one skill at a time. Positive Living Skills can serve to protect all of us from an epidemic of negative actions and negative consequences.

As a culture we are good at pointing out negatives and shortcomings in people, performers, schools and societies. We are not so good at pointing out the positives and acting in positive ways. Collectively we need to invest more of ourselves to prevent problems from arising, and to provide a better, more harmonious path for future generations. As a society we become victims of our own negativity - perhaps because too few of us as children learned to focus on the positives and long-term solutions.

Both negative thinking and positive thinking have a powerful long-term impact on every person and every aspect of society. Which will it be?

Charting a New Path

The most important step we can take right now to create positive, real-world change is to go back upstream and give our children the tools and skills required for positive living. Many are willing to talk about problems. Some are willing to talk about solutions. Few are willing to take the necessary steps to implement meaningful solutions. We suffer from an absence of positive action. Yet positive action is the most critical step we can take as individuals and societies to influence real change.

We need writers, program designers and teachers who understand children and know how children are affected by the activities, programs and stories they write, present or animate.

For example, when writing or presenting children's stories or film scripts that will be viewed by young children we must be careful to not add fear or stress to their lives. Some children will carry these negative or positive images with them into their bedrooms, homes and lives for a long time.

Children's imaginations should be freed to flow in positive, life enhancing directions. We need new goals for creating materials and programs for children - positive impact goals. Nurturing a positive focus and joy in everyday experiences should be a part of the daily goal.

Right now we need good people to chart this path. We need good people to help open the eyes of decision makers who have yet to see the light, and link, between what children learn and what they become, and what society becomes. Anything is possible when we carry a positive perspective; nothing of value is possible without it.

We need to implement a global program that allows all children in the world to become advantaged with Positive Living Skills. We need the help of passionate people who are committed to a higher level of humanity. We need the support of educational institutions, governments and corporate sponsors.

Our only goal is to deliver a positive educational program that is designed to feed the heart and soul of humanity - beginning with children.

We need good people who are ready and willing to chart this path, refusing to let

anyone or anything get in the way of giving children the gifts for positive living that we all need and deserve. What we do to chart this path, and what children do when they enter this path, signifies nothing less than how we will be in this life. Where our minds and hearts go, everything else follows. Where the minds and hearts of children go, so goes our world.

Delivery Contexts

We need a multi-faceted approach. Our best chance for success is to all work together for the benefit of children and our collective future (parents, caregivers, teachers, Positive Living Skills consultants, counselors, mental trainers, coaches, health care professionals, doctors, nurses, principals, members of school boards, community leaders, politicians, corporate leaders and media). It is time that we all begin to act on the good things that we know will benefit our children and our society.

Entry Points - The home and school are ideal places to begin Positive Living Skills education. If parents and teachers participate in program activities with their children, child, parent and teacher will gain from the process.

Other positive entry points for teaching and nurturing Positive Living Skills for children include grandparents, caregivers, siblings, relatives, neighbors, teachers in pre-schools, kindergarten and all types and levels of schooling, teachers and coaches in play, game and sport environments, community centers, hospitals, treatment centers and counseling settings. It is important that we target contexts where every child can be reached so that Positive Living Skills are taught and applied in variety contexts, and reinforced on an ongoing basis.

The more venues that support a positive approach, the better the chance of wide-scale, meaningful impact and integration of positive change in real world settings. When a whole generation of future parents has been empowered with Positive Living Skills, the task of sustaining positive, life enhancing perspectives and actions will be greatly facilitated. With time, more and more people will excel at finding the positives in themselves, in others and in their experiences.

Models of Positive Living Skills – It would be wonderful if the example and encouragement provided by all parents and teachers modeled what is required for the successful acquisition of a wide range of Positive Living Skills. The fact that many children do not witness positive people exhibiting a complete array of Positive Living Skills makes our challenge more important and more difficult. Our task becomes greatly facilitated with the help of Positive Living role models, both in the form of real people who children see and interact with on a daily basis, and those depicted through various forms or media (e.g. children's television, animated movies, cartoons, fairy tales, nursery rhymes, books, DVD's, videos, CD's, video games).

Many children would benefit from seeing less “bad guys” or “scary people” as currently presented in most commercially produced material. All children would gain from seeing more good people, positive role models - who are living, interacting, coping and behaving in positive and life enhancing ways. It is often the case that what you see most is what you get, or what you become.

Cost of Complacency –The cost of inaction with respect to teaching Positive Living Skills is high. Ultimately inaction will lead to a loss of freedom, security, personal control, joyfulness, hope, optimism and

productive contribution to family and society. In the long run, inaction will impact on all of us - emotionally, psychologically, physically - in our relationships, health, work or play.

Some concerns may be raised about the costs (in time and money) of introducing Positive Living Skills programs on a wide-scale basis. My view is that the costs are small in comparison to the human and financial costs of neglecting this component of a child's development.

The highest costs come from failing to educate children with skills for positive living. When a child is not educated with Positive Living Skills, the cost to that individual, that family, community and society is extremely high.

The Ultimate Goal

Teaching Positive Living Skills to children is all about making better people and better performers, by giving children, youth and adults the tools for enhanced performance and enhanced quality of life.

The goal is to nurture the best in people and prevent problems from surfacing, by beginning a positive education program at an early age.

The goal is to teach children positive ways to view themselves and others, give them experiences of success, put them on a positive path, catch them being good and guide them in positive directions.

This begins at an individual level - one person moving in a positive direction, one step at a time.

This can begin in a meaningful way with programs that teach children Positive Living Skills. Ultimately this may be the most im-

portant education a human being can ever receive.

Positive realities are driven by positive perspectives, compassion, empathy, cooperation, collaboration, and a commitment to make a difference.

Great contributions begin with a vision to which you surrender yourself. Great tragedies also begin with a vision to which one surrenders himself or herself.

We need the wisdom to see the difference between positive and negative visions, the courage to make the right decisions, and the will to continue to move in the right direction, even in the face of obstacles. We contribute most when our actions make a positive contribution to our own development, to others, and to society as a whole. In living our lives, it is great when we can enhance the lives of others, but most important is that our actions do not impact negatively on the lives of others.

We are capable of making big, positive contributions and small ones, and lots in between. We are all capable of impacting on the lives of others in profoundly meaningful ways. Often it is the little things that make the biggest contribution - little positive actions that make that your life and the lives of others more joyful, hopeful, and fulfilling in simple ways every day. Every positive step - big or small - is important.

The goal is to teach and nurture within ourselves, and others, positive ways of living and interacting. Once acquired, Positive Living Skills become the "pixie dust" that frees children to fly in positive ways. Positive thoughts, positive actions and positive interactions empower all of us to fly, adding focus and joy to every experience, every day.

We can all gain from a little more of this
pixie dust in our lives.

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Editorial Statement

The focus of The Journal of Excellence is the sharing of knowledge and wisdom that is relevant to the lived experience of excellence in any domain (e.g., sports, performing arts, health, workplace, education, joyful living). Qualitative and quantitative research of an applied nature, including case studies, interventions, interview studies and narrative studies are welcomed. The journal also publishes personal accounts, short commentaries, interviews, poems or stories that offer insights into the nature of high level challenges and the mental links to excellence. Reviews of books, videos, films or conferences as well as notices of upcoming conferences and events will be considered.

The Journal of Excellence is looking forward to sharing your ideas with others committed to enhancing excellence in all domains.

Instructions to Contributors

Submissions to the Journal of Excellence should be in English only. In preparing manuscripts for publication, authors should follow the guidelines in the *Publication Manual of the American Psychological Association (5th ed., 2001)*. Please submit one copy of your manuscript in Microsoft Word and forward it as an attachment to: Journal@zoneofexcellence.com

All submissions must be preceded by an abstract not exceeding 150 words. All figures and photographs should be submitted on-line in Tiff format (600 dpi.). Tables should be included in the Word document. A short biographical sketch describing each author area(s) of expertise, performance or research interests, affiliation(s) and current email address should accompany the article.

The Journal of Excellence is a refereed journal using a blind review process. The editor and two other reviewers read manuscripts. The review process is completed as quickly as possible.

The Editor of the Journal of Excellence can be reached through:
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About the International Society for Mental Training and Excellence (ISMTE)

Introduction

Founded in 1989, the focus of the ISMTE is excellence in performance and excellence in living. The founding President, Lars Eric Unestahl, organized the First World Congress in Örebro, Sweden, in 1991. Terry Orlick became the second President in 1991, hosted the 1995 World Congress in Ottawa, Canada and initiated the Journal of Excellence. Keith Henschen became the third President in 1998. Keith and Rich Gordin hosted the 1999 World Congress on Mental Training and Excellence, in Salt Lake City, USA.

The next World Congress on Mental Training and Excellence will be hosted by Pavel Bundzen July 5-10, 2003, in St.Petersburg, Russia.

Vision

Education and Training for better people, better performers and a better world.

Mission

- Promote Excellence in Sport, The Performing Arts, Education, Work, Health and Life.
- Create, collect, produce and share valuable, practical resources and educational opportunities for those in pursuit of excellence, and those assisting others in pursuit of excellence.
- Serve as a vehicle for the on-going advancement of knowledge, education, interventions and consulting in Mental Training and Excellence.

Focus

- Excellence within multiple pursuits: Sport, Performing Arts, Workplace, Health, Education and Joyful Living.
- Committed to a truly applied orientation with practical research and experiential knowledge as a base.
- Focused on what is relevant in the real world of application to Quality Performance and Quality Living.
- International in orientation and scope, open to learning from people in different fields and different cultures who are committed to excellence and the value of shared wisdom.

Mental Training

Mental Training is centered on the systematic training and nurturing of mental skills, perspectives and positive life skills that are linked to performance excellence and quality living. Mental Training embraces teaching, coaching and nurturing positive perspectives, positive planning, focusing skills, refocusing skills, imagery skills, goal setting skills, teamwork, collaboration, commitment, confidence, mental and emotional preparation, distraction control skills, stress control skills, positive mind-body connections, balanced excellence, positive living skills and ongoing learning.

Initiatives Sponsored by the ISMTE

Journal of Excellence

ISMTE sponsors the publication of the on-line Journal of Excellence, which is devoted to nurturing excellence in all human endeavours – excellence in performance and excellence in living.

The biannual internet based Journal of Excellence is applied in orientation, relevant in content, and wide-ranging in application to a variety of performance disciplines and real world applications.

Certification as a PRO Mental Training Consultant

ISMTE offers an Internet-based Advanced Program on Mental Training and Excellence (PRO). The program consists of 21 credits leading to certification as a Mental Training Consultant. For more information, visit our web site at: www.ismte.com/

Mental Training Forums, Symposiums and Workshops

ISMTE offers workshops, forums and symposiums for performers, coaches and consultants. Participants share their experiences and gain from collective wisdom.

The World Congresses

ISMTE hosts a World Congress on Mental Training and Excellence every 4 years.

The first was held in Sweden in 1991, the 2nd in Canada in 1995, the 3rd in the USA in 1999 and the 4th will be held in St. Petersburg, Russia in 2003.

The World Congress provides a forum for people from around the world to share their knowledge and practical insights, related to Mental Training and Excellence. Many applied presentations and practical workshops are offered by leaders in this field.

When you subscribe to the Journal of Excellence you automatically become a member of ISMTE. The cost is \$34.95 US / \$44.95 Cdn per year. For further information email: ismte@rems.net or fax: 1-819 827 2652.

Members receive two new on-line issues of the Journal of Excellence, as well as all back issues, and information on the World Congress and mental training courses.

Upcoming 2003 ISMTE World Congress

For Information on the **2003 ISMTE World Congress** on Mental Training and Excellence in St. Petersburg, Russia, July 5-10th visit <http://www.siu.nu/ismte.htm> or <http://www.siu.nu/ismte2.htm> or email: korotkov@mail.admiral.ru or email: bundzen@mail.ru