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Be Kind to Your Mind: A Randomized Controlled Trial Comparing the Benefits of Mindfulness
and Self-Compassion vs. Social Skills Training among Children and Adolescents

by

Lindsey E. Feltis

MASTER'S THESIS

Submitted to the Department of Psychology/Faculty of Science in partial fulfillment of the
requirements for the Master of Arts in Developmental Psychology

Wilfrid Laurier University

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Abstract

Childhood and adolescence can be difficult for young people as they navigate a variety of significant transitions. Thus, it is imperative that researchers focus on programs that support children and adolescents during this time. Mindfulness and self-compassion are two such programs that may promote positive youth development. Mindfulness and self-compassion have been explored in the adolescent context, and mindfulness has been explored with young children, however research on self-compassion for children is currently lacking. The present studies were designed to examine the feasibility, acceptability and potential benefits of a combined mindfulness + self-compassion program for children and adolescents in the summer camp setting. In **Study One**, adolescent camp counsellors ($n=25$) were randomly assigned to one of two training conditions: mindfulness + self-compassion ($n=13$) *or* social skills training ($n=12$). Throughout the summer, counsellors led activities for their campers that related to their respective conditions. It was expected that adolescent camp counsellors in the mindfulness + self-compassion condition would experience greater increases in mindfulness, self-compassion, resilience, empathy and sympathy, emotion regulation, authenticity, and life satisfaction, when compared to their control condition (social skills training) counterparts. Additionally, it was expected that adolescents in the mindfulness + self-compassion condition would experience greater decreases in social anxiety and depression, when compared to participants in the control condition. Results indicated that counsellors in both conditions experienced significant increases in mindfulness, self-compassion, self-esteem, resilience, emotion regulation, and life satisfaction. Additionally, compared to their control condition counterparts, counsellors in the mindfulness + self-compassion condition experienced greater increases in life satisfaction and authenticity, with their increases in resilience approaching statistical significance. **Study Two** focused on the

feasibility, acceptability and potential benefits of mindfulness and self-compassion for young campers ($n=231$). It was expected that young campers would experience the same benefits as the aforementioned adolescent camp counsellors. Contrary to hypotheses, campers in the mindfulness + self-compassion condition did not experience greater benefits than their social skills training condition counterparts on any of the assessed outcomes, demonstrating that further research is needed in order to examine the potential benefits of mindfulness and self-compassion for children. Limitations and suggestions for future research are included in the general discussion. The present set of studies expands upon the research on mindfulness and self-compassion, and explores the potential benefits for young children and adolescents innovatively by using active control groups and conducting research in the summer camp setting. Overall, the present set of studies contributes to existing literature that suggests mindfulness and self-compassion promote positive development for adolescents, and illustrates the need for additional research for mindfulness and self-compassion in the context of childhood.

Keywords: mindfulness, self-compassion, children, adolescents, summer camp, life satisfaction, authenticity, resilience

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**Be Kind to Your Mind: A Randomized Controlled Trial Comparing the Benefits of
Mindfulness and Self-Compassion vs. Social Skills Training among Children and
Adolescents**

Adolescence can be a challenging time, filled with physiological, social and environmental transitions (Bluth, Mallarkey, & Lathren, 2018; Sutton, Schonert-Reichl, Wu, & Stewart Lawlor, 2018; Ecces, 1999). Adolescence often refers to the years between 12 and 20 when adolescents experience significant physiological changes as they progress through puberty; this developmental period is characterized by rapid biological and cognitive growth (Meeus, van de Schoot, Keijsers, Schwartz, & Branje, 2010; Steinberg, 2005; Roeser & Pinela, 2014). Additionally, identity formation is a particularly salient process throughout adolescence (Erikson, 1968; Neff & McGehee, 2010). As teenagers begin to ask themselves “who am I?”, they face intense pressures from their teachers, peers and parents to perform well academically and socially (Neff & McGehee, 2010). Adolescents must balance their desire for autonomy with their desire for intimacy; their interpersonal relationships change as they begin to distance themselves from their parents and prioritize their time with friends and classmates (Eccles, 1999). Furthermore, adolescence is often marked by the environmental transition from elementary school to high school. These significant transitions, accompanied by rapid developments, often lead to a variety of challenges for adolescents, including heightened insecurity, self-doubt and self-criticism (Klingle & Van Vliet, 2017). Additionally, Eccles (1999) suggests that adolescence may not be the only developmental period characterized by rapid age-related advances. Eccles (1999) suggests that middle childhood *and* early adolescence (the years between 6 and 14) are both characterized by changes in children’s biological and cognitive functioning.

A “crucial shift” (Eccles, 1999, p. 32) in children’s critical thinking abilities occurs at approximately age six, as children’s self-awareness and self-evaluation skills improve; social comparison then becomes increasingly predominant throughout middle childhood. Furthermore, the personalities, behaviours and tendencies that children develop in middle- to late-childhood often persist into adolescence and adulthood (Schonert-Reichl et al., 2015). When childhood and adolescence are considered in tandem with one another, it becomes evident that both time periods are characterized by significant transitions that may leave young people emotionally vulnerable. Consequently, it becomes important that children and adolescents have positive coping strategies they can rely on as they navigate the inevitable challenges of growing up. Additionally, childhood and adolescence may provide a “window of opportunity” (Roeser & Pinela, 2014, p. 10) for young people to be introduced to programs, such as those teaching mindfulness and self-compassion, that may enable children and adolescents to flourish. Therefore, the present study focused on the feasibility, acceptability and potential benefits of mindfulness and self-compassion practices for children and adolescents. Although some researchers have explored the potential benefits of mindfulness and self-compassion for adolescents (Bluth & Blanton, 2014; Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016; Roeser & Pinela, 2014), self-compassion has not yet been examined in children under the age of 12. Additionally, although mindfulness has been examined in child populations (Bernay, Graham, Devich, Rix, & Rubie-Davies, 2016; Schonert-Reichl et al., 2015; Schonert-Reichl & Stewart Lawlor, 2010), the feasibility and potential benefits of a combined mindfulness and self-compassion program has not yet been examined in children under the age of 12. The present study will be the first to examine the potential benefits of mindfulness and self-compassion for adolescents *and* children, in comparison to an active control group.

Mindfulness

Mindfulness refers to “paying attention on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 2003, p. 145) and in recent years, considerable attention has been given to mindfulness and its benefits for adults, adolescents and children. Given the psychological benefits of practicing mindfulness, a number of mindfulness-based therapeutic interventions have been developed for adults: Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), and Dialectical Behaviour Therapy (DBT; Linehan, 1993). Many of these mindfulness-based interventions have also been adapted for adolescents and children. For example, in one qualitative study, Van Vliet and colleagues (2017) examined the benefits of an 8-week MBSR program adapted for at-risk youth. They conducted semi-structured interviews with all participants within two weeks of their participation in the program and found that adolescents experienced improvements in their mood, self-control, present moment awareness, and problem-solving skills (Van Vliet et al., 2017). Additionally, the adolescents reported enhanced self-understanding and stronger interpersonal relationships from pre- to post-intervention (Van Vliet et al., 2017).

Research on the effectiveness of MBCT for younger populations has also yielded promising results, leading to the development of *Mindfulness-Based Cognitive Therapy for Children* (MBCT-C; Semple, Lee, Rosa, & Miller, 2010). MBCT-C is a group psychotherapy program developed for children ages 9-13 years old (Semple et al., 2010). In a randomized controlled trial, children with reading difficulties were referred by an educational psychologist to participate in a 12-week study conducted by Semple and colleagues (2010). Children were randomly assigned to one of two conditions: mindfulness intervention or waitlist control. After

participating in the program, mindfulness participants reported significantly fewer attention problems than their waitlist control counterparts (Semple et al., 2010). Additionally, participants with elevated anxiety reported significant decreases in their symptoms of anxiety, when compared to the waitlist control participants (Semple et al., 2010). DBT is another mindfulness-based intervention that has also been adapted and manualized for adolescents with recurring depression, suicide ideation and self-injurious behaviours (Miller, Rathus, & Linehan, 2007). Mindfulness is one of the key components of DBT and in a quasi-experimental investigation, Rathus and Miller (2002) found that after 12 weeks of DBT training, adolescents experienced significant decreases in suicide ideation and general psychopathological symptoms, such as depression, interpersonal sensitivity and symptoms of borderline personality compared to their training-as-usual counterparts. The benefits of mindfulness, however, are not limited to clinical adolescent populations; school-based mindfulness programs have also been associated with greater well-being and a number of positive social-emotional outcomes in children and adolescents (Schonert-Reichl et al., 2015; Schonert-Reichl & Stewart Lawlor, 2010; Bernay, Graham, Devich, Rix, & Rubie-Davies, 2016).

Research studies examining school-based mindfulness programs have steadily increased over the last two decades (Schonert-Reichl & Roeser, 2016). The development of classroom-based interventions may be explained by the paradigm shift that focuses on the enrichment of strengths and positive attributes and prevention of maladaptive behaviours, as opposed to the adoption of a reactive response in times of turbulence (Schonert-Reichl & Stewart Lawlor, 2010). Additionally, Stewart Lawlor (2016) suggests that school-based mindfulness programs focus holistically on children, allowing for positive moral, social, and emotional development. In one quasi-experimental study, researchers evaluated the benefits of a teacher-delivered

mindfulness education program on social and emotional competence and student well-being (Schonert-Reichl & Stewart Lawlor, 2010). Six teachers were selected to implement a mindfulness education program in their classrooms and six teachers, and their classrooms, served as waitlist controls. They used a combination of self-report measures and reports from teachers to understand the benefits of the program. Teachers completed the *Teachers' Rating Scale of Social Competence* (TRSC; Kam & Greenberg, 1998) before and after participating in the programs and according to their responses, students who received the mindfulness education program experienced significant increases in attention, concentration and social emotional competence (Schonert-Reichl & Stewart Lawlor, 2010). Teachers' survey responses also revealed that children who participated in the mindfulness education program experienced significant decreases in aggression and oppositional behaviours, when compared to their waitlist control counterparts (Schonert-Reichl & Stewart Lawlor, 2010).

In a recent randomized controlled trial, researchers assigned two classrooms to receive a school-based mindfulness program (MindUP©; the Hawn Foundation, 2011) and two classrooms to receive a traditional social responsibility program (Schonert-Reichl et al., 2015). All four classrooms were comprised of fourth and fifth grade students between the ages of 9 and 11. Following the interventions, researchers determined that children who received the MindUP© curriculum showed significant improvements in mindfulness, empathy, and optimism, when compared to children who received the traditional social responsibility program (Schonert-Reichl et al., 2015). Additionally, children who participated in the MindUP© program demonstrated increased peer-reported prosocial behaviours, when compared to their counterparts who participated in the traditional social responsibility program (Schonert-Reichl et al., 2015). Overall, their findings suggested that school-based mindfulness programs may increase

children's social-emotional competence and reinforce the notion that mindfulness may be beneficial for children and adolescents. Another construct that may benefit young people is self-compassion.

Self-compassion

Self-compassion, conceptualized by Neff (2003) as an alternative to traditional self-esteem, is another construct that may protect children and adolescents from the inevitable stressors of growing up. Self-compassion derives from the more general idea of compassion. Gilbert (2009) defines compassion as an awareness and understanding of the pain and suffering of others, coupled by the desire and effort to alleviate it, and suggests that developing compassion for ourselves and others is fundamental in finding happiness and meaning in our lives. Compassion involves understanding others' distress and responding to their pain without judgment or criticism (Gilbert & Procter, 2006). Gilbert and Procter (2006) then suggest that self-compassion is ultimately utilizing these competencies in relation to the self and developing a self-attitude that is characterized by warmth, kind-heartedness and care. In one 'pre-trial study,' researchers led adult participants through 12 weeks of *Compassionate Mind Training* and found that individuals' anxiety and depressive symptoms decreased significantly after participating in the 12-week intervention (Gilbert & Procter, 2006). *Compassionate Mind Training* was originally developed for individuals who are highly self-critical and may lack the ability to self-soothe (Gilbert & Procter, 2006). As children and adolescents develop, they often experience difficulties with self-consciousness, self-criticism, and shame, which illustrates the importance of helping young people develop inner compassion, or self-compassion (Gilbert & Irons, 2009).

Self-compassion is essentially "compassion turned inward" and encourages individuals to treat themselves with the same compassion they would extend to a good friend (Neff &

McGehee, 2010, p. 226). Self-compassion is comprised of three fundamental principles: self-kindness, common humanity and mindfulness (Neff, 2003a; Neff & McGehee, 2010). Self-kindness refers to treating oneself with kindness and understanding, rather than harsh judgment and self-criticism. Common humanity refers to the acknowledgement that imperfection is a part of being human. The common humanity aspect of self-compassion encourages individuals to recognize that their experiences are one small piece of a much larger puzzle and discourages individuals from isolating themselves from others. Finally, mindfulness, in the context of self-compassion, refers to viewing one's thoughts and emotions in a balanced manner (Neff, 2003a). These three unique, yet interrelated, concepts allow individuals to develop a compassionate attitude towards themselves when facing adversity and when dealing with their own insecurities and inadequacies.

Self-compassion may buffer the impact of negative feelings and experiences as it encourages healthy emotion regulation (Neff, 2003a). As self-compassion requires that individuals be open to *all* of their emotions, including the negative emotions, individuals learn to effectively regulate those emotions. Additionally, Neff (2003) suggests that individuals who embrace a self-compassionate attitude towards their own experiences may be more likely to treat others with compassion, as they are less likely to engage in downward social comparisons. Correlational research has revealed that self-compassion has been negatively associated with anxiety and depression (Neff, 2003b) and other psychopathological symptoms (MacBeth & Gumley, 2012). Correlational research has also revealed that self-compassion has been positively associated with psychological well-being and life satisfaction (Neff, 2003b), subjective happiness and gratitude (Booker & Dunsmore, 2019), self-improvement motivation (Breines & Chen, 2012), authenticity (Zhang et al., 2019), resilience (Scoglio, Rudat, Garvert, Jarmolowski,

Jackson, & Herman, 2018), more frequent health behaviours and physical health (Homan & Sirois, 2017) and superior interpersonal skills and stronger romantic relationships (Yarnell & Neff, 2013; Neff & Beretvas, 2013).

These correlational findings then inspired a number of experimental studies that further investigated the benefits of self-compassion. Although correlational research illustrates associations between variables, experimental research allows for researchers to make causal conclusions (Klein, 1992). For example, Leary and colleagues (2007) conducted a series of studies that examined the implications of treating oneself compassionately in unpleasant situations. They postulated that self-compassion may protect against negative experiences and encourage a positive self-attitude when individuals are faced with inevitable unpleasant life events and experiences (Leary, Tate, Adams, Allen, & Hancock, 2007). They began with correlational research and found that self-compassion was negatively associated with individuals' levels of anxiety, sadness and self-consciousness, related to a variety of self-reported events (Leary et al., 2007). In a series of follow-up studies, they repeatedly found that self-compassion was associated with adaptive coping strategies in real and hypothetical unpleasant situations, supporting the notion that self-compassion may buffer the impact of negative events (Leary et al., 2007). In an experimental study, participants were asked to describe an unpleasant experience from high school or college (one that led to feelings of failure and/or rejection), and were then randomly assigned to one of four conditions: self-compassion, self-esteem, writing control or true control. Participants in the self-compassion condition reported significantly lower levels of negative affect, when compared to their counterparts in all three other conditions. Their research demonstrated the effectiveness of inducing self-compassion through a short writing prompt and further illustrated the beneficial nature of self-compassion.

Researchers have also begun looking at the benefits of self-compassion for various unique clinical and non-clinical populations. For example, Kocovski and colleagues have examined the benefits of self-compassion for individuals with elevated social anxiety. In one experimental study, Harwood and Kocovski (2017) randomly assigned participants to one of two writing prompts: self-compassion or control. Participants completed these writing tasks before participating in an anxiety inducing event, delivering an impromptu three-minute speech. Harwood and Kocovski found that self-compassion reduced anticipatory anxiety before a three-minute speech task, for university students with elevated social anxiety. In another experimental study, Blackie and Kocovski (2018) randomly assigned participants to one of three conditions: self-compassion, rumination, or control, and found that the self-compassion induction decreased individuals' levels of post-event processing following an anxiety-inducing speech task, when compared to the rumination and control conditions. To illustrate another example, Kelly and colleagues have explored the role of self-compassion in eating disorder pathology. In a recent study, lower levels of self-compassion predicted eating disorder symptoms in a sample of female college students (Kelly, Vimalakanthan, & Carter, 2014). Given the beneficial nature of self-compassion for clinical and non-clinical populations, researchers have developed a program that aims to increase individuals' levels of self-compassion.

The *Mindful Self-Compassion* program was developed by Neff and Germer (2013) with exactly that goal in mind. *Mindful Self-Compassion* is an intervention that combines the complementary benefits of mindfulness and self-compassion (see Table 1). The *Mindful Self-Compassion* program is an 8-week program dedicated to increasing participants' levels of self-compassion. In a pilot study with adults, participants reported significant increases in self-compassion, mindfulness, life satisfaction and happiness after participating in the 8-week

program (Neff & Germer, 2013). Participants also reported significant decreases in anxiety, depression and stress (Neff & Germer, 2013). This pilot study demonstrated the beneficial nature of *Mindful Self-compassion*, however did not include a control group. In a follow-up randomized controlled trial, participants in the mindful self-compassion condition reported significant increases in self-compassion, mindfulness, life satisfaction, happiness *and* compassion for others, when compared to their waitlist control counterparts (Neff & Germer, 2013). Participants in the experimental condition also reported significant decreases in anxiety, depression and stress, when compared to their waitlist control counterparts (Neff & Germer, 2013). Their results illustrate an important concept: *Mindful Self-compassion* is a feasible and acceptable method of increasing individuals' levels of self-compassion and has a myriad of other psychological benefits.

Mindfulness and Self-compassion for Young People

Naturally, clinicians and researchers expanded their use of mindfulness and self-compassion programs (i.e. *Mindful Self-Compassion*) to see if the programs would yield the same positive outcomes in younger populations. Additionally, Neff and McGehee (2010) suggest that adolescence may be the developmental period of life in which self-compassion is the lowest, making early childhood and adolescence an ideal time to introduce young people to the concept. In an exploratory study of the relationship between self-compassion and psychological resilience in adolescents, Neff and McGhee (2010) found that higher levels of self-compassion were associated with lower levels of depression and anxiety. Self-compassion has also been negatively associated with non-suicidal self-injury and interpersonal conflicts in adolescence (Xavier, Pinto-Gouveia, & Cunha, 2016). Self-compassion may provide adolescents with the opportunity to relate to themselves in a more positive manner (Neff & McGehee, 2010). An additional study on

the benefits of self-compassion on adolescent well-being revealed that self-compassion was positively correlated with life satisfaction, and negatively correlated with perceived stress and negative affect in adolescents aged 11 to 18 (Bluth & Blanton, 2014). In another study, conducted via online survey collection, Bluth and colleagues (2018) investigated the relationship between self-compassion, curiosity and resilience in adolescents. Bluth et al. found that self-compassion was positively associated with both curiosity *and* resilience (Bluth, Mullarkey, & Lathren, 2018). These findings suggest that increases in self-compassion may be associated with increased curiosity and resilience, buffering the impact of stressors and promoting positive coping strategies.

Following the correlational research on self-compassion in adolescence, Bluth and colleagues modified Neff and Germer's (2013) *Mindful Self-compassion* program to be emotionally and developmentally appropriate for adolescent populations (Bluth et al., 2016). Bluth and colleagues developed *Making Friends with Yourself* (2016), an 6-week intervention that introduces adolescents to mindfulness and self-compassion. When compared to waitlist participants, individuals who participated in *Making Friends with Yourself* experienced significant increases in self-compassion and mindfulness (Bluth et al., 2016). These findings suggest that *Making Friends with Yourself* is an acceptable and feasible way to increase adolescents' levels of mindfulness and self-compassion. *Making Friends with Yourself* participants also reported significant decreases in anxiety, depression and perceived stress, when compared to their control counterparts, supporting the researchers' hypothesis that self-compassion decreased problem behaviours (Bluth et al., 2016). Additionally, Roeser and Pinela (2014) have hypothesized that mindfulness and compassion training for children and adolescents may increase emotional regulation abilities, empathy, prosocial motivation and prosocial

behaviours. Therefore, adopting a self-compassionate stance may benefit children and adolescents greatly.

Depression

One of the aforementioned benefits of self-compassion has been its negative associations with psychopathological symptoms, such as depression (Bluth et al., 2016; Marsh, Chan, & MacBeth, 2018; Neff & McGehee, 2010) and social anxiety (Gill, Watson, Williams, & Chan, 2018). In adolescents, depression refers to a persistent feeling of sadness, and has been associated with a myriad of concerning behaviours including: delinquency and substance use (Brière, Janosz, Fallu, & Morizot, 2015), self-harm and suicidality (Balázs et al., 2013), and increased risk of subsequent obesity (Roberts & Duong, 2015). Though research on self-compassion in adolescence is in its nascent stage, empirical evidence suggests that self-compassion may protect against the development and maintenance of depression in clinical and non-clinical adolescent populations (Pullmer, Chung, Samson, Balanji, & Zaitsoff, 2019). Depression, however, is not the only psychopathological concern for children and adolescents; social anxiety presents its own assortment of concerns for young people.

Social Anxiety

Social anxiety has an early onset and is among one of the most common psychiatric disorders in childhood (Beesdo et al., 2009). Social anxiety disorder is a disorder characterized by an intense fear of embarrassing oneself or being negatively evaluated by others (Clark & Wells, 1995). In a sample of adolescent males, social anxiety was significantly correlated with trait anxiety and trait depression (Gonzalez, Field, Lasko, LaGreca, & Lahey, 1996). These findings illustrated that social anxiety may be related to additional mental health concerns in adolescents. Social anxiety and behavioural impairments have also been examined in a variety of

online and in-lab contexts. In one experimental study, adolescents with social anxiety disorder self-reported significant impairments in social skills when compared to healthy controls (Mesa, Beidel, & Bunnell, 2014). In a series of experimental studies, Alfano and colleagues (2006) used a variety of social role-play scenarios to examine the relationship between social phobia and cognition in children aged 7-11 and adolescents aged 12-16. They found that children and adolescents with social phobia reported significantly more negative self-talk than their healthy control counterparts. Given the relevance of negative self-talk for young people with social anxiety, adopting a self-compassionate stance may benefit them greatly. Based on adult literature (Werner et al., 2014), Gill and colleagues (2018) hypothesized that self-compassion may benefit adolescents with social anxiety by impacting three key cognitive processes: fear of negative evaluation, self-focused attention, and cognitive avoidance. Partially in line with their theoretical prediction, fear of negative evaluation and cognitive avoidance both mediated the impact of self-compassion on social anxiety's persistence in adolescents. Relating to oneself with self-compassion may increase adolescents' ability to keep others' negative evaluations in perspective, thereby decreasing their fear of negative evaluations. Additionally, self-compassion may decrease cognitive avoidance by encouraging adolescents to recognize the common humanity of their anxiety regarding social interactions, therefore decreasing the tendency to avoid these social interactions. Hence, researchers are optimistic that interventions that increase self-compassion may decrease childhood and adolescent social anxiety.

Resilience

Another mechanism by which mindfulness and self-compassion may benefit children and adolescents is by increasing their resilience. Resilience can be defined as the possession of strengths and attributes that lead individuals to thrive despite significant challenges and obstacles

in one's life (Bernard, 1993; Masten, 2014; Zolkoski & Bullock, 2012;). Luthar and Cicchetti (2000) suggest that resilience is the "dynamic process" wherein individuals adapt positively, despite significant adversity or trauma (p. 858). When children and adolescents demonstrate resilience, they are able to "bounce back" after difficult situations; they are able to respond to challenging life events with ease (Bluth & Eisenlohr-Moul, 2017). Resilience also protects against physical and mental illness (Trompetter, de Kleine, & Bohlmeijer, 2017). Children with highly developed resilience also often possess a variety of positive attributes including social competence, excellent problem-solving abilities, sense of autonomy, and a feeling of purpose and sense of direction for their lives (Bernard, 1993). Resilience, thus, is an incredibly valuable skill for children and adolescents; empirical evidence suggests that self-compassion acts as a 'resilience resource' for teenagers and buffers against stressors (Trompetter, de Kleine, & Bohlmeijer, 2017). Therefore, interventions that increase self-compassion may also increase resilience and promote positive youth development among children and adolescents.

Empathy and Sympathy

Mindfulness and self-compassion may also promote positive development for young people by increasing their empathy and sympathy for others. Both empathy and sympathy play important roles in the development of social behaviour in children and adolescents (Vossen, Piotrowski, & Valkenburg, 2015). Gilbert (2009) defines empathy as the ability to understand others' feelings and suggests it is characterized by compassionate curiosity. Furthermore, he suggests that 'true' empathy is an "act of imagination" (p. 313). True empathy requires that we briefly abandon our own background and biases in order to truly understand another's thoughts and emotions. Gilbert also makes an eloquent distinction between empathy and sympathy, stating that empathy requires active and intentional contemplation, whereas sympathy is an automatic

reaction to the pain and suffering of others. Gilbert (2009) defines sympathy as being moved emotionally by others' pain. Self-compassion encourages individuals to be emotionally open to their own painful experiences (Neff, 2003a; Gilbert, 2009) and therefore those high in self-compassion may be emotionally open to the painful experiences of others as well. In adults, mindfulness and self-compassion programs have increased adults' compassion for others, suggesting that self-compassion fosters empathy and sympathy for others in adult populations (Neff & Germer, 2013). Empirical evidence, however, regarding the relationship between self-compassion and compassion-related constructs (e.g., empathetic concern, altruism) has been mixed. For example, in a correlational study that included undergraduate university students and adults recruited from the community, Neff and Pommier (2013) found that self-compassion was positively associated with perspective taking and forgiveness in both university students and community adults. However, self-compassion was only linked to compassion for humanity, empathetic concern and altruism among adult participants. In children and adolescents, various school-based mindfulness programs have led to increased prosocial behaviours (Cheang, Gillons, & Sparkes, 2019; Schonert-Reichl & Stewart Lawlor, 2010; Viglas & Perlman, 2018), however the relationship between self-compassion, and empathy and sympathy has not yet been extensively explored in younger populations. We hoped to find evidence that provides some clarity to the relationship between self-compassion, empathy and sympathy in younger populations in the present study.

Life Satisfaction

Mindfulness and self-compassion programs may also increase life satisfaction in childhood and adolescence (Bluth & Blanton, 2014; Bluth et al., 2016). Life satisfaction refers to an individuals' evaluation of their life and is a well-documented construct related to

psychological functioning (Jiang, Lyons, & Huebner, 2016). In adolescents, life satisfaction has been positively associated with a myriad of school, interpersonal and intrapersonal variables (Proctor, Linley, & Maltby, 2010). In one study, Proctor and colleagues divided adolescent participants into three different groups: high life satisfaction (top 10%), average life satisfaction (middle 25%), and low life satisfaction (bottom 10%). Adolescents with high life satisfaction differed significantly from their peers in the low life satisfaction group in: school satisfaction, academic aspirations, academic achievement, and attitude to education (Proctor et al., 2010). Adolescents with high life satisfaction also differed significantly from their peers on a number of interpersonal (e.g., peer relations and social acceptance) and intrapersonal values (e.g., gratitude and happiness). Their results demonstrate the many benefits of high life satisfaction in adolescence. Various aforementioned studies have alluded to the significant positive relationship between self-compassion and life satisfaction (Bluth & Blanton, 2014; Bluth et al., 2016) thus, increasing life satisfaction may be another mechanism by which self-compassion increases individuals' overall quality of life and well-being.

Emotion Regulation

The ability to regulate emotions becomes particularly salient in adolescence, given the aforementioned challenges that emerge during these developmental periods. Emotion regulation involves utilizing strategies to modify one's emotions in various situations (Broderick & Jennings, 2012). Emotion regulation strategies impact young adults' interpersonal relationships and their overall well-being (Gross & John, 2003). Literature suggests that competence in social and emotional skills, such as emotion regulation, "provides the foundation for learning to manage one's life effectively" (Broderick & Jennings, 2012, p. 111). Additionally, emotion regulation deficits are often associated with increased depressive symptoms (Broderick &

Jennings, 2012) and increased social anxiety (Blalock, Kashdan, & Farmer, 2016). Emotion regulation often includes identifying and accepting one's emotions and adjusting behaviours accordingly. Similarly, mindfulness and self-compassion involve identifying emotions and accepting one's emotions (Kabat-Zinn, 2003; Neff, 2003a; Trompeter, de Kleine, & Bohlmeijer, 2017). Self-compassion may be especially beneficial in regulating negative emotions in adolescence, as self-compassion requires that individuals do not alter or 'escape' negative experiences, but rather accept them and embrace negative emotions and experiences as a part of the human experience. Adolescents' abilities to regulate their emotions may benefit especially from the common humanity component of self-compassion as it may prevent adolescents from feeling isolated and alone in their experiences (Bluth & Eisenlohr-Moul, 2017).

Authenticity

A final, and relatively unexplored, mechanism by which mindfulness and self-compassion programs may benefit young people is by increasing their authenticity. Authenticity can be defined as being true to oneself (Thomaes, Sedikides, van den Bos, Hutteman, & Reijntjes, 2017). In other words, authenticity may be defined as the harmony between one's internal emotions and external expressions of those emotions. In adolescence, the pursuit of authenticity is a particularly relevant concern, as identity formation is a salient process throughout adolescence (Thomaes et al., 2017). In empirical contexts, authenticity refers to the extent to which individuals feel they are being true to themselves. The *Authenticity Scale* (Wood, Linley, Maltby, Baliousis, & Joseph, 2008) measures three unique aspects of authenticity: authentic living, accepting (or rejecting) external influence, and experiencing self-alienation. Additionally, inauthentic actions in adolescence may be motivated by fear of rejection from peers (Peets & Hodges, 2018). Adolescents must balance their desire for peer-acceptance with

their desire to be true to themselves. In one experimental study, authenticity in adolescent friendships was associated with higher self-esteem, higher friendship satisfaction and less loneliness (Peets & Hodges, 2018). In another experimental study, Thomaes (2017) and colleagues found that authenticity enhanced subjective well-being. Thus, it is plausible that interventions that may increase adolescent authenticity may lead to positive youth development. One such intervention may be a mindfulness and self-compassion program. In an adult sample, researchers found a significant positive association between trait self-compassion and trait authenticity (Zhang et al., 2019). In a follow-up study, Zhang and colleagues (2019) found that a self-compassion induction increased authenticity, when adult participants were compared to control participants. They ultimately concluded that increasing self-compassion helps to cultivate authenticity. Thus, recalling the relevance of authenticity for adolescent populations, we wanted to evaluate the impact of a mindfulness and self-compassion program on adolescent authenticity.

The Current Study

As clearly demonstrated in the literature, mindfulness and self-compassion may offer children and adolescents a myriad of interpersonal and intrapersonal benefits. These various psychological benefits have led to increased enthusiasm among researchers, clinicians, and mental health professionals as they recognize mindfulness and self-compassion programs as a means to supporting children and teenagers as they face the inherent challenges that accompany growing up (Goodman, Madni, & Semple, 2017). However, there are a few gaps in the literature that the present study aimed to rectify. Firstly, although the benefits of self-compassion for adolescents have been explored, self-compassion has not yet been assessed in individuals under the age of 12. Secondly, the majority of randomized controlled trials examining the benefits of mindfulness and self-compassion programs have used waitlist controls (Neff & Germer, 2013;

Bluth et al., 2016) as opposed to active control groups. Thirdly, traditional mindfulness and self-compassion interventions often last six- to eight-weeks, and given the beneficial nature of these programs, we were interested in exploring alternative creative delivery methods that may increase practical dissemination of these programs. Therefore, the present study was designed to explore the benefits of mindfulness and self-compassion with these three innovative goals in mind:

- 1) Exploring the benefits for children *and* adolescent populations, as research has not yet examined a combined mindfulness + self-compassion program with young children.
- 2) Utilizing a randomized controlled trial design *with* an active control group, as opposed to a waitlist control group.
- 3) Increasing the practical dissemination of these programs, by exploring creative delivery methods, such as the summer camp setting.

The present study is the first, to our knowledge, to examine the benefits of a mindfulness and self-compassion program for adolescents *and* children, in comparison to an active control group. Additionally, in an attempt to increase the practical dissemination of mindfulness and self-compassion for young populations, we chose to conduct our research at an overnight summer camp in Southwestern Ontario. Using an overnight summer camp as our delivery method allowed for the program to benefit adolescent populations (camp counsellors) *and* younger populations (campers). Additionally, in recent years, there has been considerable research conducted using camps as a setting to change well-being behaviours/outcomes. As interest in positive youth development has increased, research in general and specialized summer camp experiences has also increased. Thurber and colleagues (2007) investigated self-reported changes in four domains of positive youth development (positive identity, social skills, physical

and thinking skills, and positive values & spirituality), having campers complete surveys prior to attending camp and immediately after attending summer camp. Campers significant changes from pre-camp to post-camp across all four domains (Thurber, Scanlin, Scheuler, & Henderson, 2007). For another example, researchers have conducted studies on self-esteem outcomes in residential weight loss summer camps (McGregor et al., 2016). McGregor and colleagues (2016) measured a group of obese adolescents' self-reported global self-worth, scholastic competence, athletic competence, physical appearance, and behavioural conduct before and after their participation in a two- to eight-week summer camp program. Adolescents experienced significant increases on all outcome variables, further demonstrating the beneficial nature of summer camp. Finally, the Canadian Summer Camp Research Project recently revealed that thousands of children attend summer camp each year, and that summer camp increases individuals' social connectedness, emotional intelligence and self-confidence, making it an ideal space to evaluate the acceptability, feasibility and potential benefits of mindfulness and self-compassion for children and adolescents (Glover, Chapeskie, Mock, Mannel, & Feldberg, 2017).

Goals and Hypotheses

One of the intended outcomes of the present study was to contribute to the existing literature on the benefits of mindfulness and self-compassion for young people. The feasibility, acceptability and potential benefits of a mindfulness and self-compassion program was examined in this study, compared to a social skills training program for children *and* adolescents in the summer camp setting. Empirical evidence has revealed that mindfulness and self-compassion have been associated with decreased symptoms of depression (Bluth et al., 2016; Bluth & Eisenlohr-Moul, 2017; Raes, Griffith, Van de Gucht, & Williams, 2014) and social anxiety (Gill, Watson, Williams, & Chan, 2018) in adolescents. Therefore, we predicted that adolescent

participants (camp counsellors) in the mindfulness + self-compassion (MSC) condition would experience greater decreases in depression and social anxiety, when compared to adolescent participants in the active control, or social skills training (SST), condition. As noted earlier, adolescence may not be the only developmental period characterized by rapid growth and development; childhood presents its own challenges. Therefore, based on the adolescent literature, we predicted that children in the MSC condition would also experience significant decreases in symptoms of depression and social anxiety. Additionally, research has suggested that adolescent mindfulness and self-compassion programs may increase mindfulness and self-compassion (Bluth et al., 2016), resilience (Bluth, Mullarkey, & Lathren, 2018), empathy and sympathy (Roeser & Pinela, 2014), and life satisfaction (Bluth & Blanton, 2014). Therefore, we predicted that adolescents in the MSC condition would experience greater increases in mindfulness, self-compassion, resilience, empathy and sympathy, and life satisfaction, when compared to their SST counterparts. Based on the adolescent literature, we predicted that children in the MSC condition would experience the same benefits. Finally, there has been some empirical evidence that suggests that mindfulness and self-compassion may be related to increased emotion regulation abilities (Neff, 2003a) and increased authenticity (Zhang et al., 2019) in adults. Based on adult literature, we predicted that adolescents in the MSC condition would experience greater increases in emotion regulation abilities and authenticity, when compared to their SST counterparts. We did not include measures of emotion regulation and authenticity on camper surveys in order to keep campers' surveys shorter, and therefore did not make any hypotheses regarding the impact of the MSC/SST programs on camper's emotion regulation abilities and authenticity. Simply put, we predicted that children and adolescents in the MSC condition would experience greater decreases in psychopathological symptoms and

greater increases in positive mental health outcomes, when compared to individuals in the SST condition.

Study One

This study was designed to investigate the impact of a mindfulness + self-compassion program for adolescent camp counsellors, compared to a active control condition (social skills training); both training programs occurred over five days. *Be Kind to Your Mind* is a mindfulness + self-compassion program, largely based on the aforementioned *Mindful Self-compassion* program (Neff & Germer, 2013), adapted by the authors for adolescent camp counsellors and their campers. *Be Kind to Your Mind* was intentionally developed for the summer camp setting and includes five days of activities for adolescent camp counsellors (45 minutes each day) and five days of activities for young campers (20 minutes each day). Adolescent camp counsellors were randomly assigned, using an online research randomizer, to one of two conditions: mindfulness + self-compassion (MSC) or control (social skills training; SST). Counsellors received five days of training in mindfulness + self-compassion, or social skills training, and then throughout the summer, adolescent camp counsellors led activities for their campers that related to their respective conditions. Adolescent camp counsellors completed baseline questionnaires at their May training weekend, received MSC/SST training at their all-staff training week in July, and then completed a brief questionnaire at the end of their training week (mid-program), and one final questionnaire at the end of the summer (post-program).

Method

Participants

Twenty-six adolescents participated in this study. They ranged in age from 16 – 38 years ($M=17.92$, $SD=4.43$). Although counsellors ranged in age from 16 – 38 years, only one

counsellor was 38-years-old and the next oldest counsellor was 23-years-old. Additionally, although 32 camp counsellors attended the initial training weekend, only 27 of those counsellors attended the full training week in July; it was at this time that counsellors participated in their 5-day training program. The five counsellors who did not attend the training week in July had various reasons for not attending (summer availability, finding alternative employment, etc.) and none of their reasons were related to the present study. Additionally, one staff member was responsible for completing other camp-related tasks during the study time and thus did not participate in the MSC or SST condition training. Therefore, the sample size for adolescent camp counsellors who completed the training was 26; one staff member completed the training, however resigned before delivering the program to any campers, making the final sample size for analyses 25 (see Figure 1). The final sample size for participants in the MSC condition was 13, whereas the final sample size for participants in the SST condition was 12. The majority of participants identified as women (69.2%) and there was an even number of women in each condition ($n=9$). Additionally, there were 8 participants who identified as men and there were more men in the MSC condition ($n=5$) than in the SST condition ($n=3$). See Table 3 for counsellor demographic information by condition.

Participants' self-reported ethnicity was as follows: White/Caucasian (92.3%) or other (7.7%). No participants self-reported their ethnicity as Asian, Middle Eastern, Black/African Canadian and/or Indigenous. White/Caucasian participants were evenly distributed across the MSC ($n=12$) condition and SST ($n=12$) condition, whereas both participants whose self-reported ethnicities were "Other" were randomly assigned to the MSC condition ($n=2$). All adolescent camp counsellors were recruited from an overnight summer camp, located in Southwestern Ontario, in which the Executive Director and Board of Directors consented to participate in the

study. Ethics approval was obtained from the author's academic institution and informed consent was obtained from all participants before participating in any portion of the study. Neither the participants, nor the summer camp, were given monetary compensation for their participation although participants kept all training materials and related craft materials.

Measures

The following variables were assessed for adolescent camp counsellors at various points throughout the study: self-compassion, mindfulness, social anxiety, self-esteem, resilience, depression, emotion regulation, empathy and sympathy, authenticity and life satisfaction, as well as acceptability and feasibility. Please see Table 3 for a summary of measures completed by adolescent camp counsellors and campers. Pre-program surveys (see Appendix A), mid-program surveys (see Appendix B), and post-program surveys (see Appendix C) for camp counsellors included the measures mentioned in the forthcoming section of this paper.

Self-compassion. The *Self-Compassion Scale (SCS)* (Neff, 2003b) is a 26-item self-report measure that assesses individuals' trait inclinations to treat themselves compassionately. The *SCS* asks individuals to indicate how frequently they behave in the explicitly stated manners on a Likert scale from 1-5 (1= Almost Never, 5 = Almost Always). The scale includes items such as "I try to be loving towards myself when I'm feeling emotional pain" and "I try to see my failings as a part of the human condition." Higher scores indicate higher trait self-compassion.

Mindfulness. The *Mindful Thinking and Action Scale for Adolescents (MTASA)* (West, Penix Sbraga, & Poole, 2005) is a 32-item self-report questionnaire that was developed to assess mindful thinking and action in children and adolescents. The *MTASA* asks individuals to indicate how often they behave in a particular manner (1= Never, 5= Almost Always). The *MTASA* includes items such as "I feel my moods in my body" and "I listen to the sounds around me" and

was deemed an acceptable and reliable measure of mindfulness for children and adolescents by West and colleagues (2005). The *MTASA* is comprised of four subscales: healthy self-regulation ($\alpha=.85$), active attention ($\alpha=.74$), awareness and observation ($\alpha=.70$), and accepting experience ($\alpha=.63$) and has an estimated reading level of 4th grade, making it an ideal measure for the present study. Higher scores indicate higher mindful thinking and action.

Social anxiety. The *Social Phobia Inventory (SPIN)*; Connor, Davidson, Churchill, Sherwood, Weisler, & Foa, 2000) is a 17-item self-report questionnaire that asks individuals to identify problems that have bothered them during the past week on a 5-point Likert scale (0=Not at all, 4=Extremely). The *SPIN* includes items such as “I am afraid of people in authority” and “I avoid going to parties” and was deemed an acceptable and reliable measure by Antony and colleagues ($\alpha=.92$; 2005). Higher scores indicate higher levels of social anxiety.

Self-esteem. The *Single-Item Self-Esteem Scale (SISE)*; Robins, Hendin, & Trzesniewski, 2001) is a single-item measure that assesses individuals’ self-esteem. Participants are asked to indicate how true the statement “I have high self-esteem” is on a scale from 1 (Not very true of me) to 7 (Very true of me). The single-item measure highly correlates with the Rosenberg self-esteem scale (Rosenberg, 1965), making it a suitable self-esteem measure for the present study. Higher scores indicate higher self-esteem.

Depression. Depression was measured using a single-item self-report measure that asked adolescent (camp counsellor) participants to indicate how depressed they felt during the past week (0=Rarely, 3=Most of the time). Higher scores indicate increased likelihood of depression.

Resilience. The *Brief Resilience Scale (BRS)*; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008) is a 6-item self-report questionnaire that measures resilience and individuals’ ability to “bounce back” from difficult situations. The *BRS* asks individuals to

indicate the extent to which they agree with a variety of statements such as “I tend to bounce back quickly after hard times” and “I usually come through difficult times with little trouble” on a 5-point Likert scale (1=Strongly disagree, 5=Strongly agree). When Connor and colleagues (2008) evaluated the internal consistency of the scale, it was deemed an acceptable measure of resilience ($\alpha=.80-.91$). Higher scores indicate increased ability to “bounce back” in difficult situations.

Emotion regulation. The *Emotion Regulation Questionnaire- Reappraisal Subscale (ERQ-RS)*; Gross & John, 2003) is a 6-item self-report measure that encourages individuals to think about how they regulate and manage their emotions and includes items such as “when I want to feel more *positive* emotion, I *change the way I’m thinking* about a situation.” The scale uses a 7-point Likert scale (1=strongly disagree, 7=strongly agree) and demonstrated excellent internal consistency ($\alpha= .80$) when assessed by Gross and John (2003). Higher scores indicate stronger emotion regulation skills.

Empathy and sympathy. Participants’ empathy and sympathy was measured using the *Adolescent Measure of Empathy and Sympathy (AMES)*; Vossen & Valkenburg, 2015), a 12-item self-report questionnaire that asks individuals to indicate how often they behave in explicitly stated manners. The measure uses a 5-point Likert scale (1=Never, 5=Almost always) and includes items such as “I feel sorry for someone who is treated unfairly” and “I am concerned for animals that are hurt.” Adolescent camp counsellors completed the 12-item questionnaire, while campers completed an adapted 6-item scale, with two items from each subscale: cognitive empathy, affective empathy and sympathy.

Authenticity. The *Authenticity Scale (AS)*; Wood, Maltby, Baliousis, Linley, & Joseph, 2008) is a 12-item self-report questionnaire that evaluates individuals’ trait inclinations to be

their authentic selves in interactions with others. The *Authenticity Scale*, consists of three distinctive subscales: authentic living, self-alienation and accepting external influence ($\alpha=.70-.86$). This 12-item scale uses a 7-point Likert scale and includes items such as “I always stand by what I believe in” and “I live in accordance with my values and beliefs” and has been used with adolescent populations in previous studies (Thomaes, Sedikides, van den Bos, Hutteman, & Reijntjes, 2017). Higher scores on this scale indicate higher trait authenticity.

Life satisfaction. The *Students' Life Satisfaction Scale (SLS)*; Huebner, 1991) is a 7-item self-report questionnaire that asks individuals to indicate the extent to which they agree with statements such as “my life is just right” and “I have a good life” on a 6-point Likert scale (1=Strongly Disagree, 6=Strongly Agree). Higher scores on this scale indicate higher life satisfaction.

Acceptability and feasibility. In order to assess the acceptability and feasibility of the two training programs, counsellors completed acceptability and feasibility questionnaires when they completed mid-program and post-program surveys. At mid-program, counsellors completed a short 8-item self-report questionnaire that asked them to rate the extent to which they enjoyed each of the training activities on a 5-point Likert scale. Counsellors also provided written responses to prompts that asked them to indicate their favourite, and least favourite, activities. Post-program, counsellors completed an additional short (6-item for MSC, 5-item for SST) self-report acceptability and feasibility questionnaire. On a 5-point Likert scale, counsellors were asked to rate the extent to which they agreed with statements such as “I enjoyed the mindfulness and self-compassion (social skills) training I received this summer” or “It was easy to implement these mindfulness and self-compassion (social skills) strategies.” Other items included statements that referred to utilization, skill improvement, and overall satisfaction. The MSC

questionnaire had one more item than the SST questionnaire, as it asked about improvements in their self-compassion skills *and* their mindfulness skills.

Materials (Training Programs)

Mindfulness + self-compassion (MSC) condition. *Be Kind to Your Mind* was the 5-day training mindfulness + self-compassion program developed by the author, largely based on Neff and Germer's (2013) mindful self-compassion program. Please see Table 4 for a summary table of activities completed by counsellors and campers. *Be Kind to Your Mind* was specifically developed for the summer camp setting and included activities for camp counsellors and campers. All activities were adapted from, or inspired by, *The Mindful Self-Compassion Workbook* (Neff & Germer, 2018) and *The Self-Compassion Workbook for Teens* (Bluth, 2017).

Day 1 of the training program consisted of an introduction to mindfulness and self-compassion. Counsellors were asked to complete a written activity; this written activity aimed to increase their understanding of self-compassion. Adolescent camp counsellors were asked to think about how they respond to their close friends when they are struggling and note the differences in how compassionately they treated themselves in difficult times. On day 1, counsellors also completed a creative activity and were then introduced to the three key components of self-compassion. The creative activity consisted of making glitter jars; different colours of glitter in water represented different emotions. This activity introduced counsellors to the concept of mindfully acknowledging their emotions. Counsellors then learned how to facilitate day 1 of the program for campers. For campers, day 1 consisted of the same creative activity and mirrored the counsellors' introduction to mindfulness and self-compassion.

Day 2 focused on mindfulness and self-kindness, and included a written activity, creative activity and guided activity. The written activity included counsellors finding a stone then

reflecting on the intricate details of their chosen stone; this activity encouraged counsellors to focus on the present moment. The creative activity encouraged counsellors to write a self-compassionate reminder on their stone; for example, some counsellors chose to write the words “be kind” on their stone, while others drew a small heart to remind them to be compassionate to themselves. The final activity was a guided activity and introduced camp counsellors to a soothing gesture activity; this soothing gesture activity encouraged counsellors to utilize a variety of self-soothing gestures they could use when they experience stress or anxiety. Counsellors then learned how to facilitate an almost-identical soothing gesture activity designed for their campers.

Day 3 consisted of a written activity and a guided activity. The written activity encouraged counsellors to relate to a current struggle they are facing with self-compassion; the guided activity introduced counsellors to the idea of taking a “self-compassion break” when they feel overwhelmed. Counsellors then received training on leading a discussion-based activity for their campers. This discussion encouraged campers to highlight the ways they show kindness to others versus the ways they show kindness to themselves.

On the fourth day of training, counsellors were led through a loving-kindness meditation. They then received training on facilitating an almost-identical loving-kindness meditation for their campers. On the fifth and final day of training for counsellors, they completed two written activities; first they wrote about finding their inner compassionate voice and then they were instructed to write a self-compassionate letter to themselves. Finally, they received training on leading their campers through an almost identical self-compassionate letter activity.

Social skills training (SST) condition. The social skills training (SST) condition was created to serve as an acceptable active control condition. All activities were based on social

skills from *Skillstreaming the Adolescent: A Guide for Teaching Prosocial Skills*. Paralleling *Be Kind to Your Mind, Social Skills Training for Summer Camp Counsellors* was developed for the summer camp setting and included activities for adolescent camp counsellors and young campers.

Day 1 of the SST counsellor training included a written activity, guided activity and a creative activity. Counsellors were first introduced to the concept of social skills training; as skill modelling is a key component of social skills training, counsellors participated in a guided role-play activity in which they were taught tips and tricks for introducing themselves to new people. As a creative activity, they then created “all about me” posters. Counsellors then received instructions on introducing their campers to social skills training and leading the “all about me” creative activity for their campers.

For counsellors, their second day of SST focused on advanced social skills. Counsellors completed a written activity that broke down steps involved in following instructions and then had the opportunity to participate in a following instructions role-play. Counsellors then completed an additional written activity on giving instructions. Counsellors then learned how to facilitate a role-play for their campers; campers’ role play also focused on following instructions.

Counsellors’ third day of training was dedicated to teaching them how to use their social skills when they need them. Counsellors identified steps involved in making complaints; the activity included a discussion on problem solving and an opportunity to participate in a role play. Counsellors then received instructions on facilitating a discussion about problem-solving for their campers.

Day 4 focused on social skills alternative to anger. Counsellors were introduced to the notion that sometimes we get angry because we do not get what we need and/or want. Therefore,

the specific skill both counsellors and campers focused on was asking for permission. Counsellors were encouraged to practice asking for permission in various camp-related scenarios. Finally, counsellors were instructed to write social skills reminders to themselves on the fifth and final day of their training. They then received training on how to lead their campers through the final writing activity.

Procedure

After ethics approval was obtained, the researchers reached out to an overnight summer camp in Southwestern Ontario, and spoke with the Executive Director. Next, the author was invited to attend the summer camp's all-staff training weekend in May 2019 to introduce the study and its purpose. The author introduced herself and introduced the purpose of the study; additionally, counsellors signed consent forms and were randomly assigned to one of two groups: mindfulness + self-compassion training or social skills training. Counsellors were informed that they would be randomly assigned to participate in one of two training programs and would then be responsible for leading activities, related to their respective training programs, for their campers. Counsellors then completed their baseline questionnaires; however, counsellors were not informed of their group allocation until their all-staff training week in July 2019. Four additional counsellors were hired after the May training weekend; these four adolescents signed consent forms and completed their baseline questionnaires on the first day of the July training week.

Both groups participated in their aforementioned training programs at the all-staff training week in July. Adolescent camp counsellors received 45 minutes of MSC/SST training each day. These 45-minute sessions included the activities designed for the adolescent camp counsellors *and* activities designed for young campers; the last 15-20 minutes of each session

were dedicated to camp counsellors learning how to facilitate activities for their campers. On the final day of the all-staff training week, adolescent camp counsellors completed their mid-program questionnaire. The mid-program questionnaire measured adolescents' levels of self-compassion and mindfulness, and included a brief questionnaire regarding the acceptability and feasibility of the training they received. Throughout the summer, counsellors then led activities for their campers based on their respective conditions. The study activities were incorporated into the daily camp schedule, and counsellors led these activities for their campers before lunch every day. Throughout the summer, the author had the opportunity to observe as the adolescent camp counsellors completed their study activities with their campers; at all study times, counsellors appeared to be engaged in the material, faithfully delivering the training to their young campers. As the author was not blind to adolescent participants' conditions, the author ensured equal time was spent with adolescent camp counsellors assigned to each training condition; additionally, when observing counsellors' delivering the program, the author was cognizant not to assist the facilitation of the programs and demonstrated equal enthusiasm for mindfulness + self-compassion and social skills training. Finally, adolescent camp counsellors completed their final post-program surveys at the end of the summer, Friday evening of the last week of camp. It is important to note that all counsellors attended the all-staff training week in July, and therefore completed their randomly assigned training program *and* then spent the rest of the summer continuing to engage with their training materials, facilitating activities for their campers. It is also important to note that not all adolescent camp counsellors worked every week of the summer, and therefore adolescents spent between three and six additional weeks interacting with the training materials.

Results

Baseline Measures

Participants' baseline levels of self-compassion, mindfulness, social anxiety, depression, self-esteem, resilience, emotion regulation, authenticity and life satisfaction were compared across conditions. Descriptive statistics for baseline variables are provided in Table 5; Pearson correlations are provided in Table 6. A series of independent samples *t*-tests were used to compare baseline variables across conditions; counsellors did not differ significantly in self-compassion, mindfulness, social anxiety, depression, self-esteem, resilience or emotion regulation at baseline. However, participants did significantly differ in authentic living (one facet of authenticity) and in students' life satisfaction; counsellors in the MSC condition scored significantly *lower* than their SST counterparts, $t(24)=-2.22, p=.04$, for authentic living, and $t(23)=-2.28, p=.03$ for life satisfaction.

Acceptability and Feasibility

In order to assess acceptability and feasibility, counsellors completed short surveys mid-program (immediately after receiving their training) and post-program (after implementing the program into their summer camp routines). Counsellors were asked to rate the extent to which they enjoyed each activity mid-program; this questionnaire focused primarily on counsellors' thoughts regarding receiving the program. We conducted an independent samples *t*-test to compare counsellors' responses across condition. There were no significant differences across conditions. Results indicated counsellors enjoyed the activities in the MSC training program ($M=4.27, SD=.49$) and in the SST program ($M=3.90, SD=.70$). This survey also included written responses, indicating their favourite and least favourite elements of the program.

At post-program, counsellors completed another acceptability and feasibility survey; this short questionnaire assessed counsellors' thoughts regarding delivering the program. This acceptability and feasibility survey measured: enjoyment, utilization of strategies, skill improvement, easiness of implementation, and satisfaction. We conducted an independent samples *t*-test to compare counsellors' responses across condition. Counsellors in the MSC condition enjoyed the program significantly more than counsellors in the SST condition, $t(22)=3.743, p>.00$. Counsellors did not differ significantly in utilization of strategies, skill improvement, easiness of implementation and/or satisfaction across conditions (see Table 7).

Favourite Parts

MSC Program. When counsellors were asked to indicate their favourite elements of the MSC program, a number of the participants indicated they enjoyed the final activity, writing a self-compassionate letter to themselves, the best; six counsellors wrote about the self-compassionate letter as one of their favourite activities. One participant indicated that the letter will "help [them] remind themselves that no matter what, [they] should pick the good voice in [their] head." Other counsellors indicated that they enjoyed the letter activity as they could envision themselves referring back to it in the future. One participant indicated that "[they] can really see [the letter] helping [them] out in the future on a day when [they] need it." Another participant indicated that the final activity gave them an opportunity to reflect on their growth throughout the 5-day program. Examples of responses include:

I really enjoyed the final activity of writing a self-compassionate letter to myself. It was a really powerful experience to use those kind words towards myself and actually mean them. The activity reinforced how much I was able to grow through the activities during the week.

Other counsellors indicated that they enjoyed the self-compassion stone activity the most; two counsellors wrote about the stone activity as their favourite. Counsellors indicated that they enjoyed the stone activity as, similar to the letter, they can envision themselves using it in the future. One participant indicated the activity was “fun and [reminds them] to stay calm when [they] hold it.” Another participant enjoyed the stone activity for its simplicity:

I liked the self-compassion rock because I found that since it was very open-ended I could go where I want with it...but it was also pretty simple and could be used as a simple reminder throughout the day to treat yourself with compassion.

Finally, when asked to reflect on their favourite activities, two participants mentioned the first activity; the first activity included an introduction to mindfulness and self-compassion and the use of glitter in jars to represent emotions. Participants enjoyed the glitter jar activity as it was a physical, tangible item they could see. Counsellors indicated that the glitter jars were a “way to physically look at something and help understand” mindfulness and self-compassion. Another counsellor indicated that the glitter jar activity helped them regulate their emotions:

... I think the jars are a nice way to associate colours with feelings and it is something you can keep to remind yourself about what emotions you are feeling and how to deal with them in a positive way.

SST Program. When counsellors were asked to indicate their favourite elements of the social skills training program they received, five counsellors indicated the introductory activity was their favourite. Participants enjoyed making the “all about me” posters as they enjoyed using their creativity. One participant indicated that they “enjoyed the poster making. This is because [they] love to be creative.” Another participant appreciated the flexibility and creativity the introductory activity offered.

My favourite was the all about me posters because I love to have flexibility in activities to be creative and this activity provided the perfect outlet for that.

No other elements of the social skills training program emerged as favourite elements of the program; no other elements were mentioned as favourites by more than one participant.

Least Favourite Parts

MSC Program. When asked to indicate their least favourite elements of the MSC program, three participants indicated that they did not have an activity they liked the least. One participant indicated that they were “totally thrilled” with every activity. Another counsellor indicated that their “least favourite activity was none of them. [They] really liked all of the activities.” One other participant indicated that they “couldn’t think of one.” However, some participants were able to identify a least favourite activity and four of them indicated the soothing touch activity was their least favourite. Typically, participants did not enjoy the soothing gesture activity, as it was more difficult for them than other activities. One participant indicated that the soothing gesture activity was “the hardest one for [them] to do. That’s why it was [their] least favourite.” Another participant indicated that the gestures were things they “just wouldn’t do around people.” Finally, one participant indicated that the soothing touch activity was one they “couldn’t relate” to and therefore felt they “couldn’t full understand” the activity. No other activities emerged as least favourite activities.

SST Program. When asked to indicate their least favourite elements of the program, two participants indicated that the written activity regarding making a complaint was their least favourite activity. Similar to counsellors in the MSC condition, the more difficult participants found the activities, the less they enjoyed them. One participant indicated that they were “struggling coming up with a complaint, so [they] felt [their] answers weren’t very good.”

Another participant indicated that they found it “tricky to write about.” No other SST activities emerged as least favourite activities.

Outcome Measures

It was predicted that participants in the MSC condition would experience greater increases in self-compassion, mindfulness, resilience, emotion regulation, authenticity and life satisfaction, and greater decreases in social anxiety and depression, when compared to their SST counterparts. Firstly, we looked at participants’ levels of mindfulness and self-compassion over time. We conducted a series of 3 (time of measurement: baseline, mid-program, post-program) x 2 (condition: mindfulness + self-compassion, social skills training) repeated measures ANOVAs. There was a main effect of time on participants’ levels of self-compassion, $F(2,22)= 7.37, p<.00, \eta_p^2=.31$, and mindfulness, $F(1,21)= 8.43, p<.00, \eta_p^2=.45$, however there was not a significant interaction between time and condition on either outcome variable (see Table 8).

All other outcome variables were measured at two time points: baseline and post-program (see Table 9). Therefore we conducted a series of 2 (time of measurement: baseline, post-program) x 2 (condition: mindfulness + self-compassion, social skills training) repeated measures ANOVAs. There was a significant main effect of time on participants’ social anxiety, self-esteem, resilience, emotion regulation, and students’ life satisfaction. Additionally, participants in the MSC condition experienced greater increases in life satisfaction than their SST counterparts, $F(1,21)= 5.45, p=.03, \eta_p^2=.21$, as was hypothesized. Additionally, approaching statistical significance, MSC participants experienced greater increases in resilience than their SST counterparts, $F(1,21)=3.94, p=.06, \eta_p^2=.15$, as predicted. There was no main effect of time on participants’ levels of depression, empathy and sympathy, or authenticity. However, there was a significant interaction between time and condition for authenticity. Participants in the MSC

condition experienced significantly greater increases in authentic living, when compared to their SST counterparts, $F(1,22)=4.60$, $p=.04$, $\eta_p^2=.17$. This supports our hypothesis that participating in a five-day mindfulness + self-compassion program increases authenticity, when compared to participation in a social skills training program.

Discussion

The primary aim of this study was to examine the feasibility, acceptability and potential benefits of a five-day mindfulness + self-compassion program, compared to a five-day social skills training program, for adolescent camp counsellors. This was the first study, to the authors' knowledge, to evaluate the potential benefits of a combined mindfulness + self-compassion program, in comparison to an active control group, for adolescents in the summer camp setting. It was predicted that individuals in the mindfulness + self-compassion condition would experience greater benefits than their social skills training counterparts. Results from this study were mostly encouraging, partially supporting hypotheses.

Firstly, feasibility and acceptability were investigated using two short surveys. These short surveys included quantitative data and qualitative data. The mid-program survey asked counsellors to rate each of the activities they learned during their training. Results indicated that counsellors in both conditions enjoyed the activities in their programs. Counsellors' written responses indicated that there were many elements of the program they enjoyed, with the creative activities being particularly popular; the self-compassionate letter, decorating a self-compassion stone and making glitter jars were the most popular among counsellors. Moreover, feasibility and acceptability were assessed again at post-program and overall, results support that participants found both programs acceptable and feasible. Additionally, counsellors in the mindfulness + self-compassion condition enjoyed participating in the program significantly more

than their social skills training counterparts; future research should consider developing an active control condition that is equally as enjoyable as mindfulness + self-compassion activities. No group differences were observed on any other facets of feasibility and acceptability.

Although there were significant increases in participants' mindfulness and self-compassion over time, there were no differences by condition as hypothesized. The results somewhat parallel existing research on the benefits of programs that combine mindfulness and self-compassion. *Be Kind to your Mind* was largely based on Neff and Germer's *Mindful Self-compassion* for adults and Bluth and colleagues' *Making Friends with Yourself* for adolescents. In Neff and Germer's (2010) study, those who participated in *Mindful Self-compassion* experienced significantly greater increases in self-compassion and mindfulness than their waitlist control counterparts. Similarly, in Bluth and colleagues' (2016) pilot study, adolescents in the mindfulness and self-compassion condition experienced significantly greater increases in self-compassion, with trends for mindfulness, when compared to their waitlist counterparts. In the present study, results showed significant increases in mindfulness and self-compassion over time, suggesting that mindfulness and self-compassion are teachable traits. However, participants in the MSC condition did not experience greater increases in mindfulness and self-compassion than their SST counterparts. This is where our results differ slightly from existing literature. We found these results to be intriguing because participants in the SST condition improved in mindfulness and self-compassion even though they received no training *directly* related to either concept (mindfulness or self-compassion).

It is important to note that our study differs from previous studies (Neff & Germer, 2013; Bluth et al., 2016) in a few significant ways. Firstly, our study included an *active* control condition, whereas most studies examining the benefits of mindfulness and/or self-compassion

for adolescents have used waitlist control groups (Bluth et al., 2016; Van Vliet et al., 2017). Our active control condition, *Social Skills Training for Summer Camp Counsellors*, was intentionally designed to serve as an adequate active control condition that mirrored our experimental condition in structure, but not in content. Our active control condition was adapted from *Skillstreaming the Adolescent: A Guide for Teaching Prosocial Skills* (McGinnis et al., 2012) and we included various basic social skills in our lessons for adolescent camp counsellors. We did not predict that counsellors participating in this program would experience similar increases in mindfulness and self-compassion to their experimental condition counterparts. Another way in which the present study differs from existing research is that *Be Kind to your Mind* was designed for and delivered to adolescents in the summer camp setting. Counsellors received their training, related to their conditions, as a part of a week-long training week organized by the camp; in addition to receiving training as a part of our study, they also received training that focused on “camp counsellor readiness, leadership and personal development” (Honsberger, 2019, personal communication). Therefore, it is difficult to determine if participation in our study programs increased mindfulness and self-compassion, or if the additional summer camp training they received increased mindfulness and self-compassion, or if it was a combination of both.

Although there has been minimal research conducted on the beneficial nature of summer camp, existing literature suggests that attending summer camp has many intrapersonal and interpersonal benefits. Additionally, existing empirical research focuses primarily on camper benefits and outcomes, not on counsellor benefits and outcomes. For example, a longitudinal study conducted by the American Camping Association considered parental perceptions of campers’ development by conducting surveys pre- and post-camp (Henderson, Scheuler Whitaker, Bialeschki, Scanlin, & Thurber, 2007). According to parental perceptions, campers

experienced significant increases in positive identity, independence, leadership and a number of other facets of positive development. More recently, the Canadian Summer Camp Research Project revealed that attending summer camp promotes positive change in a number of key areas of development, including emotional intelligence, self-confidence, and personal development, among other benefits (Glover et al., 2017). Although there have been a few large-scale studies investigating the benefits of summer camp for campers, there has been significantly less research conducted on the benefits of summer camp for the adolescent camp counsellors.

There was one qualitative study conducted by Bialeschki and colleagues in 1998; their in-depth interviews with college students revealed a number of positive outcomes for summer camp counsellors (Bialeschki, Dahowski, & Henderson, 1998). Among these positive outcomes were positive relationships, appreciation of diversity, leadership and personal growth (Bialeschki et al., 1998), however, to our knowledge, there has not been *any* research conducted regarding the notion that summer camp may increase constructs such as mindfulness and self-compassion for adolescent camp counsellors. Given that counsellors in both conditions experienced significant increases in mindfulness and self-compassion over the summer, further research is needed to investigate the mechanisms that led to participants' increased levels of mindfulness and self-compassion.

We also predicted that adolescent camp counsellors in the mindfulness + self-compassion condition would experience greater increases in self-esteem, resilience, emotion regulation, empathy and sympathy, authenticity and life satisfaction, when compared to their social skills training counterparts. In the present study, counsellors in *both* conditions experienced significant increases in self-esteem, resilience, emotion regulation, and students' life satisfaction over time; however, there were no significant increases over time on empathy and sympathy for either

group. Once again, given that both counsellors experienced significant increases in self-esteem, resilience, emotion regulation and students' life satisfaction over time and decreases in social anxiety, it is difficult to determine whether the psychological benefits were due to participating in the study programs or due to the unique summer camp experience. As predicted, counsellors in the MSC condition experienced greater increases in life satisfaction than their SST counterparts. This finding, that mindfulness and self-compassion programs increase life satisfaction, has been found in previous studies (Neff & Germer, 2013; Bluth et al., 2016). Moreover, the present study adds to the literature that suggests that participating in a mindfulness + self-compassion program increases life satisfaction.

Contrary to hypotheses, MSC participants did not experience greater benefits in resilience or emotion regulation, compared to their control counterparts, however there was a trend suggesting MSC participants experienced greater increases in resilience than their SST counterparts ($p=.06$). We found these results somewhat surprising as correlational studies have illustrated that mindfulness and self-compassion are positively associated with resilience (Bluth, Mullarkey, & Lathren, 2018) and emotion regulation (Broderick & Jennings, 2012). However, the increases experienced by adolescent camp counsellors in emotion regulation could have been influenced by their participation in the study programs, as well as their participation in the camp's training. *Be Kind to Your Mind* included a number of activities that related to emotion regulation. Activities included practising mindfulness, which included acknowledging their emotions non-judgmentally. However, upon further reflection, the social skills training activities included lessons on problem solving and other basic social skills that may also relate to emotion regulation abilities. Therefore, both the experimental condition and the active control condition may have included activities that increased emotion regulation. Contrary to hypotheses, there

were no significant increases in participants' levels of empathy and sympathy, however the *AMES* reliability was quite low at Time 1 ($\alpha=.65$) and Time 2 ($\alpha=.54$) in the present study. This low reliability may have limited the effectiveness of the scale's ability to accurately capture increases in participants' levels of empathy and sympathy. Finally, there was a significant time by condition interaction such that counsellors in the MSC condition experienced greater increases in authentic living, than the social skills training participants. The benefits of mindfulness and self-compassion on adolescents' trait authenticity is relatively unexplored, so our study is one of the first to illustrate the impact of mindfulness and self-compassion on adolescents' authentic living.

We also predicted that participants in the mindfulness + self-compassion condition would experience more significant decreases in depression and social anxiety than their social skills training counterparts. Although there was a main effect on time on participants' levels of social anxiety, there was no main effect of time on participants' levels of depression, and there were no significant differences across conditions. In previous literature, adolescents who participated in *Making Friends with Yourself*, a 6-week mindful self-compassion developed for adolescents, experienced significant decreases in depression, and evidence of trends for anxiety, when compared to their waitlist control counterparts (Bluth et al., 2016). However, Bluth and colleagues' study (2016) used a waitlist control group and recommended that future studies use an active control group; we used an active control group and did not see significant differences across conditions. Although *Be Kind to your Mind* may have increased other psychological outcomes, the 5-day intervention may not have been long enough, or in-depth enough, to significantly decrease symptoms of depression. Additionally, in Bluth and colleagues' (2016) pilot study, participants were recruited via their responses to flyers posted in their communities

and emails sent out via university listservs; our participants were recruited and invited to participate in our study as a part of their camp counsellors training. In other words, our participants were not treatment-seeking adolescents; our participants did not report clinical levels of social anxiety ($M=23.00$, $SD=15.02$) or depression ($M=1.57$, $SD=1.02$) at baseline. Further research should investigate the feasibility, acceptability and benefits of *Be Kind to Your Mind* among adolescent clinical samples.

Although this study provides valuable insight into the feasibility, acceptability and benefits of mindfulness and self-compassion for adolescents in the summer camp setting, it also has a few limitations worth noting. The first limitation worth noting is the small sample size. Although 32 counsellors completed baseline surveys at their training weekend in May, only 25 counsellors participated in the training programs and completed mid-program *and* post-program surveys, leading to small sample sizes in the MSC condition and SST condition. Other limitations will be discussed in the general discussion, as they relate to Study 2 as well. Despite the aforementioned limitation, this study has a number of strengths and innovative aspects. Firstly, it differed significantly from previous literature in that it included an active control condition, allowing us to clearly identify the potential benefits of a 5-day mindfulness and self-compassion program. Therefore, we can conclude that participating in a 5-day combined mindfulness + self-compassion program designed for adolescents increases life satisfaction and authenticity, with trends for resilience. Further research is needed to evaluate the impact of mindfulness + self-compassion programs, perhaps compared to alternative active control conditions, on other outcome variables such as self-esteem, emotion regulation, empathy and sympathy, and other facets of authenticity. Further research should also explore the ideal duration and depth for mindfulness and self-compassion programs to decrease adolescents'

symptoms of depression and social anxiety. Furthermore, adolescence can be a very challenging time for young people. Adolescence can be particularly challenging if young people do not possess positive coping strategies. As such, it is imperative that researchers continue to explore programs such as mindfulness and self-compassion that increase resilience, life satisfaction and authenticity, and explore the potential benefits of mindfulness and self-compassion for even younger populations. Study two addresses this inquiry.

Study Two

This study was designed to investigate the impact of a five-day mindfulness + self-compassion program for young campers, compared to a five-day active control condition (social skills training). The aforementioned *Be Kind to Your Mind* program included five days of activities developed for young campers and were designed with the intention of being led by the adolescent camp counsellors from Study One. Camp weeks ran Sunday to Friday and new campers attended the camp every week. Campers completed surveys on their first night of camp, participated in MSC/SST activities throughout the week and then completed their final surveys on their last day of camp.

Method

Participants

In this study, 231 young campers were recruited, and they ranged in age from 6 – 15 years old ($M= 10.71$, $SD=2.07$). Although 231 campers were recruited and consented to participate in this study, many participants did not complete entire surveys at Time 2; only 62 participants completed their entire post-program questionnaires at Time 2. Analyses were conducted by measure and therefore sample sizes will vary (see Figure 2). The implications of the high attrition rates are addressed in this study's discussion and in the general discussion.

Participants' genders (as identified by their parents on their consent forms) were as follows: girl (67.4%) and boy (32.6%). Participants' ethnicities (as identified by their parents on their consent forms) were as follows: White (83.7%), Asian (0.9%), Black/African Canadian (0.9%), Indigenous (0.9%), and other (0.4%). No participants self-identified as Middle Eastern/West Asian. Information on socioeconomic status was not collected, however the overnight summer camp recruited to participate in this study used a tiered pricing system, in which parents pay between \$410 and \$515 to send their child(ren) to camp. Camp counsellors from Study One were randomly assigned to one of two conditions (mindfulness + self-compassion or social skills training) and then campers were assigned to counsellors. Campers completed activities based on their counsellor's random assignment that related to mindfulness + self-compassion ($n=125$) or social skills training ($n=106$; see Table 10). Participants who self-identified as girls were evenly distributed among condition ($n_{MSC}=79$, $n_{SST}=76$), however there were more participants who self-identified as boys in the MSC condition ($n=46$) than the SST condition ($n=29$). Additionally, campers who self-identified as White/Caucasian were evenly distributed among conditions ($n_{MSC}=105$, $n_{SST}=90$) as well as campers who self-identified as Asian ($n_{MSC}=1$, $n_{SST}=1$). Two campers self-identified as Black/African Canadian and both completed the social skills training activities; two campers self-identified as indigenous and both completed mindfulness + self-compassion activities.

Young campers were recruited from an overnight summer camp, located in Southwestern Ontario, in which the Executive Director and Board of Directors consented to participate in the study. Ethics approval was obtained from the authors' academic institution and written informed consent was obtained from the children's parents before participating in any portion of the study. Verbal assent was also obtained from children before participating in the study. No children, nor

their parents, were given monetary compensation for their participation although campers kept all related craft materials.

Measures

Campers' levels of self-compassion, mindfulness, social anxiety, self-esteem, depression, resilience, empathy and sympathy, and life satisfaction were assessed on the first night of the week they attended camp (see Appendix D) and on the final day they attended camp (see Appendix E). Please see Table 3 for a summary of measures completed by counsellors and campers throughout the summer. The same measures were used for adolescent camp counsellors and young campers (explained in Study One), with exception of the self-compassion scale and the single-item depression scale, explained in-depth below.

Self-compassion. The *Self-Compassion Scale for Children (SCS-C*; Sutton, Schonert-Reichl, Wu, & Stewart Lawlor, 2018) is a 12-item self-report measure that assesses children's inclinations to treat themselves compassionately on a Likert scale from 1 (Almost Never) to 5 (Almost Always). The items for the scale were adapted from the *Self-Compassion Scale- Short Form (SCS-SF*; Raes, Pommier, Neff, & Van Gucht, 2010). The language in some of the items for the *SCS-C* was altered in order to be more age-appropriate. For example, "when something upsets me I try to keep my emotions in balance" was altered to be "when something upsets me I try to stay calm" and "I'm disapproving and judgmental about my own flaws and inadequacies" was altered to read "I'm hard on myself about my own flaws and mistakes." Sutton and colleagues (2018) evaluated the reliability and validity of the *SCS-C* with a sample of 406 children ages 8 – 12 years and determined the adapted questionnaire a reliable ($\alpha=.79$) and valid assessment of self-compassion for children.

Depression. Child (young camper) participants responded to a single-item measure of depression; their single-item measure was adapted from the original so that participants indicated how “down” they felt during the past week (0=Rarely, 3=Most of the time). Higher scores indicated higher likelihood of depressive symptoms.

Acceptability and feasibility. In order to assess the acceptability and feasibility of the two training programs, campers completed acceptability and feasibility questionnaires when they completed post-program surveys. At post-program, campers completed a short self-report questionnaire that asked them to rate the extent to which they enjoyed each of the training activities on a 5-point Likert scale. Campers also provided written responses to prompts that asked them to indicate their favourite, and least favourite, activities.

Materials (Programs)

MSC camper activities. For campers, day 1 consisted of a creative activity in which campers added glitter to clear jars with clear glue and warm water; each different colour of glitter represented a different emotion. Once campers added 3 – 4 colours, they were instructed to shake their jars and watch the glitter move quickly. Campers were then instructed to set their glitter jars down and pay close attention to each colour and acknowledge each “emotion” non-judgementally. This creative activity was used as an introduction to practising mindfulness. Day 2 for campers included another introductory self-compassion activity. Campers learned about the “self-hug;” the “self-hug” activity was developed by the author to mirror the soothing gesture activities that appear in Neff and Germer’s *Mindful Self-compassion* program and Bluth’s *Making Friends with Yourself* program. Campers’ third day of training was then dedicated to a conversation facilitated by their counsellor on self-compassion; this activity helped campers to acknowledge how they show kindness and compassion to others and encouraged them to treat

themselves with that same kindness and compassion. On the fifth and final day of training for campers, similarly to their counsellors, campers wrote a self-compassionate letter to themselves.

SST camper activities. Day 1 for campers included counsellors facilitating campers creating their own “all about me” posters. Campers’ second day of the program included participating in a role-play activity focused on following instructions. On their third day of the program, campers learned about using their social skills when they need them. Campers learned about the steps involved in making a complaint and problem-solving. Day 4 of the program focused on social skills alternative to anger. On their fifth and final day of the program, campers were instructed to write social skills reminders to themselves.

Procedure

After ethics approval was obtained, and the Executive Director expressed interest and consented to participate in the study, an information note was sent out with camper registration packages so that informed consent could be obtained for all young camper participants. After all of the counsellors were randomly assigned to condition and received their training (explained in detail in study one), counsellors began leading activities for their campers. As the summer progressed in July and August 2019, young campers arrived Sunday evenings and completed their Time 1 surveys¹. Camper Time 1 surveys included the following aforementioned measures: *SCS-C*, *MTASA*, *SPIN*, *SISE*, *D-SI*, *BRS*, *AMES* and *SLS*. All campers were introduced to the study by the author and provided verbal assent before completing Time 1 surveys. As the camp week progressed, campers participated in the study activities, led by their counsellors, every day for 15 – 20 minutes prior to their lunchtime. At this time, the author was available to assist any

¹ Due to the August long weekend, one camp week began on a Monday and therefore time 1 surveys were administered Monday evening. Additionally, day 3 and day 4 activities of the programs were both done on day 3 thus ensuring that all campers completed all five days of activities.

counsellors with difficulties that may have arisen. As the author was not blind to campers' study conditions, the author ensured equal time and attention was given to campers randomly assigned to each condition. Additionally, the author was cognizant not to interfere with the counsellors' facilitation of the activity, only providing assistance when absolutely necessary. On the final day of camp (Friday), campers completed their post-program surveys after lunch, before their early afternoon departure. At this time, counsellors were responsible for supervising their campers, and providing assistance when necessary.

Results

Baseline Measures

Participants' baseline levels of self-compassion, mindfulness, social anxiety, depression, self-esteem, resilience, and life satisfaction were compared across conditions. Descriptive statistics for baseline variables are provided in Table 11. Independent samples *t*-tests were used to compare variables across conditions; campers did not differ significantly on any variables across condition at baseline; correlations among baseline variables are provided in Table 12. As consistent with literature, self-compassion was positively associated with mindfulness, self-esteem, resilience and student life satisfaction, and negatively correlated with social anxiety and depression. Additionally, as consistent with literature, mindfulness was significantly correlated with self-compassion, self-esteem, resilience, empathy and sympathy, and life satisfaction. Inconsistent with literature, mindfulness was not negatively associated with social anxiety or depression, as these correlations were not significant.

Acceptability and Feasibility

We predicted that both the MSC and SST training programs would be acceptable and feasible for campers. Participants' post-program survey included a short acceptability and

feasibility questionnaire that asked campers to rate each of the activities they completed as a part of their MSC/SST program. Their answers were then totalled, and an independent samples *t*-test revealed that there were no significant differences across conditions in the extent to which campers enjoyed the activities. According to participants' responses, campers enjoyed MSC activities ($M=3.77$, $SD=.91$) and SST activities ($M=3.74$, $SD=1.21$) almost equally.

Favourite Parts

MSC Program. When children were asked to indicate their favourite elements of the program, 48 participants indicated that creating their own glitter jars was their favourite part of the program. Participants had a number of reasons for enjoying the glitter jars; some campers enjoyed making the glitter jars because they found them relaxing. One 13-year-old participant indicated they liked the glitter jars because “they are relaxing and fun to play with.” Other campers enjoyed the glitter jars because they were aesthetically pleasing to look at. One 10-year-old participant said the glitter jar activity was their favourite because the glitter jars are “pretty and cool.” Other participants enjoyed the glitter jar activity because it helped them regulate their emotions, including an 11-year-old participant who indicated that they liked the glitter jars because “it helped [them] understand their emotions.” Another 11-year-old camper enjoyed “watching the glitter fall” as it “helps to slow [their] thoughts down.” Additionally, one 13-year-old participant found the glitter jar useful and shared that “when [they were] upset or mad, [they] could shake it and pretend all of the sad or mad in [them] is the glitter falling.”

A number of participants also listed the self-compassion stone as their favourite activity; 11 campers listed decorating their stone as their favourite activity. Some campers indicated that the self-compassion stone was their favourite activity as it was an artistic activity. Other participants enjoyed decorating their self-compassion stone, because they felt as though the

message would be helpful in stressful times. One 12-year-old participant indicated their stone would remind them to follow their own self-compassionate advice, and felt as though they could reflect on their stone and think “that is very true.” Another 13-year-old participant wrote that “no matter how small the reminder to be kind, [it’s] still good.”

In addition to the creative activities, the glitter jar and the self-compassion stone, six campers listed writing the self-compassion letter as their favourite. One 14-year-old camper wrote that the self-compassion activity helped them learn about themselves.

My favourite mindfulness and self-compassion activity was probably writing a self-compassionate letter to myself. I really enjoyed this activity because it helped me realize all the amazing things about myself that I didn’t realize before.

Another 14-year-old shared a similar sentiment regarding this final activity in the mindfulness and self-compassion program.

My favourite mindfulness and self-compassion activity was writing a self-compassion letter because it made me realize the importance of accepting your flaws and making sure that you are kind to yourself.

No other MSC activities were mentioned nearly as much as the three aforementioned “favourite” activities. Another factor that may be influencing participants’ activities preferences may be their age. As illustrated in the quotations above, younger campers preferred the creative activities such as the glitter jars and decorating their stones, and older campers enjoyed the letter-writing activity the most.

SST Program. When participants were asked to indicate their favourite elements of the SST program, three activities were mentioned significantly more than the others. Campers in the SST program enjoyed creating their “all about me” posters, writing letters to themselves and

learning about problem solving. Twenty-seven participants indicated they enjoyed making their posters as it was fun; other participants enjoyed the self-reflection aspect. One 10-year-old wrote that their “favourite social skills training activity was the all about me poster, because [they] like knowing who [they are] and learning about others.” Other participants enjoyed the creative aspect. One 8-year-old participant shared they enjoyed the activity “because [they] like drawing.”

A number of participants also mentioned the final activity, writing down their social skills in a letter to themselves; 19 campers indicated this was their favourite activity. One 12-year-old camper indicated that they enjoyed the letter-writing activity because it “made [them] think and understand it more.” Other campers indicated they enjoyed the letter-writing activity because of its utility; one 13-year-old indicated they felt their letter would give them a “guide to go back to if [they] need help with social skills.” Similarly, one 12-year-old camper enjoyed writing the letter as it would give them “tips to help [them] remember what [they] did at camp.” Finally, one 11-year-old indicated they enjoyed the letter-writing activity due to its flexibility.

I liked writing the letter because we could write whatever we wanted about the study and it wasn't structured.

Finally, three campers indicated they enjoyed the problem-solving activity the most. Many campers indicated they felt learning how to effectively problem solve would be beneficial for them in the future. Other campers indicated they enjoyed problem solving because they already possessed some problem solving-skills; they enjoyed building upon these skills. No other activities emerged as favourite activities.

Least Favourite Parts

MSC Program. When participants were asked to identify their least favourite elements of the program, 20 participants indicated they did not have a least favourite. One 11-year-old wrote “[I don’t know] honestly, I loved all of them!” Another 12-year-old indicated that they enjoyed all activities as they found them all “helpful.” Other participants were able to identify their least favourite activities. The soothing gesture activity, renamed to “self-hug” to be more developmentally appropriate was mentioned significantly more than any other activities, in 12 campers’ written responses as a least favourite activity. Many campers indicated they did not like the self-hug activity, as it caused them discomfort. For example, one 14-year-old indicated the self-hug made them “worse” and “weird and awkward.” Many other campers used the word “weird” to describe the self-hug activity. Additionally, another 14-year-old indicated they felt “a little odd” using these soothing gestures. Other participants did not enjoy this activity as they found it less amusing/interesting than other activities. One 13-year-old indicated that they found the activity “a little boring.” Finally, others did not enjoy the self-hug activity, as they did not find it helpful. One 12-year-old indicated the activity felt “ineffective” to them.

Additionally, 12 campers indicated that writing their self-compassionate letters was their least favourite activity. Participants indicated they did not enjoy the letter-writing activity, as they did not think they would use it. Seven campers listed the self-compassion stone as their least favourite activity. One 12-year-old camper indicated they struggled with the activity as they were not sure what they wanted to write on their stone. Another 12-year-old indicated they felt the activity hard to relate back to every day life.

My least favourite activity was the stone, because it is a word on a rock and it doesn’t do anything so it’s hard to relate it back to life, where as you can shake the glitter jar and mix all the feelings we have. But, it is a good reminder to keep on your desk or in your

pencil case.

No other activities were mentioned as frequently as the aforementioned activities.

SST Program. When campers were asked to indicate their least favourite elements of the program, 13 indicated they did not have a least favourite activity. One 12-year-old indicated they enjoyed all of the activities and thought “they were all good.” Similarly, one 13-year-old camper indicated “[the activities] were all great.” Other campers were able to identify their least favourite elements of the program and participants’ answers included: “asking for permission,” the “all about me” poster, and the letter-writing activity.

Twelve campers indicated they did not enjoy “asking for permission” as they felt it was a skill they already possessed. One 14-year-old camper indicated that asking for permission “didn’t make a lot of sense when we always ask for permission every day.” Other campers indicated they did not enjoy the activity because they felt it was boring. For example, one 10-year-old camper found the activity “boring and a bit pointless.” Similarly, an 11-year-old participant described the activity as “quick and boring.”

Ten campers indicated the poster activity was their least favourite. The “all about me” poster activity was another activity that was described as “boring” by many campers. Additionally, some campers indicated they did not enjoy the poster activity because they did not enjoy talking about themselves. Campers had similar responses to the letter-writing activity. Participants indicated that they did not enjoy the letter writing activity because they found it boring and/or because they do not enjoy writing. Nine campers indicated the letter writing activity was their least favourite. No other activities were mentioned as frequently as “asking for permission,” the poster activity and the letter activity.

Outcome Measures

It was predicted that participants in the MSC condition would experience greater increases in self-compassion, mindfulness, resilience, and life satisfaction than their SST counterparts. Additionally, it was expected that participants in the MSC condition would experience greater decreases in social anxiety and depression, when compared to their SST counterparts. All outcome variables were measured at two timepoints: baseline and post-program. We conducted 2 (time of measurement: baseline, post-program) x 2 (condition: mindfulness + self-compassion, social skills training) repeated measures ANOVAs on each of our outcome variables; sample sizes are found in Table 13. We found a main effect of time for self-esteem ($F(1, 102) = 3.89, p = .05, \eta_p^2 = .04$), depression ($F(1, 101) = 5.37, p = .02, \eta_p^2 = .05$), and students' life satisfaction ($F(1, 123) = 4.62, p = .03, \eta_p^2 = .04$). Contrary to hypotheses, we did not find any significant differences across conditions, however based on means, an interesting pattern emerges that suggests campers in the mindfulness + self-compassion condition may experience greater increases in life satisfaction when compared to their control counterparts (see Table 13).

Age Considerations

Additionally, given the lack of research on the benefits of mindfulness and self-compassion for young populations, we were interested to examine whether age would play a role in the benefits of a combined mindfulness + self-compassion program. We conducted another 2 (time of measurement: baseline, post-program) x 2 (condition: mindfulness + self-compassion, social skills training) repeated measures ANOVA, however this time we included participants' age (in months) as a covariate (see Table 14). When controlling for age, there was a main effect of time for self-esteem ($F(1, 101) = 4.96, p = .03$), however there were no differences across conditions. After including participants' age as a covariate in our repeated measures ANOVA,

we were interested in grouping participants by age groups and looking at the potential benefits of these programs.

Participants in this study ranged from ages 6- to 15-years-old (see Table 15). Cole and colleagues (2001) refer to the years between five and eight as “middle childhood” and suggest that children in middle childhood often have highly positive self-perceptions. Therefore, children 5- to 8-years-old may not be as self-critical as their older peers and may not benefit from mindfulness and self-compassion to the same extent as their slightly older peers. Consequently, for the purpose of this study, we grouped participants aged 6- to 8-years old together in Group 1 ($n_{MSC}=24$, $n_{SST}=14$). Eccles’ (1999) work on childhood and adolescence also provided insight on determining developmentally appropriate age groups; they suggest that middle childhood refers to ages 6 to 10 and early adolescence refers to ages 11 to 14. Therefore, we grouped the rest of our participants in “middle childhood” (ages 9 and 10) together. Participants aged 9- and 10-years old became Group 2 ($n_{MSC}=29$, $n_{SST}=35$). Given the developmental differences between 11-year-olds and 15-year-olds, we wanted to continue to group our participants into smaller age groups. Finally, although research on the benefits of mindfulness and self-compassion for children is new, self-compassion programs have been developed and empirically evaluated for adolescent populations ages 13-18 (Bluth & Blanton, 2014, 2015; Bluth et al., 2016; Bluth, Mullarkey, & Lathren, 2018). Additionally, these studies yielded promising results, suggesting that self-compassion may benefit adolescents aged 13-18. Therefore, we grouped our 13-, 14- and 15-year-old participants together to create Group 4 ($n_{MSC}=33$, $n_{SST}=14$). This allowed our 11- to 12-year-old participants to be grouped together to create our final age grouping, Group 3 ($n_{MSC}=39$, $n_{SST}=43$).

After developmentally appropriate age groupings were determined, we ran a series of 2 (time of measurement: baseline, post-program) x 2 (condition: mindfulness + self-compassion, social skills training) x 4 (age: 6- to 8-year-olds, 9- to 10-year-olds, 11- to 12-year-olds, 13- to 15-year-olds) repeated measures ANOVA (see Table 16). These analyses revealed a main effect of time on participants' self-esteem ($F(1,96)= 39.46, p<.00, \eta_p^2=.29$) and students' life satisfaction ($F(1,117)= 8.92, p= .00, \eta_p^2=.07$). Contrary to hypotheses, these ANOVAs revealed a significant time by condition interaction for individuals' levels of empathy and sympathy ($F(1,103)= 4.36, p= .04, \eta_p^2=.04$) campers in the SST condition experienced significantly greater increases in empathy and sympathy, when compared to their MSC counterparts.

Attrition Analyses

Given the large number of incomplete surveys, we were interested in examining any differences that emerged between those who completed their survey (completers) and those who did not (non-completers). We conducted a series of statistical tests comparing completers vs. non-completers (by condition, age and gender) and found significant differences among groups (see Table 17). Firstly, chi-square analyses revealed that there was not a significant association between completion and study conditions, $X^2=1.06, p=.30$. Secondly, an independent samples *t*-test revealed that completers were significantly older ($M= 11.90, SD= 1.61$) than their non-completing counterparts ($M=10.23, SD=1.99$), $t(109.93)= 6.56, p<.00$. Finally, chi-square analyses revealed that there was not a significant association between completion and gender; this suggests that condition and gender did *not* impact whether or not participants completed their questionnaires, however age did impact completion, $X^2=0.08, p=.78$. We then compared completers vs. non-completers for *each* variable on baseline measures of that variable (see Table 18). For example, we compared participants who finished the *Self-Compassion Scale* at Time 1

and Time 2 with participants who did not complete the *Self-Compassion Scale* at Time 1 and Time 2 on their baseline self-compassion levels. An independent samples *t*-test revealed that participants who completed the mindfulness measure at Time 1 and Time 2 were significantly more mindful than their non-completing counterparts, $t(220)=2.98, p=.01$. Additionally, participants who completed the single-item self-esteem measure at Time 1 and Time 2 had significantly higher self-esteem than their non-completing counterparts, $t(126)=2.31, p=.02$. Participants who completed the *Brief Resilience Scale* at Time 1 and Time 2 showed trends for scoring higher on resilience than their non-completing counterparts, $t(133)=1.81, p=.07$. Finally, participants who completed the *Students' Life Satisfaction Scale* at Time 1 and Time 2 scored significantly higher on life-satisfaction than their non-completing counterparts, $t(144)= 2.99, p=.00$. For attrition rates by age groups, please see Table 19.

Discussion

The primary aim of this study was to examine the feasibility, acceptability and potential benefits of a five-day mindfulness + self-compassion program, compared to a five-day social skills training program, for young campers. This was the first study, to the authors' knowledge, to examine the benefits of a combined mindfulness + self-compassion for children under the age of 12. Additionally, it was the first set of studies (Study One and Study Two) to examine the benefits of mindfulness and self-compassion in the summer camp setting. It was predicted that children in the mindfulness + self-compassion condition would experience greater psychological benefits than their social skills training counterparts. It was predicted that campers in the MSC condition would experience greater increases in mindfulness, self-compassion, self-esteem, resilience, empathy and sympathy, and life satisfaction than those in the SST condition. Additionally, we predicted that campers in the MSC condition would experience significant

decreases in depression and social anxiety, compared to their control condition counterparts. Contrary to hypotheses, children in the MSC condition did not differ significantly on any outcome variables, when compared to their SST counterparts.

Firstly, feasibility and acceptability were investigated using participants' responses to a short self-report survey. Statistical analyses revealed that participants in both conditions enjoyed their programs; no significant differences across conditions emerged. Additionally, written responses were analysed, and participants were easily able to identify their favourite, and least favourite, elements of the programs. When campers in both conditions were asked to identify their favourite elements of the program, they preferred the activities that had creative elements. Participants in the MSC condition enjoyed making glitter jars and decorating self-compassion stones, and participants in the SST condition enjoyed making their "all about me" posters. When participants were asked to identify their *least* favourite elements of the program, campers in both groups had difficulties identifying their least favourite elements. In the mindfulness + self-compassion condition 20 campers indicated they did not have a least favourite activity and 13 campers in the social skills training indicated they did not have a least favourite activity. Overall, qualitative responses suggest that campers enjoyed participating in *both* the mindfulness + self-compassion program and social skills training program; campers' positive responses and receptivity to these activities suggests that these activities were an enjoyable addition to the summer camp program.

We also predicted that participants in the MSC condition would experience greater increases in mindfulness and self-compassion, when compared to their SST counterparts. Contrary to hypotheses, campers in the MSC condition did not experience significant increases in mindfulness or self-compassion, nor did any participants experience increases in mindfulness

and self-compassion. It is difficult to situate the results of the present study within the context of existing literature, given the lack of research on the benefits of mindfulness and self-compassion for children. We can, however, assess how our results align with adolescent literature; in this case, our results do not parallel adolescent literature. Adult and adolescent literature has repeatedly demonstrated that mindfulness and self-compassion are modifiable traits that can be increased by participating in mindfulness and self-compassion training (Neff & Germer, 2013; Bluth et al., 2016).

As hypothesized, there were significant increases in participants' self-esteem and life satisfaction levels, however, contrary to hypotheses, there was no main effect of time on any other outcome variables. Additionally, contrary to hypotheses, participants in the MSC condition did not differ significantly from their SST counterparts on any outcome variables. Although research on mindfulness and self-compassion for children is new, there has been considerable attention spent on the benefits of mindfulness and self-compassion for adolescents. Our results in the present study differ significantly from results observed in existing literature. There is a myriad of reasons that our results may differ from results observed in the adolescent literature, including differences in participants' age, duration of the programs and the delivery of the programs. Additionally, these results differed significantly from Study One results, as adolescent participants experienced significant increases on many variables over time; further explanation regarding the differing results will be found in the general discussion.

Given the novelty of self-compassion research with children and adolescents, we included age in our analyses. We first included age as a covariate, and then conducted analyses using four different age groups. There were a number of reasons we included age in follow-up analyses. Firstly, our participants varied significantly in age; participants ranged from 6- to 15-

years-old. Additionally, children experience a number of physical, cognitive and emotional changes between the ages 6 and 15 (Eccles, 1999; Sutton et al., 2018; Cole et al., 2001). Many of these changes include significant changes in individuals' self-concept and self-appraisals. For example, children ages 5 to 8 typically have optimistic self-perceptions (Cole et al., 2001) whereas adolescents (older campers, ages 11 and up) are often prone to increased self-criticism and negative self-judgments (Neff, 2003a). Therefore, it would be reasonable to predict that mindfulness and self-compassion would be especially beneficial during developmental periods characterized by intense self-criticism and judgment. Previous research on the benefits of mindfulness and self-compassion interventions for adolescents has yielded promising results, increasing life satisfaction and decreasing depression and anxiety (Bluth et al., 2016). However, this research has typically focused on adolescents aged 13- to 17-years-old. Research has not yet examined the benefits of combined mindfulness and self-compassion interventions for children under the age of 12; therefore, our predictions regarding age derived from understanding the cognitive processes present during different developmental periods (such as self-awareness and self-appraisals) rather than deriving from existing literature exploring the benefits of mindfulness and self-compassion for young children.

Contrary to our expectations, age did not appear to play a significant role in the extent to which mindfulness and self-compassion benefited participants when we used age in months as a covariate in our outcome measures analyses. When examining outcome variables by age groups, there was a significant main effect of time on self-esteem and students' life satisfaction. Additionally, there was a significant difference across conditions such that participants in the social skills training condition experienced greater increases in empathy and sympathy than their mindfulness + self-compassion counterparts. Empirical evidence regarding the correlation

between mindfulness + self-compassion and sympathy/empathy has yielded varying results. In a recent school-based mindfulness intervention, participants in the mindfulness condition experienced greater increases in empathy, when compared to their control condition counterparts (Schonert-Reichl et al., 2015). Additionally, Roeser and Pinela (2014) have theorized that mindfulness and self-compassion may increase empathy, prosocial motivation and prosocial behaviours, however empirical evidence has not yet confirmed their theories. Self-compassion encourages individuals to view their own painful experiences with an open, non-judgmental attitude and therefore it has been theorized that those high in self-compassion may view others' painful experiences with an open, non-judgmental attitude (Neff, 2003a; Gilbert, 2009). Despite theoretical predictions that self-compassion would be associated with compassion for others, empirical evidence has been mixed. For example, when Neff and Pommier (2013) investigated self-compassion's association with other-oriented facets of compassion among adults and adolescents (college students), they found that self-compassion was positively associated with compassion for humanity, empathetic concern and altruism in their adult participants; however self-compassion was not positively associated with compassion for humanity, empathetic concern or altruism in their adolescent participants. Given that our participants were younger than Neff and Pommier's college student participants, it is possible that mindfulness and self-compassion do not impact empathy and sympathy for others in childhood and adolescence. Additionally, Marshall and colleagues recently conducted a longitudinal correlational study that examined the associations between self-compassion, empathy and prosocial behaviours among high school students (Marshall, Ciarrochi, Parker, & Sahdra, 2019). Their results revealed that self-compassion was not positively associated with prosocial behaviour. Our findings further support their conclusion that self-compassion does not promote or increase compassion for

others among children and adolescents. Moreover, all of the social skills training activities related to interacting with others, and therefore this result was not surprising. In order to further understand the impact of a combined mindfulness + self-compassion program on empathy and sympathy, future researchers should explore alternative active control conditions.

The main limitation worth noting, specific to Study Two, is missing data. Campers ranged from ages 6- to 15-years-old, and many participants did not complete their entire post-program surveys. As illustrated in Table 19, attrition rates for campers ages 6 to 8 are particularly high, making it difficult to obtain a clear picture of the potential benefits of these programs for our youngest participants. These high attrition rates illustrate a flaw in the study's design; future research with young participants in the summer camp setting should shorten surveys and/or find innovative ways to keep children engaged while completing surveys. Although the researcher was present at all data collection, it was important that the researcher respect the integrity of the summer camp setting, including the programming and activities planned by the summer camp, and ensuring that the study activities did not detract from other camp activities. Unfortunately, the summer camp setting did not allow ample time to review individual surveys, as campers completed their surveys at lunch on their final afternoon at camp and left shortly after. On the Friday afternoon, it was important that the researcher respect the camp's policies and procedures regarding camper departure and ensure that camp staff had ample time to prepare their campers for departure, in addition to campers completing the post-program survey. Future suggestions to remedy this limitation are included in the general discussion.

Like adolescence, childhood presents its own set of challenges for young people. Additionally, the habits that young people develop in middle childhood and adolescence often

continue into adulthood. Therefore, it is imperative that researchers continue to explore adaptations of programs such as mindfulness and self-compassion that may support the development of adaptive coping strategies for children.

General Discussion

The present study was designed to explore the benefits of mindfulness and self-compassion with three innovative goals in mind:

- 1) Explore the benefits for adolescent *and* children populations, as research has not yet examined a combined mindfulness + self-compassion program with young children.
- 2) Utilize a randomized controlled trial design with an *active* control group, as opposed to a waitlist control group.
- 3) Increase the practical dissemination of these programs, by exploring creative delivery methods.

The present study is the first to our knowledge to examine the benefits of mindfulness and self-compassion for children *and* adolescents using an active control condition. Additionally, participants were recruited from an overnight summer camp in Southwestern Ontario and all program delivery and data collection took place at summer camp. Study One focused on the feasibility, acceptability and benefits of a 5-session training program for summer camp counsellors, whereas Study Two focused on the feasibility, acceptability and benefits of a 5-session training program for campers aged 6- to 15-years-old, delivered by the summer camp counsellors in Study One. Overall, we predicted *Be Kind to your Mind* program would be an acceptable and feasible program for adolescent camp counsellors and young campers; we also predicted that participants in the mindfulness + self-compassion condition would experience greater benefits than their social skills training counterparts. In this general discussion, we will

review results from Study One and Study Two, discuss limitations and end with recommendations for future research.

Study One investigated the feasibility, acceptability and potential benefits of mindfulness and self-compassion for adolescent camp counsellors. Firstly, we predicted that *Be Kind to Your Mind* would be a feasible and acceptable program for adolescent camp counsellors. We observed that *Be Kind to Your Mind* is an acceptable and feasible program for adolescent camp counsellors as they enjoyed the activities and found them easy to facilitate for their campers. Adolescent participants participated in a week of their own training and were then responsible for facilitating mindful activities for their campers. Mid-program surveys (completed immediately after receiving the training) indicated that counsellors particularly enjoyed the creative activities included in the *Be Kind to Your Mind* program. Mid-program surveys focused on the activities designed *for* the counsellors and their enjoyment, whereas post-program surveys asked questions about their experience facilitating activities for their young campers. Post-program surveys revealed that counsellors found the program easy to facilitate for their campers. The present study was the first study, to our knowledge, to utilize this unique model at overnight summer camp, as a way to disseminate mindfulness and self-compassion. In our study, counsellors received their mindfulness and self-compassion training from the author and a research assistant, and then *they* facilitated the mindfulness + self-compassion program for their campers. Counsellors' post-program surveys suggest that facilitating the program for their campers was feasible and enjoyable.

Additionally, as predicted and in line with existing literature (Neff & Germer, 2013; Bluth et al., 2016), mindfulness + self-compassion participants experienced significantly greater increases in life satisfaction, when compared to their social skills training counterparts. Among

adolescents, life satisfaction has been associated with a number of intrapersonal and interpersonal benefits (Proctor, Linley, & Maltby, 2010). Learning to relate to one's struggles and inadequacies with self-compassion and recognizing the common humanity of their struggles and inadequacies, may increase adolescents' life satisfaction. Furthermore, counsellors in the mindfulness + self-compassion condition also experienced greater increases in one facet of authenticity, specifically authentic living, when compared to their social skills training counterparts. Increasing authenticity is a relatively unexplored mechanism by which mindfulness and self-compassion may promote positive youth development. In adolescence, the desire to find and be one's "authentic" self is particularly relevant as young people balance their desire for peer-acceptance and self-acceptance. In adolescents, trait authenticity has been associated with enhanced well-being (Thomaes et al., 2017), higher self-esteem, higher friendship satisfaction and less loneliness (Peets & Hodges, 2018). *Be Kind to Your Mind* encourages adolescents to treat themselves as kindly, compassionately and non-judgmentally, as they would treat a friend. By relating to themselves with self-compassion, adolescents may develop a kinder attitude towards all aspects of their personality, empowering them to live their most authentic life.

As counsellors were randomly assigned to condition, these results demonstrate that participating in *Be Kind to Your Mind* increased adolescents' life satisfaction and authenticity. These results are promising as both authenticity and life satisfaction have been positively associated with a multitude of positive interpersonal and intrapersonal variables (Thomaes, 2017; Proctor, Linley, & Maltby, 2010). Additionally, there were trends suggesting MSC participants experienced greater increases in resilience than their SST counterparts, $p=.06$. In a pilot study by Merryman and Mezei (2012), at-risk adolescents who attended a five-week summer day camp (campers) were compared to a control group of at-risk adolescents who did not attend summer

day camp (non-campers); campers reported significant improvements in resilience factors, such as positive identity and positive growth, compared to their non-camper counterparts (Merryman & Mezei, 2012). Given that summer camp experiences may increase resilience, our finding that counsellors in the MSC condition showed trends for increased resilience, compared to their SST counterparts, provides additional support that it was the counsellors' participation in the mindfulness + self-compassion program that led to their increased resilience.

Waitlist control trials (Neff & Germer, 2013; Bluth et al., 2016) have yielded equally promising results for adults and adolescents, however this set of studies is the first randomized control trial using an *active* control condition to examine the benefits of mindfulness and self-compassion for adolescent participants. One of the inherent limitations of waitlist control designs is that there may be an overestimation of the beneficial nature of the program. By utilizing an active control condition, we minimize that possibility and can confidently assert that participating in *Be Kind to Your Mind* increases adolescents' authenticity and life satisfaction and shows trends for increasing adolescents' resilience. We can minimize that possibility by ensuring that when our MSC participants were in training, our SST participants were also receiving some type of training, therefore our study differs from a waitlist control design in which experimental participants are dedicating time and energy into learning *something* in their SST training, whereas their waitlist control counterparts are not actively participating in any type of learning or training. Overall, Study One provides support for our hypotheses that adolescent camp counsellors who participate in a combined mindfulness + self-compassion program experience greater benefits than their social skills training counterparts.

Study Two examined the feasibility, acceptability and potential benefits of mindfulness and self-compassion programming, delivered by adolescent camp counsellors, for campers aged

6- to 15-years-old. Firstly, we predicted that *Be Kind to Your Mind* would be a feasible and acceptable program for young campers. Campers' post-program surveys revealed that they thoroughly enjoyed the activities they completed throughout their camp weeks. Qualitative analyses revealed that, like adolescent camp counsellors, campers enjoyed the creative activities the most. Additionally, similarly to adolescent camp counsellors, *Be Kind to Your Mind* campers enjoyed making their mindful glitter jars and decorating their self-compassion stones.

We predicted that campers in the MSC condition would experience greater increases in mindfulness and self-compassion than their SST counterparts. Contrary to hypotheses, campers did not experience greater increases in mindfulness and self-compassion, nor did any participants experience significant increases in mindfulness and self-compassion over time. Although our study is the first to examine the benefits of a *combined* 5-day mindfulness + self-compassion program for children under the age of 12, mindfulness-based programs have been introduced to young children via clinical and school-based interventions (Semple et al., 2010; Schonert-Reichl & Stewart Lawlor, 2010; Schonert-Reichl et al., 2015; Bernay et al., 2016). In one school-based mindfulness intervention, children between the ages of 9 and 11 were randomly assigned to receive MindUP© curriculum or a traditional social responsibility program. Children randomly assigned to receive the MindUP© curriculum showed significant improvements in mindfulness, when compared to their control condition counterparts. However, this school-based intervention was delivered over a period of four months, whereas *Be Kind to Your Mind* was delivered over a period of only five days. Unfortunately, our post-program surveys were conducted on the final day of participants' week at camp, and therefore it is possible that we did not see significant increases over a five-day period, but had we included follow-up surveys three- and six-month

post-program, we might have observed significant increases in participants' levels of mindfulness and self-compassion.

Furthermore, we predicted that campers completing the mindfulness + self-compassion activities would experience greater psychological benefits than social skills training participants. In line with adolescent literature, we predicted that campers would experience greater increases in self-esteem, resilience, empathy and sympathy, and life satisfaction, when compared to their social skills training counterparts. Contrary to hypotheses, no significant differences across conditions emerged on any of these outcome variables. We also predicted that our MSC participants in Study Two would experience greater decreases in social anxiety and depression than their SST counterparts. Contrary to hypotheses, no significant differences across conditions emerged, nor did participants experience significant decreases in symptoms of social anxiety or depression over time. Given the nascent stage of research on mindfulness + self-compassion and childhood, we also conducted analyses by age group. When comparing differences across conditions by age group, MSC participants did not experience greater psychological benefits than their SST counterparts. The only notable difference across conditions was that participants in the social skills training condition experienced significant increases in empathy and sympathy compared to their mindfulness + self-compassion condition counterparts. Empirical evidence is mixed regarding the correlation between self-compassion and prosocial behaviour (Neff & Pommier, 2013; Marshall et al., 2019). Our results align with the aforementioned correlational study that revealed that self-compassion was not positively associated with prosocial behaviour in high school students (Marshall et al., 2019). Our findings indicate that, consistent with adolescent literature, treating oneself with compassion does not increase others' empathy and sympathy for others in childhood.

As this study is the first study, to the author's knowledge, that examines the potential benefits of a combined mindfulness + self-compassion program for children under the age of 12, many of our predictions were derived from adolescent literature. Although we did not find support for our hypotheses in Study Two, our study clearly illustrates that further research is needed in order to understand the optimal age to introduce young people to mindfulness and self-compassion training. Despite the psychological benefits of self-compassion for adolescents and adults, very little is known about self-compassion and childhood. We were very fortunate to recruit a large sample size ($n=231$) with a wide age range (6- to 15-years-old) and therefore we developed *Be Kind to Your Mind* with that wide age range in mind. We worked diligently to ensure the material was clear and understandable for the youngest campers. It is possible that by ensuring the content was understandable and appropriate for younger campers, we may have diluted the content to an extent that was less interesting/beneficial for older campers. We recommend future studies include age-appropriate adaptations of activities so that benefits can be maximized for young *and* older children. Perhaps older campers may have benefited from material similar to the camp counsellors' programming, given their proximity in age.

Additionally, although a "crucial shift" in children's cognitive reasoning abilities happens between the ages of 5 and 8 (Eccles, 1999; Cole et al., 2001), most children have highly positive self-perceptions at this age. Self-criticism may not be as prevalent for young children, and therefore children may not benefit from self-compassion during this middle childhood stage. Between the ages of 8 and 12, there is a marked increase in self-criticism, self-awareness and social comparison, however self-criticism may still not be salient enough to warrant benefitting from self-compassion (Sutton et al., 2018; Eccles, 1999, Cole et al., 2001). It is also plausible that the benefits of a combined mindfulness + self-compassion program may not be observable

until greater self-criticism begins to develop in later childhood or early adolescence. Future studies should conduct follow up analyses in order to examine the possibility that the benefits of mindfulness + self-compassion are experienced and observable as children and adolescents develop. It is also plausible that the benefits of a combined mindfulness + self-compassion program may not be seen in a healthy sample, but might be observed in a highly-critical sample. For example, self-criticism has been associated with self-harm, depression and anxiety in young populations (Xavier, Pinto Gouveia, & Cunha, 2016) and therefore the benefits of *Be Kind to Your Mind* might be observed in a clinical sample of children and young adolescents with depression and/or anxiety. Our participants were campers who registered for a week of summer camp and were *then* given the opportunity to consent and participate in this research project. *Be Kind to Your Mind* was introduced as a universal/preventative intervention; it is plausible that mindfulness and self-compassion programs may not lead to significant increases when introduced as a universal intervention but might when introduced to highly self-critical children or those seeking treatment for other mental health challenges.

Finally, another possible explanation for the lack of significant results observed in Study Two may be the reliability of the measures used in our study (see Tables 8 and 10). In this study, we were interested in the impact of *Be Kind to Your Mind* on participants' levels of self-compassion, mindfulness, social anxiety, self-esteem, depression, resilience, empathy and sympathy, and life satisfaction. Given the novelty of research on the benefits of a combined mindfulness and self-compassion programs for young children, and despite the diligent approach we took when selecting study measures, we have some concerns regarding the reliability and validity of our self-compassion and mindfulness measures. Self-compassion was assessed using the *Self-Compassion Scale for Children* developed by Sutton and colleagues (2018). Although

internal reliability for this measure was acceptable ($\alpha=.85$), in the present study (Study Two), this measure was being used with younger participants than in previous literature. In Sutton and colleagues' reliability and validity study, they asserted that the *Self-Compassion Scale for Children* was a reliable and valid measure for children ages 8 to 12, however our participants were as young as 6-years-old. Furthermore, mindfulness was assessed using the *Mindful Thinking and Action Scale for Adolescents* developed by West and colleagues (2005). Although internal reliability for this measure was acceptable in the present study ($\alpha=.91$), the *MTASA* has not been empirically validated for use with children under the age of 12, however researchers suggest that it may be acceptable for elementary school populations, due to its estimated 4th grade reading level. Additionally, the internal reliability of our resilience measure was quite low in our Study Two (*BRS*, $\alpha=.50$) compared to existing literature. For example, in Bluth and colleagues' study on the self-compassion as a path to adolescent resilience, Cronbach's alpha for the *Brief Resilience Scale* was .72. In the present study, this measure may not have been reliable enough to detect significant differences in participants' resilience. Additionally, internal reliability for our empathy and sympathy measure was quite low (*AMES*; $\alpha=.66$). This measure may also not have been reliable enough to detect significant differences in participants' empathy and sympathy. We do not have concerns regarding the reliability of our social anxiety measure (*SPIN*; $\alpha=.93$), single-item self-esteem measure, single-item depression measure, and/or our life satisfaction measure (*SLS*, $\alpha=.84$).

Before reviewing limitations and future directions, it is worth noting that Study One and Study Two offer somewhat contradicting support for our hypotheses regarding the benefits of mindfulness + self-compassion for children and adolescents. In line with existing adolescent literature, Study One demonstrates that mindfulness and self-compassion promoted positive

youth development for our adolescent camp counsellors, however these benefits were not observed for younger participants in Study Two. One plausible explanation for the different results observed in Study One versus Study Two may be the length and intensity of exposure for each group of participants. In Study One, adolescent camp counsellors received 45 minutes of daily training, for five days, and were then asked to lead activities for their campers for multiple weeks in the summer; adolescent camp counsellors had continued exposure to mindfulness and self-compassion, or social skills training, throughout the entire summer. In Study Two, campers received 15 – 20 minutes of daily training, over their five days/nights at summer camp, however unlike adolescent camp counsellors, they did not spend multiple weeks engaging with the material. In addition to the explanations provided above, the brevity of campers' duration to the material may explain why we saw differences across conditions for camp counsellors in Study One, but not for campers in Study Two.

Another plausible reason for the differences observed between Study One and Study Two may be explained by the “train the trainer” model. Camp counsellors in Study One received training from the primary researcher and an undergraduate research assistant whereas campers received their training from camp counsellors, not the research team. Both the primary researcher and undergraduate research assistant have considerably more familiarity with the material than the adolescent camp counsellors. Similarly, given the “train the trainer” model, adolescent camp counsellors had to understand and feel comfortable with the material, as they were going to be responsible for training their campers. Therefore, adolescent camp counsellors may have engaged more with the material, given they had to deliver the material to their campers. Campers were not responsible for delivering the material to anyone after their week at camp, and therefore may not have engaged with the training to the same extent. As the summer progressed the author

had the opportunity to observe as the adolescent camp counsellors completed their study activities with their campers; at all study times, counsellors appeared to be engaged in the material, faithfully delivering the training to their young campers.

However, despite their differences, both studies offer valuable insights in understanding the feasibility, acceptability and benefits of mindfulness and self-compassion for children and adolescents. In line with adult and adolescent literature (Neff & Germer, 2013; Bluth et al., 2016; Bluth, Mullarkey, & Lathren, 2018), Study One *Be Kind to Your Mind* participants experienced significant increases in life satisfaction and authentic living, with trends for resilience, when compared to their active control condition participants. Deviating from adult and adolescent literature, Study Two participants in the mindfulness + self-compassion condition did not experience significant increases on any of the predicted outcome variables, when compared to their control condition counterpart. When considered in tandem with one another, these studies suggest that there are benefits of combined mindfulness + self-compassion programs for some young people, however further research is needed to determine the optimal age and program duration to introduce young people to mindfulness and self-compassion.

Limitations and Future Directions

Although this research provides valuable insight into the potential benefits of mindfulness and self-compassion for young people, these studies also have a number of limitations worth noting. Both Study One and Study Two had limitations unique to each study. Study One's main limitation was the small sample size whereas Study Two's main limitation was missing data and attrition rates. Both of these limitations may also relate to the innovative research setting of overnight summer camp described in detail below.

Conducting research in the summer camp setting is one of the most innovative aspects of this research because it gave us the opportunity to introduce a combined mindfulness + self-compassion program to hundreds of children *and* adolescents in one place, at one time. However, it also generated a unique set of challenges for the research team. Conducting this research in the summer camp setting gave us the opportunity to examine the benefits of these programs with a wide variety of ages, with campers ranging from 6- to 15-years-old and counsellors ranging from 16- to 38-years-old. However, we were then limited by the structure and nature of summer camp, namely Study One's sample size and Study Two's missing data. Additionally, given the intimate nature of the overnight summer camp setting, the risk of cross-contamination between participants was high. As outlined in the procedure sections, counsellors were randomly assigned to one of two training conditions; campers then completed the programs their counsellors were randomly assigned to. Although counsellors in Study One completed their training in their separate groups with the researcher and a research assistant, adolescent participants spent considerable amounts of time interacting with participants from the other group at meal times, rest times and during other camp activities. Counsellors were encouraged to refrain from discussing the study activities with members from the other group, however we cannot guarantee that counsellors in the mindfulness + self-compassion condition did not share their experiences with those in the social skills training program and vice versa. The consequence of these conversations may have been that participants in the social skills training condition were learning from those in the mindfulness + self-compassion condition and thereby experiencing psychological benefits from mindfulness and self-compassion, rather than their social skills training.

Similarly, cabin groups in Study Two were encouraged to complete their study activities independently from other cabins, however we cannot guarantee that young campers refrained from sharing their experiences with their peers in the other study group. One future direction that could remedy this concern is conducting this research at multiple camps. By recruiting multiple camps, researchers could randomly assign entire camps to participate in each program. By randomly assigning entire camps to participate in mindfulness and self-compassion training or social skills training, there would be no risk that participants in either group would be exposed to information from the other group. Additionally, if counsellors and campers were encouraged to discuss the study activities with one another, outside of study time, they may develop a stronger affinity for the program activities.

Additionally, another limitation worth noting, applicable to both studies, is their fairly homogenous samples. Study One participants (camp counsellors) were predominantly white (92.3%) and female-identifying (69.2%). Study Two participants (campers) were also predominately white (83.7%) and female-identifying (66.5%). It should not be assumed that our results could be generalized to a more diverse population. Future research conducted on the benefits of mindfulness and self-compassion for young people should actively seek out diverse participants in order to fully understand the potential benefits of mindfulness and self-compassion for young people, in case any differences among different populations emerge. Additionally, we did not collect information on socioeconomic status; future research should collect information on socioeconomic status in order to illustrate a more comprehensive understanding of the individuals who attend summer camp.

Despite these limitations, the present study also has a number of strengths worth highlighting and provides valuable insights into the feasibility, acceptability and potential

benefits of mindfulness and self-compassion for children and adolescents. Firstly, this study was the first empirical study exploring the benefits of a combined mindfulness and self-compassion program for adolescents *and* children. Research has not yet explored the benefits of self-compassion for children under the age of 12. Although participants in Study Two did not experience significant increases compared to their control condition counterparts, the present set of studies has enabled us to recognize the “next steps” to be taken in furthering our understanding of the potential benefits of mindfulness and self-compassion for young children. For example, future research can focus on tailoring combined mindfulness and self-compassion programs to meet various developmental needs in order to optimize the potential benefits experienced by different age groups. Additionally, future research should include follow-up analyses in order to account for the notion that children may not experience the benefits of mindfulness and self-compassion immediately after five days of the program, but may experience benefits at post-program follow ups as their self-criticism increases.

Secondly, the present set of studies is the first, to our knowledge, to utilize a randomized control trial design with an *active* control group, as opposed to a waitlist control group. One of the most notable strengths of the present set of studies is its contribution to literature that has mainly consisted of waitlist trials. By utilizing an active control condition, we were able to confidently assert that the increases in life satisfaction and authenticity, and trends for resilience, experienced by adolescent participants in Study One, were related to their participation in the mindfulness + self-compassion program. Bluth and colleagues have worked diligently to examine the benefits of mindfulness + self-compassion for adolescents (Bluth & Blanton, 2014; Bluth & Eisenlohr-Moul, 2017; Bluth et al., 2016; Bluth, Mullarkey, & Lathren, 2018) and have continually demonstrated the beneficial nature of mindfulness and self-compassion for

adolescents. Their research has utilized waitlist controls, however they have recommended future researchers utilize active control groups in order to avoid the possibility of overestimated effects on the experimental group. Additionally, although the present study utilized an active control condition, we recommend that future studies include a training-as-usual or business-as-usual condition *and* an active control condition. This design will allow researchers to better distinguish the benefits of summer camp versus the benefits of social skills training versus the benefits of mindfulness + self-compassion.

Finally, the third and final aim of the present set of studies was to increase the practical dissemination of mindfulness and self-compassion, by exploring creative delivery methods. In the present study, we explored the acceptability and feasibility of developing and delivering a combined mindfulness + self-compassion program for children and adolescents in the overnight summer camp setting. Conducting this research in the overnight summer camp setting gave us the opportunity to disseminate this program (*Be Kind to Your Mind*) to adolescent camp counsellors *and* their young campers. In recent decades, empirical evidence continues to highlight the beneficial nature of overnight summer camp for campers and staff members (Bialeschki, Dahoski, & Henderson, 1998; Henderson et al., 2007; Glover et al., 2017). In Study One, our adolescent participants received their mindfulness + self-compassion training, as a part of their camp-organized training week. Empirical evidence suggests that summer camp counsellors experience significant personal and professional growth working at summer camp (Bialeschki, Dahoski, & Henderson, 1998). In addition to the psychological benefits experienced by *Be Kind to Your Mind* participants, qualitative analyses revealed that counsellors also enjoyed the activities they completed as a part of their training. Therefore, it is reasonable to conclude that the overnight summer camp setting provides a feasible and acceptable method to deliver

mindfulness and self-compassion to adolescent participants. Although the overnight summer camp setting provided a feasible and acceptable avenue to disseminate mindfulness and self-compassion to adolescent camp counsellors in Study One, we experienced some difficulties in practically disseminating the program to campers as a part of Study Two. The most notable barrier we experienced was missing data and high attrition rates; missing data and high attrition rates made it difficult to accurately assess the feasibility, acceptability and benefits of a combined mindfulness + self-compassion program for young campers. Despite the aforementioned limitations, we are confident that methodological adaptations could improve the efficacy of future studies conducted at summer camp. For example, refining questionnaires to better meet the developmental abilities of campers and introducing additional research assistants to support survey completion would improve future studies significantly. Furthermore, Study One and Study Two demonstrate that conducting research on mindfulness and self-compassion in the overnight summer camp setting is possible, as long as considerable time and attention is given to study design. Additionally, it is important to work diligently and collaboratively with the executive director and summer camp director in order to ensure the integrity of the research study, while also respecting the summer camp setting. We were very fortunate to work with an executive director and summer camp director that understood and supported the research project and we hope that future researchers have similar experiences.

Finally, when considered in tandem with one another, Study One and Study Two reveal that mindfulness and self-compassion support the positive growth and development of adolescents (Study One), however additional research is needed to further understand how a combined mindfulness and self-compassion program may benefit younger participants (Study Two). Overall, Study One findings indicate that *Be Kind to Your Mind* is feasible and acceptable

for adolescents and promotes increases in life satisfaction, authenticity and resilience whereas Study Two findings indicate that further research is needed in order to understand the feasibility, acceptability and benefits of mindfulness and self-compassion for children so that we can best support and empower children to develop positive coping strategies that will allow them to thrive into adolescence and adulthood.

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Table 1*Mindful Self-Compassion and Making Friends with Yourself Program Activities*

Week	Mindful Self-Compassion	Making Friends with Yourself
Week 1	General introduction and review of self-compassion	Overview of the program, definitions of mindfulness and self-compassion
Week 2	Foundational knowledge of mindfulness	Mindfulness practices
Week 3	Application of self-compassion	The teenage brain
Week 4	Developing your compassionate inner voice	Self-compassion vs. self-esteem
Week 5	Living in accordance with core values	Finding your inner “compassionate voice”
Week 6	Dealing with difficult emotions	Gratitude, core values and general discussion
Week 7	Dealing with challenging interpersonal relationships	N/a
Week 8	Relating to one’s self and life with appreciation	N/a

Table 2*Study 1 Counsellor Demographics by Condition*

Condition	Gender		Ethnicity	
	Man	Woman	White/Caucasian	Other
MSC	5	9	12	2
SST	3	9	12	0
Total	8	18	24	2

Note: MSC= Mindfulness + Self-compassion. SST= Social Skills Training.

Table 3*Study 1 and 2 Constructs Assessed and Measures Completed by Counsellors and Campers*

	Pre-program (baseline)		Mid-program Camp Counsellors	Post-program	
	Camp Counsellors	Campers		Camp Counsellors	Campers
Self-Compassion (SCS)	✓	No	✓	✓	No
Self-Compassion (SCS-C)	No	✓	No	No	✓
Mindfulness (MTASA)	✓	✓	✓	✓	✓
Social Anxiety (SPIN)	✓	✓	No	✓	✓
Self-Esteem (SISE)	✓	✓	No	✓	✓
Depression (D-SI)	✓	✓	No	✓	✓
Resilience (BRS)	✓	✓	No	✓	✓
Empathy & Sympathy (AMES)	✓	✓	No	✓	✓
Emotion Regulation (ERQ)	✓	No	No	✓	No
Authenticity (AS)	✓	No	No	✓	No
Life Satisfaction (SLS)	✓	✓	No	✓	✓

Note. SCS= Self-Compassion Scale. SCS-C= Self-compassion Scale- Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. ERQ= Emotion Regulation Questionnaire. AS= Authenticity Scale. SLS= Students' Life Satisfaction.

Table 4*Study 1 and 2 Activities for Counsellors and Campers by Condition*

Day	MSC		SST	
	Counsellors	Campers	Counsellors	Campers
Day 1	Discovering self-compassion (Written) Mindfulness glitter gars (Creative)	Mindfulness glitter jars (Creative)	Discovering social skills (Written) Introducing yourself “All about me” posters (Creative)	“All about me” posters (Creative)
Day 2	Here-and-now stone (Written) Soothing touch (Guided)	Self-hug (Guided)	Following instructions (Written) Giving instructions (Guided)	Following instructions (Guided)
Day 3	Relating to ourselves with self-compassion (Written) Self-compassion break (Guided)	Help-a-friend (Guided)	Making a complaint (Written)	Making a complaint (Guided)
Day 4	Loving-kindness (Guided)	Loving-kindness (Guided)	Asking for permission (Guided)	Asking for permission (Guided)
Day 5	Finding your inner compassionate voice (Written) Letter to self (Written)	Self-compassion reminders (Written)	Social skills training tips (Written)	Social skills reminders (Written)

Note. MSC= Mindfulness + Self-compassion. SST= Social Skills Training. Written= Written activity. Creative= Creative activity. Guided= Guided activity.

Table 5*Study 1 Baseline Measures Compared Across Conditions- Counsellors*

Variable	Self-Compassion		Social Skills Training		<i>t</i>	<i>p</i>	α	Possible Scale Total
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
SCS	71.36	21.48	72.67	19.84	-.16	.87	.95	130
MTASA	116.04	14.09	113.67	13.21	.44	.66	.87	160
SPIN	23.00	15.02	24.08	10.91	-.21	.84	.90	68
SISE	4.07	1.73	4.75	1.82	-.98	.34	N/a	7
D-SI	1.57	1.02	.83	1.03	1.84	.08	N/a	3
BRS	18.00	4.37	18.67	5.69	-.34	.74	.86	30
ERQ	28.36	9.17	25.67	9.07	.75	.46	.94	42
AMES	46.93	5.21	45.83	9.07	.58	.57	.65	60
A-AL	21.79	4.53	25.00	4.28	-2.33	.04	.85	28
A-AEI	16.21	5.49	14.50	4.72	.85	.41	.71	28
A-SA	15.07	2.64	14.67	1.92	.44	.66	.92	28
SLS	26.23	8.04	32.25	4.52	-2.33	.03	.84	42

Note. SCS= Self-Compassion Scale. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. ERQ= Emotion Regulation Questionnaire. A-AL= Authenticity Scale-Authentic Living subscale. A-AEI= Authenticity Scale- Accepting External Influence subscale. A-SA= Authenticity Scale- Self Alienation subscale. SLS= Students' Life Satisfaction.

Table 6*Study 1 Pearson Correlations among Baseline Variables- Counsellors*

Variable	SCS	MTASA	SPIN	SISE	D-SI	BRS	ERQ	AMES	A-AL	A-AEI	A-SA	SLS
SCS	-	.77**	.68**	-.68**	-.63**	.74**	.83**	-.13	.11	-.13	-.28	.61**
MTASA		-	-.54**	.64**	-.60**	.68**	.81**	.28	.21	-.04	.01	.53**
SPIN			-	-.43*	.40*	-.66**	-.56**	.19	.06	.29	.28	-.50**
SISE				-	-.54**	.45*	.66**	-.03	.43*	-.00	-.28	.67**
D-SI					-	-.70**	.50*	-.04	-.40*	.05	.16	-.62**
BRS						-	.66**	-.06	.21	-.16	-.11	.56**
ERQ							-	.09	.14	-.12	-.00	.52**
AMES								-	.13	.07	.76**	-.09
A-AL									-	.22	.11	.51**
A-AEI										-	.04	-.07
A-SA											-	-.11
SLS												-

Note. SCS= Self-Compassion Scale. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. ERQ= Emotion Regulation Questionnaire. A-AL= Authenticity Scale-Authentic Living subscale. A-AEI= Authenticity Scale- Accepting External Influence subscale. A-SA= Authenticity Scale- Self Alientation subscale. SLS= Students' Life Satisfaction. *= $p < .05$ **= $p < .01$

Table 7*Study 1 Acceptability and Feasibility Compared Across Conditions- Counsellors*

Variable	MSC		SST		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Activities	4.27	.48	3.90	.70	1.25	.23
Enjoyment	4.75	.62	3.83	.58	3.74	.00
Utilization	4.17	1.19	4.17	.72	.00	1.00
Skill Improvement	4.28	1.09	3.92	.79	.88	.39
Easiness of Implementation	4.09	.83	4.33	.78	-.722	.48
Satisfaction	4.50	.90	4.50	.52	.00	1.00

Note: MSC= Mindfulness + Self-compassion. SST= Social Skills Training.

Table 8

Study 1 Self-compassion and Mindfulness at Baseline, Mid-program and Post-program- Counsellors

Variable	Self-compassion			Social Skills Training			Time		Time x Condition		α
	Baseline	Mid-Program	Post-Program	Baseline	Mid-Program	Post-Program	<i>F</i>	η_p^2	<i>F</i>	η_p^2	
SCS	70.31	74.15	84.38	72.67	77.17	80.75	7.37**	.31	.88	.05	.95
MTASA	116.12	116.92	126.23	113.27	117.55	119.55	8.42**	.45	1.21	.10	.91

Note. SCS= Self-Compassion Scale. MTASA= Mindfulness Thinking and Action Scale for Adolescents. *= $p < .05$ **= $p < .01$

Table 9*Study 1 Outcome Variables at Baseline and Post-program- Counsellors*

Variable	Self-Compassion		Social Skills Training		Time		Time x Condition		α
	Baseline	Post-Program	Baseline	Post-Program	<i>F</i>	η_p^2	<i>F</i>	η_p^2	
SPIN	20.58	13.92	24.08	22.08	4.22*	.16	1.22	.05	.90
SISE	4.15	5.04	4.75	5.17	7.60*	.25	.98	.04	n/a
D-SI	1.54	.85	.82	1.55	0.00	.00	2.90	.12	n/a
BRS	18.08	22.54	18.67	19.25	6.67*	.23	3.94	.15	.86
ERQ	28.46	32.23	25.67	30.17	8.05**	.26	.06	.00	.80
AMES	47.08	48.77	46.27	47.91	2.38	.10	.00	.00	.73
A-AL	22.77	24.23	25.09	24.18	0.25	.01	4.6*	.17	.75
A-AEI	16.69	15.38	15.00	15.91	0.04	.00	1.35	.06	.54
A-SA	15.23	15.31	14.91	15.73	0.86	.04	.59	.03	.88
SLS	26.73	34.09	32.25	34.00	14.37**	.41	5.45*	.21	.72

Note: SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. ERQ= Emotion Regulation Questionnaire. A-AL= Authenticity Scale-Authentic Living subscale. A-AEI= Authenticity Scale- Accepting External Influence subscale. A-SA= Authenticity Scale- Self Alienation subscale. SLS= Students' Life Satisfaction. *= $p < .05$ **= $p < .01$

Table 10*Study 2 Camper Demographics by Condition*

Condition	Gender		Ethnicity				
	Boy	Girl	White/Caucasian	Asian	Black/African Canadian	Indigenous	Other
MSC	46	79	105	1	0	2	0
SST	29	76	90	1	2	0	1
Total	75	155	195	2	2	2	1

Note: MSC= Mindfulness + Self-compassion. SST= Social Skills Training.

Table 11*Study 2 Baseline Measures Compared Across Conditions- Campers*

Variable	Mindfulness + Self-Compassion			Social Skills Training			<i>t</i>	<i>p</i>	α	Possible Scale Total
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>				
SCS-C	91	39.13	8.74	71	40.68	8.62	-1.15	.25	.85	60
MTASA	120	101.80	26.49	102	102.72	25.76	-.259	.80	.91	160
SPIN	102	24.60	16.10	90	22.68	15.18	.84	.40	.93	68
SISE	72	4.29	1.67	56	4.71	1.80	-1.34	.18	n/a	7
D-SI	69	1.17	.99	55	1.11	1.06	.35	.73	n/a	3
BRS	73	18.23	3.83	62	18.56	4.24	-.47	.64	.50	30
AMES	71	21.73	4.90	62	21.77	4.89	-.03	.96	.66	30
SLS	78	29.12	9.00	68	30.39	8.23	-.88	.38	.84	42

Note. SCS-C= Self-Compassion Scale for Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students' Life Satisfaction.

Table 12*Study 2 Pearson Correlations among Baseline Variables- Campers*

Variable	SCS	MTASA	SPIN	SISE	D-SI	BRS	AMES	SLS
SCS	-	.43**	-.42**	.36**	-.23*	.34**	-.08	.46**
MTASA		-	-.10	.43**	-.03	.31**	.21*	.38**
SPIN			-	-.16	.36**	-.41**	.16	-.39**
SISE				-	-.11	.39**	.16	.40**
D-SI					-	.17	.04	-.36**
BRS						-	.09	.38**
AMES							-	.19*
SLS								-

Note. SCS= Self-Compassion Scale. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students' Life Satisfaction. *= $p < .05$ **= $p < .01$

Table 13

Study 2 Outcome Variables at Baseline and Post-program- Campers

Variable	Mindfulness + Self-Compassion			Social Skills Training			Time		Time x Condition	
	<i>n</i>	Baseline	Post-Program	<i>n</i>	Baseline	Post-Program	F	η_p^2	F	η_p^2
SCS-C	78	38.22	38.31	56	42.09	42.46	.22	.00	.08	.00
MTASA	113	102.51	104.68	95	105.41	105.01	.43	.00	.91	.00
SPIN	95	24.92	24.21	74	23.67	23.54	.25	.00	.12	.00
SISE	61	4.43	4.93	43	4.94	5.02	3.89*	.04	2.10	.02
D-SI	59	1.14	.87	44	1.05	.82	5.37*	.05	.03	.00
BRS	64	18.44	17.97	49	18.94	19.10	.21	.00	.90	.01
AMES	62	21.84	21.81	49	22.19	22.24	2.23	.02	2.45	.02
SLS	70	29.79	31.68	55	31.56	31.84	4.64*	.04	2.59	.02

Note: SCS-C= Self-Compassion Scale for Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students’ Life Satisfaction. *= $p < .05$

Table 14*Study 2 Outcome Variables with Age as a Covariate at Baseline and Post-program- Campers*

Variable	Mindfulness + Self-Compassion		Social Skills Training		Time		Time x Condition	
	Baseline	Post-Program	Baseline	Post-Program	F	η_p^2	F	η_p^2
SCS-C	38.22	38.31	42.09	42.46	.02	.00	.08	.00
MTASA	102.51	104.68	105.41	105.01	.78	.00	1.01	.01
SPIN	24.92	24.21	23.67	23.54	2.63	.02	.03	.00
SISE	4.43	4.93	4.94	5.02	4.96*	.05	3.24	.03
D-SI	1.14	.87	1.05	.82	.04	.00	.02	.00
BRS	18.44	17.97	18.94	19.10	.52	.01	.62	.01
AMES	21.84	21.81	22.19	22.24	.44	.00	.76	.01
SLS	29.79	31.68	31.56	31.84	.05	.00	.27	.00

Note: SCS-C= Self-Compassion Scale for Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students' Life Satisfaction. *= $p < .05$ **= $p < .01$

Table 15*Study 2 Sample Sizes for each Condition by Age Group- Campers*

Condition	Age Group			
	6-8 Years Old	9/10 Years Old	11/12 Years Old	13-15 Years Old
MSC	24	29	39	33
SST	14	35	43	14
Total	38	64	82	47

Note: MSC= Mindfulness + Self-compassion. SST= Social Skills Training.

Table 16

Study 2 Outcome Variables at Baseline and Post-program- By Campers' Age

Variable	Self-Compassion		Social Skills Training		Time		Time x Condition		Time x Age	
	Baseline	Post-Program	Baseline	Post-Program	F	η_p^2	F	η_p^2	F	η_p^2
SCS-C	38.22	38.31	42.09	42.46	.47	.00	.47	.00	1.77	.04
MTASA	102.51	104.68	105.41	105.01	1.37	.01	1.08	.01	.75	.01
SPIN	24.92	24.21	23.67	23.54	.20	.00	.70	.00	1.86	.03
SISE	4.43	4.93	4.94	5.02	39.46**	.29	.44	.01	.06	.00
D-SI	1.14	.87	1.05	.82	.98	.01	.40	.00	.89	.02
BRS	18.44	17.97	18.94	19.10	.03	.00	.26	.00	.61	.02
AMES	21.84	21.81	22.19	22.24	.81	.01	4.36*	.04	.86	.02
SLS	29.79	31.68	31.56	31.84	8.99**	.07	.98	.01	.16	.00

Note: SCS-C= Self-Compassion Scale for Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students' Life Satisfaction. *= $p < .05$ **= $p < .01$

Table 17*Study 2 Completers (all eight measures) vs. Non-completers by Condition, Age and Gender*

Variable	Completers		Non-completers		X^2 or t	p
	<i>MSC</i>	<i>SST</i>	<i>MSC</i>	<i>SST</i>		
Condition	37	25	88	81	1.06	.30
Age	11.90	1.61	10.23	1.99	6.56	.00
Gender	19	42	56	113	0.08	.78

Note: MSC= Mindfulness + Self-compassion. SST= Social Skills Training.

Table 18*Study 2 Completers (all eight measures) vs. Non-completers on Baseline Variables- Campers*

Variable	Completers			Non-completers			<i>t</i>	<i>p</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
SCS-C	134	39.84	8.57	33	39.83	9.30	0.00	1.00
MTASA	207	104.03	24.79	15	77.27	34.10	2.98	.01
SPIN	169	24.37	15.80	23	18.78	13.94	1.61	.11
SISE	104	4.64	1.73	24	3.75	1.60	2.31	.02
D-SI	103	1.10	1.03	21	1.38	.92	-1.17	.25
BRS	113	18.65	3.85	22	16.98	4.59	1.81	.07
AMES	111	22.00	4.67	22	20.50	5.76	1.32	.19
SLS	125	30.57	8.04	21	24.64	10.45	2.99	.00

Note: SCS-C= Self-compassion Scale for Children. MTASA= Mindful Thinking and Awareness Scale- Adolescents. SCS-C= Self-Compassion Scale for Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students' Life Satisfaction.

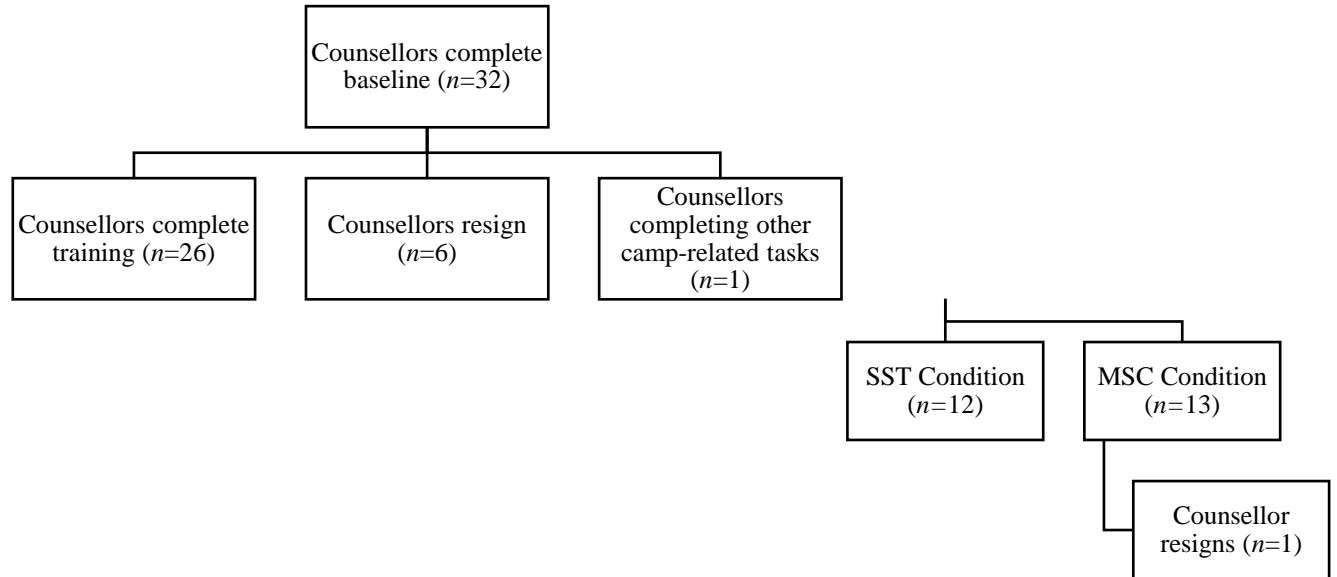
Table 19*Study 2 Attrition Rates by Age Group (participants who completed less than all eight measures)*

Condition	Age Group							
	6-8 Years Old		9/10 Years Old		11/12 Years Old		13-15 Years Old	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
MSC	24/24	100.00	26/29	89.66	22/33	66.67	16/33	48.48
SST	13/14	92.29	27/35	77.14	32/43	74.41	9/14	64.29
Total	37/38	97.37	53/64	82.81	54/82	65.85	25/47	53.19
<i>Participants who completed less than seven measures</i>								
MSC	23/24	95.83	23/29	79.31	15/39	38.46	8/33	24.24
SST	13/14	92.86	24/35	68.57	23/43	53.49	6/14	42.86
Total	36/38	94.74	47/64	73.43	38/83	45.78	14/47	29.79
<i>Participants who completed less than six measures</i>								
MSC	23/24	95.83	22/29	78.86	12/39	30.77	7/33	21.21
SST	13/14	92.86	21/35	60.00	21/43	48.84	6/14	42.86
Total	36/38	94.74	43/64	67.19	33/83	39.76	13/47	27.66
<i>Participants who completed less than five measures</i>								
MSC	17/24	70.83	19/29	65.52	9/39	23.08	5/33	15.15
SST	10/14	71.43	17/35	48.57	13/43	30.23	6/14	42.86
Total	27/38	70.83	36/64	56.25	22/83	26.51	11/47	23.40
<i>Participants who completed less than four measures</i>								
MSC	15/24	62.5	18/29	62.07	7/39	17.95	4/33	12.12
SST	10/14	71.43	17/35	48.57	10/43	23.36	5/14	35.71
Total	25/38	65.79	35/64	54.69	17/83	20.48	9/47	19.15
<i>Participants who completed less than three measures</i>								
MSC	10/24	41.67	7/29	24.14	3/39	7.69	2/33	6.06
SST	8/14	57.14	11/35	31.43	6/43	13.95	2/14	20.35
Total	18/38	47.37	18/64	28.13	9/83	10.84	4/47	8.51
<i>Participants who completed less than two measures</i>								
MSC	4/24	16.67	5/29	17.24	1/39	2.56	n/a	0
SST	6/14	42.86	2/35	5.71	5/43	11.63	n/a	0
Total	10/38	26.32	10/64	15.63	6/83	7.23	n/a	0

Note: All participants completed at least one measure. MSC= Mindfulness + Self-compassion. SST= Social Skills Training.

Figure 1

Study 1 Counsellor Participant Flow

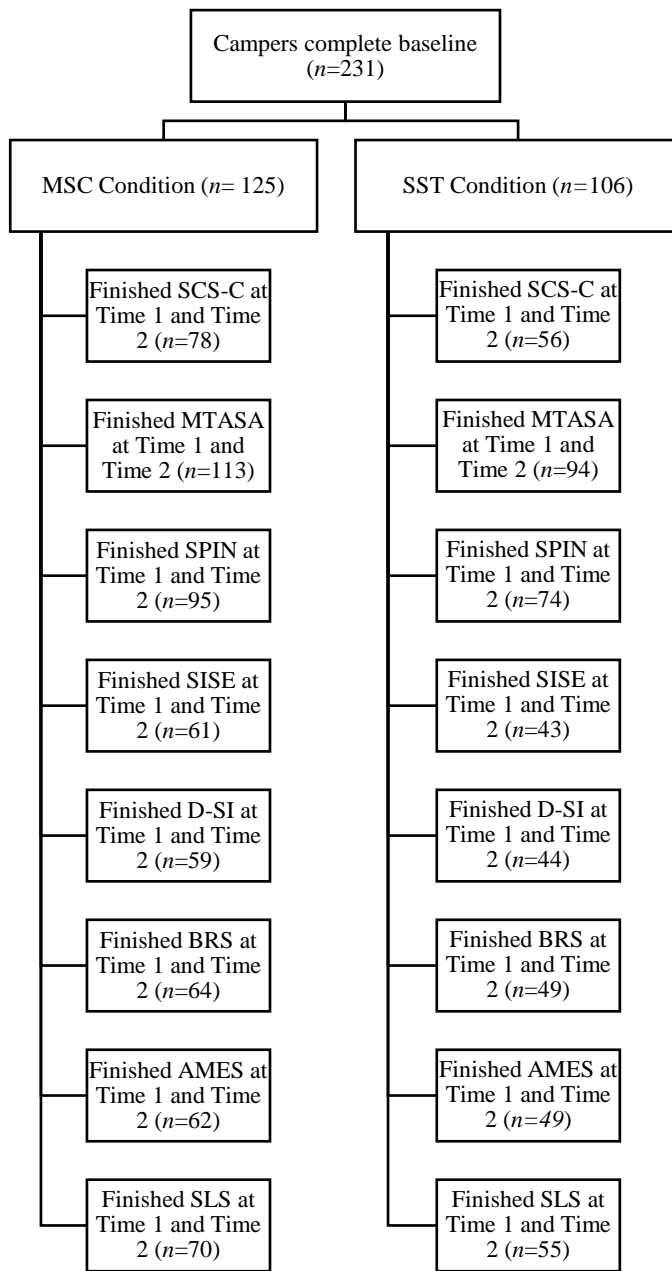


Note. SST= Social Skills Training. MSC= Mindfulness + Self-compassion.

Alternative text: A diagram showing number of counsellors who completed each aspect of the study.

Figure 2

Study 2 Camper Participant Flow



Note. MSC= Mindfulness + Self-compassion. SST= Social Skills Training. SCS-C= Self-Compassion Scale for Children. MTASA= Mindfulness Thinking and Action Scale for Adolescents. SPIN= Social Phobia Inventory. SISE= Single-item Self Esteem Measure. D-SI= Depression single-item measure. BRS= Brief Resilience Scale. AMES= Adolescent Measure of Empathy and Sympathy. SLS= Students’ Life Satisfaction.

Alternative text: A diagram showing number of campers who completed each measure at both time points.

Appendix A- Pre-program Surveys for Counsellors

Training for Summer Camp Counsellors

Part One

Lindsey Feltis

Dr. Nancy Kocovski

Dr. Kim Roberts

Date: _____

Study ID: _____

COND: 1 2

Demographic Questionnaire

Please answer the following questions listed below by writing your response or checking the most appropriate answer.

1. What is your age? _____

2. With which gender do you most closely identify?

Man

Woman

Other

3. With which ethnicity do you most closely identify?

White/Caucasian

Asian

Black/African Canadian

Middle Eastern/West Asian

First Nations

Other Please specify _____

4. What is your marital status?

Married Separated Divorced

Cohabiting Single In a Relationship

SCS-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

Item	Almost Never				Almost Always
1. I'm disapproving and judgemental about my own flaws and inadequacies.	1	2	3	4	5
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.	1	2	3	4	5
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	1	2	3	4	5
5. I try to be loving towards myself when I'm feeling emotional pain.	1	2	3	4	5
6. When I fail at something important to me I become consumed by feelings of inadequacy.	1	2	3	4	5
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	1	2	3	4	5
8. When times are really difficult, I tend to be tough on myself.	1	2	3	4	5
9. When something upsets me I try to keep my emotions in balance.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm intolerant and impatient towards those aspects of my personality I don't like.	1	2	3	4	5
12. When I am going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5

14. When something painful happens I try to take a balanced view of the situation.	1	2	3	4	5
15. I try to see my failings as part of the human condition.	1	2	3	4	5
16. When I see aspects of myself that I don't like, I get down on myself.	1	2	3	4	5
17. When I fail at something important to me I try to keep things in perspective.	1	2	3	4	5
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.	1	2	3	4	5
19. I'm kind to myself when I'm experiencing suffering.	1	2	3	4	5
20. When something upsets me I get carried away with my feelings.	1	2	3	4	5
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.	1	2	3	4	5
22. When I'm feeling down I try to approach my feelings with curiosity and openness.	1	2	3	4	5
23. I'm tolerant of my own flaws and inadequacies.	1	2	3	4	5
24. When something painful happens I tend to blow the incident out of proportion.	1	2	3	4	5
25. When I fail at something that's important to me, I tend to feel alone in my failure.	1	2	3	4	5
26. I try to be understanding and patient towards those aspects of my personality I don't like.	1	2	3	4	5

MTASA-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, by circling a number, using the following scale.

Item	Never				Almost Always
1. I accept myself even if I still have things to learn.	1	2	3	4	5
2. I can enjoy time alone.	1	2	3	4	5
3. If I realize I've forgotten what I'm doing in the middle of a task, I can bring my focus back.	1	2	3	4	5
4. I listen to the sounds around me.	1	2	3	4	5
5. It's impossible for me to pay attention to something I don't like.	1	2	3	4	5
6. When I find myself lost in a daydream, it's easy for me to come back to the present.	1	2	3	4	5
7. I need to get revenge if I'm insulted.	1	2	3	4	5
8. I feel my moods in my body.	1	2	3	4	5
9. Others could describe me as patient with myself.	1	2	3	4	5
10. In my mind there is a chain reaction to how my thoughts unfold.	1	2	3	4	5
11. I don't know I'm angry until somebody else tells me.	1	2	3	4	5
12. I have a peaceful attitude towards myself.	1	2	3	4	5
13. It is interesting to sit quietly.	1	2	3	4	5
14. When I am stressed about something, I know I am tense.	1	2	3	4	5
15. My anger comes out too fast for me to stay in control.	1	2	3	4	5

16. I try to really pay attention to what I am doing.	1	2	3	4	5
17. I appreciate simple pleasures in life.	1	2	3	4	5
18. When I get annoyed I have a healthy way to calm down.	1	2	3	4	5
19. I hate it when there is nothing to do.	1	2	3	4	5
20. I recognize when I'm getting upset and calm myself.	1	2	3	4	5
21. I can stop myself from saying mean things.	1	2	3	4	5
22. I can focus on what I am doing.	1	2	3	4	5
23. People who know me well could describe me as "self-aware."	1	2	3	4	5
24. I am known to lose my temper.	1	2	3	4	5
25. When I do something I don't feel good about, I try to understand why I did it.	1	2	3	4	5
26. If I pay close attention when I am bored, things get more interesting.	1	2	3	4	5
27. I am patient with other people.	1	2	3	4	5
28. I get so caught up in my thinking about what just happened that I lose track of what's going on.	1	2	3	4	5
29. I have a healthy and natural way to relax.	1	2	3	4	5
30. I notice feelings I'm having about other people.	1	2	3	4	5
31. When things get slow, my mind wanders.	1	2	3	4	5
32. I plan before I act on my ideas.	1	2	3	4	5

SPIN

Please indicate how much the following problems have bothered you during the past week. Circle only one box for each problem, and please be sure to answer all items.

Statement	Not at all	A little bit	Somewhat	Very much	Extremely
1. I am afraid of people in authority.	0	1	2	3	4
2. I am bothered by blushing in front of people.	0	1	2	3	4
3. Parties and social events scare me.	0	1	2	3	4
4. I avoid talking to people I don't know.	0	1	2	3	4
5. Being criticized scares me a lot.	0	1	2	3	4
6. Fear of embarrassment causes me to avoid doing things or speaking to people.	0	1	2	3	4
7. Sweating in front of people causes me distress.	0	1	2	3	4
8. I avoid going to parties.	0	1	2	3	4
9. I avoid activities in which I am the centre of attention.	0	1	2	3	4
10. Talking to strangers scares me.	0	1	2	3	4
11. I avoid having to give speeches.	0	1	2	3	4
12. I would do anything to avoid being criticized.	0	1	2	3	4
13. Heart palpitations bother me when I am around people.	0	1	2	3	4
14. I am afraid of doing things when people might be watching.	0	1	2	3	4
15. Being embarrassed or looking stupid are among my worst fears.	0	1	2	3	4
16. I avoid speaking to anyone in authority.	0	1	2	3	4
17. Trembling or shaking in front of others is distressing to me.	0	1	2	3	4

SE Scale

Please answer the following question using the scale provided.

I have high self-esteem.

Not very true of me						Very true of me
1	2	3	4	5	6	7

D-SI

During the past week, I felt depressed. (Please circle one)

0 1 2 3
 Rarely Sometimes Occasionally Most of the time

BRS

Please read each statement carefully before answering. To the right of each item, indicate the extent to which you agree with each statement.

Item	Strongly Disagree		Neutral		Strongly Agree
1. I tend to bounce back quickly after hard times.	1	2	3	4	5
2. I have a hard time making it through stressful events.	1	2	3	4	5
3. It does not take me long to recover from a stressful event.	1	2	3	4	5
4. It is hard for me to snap back when something bad happens.	1	2	3	4	5
5. I usually come through difficult times with little trouble.	1	2	3	4	5
6. I tend to take a long time to get over set-backs in my life.	1	2	3	4	5

AMES-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, by circling a number, using the following scale.

Item	Never				Almost Always
1. I can easily tell how others are feeling.	1	2	3	4	5
2. I feel sorry for a friend who feels sad.	1	2	3	4	5
3. I can often understand how people are feeling even before they tell me.	1	2	3	4	5
4. I feel sorry for someone who is treated unfairly.	1	2	3	4	5
5. When a friend is angry, I feel angry too.	1	2	3	4	5
6. I am concerned for animals that are hurt.	1	2	3	4	5
7. When a friend is sad, I become sad too.	1	2	3	4	5
8. I can tell when a friend is angry even if they try to hide it.	1	2	3	4	5
9. When a friend is scared, I feel afraid.	1	2	3	4	5
10. I can tell when someone acts happy, when they actually are not.	1	2	3	4	5
11. I feel concerned for other people who are sick.	1	2	3	4	5
12. When people around me are nervous, I get nervous too.	1	2	3	4	5

AS-T

Please read each statement carefully before answering. To the right of each item, indicate how well each statement describes you, using this scale.

Item	Does not describe me at all						Describes me very well
1. I think it is better to be yourself, than to be popular.	1	2	3	4	5	6	7
2. I don't know how I really feel on the inside.	1	2	3	4	5	6	7
3. I am strongly influenced by the opinions of others.	1	2	3	4	5	6	7
4. I usually do what other people tell me to do.	1	2	3	4	5	6	7
5. I always feel I need to do what others expect me to do.	1	2	3	4	5	6	7
6. Other people influence me greatly.	1	2	3	4	5	6	7
7. I feel as if I don't know myself very well.	1	2	3	4	5	6	7
8. I always stand by what I believe in.	1	2	3	4	5	6	7
9. I am true to myself in most situations.	1	2	3	4	5	6	7
10. I feel out of touch with the 'real me.'"	1	2	3	4	5	6	7
11. I live in accordance with my values and beliefs.	1	2	3	4	5	6	7
12. I feel alienated from myself.	1	2	3	4	5	6	7

SLS

We would like to know what thoughts about life you have had during the past several weeks.

Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Circle the words next to each statement that indicate the extent to which you agree or disagree with each statement.

It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

Item	Strongly Disagree	Moderately disagree	Mildly Disagree	Mildy Agree	Moderately agree	Strongly Agree
1. My life is going well.	1	2	3	4	5	6
2. My life is just right.	1	2	3	4	5	6
3. I would like to change many things in my life.	1	2	3	4	5	6
4. I wish I had a different kind of life.	1	2	3	4	5	6
5. I have a good life.	1	2	3	4	5	6
6. I have what I want in life.	1	2	3	4	5	6
7. My life is better than most people.	1	2	3	4	5	6

Appendix B- Mid-program Surveys for Counsellors

Training for Summer Camp Counsellors

End of Training Questionnaire

Lindsey Feltis

Dr. Nancy Kocovski

Dr. Kim Roberts

Date: _____

Study ID: _____

COND: 1 2

SCS-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

Item	Almost Never				Almost Always
1. I'm disapproving and judgemental about my own flaws and inadequacies.	1	2	3	4	5
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.	1	2	3	4	5
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	1	2	3	4	5
5. I try to be loving towards myself when I'm feeling emotional pain.	1	2	3	4	5
6. When I fail at something important to me I become consumed by feelings of inadequacy.	1	2	3	4	5
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	1	2	3	4	5
8. When times are really difficult, I tend to be tough on myself.	1	2	3	4	5
9. When something upsets me I try to keep my emotions in balance.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm intolerant and impatient towards those aspects of my personality I don't like.	1	2	3	4	5

12. When I am going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5
14. When something painful happens I try to take a balanced view of the situation.	1	2	3	4	5
15. I try to see my failings as part of the human condition.	1	2	3	4	5
16. When I see aspects of myself that I don't like, I get down on myself.	1	2	3	4	5
17. When I fail at something important to me I try to keep things in perspective.	1	2	3	4	5
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.	1	2	3	4	5
19. I'm kind to myself when I'm experiencing suffering.	1	2	3	4	5
20. When something upsets me I get carried away with my feelings.	1	2	3	4	5
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.	1	2	3	4	5
22. When I'm feeling down I try to approach my feelings with curiosity and openness.	1	2	3	4	5
23. I'm tolerant of my own flaws and inadequacies.	1	2	3	4	5
24. When something painful happens I tend to blow the incident out of proportion.	1	2	3	4	5
25. When I fail at something that's important to me, I tend to feel alone in my failure.	1	2	3	4	5
26. I try to be understanding and patient towards those aspects of my personality I don't like.	1	2	3	4	5

MTASA-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

Item	Never				Almost Always
1. I accept myself even if I still have things to learn.	1	2	3	4	5
2. I can enjoy time alone.	1	2	3	4	5
3. If I realize I've forgotten what I'm doing in the middle of a task, I can bring my focus back.	1	2	3	4	5
4. I listen to the sounds around me.	1	2	3	4	5
5. It's impossible for me to pay attention to something I don't like.	1	2	3	4	5
6. When I find myself lost in a daydream, it's easy for me to come back to the present.	1	2	3	4	5
7. I need to get revenge if I'm insulted.	1	2	3	4	5
8. I feel my moods in my body.	1	2	3	4	5
9. Others could describe me as patient with myself.	1	2	3	4	5
10. In my mind there is a chain reaction to how my thoughts unfold.	1	2	3	4	5
11. I don't know I'm angry until somebody else tells me.	1	2	3	4	5
12. I have a peaceful attitude towards myself.	1	2	3	4	5
13. It is interesting to sit quietly.	1	2	3	4	5
14. When I am stressed about something, I know I am tense.	1	2	3	4	5

15. My anger comes out too fast for me to stay in control.	1	2	3	4	5
16. I try to really pay attention to what I am doing.	1	2	3	4	5
17. I appreciate simple pleasures in life.	1	2	3	4	5
18. When I get annoyed I have a healthy way to calm down.	1	2	3	4	5
19. I hate it when there is nothing to do.	1	2	3	4	5
20. I recognize when I'm getting upset and calm myself.	1	2	3	4	5
21. I can stop myself from saying mean things.	1	2	3	4	5
22. I can focus on what I am doing.	1	2	3	4	5
23. People who know me well could describe me as "self-aware."	1	2	3	4	5
24. I am known to lose my temper.	1	2	3	4	5
25. When I do something I don't feel good about, I try to understand why I did it.	1	2	3	4	5
26. If I pay close attention when I am bored, things get more interesting.	1	2	3	4	5
27. I am patient with other people.	1	2	3	4	5
28. I get so caught up in my thinking about what just happened that I lose track of what's going on.	1	2	3	4	5
29. I have a healthy and natural way to relax.	1	2	3	4	5
30. I notice feelings I'm having about other people.	1	2	3	4	5
31. When things get slow, my mind wanders.	1	2	3	4	5
32. I plan before I act on my ideas.	1	2	3	4	5

AF-MSC

Please read each statement carefully before answering. To indicate the extent to which you enjoyed each activity in your mindfulness and self-compassion training on a scale of 1 to 5.

1. Day 1: Discovering Self-Compassion (written activity).	1	2	3	4	5
2. Day 1: Mindfulness Jars (guided activity).	1	2	3	4	5
3. Day 2: Here-and-Now Stone (written activity).	1	2	3	4	5
4. Day 2: Soothing Touch (guided activity).	1	2	3	4	5
5. Day 3: Relating to Ourselves with Self-Compassion (written activity).	1	2	3	4	5
6. Day 3: Self-Compassion Break (guided activity).	1	2	3	4	5
7. Day 4: Developing Loving-Kindness (guided activity).	1	2	3	4	5
8. Day 5: Finding your Compassionate Voice (written activity).	1	2	3	4	5

What was your **favourite** mindfulness and self-compassion activity and why?

What was your **least favourite** mindfulness and self-compassion activity and why?

AF-SST

Please read each statement carefully before answering. To indicate the extent to which you enjoyed each activity in your social skills training on a scale of 1 to 5.

1. Day 1: Discovering Social Skills (written activity).	1	2	3	4	5
2. Day 1: "All About Me" (guided activity).	1	2	3	4	5
3. Day 2: Following Instructions (written activity).	1	2	3	4	5
4. Day 2: Giving Instructions (role-playing/guided activity).	1	2	3	4	5
5. Day 3: Making a Complaint (written activity).	1	2	3	4	5
6. Day 3: Making a Complaint (role-play/guided activity).	1	2	3	4	5
7. Day 4: Asking for Permission (guided activity).	1	2	3	4	5
8. Day 5: Letters to self (written activity).	1	2	3	4	5

What was your **favourite** social skills training activity and why?

What was your **least favourite** social skills training activity and why?

Appendix C- Post-program Survey for Counsellors

Training for Summer Camp Counsellors

Part Two

Lindsey Feltis

Dr. Nancy Kocovski

Dr. Kim Roberts

Date: _____

Study ID: _____

COND: 1 2

Name: _____

SCS-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

Item	Almost Never				Almost Always
1. I'm disapproving and judgemental about my own flaws and inadequacies.	1	2	3	4	5
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.	1	2	3	4	5
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	1	2	3	4	5
5. I try to be loving towards myself when I'm feeling emotional pain.	1	2	3	4	5
6. When I fail at something important to me I become consumed by feelings of inadequacy.	1	2	3	4	5
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	1	2	3	4	5
8. When times are really difficult, I tend to be tough on myself.	1	2	3	4	5
9. When something upsets me I try to keep my emotions in balance.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm intolerant and impatient towards those aspects of my personality I don't like.	1	2	3	4	5
12. When I am going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5

14. When something painful happens I try to take a balanced view of the situation.	1	2	3	4	5
15. I try to see my failings as part of the human condition.	1	2	3	4	5
16. When I see aspects of myself that I don't like, I get down on myself.	1	2	3	4	5
17. When I fail at something important to me I try to keep things in perspective.	1	2	3	4	5
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.	1	2	3	4	5
19. I'm kind to myself when I'm experiencing suffering.	1	2	3	4	5
20. When something upsets me I get carried away with my feelings.	1	2	3	4	5
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.	1	2	3	4	5
22. When I'm feeling down I try to approach my feelings with curiosity and openness.	1	2	3	4	5
23. I'm tolerant of my own flaws and inadequacies.	1	2	3	4	5
24. When something painful happens I tend to blow the incident out of proportion.	1	2	3	4	5
25. When I fail at something that's important to me, I tend to feel alone in my failure.	1	2	3	4	5
26. I try to be understanding and patient towards those aspects of my personality I don't like.	1	2	3	4	5

MTASA-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

Item	Never				Almost Always
1. I accept myself even if I still have things to learn.	1	2	3	4	5
2. I can enjoy time alone.	1	2	3	4	5
3. If I realize I've forgotten what I'm doing in the middle of a task, I can bring my focus back.	1	2	3	4	5
4. I listen to the sounds around me.	1	2	3	4	5
5. It's impossible for me to pay attention to something I don't like.	1	2	3	4	5
6. When I find myself lost in a daydream, it's easy for me to come back to the present.	1	2	3	4	5
7. I need to get revenge if I'm insulted.	1	2	3	4	5
8. I feel my moods in my body.	1	2	3	4	5
9. Others could describe me as patient with myself.	1	2	3	4	5
10. In my mind there is a chain reaction to how my thoughts unfold.	1	2	3	4	5
11. I don't know I'm angry until somebody else tells me.	1	2	3	4	5
12. I have a peaceful attitude towards myself.	1	2	3	4	5
13. It is interesting to sit quietly.	1	2	3	4	5
14. When I am stressed about something, I know I am tense.	1	2	3	4	5
15. My anger comes out too fast for me to stay in control.	1	2	3	4	5

16. I try to really pay attention to what I am doing.	1	2	3	4	5
17. I appreciate simple pleasures in life.	1	2	3	4	5
18. When I get annoyed I have a healthy way to calm down.	1	2	3	4	5
19. I hate it when there is nothing to do.	1	2	3	4	5
20. I recognize when I'm getting upset and calm myself.	1	2	3	4	5
21. I can stop myself from saying mean things.	1	2	3	4	5
22. I can focus on what I am doing.	1	2	3	4	5
23. People who know me well could describe me as "self-aware."	1	2	3	4	5
24. I am known to lose my temper.	1	2	3	4	5
25. When I do something I don't feel good about, I try to understand why I did it.	1	2	3	4	5
26. If I pay close attention when I am bored, things get more interesting.	1	2	3	4	5
27. I am patient with other people.	1	2	3	4	5
28. I get so caught up in my thinking about what just happened that I lose track of what's going on.	1	2	3	4	5
29. I have a healthy and natural way to relax.	1	2	3	4	5
30. I notice feelings I'm having about other people.	1	2	3	4	5
31. When things get slow, my mind wanders.	1	2	3	4	5
32. I plan before I act on my ideas.	1	2	3	4	5

SPIN

Please indicate how much the following problems have bothered you during the past week. Circle only one box for each problem, and please be sure to answer all items.

Statement	Not at all	A little bit	Somewhat	Very much	Extremely
1. I am afraid of people in authority.	0	1	2	3	4
2. I am bothered by blushing in front of people.	0	1	2	3	4
3. Parties and social events scare me.	0	1	2	3	4
4. I avoid talking to people I don't know.	0	1	2	3	4
5. Being criticized scares me a lot.	0	1	2	3	4
6. Fear of embarrassment causes me to avoid doing things or speaking to people.	0	1	2	3	4
7. Sweating in front of people causes me distress.	0	1	2	3	4
8. I avoid going to parties.	0	1	2	3	4
9. I avoid activities in which I am the centre of attention.	0	1	2	3	4
10. Talking to strangers scares me.	0	1	2	3	4
11. I avoid having to give speeches.	0	1	2	3	4
12. I would do anything to avoid being criticized.	0	1	2	3	4
13. Heart palpitations bother me when I am around people.	0	1	2	3	4
14. I am afraid of doing things when people might be watching.	0	1	2	3	4
15. Being embarrassed or looking stupid are among my worst fears.	0	1	2	3	4
16. I avoid speaking to anyone in authority.	0	1	2	3	4
17. Trembling or shaking in front of others is distressing to me.	0	1	2	3	4

SE Scale

Please answer the following question using the scale provided.

I have high self-esteem.

Not very true of me						Very true of me
1	2	3	4	5	6	7

D-SI

During the past week, I felt depressed. (Please circle one)

0 1 2 3
 Rarely Sometimes Occasionally Most of the time

BRS

Please read each statement carefully before answering. To the right of each item, indicate the extent to which you agree with each statement.

Item	Strongly Disagree		Neutral		Strongly Agree
1. I tend to bounce back quickly after hard times.	1	2	3	4	5
2. I have a hard time making it through stressful events.	1	2	3	4	5
3. It does not take me long to recover from a stressful event.	1	2	3	4	5
4. It is hard for me to snap back when something bad happens.	1	2	3	4	5
5. I usually come through difficult times with little trouble.	1	2	3	4	5
6. I tend to take a long time to get over set-backs in my life.	1	2	3	4	5

ERQ-T

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

1-----2-----3-----4-----5-----6-----7
strongly **neutral** **strongly**
disagree **neutral** **agree**

1. _____ When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about*.
2. _____ When I want to feel less *negative* emotion (such as sadness or anger), I *change what I'm thinking about*.
3. _____ When I'm faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm.
4. _____ When I want to feel more *positive* emotion, I *change the way I'm thinking* about the situation.
5. _____ I control my emotions by *changing the way I think* about the situation I'm in.
6. _____ When I want to feel less *negative* emotion, I *change the way I'm thinking* about the situation.

AMES-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, by circling a number, using the following scale.

Item	Never				Almost Always
1. I can easily tell how others are feeling.	1	2	3	4	5
2. I feel sorry for a friend who feels sad.	1	2	3	4	5
3. I can often understand how people are feeling even before they tell me.	1	2	3	4	5
4. I feel sorry for someone who is treated unfairly.	1	2	3	4	5
5. When a friend is angry, I feel angry too.	1	2	3	4	5
6. I am concerned for animals that are hurt.	1	2	3	4	5
7. When a friend is sad, I become sad too.	1	2	3	4	5
8. I can tell when a friend is angry even if they try to hide it.	1	2	3	4	5
9. When a friend is scared, I feel afraid.	1	2	3	4	5
10. I can tell when someone acts happy, when they actually are not.	1	2	3	4	5
11. I feel concerned for other people who are sick.	1	2	3	4	5
12. When people around me are nervous, I get nervous too.	1	2	3	4	5

AS-T

Please read each statement carefully before answering. To the right of each item, indicate how well each statement describes you, using this scale.

Item	Does not describe me at all						Describes me very well
1. I think it is better to be yourself, than to be popular.	1	2	3	4	5	6	7
2. I don't know how I really feel on the inside.	1	2	3	4	5	6	7
3. I am strongly influenced by the opinions of others.	1	2	3	4	5	6	7
4. I usually do what other people tell me to do.	1	2	3	4	5	6	7
5. I always feel I need to do what others expect me to do.	1	2	3	4	5	6	7
6. Other people influence me greatly.	1	2	3	4	5	6	7
7. I feel as if I don't know myself very well.	1	2	3	4	5	6	7
8. I always stand by what I believe in.	1	2	3	4	5	6	7
9. I am true to myself in most situations.	1	2	3	4	5	6	7
10. I feel out of touch with the 'real me.'"	1	2	3	4	5	6	7
11. I live in accordance with my values and beliefs.	1	2	3	4	5	6	7
12. I feel alienated from myself.	1	2	3	4	5	6	7

SLS

We would like to know what thoughts about life you have had during the past several weeks.

Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Circle the words next to each statement that indicate the extent to which you agree or disagree with each statement.

It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

Item	Strongly Disagree	Moderately disagree	Mildly Disagree	Mildly Agree	Moderately agree	Strongly Agree
1. My life is going well.	1	2	3	4	5	6
2. My life is just right.	1	2	3	4	5	6
3. I would like to change many things in my life.	1	2	3	4	5	6
4. I wish I had a different kind of life.	1	2	3	4	5	6
5. I have a good life.	1	2	3	4	5	6
6. I have what I want in life.	1	2	3	4	5	6
7. My life is better than most kids.	1	2	3	4	5	6

AF-MSC

Please read each statement carefully before answering. To the right of each item, indicate the strength to which you disagree or agree with each of the following questions about the mindfulness and self-compassion training you received this summer.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I enjoyed the mindfulness and self-compassion training I received this summer.	1	2	3	4	5
2. I utilized the lessons I was learning in mindfulness and self-compassion training at camp.	1	2	3	4	5
3. The training helped me to become more mindful.	1	2	3	4	5
4. The training helped me to become more self-compassionate.	1	2	3	4	5
5. It was easy to implement these mindfulness and self-compassion strategies	1	2	3	4	5
6. Overall, I was satisfied with the mindfulness and self-compassion training I received.	1	2	3	4	5

AF-SST

Please read each statement carefully before answering. To the right of each item, indicate the strength to which you disagree or agree with each of the following questions about the social skills training you received this summer.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I enjoyed the social skills training I received this summer.	1	2	3	4	5
2. I utilized the lessons I was learning in social skills training at camp.	1	2	3	4	5
3. The training helped me to improve my social skills.	1	2	3	4	5
4. It was easy to implement these social skills strategies	1	2	3	4	5
5. Overall, I was satisfied with the social skills training I received.	1	2	3	4	5

Appendix D- Pre-program Surveys for Campers

Thinking about Summer Camp

Part One

Lindsey Feltis

Dr. Nancy Kocovski

Dr. Kim Roberts

Date: _____

Study ID: _____

COND: 1 2

Camper Name: _____

Counsellor: _____

SCS-T *adapted

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

	Almost Never				Almost Always
1. When I fail at something important to me I feel like I'm not good enough.	1	2	3	4	5
2. I try to be kind towards those things about myself I don't like.	1	2	3	4	5
3. When something bad happens, I try to take a balanced view of the situation.	1	2	3	4	5
4. When I'm feeling sad, I feel like other people are probably happier than I am.	1	2	3	4	5
5. I try to see my mistakes as part of being human.	1	2	3	4	5
6. When I'm going through a very hard time, I give myself the caring and kindness I need.	1	2	3	4	5
7. When something upsets me I try to stay calm.	1	2	3	4	5
8. When I fail at something that's important to me, I tend to feel all alone.	1	2	3	4	5
9. When I'm feeling sad I can't stop thinking about all of the things that are wrong.	1	2	3	4	5
10. When I feel like "I'm not good enough" in some way, I try to remind myself that lots of people probably feel that way.	1	2	3	4	5
11. I'm hard on myself about my own flaws and mistakes.	1	2	3	4	5
12. I'm unkind and impatient towards those aspects of my personality I don't like.	1	2	3	4	5

MTASA-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, by circling a number, using the following scale.

Item	Never				Almost Always
1. I accept myself even if I still have things to learn.	1	2	3	4	5
2. I can enjoy time alone.	1	2	3	4	5
3. If I realize I've forgotten what I'm doing in the middle of a task, I can bring my focus back.	1	2	3	4	5
4. I listen to the sounds around me.	1	2	3	4	5
5. I can't pay attention to things I don't like.	1	2	3	4	5
6. When I find myself lost in a daydream, it's easy for me to come back to the present.	1	2	3	4	5
7. I need to get revenge if I'm insulted.	1	2	3	4	5
8. I feel my moods in my body.	1	2	3	4	5
9. Others could describe me as patient with myself.	1	2	3	4	5
10. In my mind there is a chain reaction to how my thoughts unfold.	1	2	3	4	5
11. I don't know I'm angry until somebody else tells me.	1	2	3	4	5
12. I have a peaceful attitude towards myself.	1	2	3	4	5
13. It is interesting to sit quietly.	1	2	3	4	5
14. When I am stressed about something, I know I am tense.	1	2	3	4	5

15. My anger comes out too fast for me to stay in control.	1	2	3	4	5
16. I try to really pay attention to what I am doing.	1	2	3	4	5
17. I appreciate simple pleasures in life.	1	2	3	4	5
18. When I get annoyed I have a healthy way to calm down.	1	2	3	4	5
19. I hate it when there is nothing to do.	1	2	3	4	5
20. I recognize when I'm getting upset and calm myself.	1	2	3	4	5
21. I can stop myself from saying mean things.	1	2	3	4	5
22. I can focus on what I am doing.	1	2	3	4	5
23. People who know me well would say I know myself well.	1	2	3	4	5
24. I am known to lose my temper.	1	2	3	4	5
25. When I do something I don't feel good about, I try to understand why I did it.	1	2	3	4	5
26. If I pay close attention when I am bored, things get more interesting.	1	2	3	4	5
27. I am patient with other people.	1	2	3	4	5
28. I get so caught up in my thinking about what just happened that I lose track of what's going on.	1	2	3	4	5
29. I have a healthy and natural way to relax.	1	2	3	4	5
30. I notice feelings I'm having about other people.	1	2	3	4	5
31. When things get slow, my mind wanders.	1	2	3	4	5
32. I plan before I act on my ideas.	1	2	3	4	5

SPIN

Please indicate how much the following problems have bothered you during the past week. Circle only one box for each problem, and please be sure to answer all items.

Statement	Not at all	A little bit	Somewhat	Very much	Extremely
1. I am afraid of people in charge.	0	1	2	3	4
2. I am bothered by blushing in front of people.	0	1	2	3	4
3. Parties and social events scare me.	0	1	2	3	4
4. I avoid talking to people I don't know.	0	1	2	3	4
5. Being criticized scares me a lot.	0	1	2	3	4
6. Fear of embarrassment stops me from doing things or speaking to people.	0	1	2	3	4
7. Sweating in front of people causes me stress.	0	1	2	3	4
8. I avoid going to parties.	0	1	2	3	4
9. I avoid activities in which I am the centre of attention.	0	1	2	3	4
10. Talking to strangers scares me.	0	1	2	3	4
11. I avoid having to give speeches.	0	1	2	3	4
12. I would do anything to avoid being criticized.	0	1	2	3	4
13. Fast heart beats bother me when I am around people.	0	1	2	3	4
14. I am afraid of doing things when people might be watching.	0	1	2	3	4
15. Being embarrassed or looking stupid are among my worst fears.	0	1	2	3	4
16. I avoid speaking to anyone who is in charge.	0	1	2	3	4
17. Trembling or shaking in front of others is stressful to me.	0	1	2	3	4

SE Scale

Please answer the following question using the scale provided.

I have high self-esteem.

Not very true of me						Very true of me
1	2	3	4	5	6	7

D-SI

During the past week, I felt down. (Please circle one)

0 1 2 3
 Rarely Sometimes Occasionally Most of the time

BRS

Please read each statement carefully before answering. To the right of each item, indicate the extent to which you agree with each statement.

Item	Strongly Disagree		Neutral		Strongly Agree
1. I tend to bounce back quickly after hard times.	1	2	3	4	5
2. I have a hard time making it through stressful events.	1	2	3	4	5
3. It does not take me long to recover from a stressful event.	1	2	3	4	5
4. It is hard for me to snap back when something bad happens.	1	2	3	4	5
5. I usually come through difficult times with little trouble.	1	2	3	4	5
6. I tend to take a long time to get over set-backs in my life.	1	2	3	4	5

SLS

We would like to know what thoughts about life you have had during the past several weeks.

Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Circle the numbers next to each statement that indicate the extent to which you agree or disagree with each statement.

It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

Item	Strongly Disagree	Moderately disagree	Mildly Disagree	Mildly Agree	Moderately agree	Strongly Agree
1. My life is going well.	1	2	3	4	5	6
2. My life is just right.	1	2	3	4	5	6
3. I would like to change many things in my life.	1	2	3	4	5	6
4. I wish I had a different kind of life.	1	2	3	4	5	6
5. I have a good life.	1	2	3	4	5	6
6. I have what I want in life.	1	2	3	4	5	6
7. My life is better than most kids.	1	2	3	4	5	6

AMES-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave like that, using the following scale.

Item	Never				Almost Always
1. I can easily tell how others are feeling.	1	2	3	4	5
2. I feel sorry for a friend who feels sad.	1	2	3	4	5
3. When a friend is sad, I become sad too.	1	2	3	4	5
4. I can tell when a friend is angry even if they try to hide it.	1	2	3	4	5
5. I feel concerned for other people who are sick.	1	2	3	4	5
6. When people around me are nervous, I get nervous too.	1	2	3	4	5

Appendix E- Post-program Surveys for Campers

Thinking about Summer Camp

Part Two

Lindsey Feltis

Dr. Nancy Kocovski

Dr. Kim Roberts

Date: _____

Study ID: _____

COND: 1 2

Camper Name: _____

Counsellor: _____

SCS-T*adapted

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, using the following scale.

	Almost Never				Almost Always
1. When I fail at something important to me I feel like I'm not good enough.	1	2	3	4	5
2. I try to be kind towards those things about myself I don't like.	1	2	3	4	5
3. When something bad happens, I try to take a balanced view of the situation.	1	2	3	4	5
4. When I'm feeling sad, I feel like other people are probably happier than I am.	1	2	3	4	5
5. I try to see my mistakes as part of being human.	1	2	3	4	5
6. When I'm going through a very hard time, I give myself the caring and kindness I need.	1	2	3	4	5
7. When something upsets me I try to stay calm.	1	2	3	4	5
8. When I fail at something that's important to me, I tend to feel all alone.	1	2	3	4	5
9. When I'm feeling sad I can't stop thinking about all of the things that are wrong.	1	2	3	4	5
10. When I feel like "I'm not good enough" in some way, I try to remind myself that lots of people probably feel that way.	1	2	3	4	5
11. I'm hard on myself about my own flaws and mistakes.	1	2	3	4	5
12. I'm unkind and impatient towards those aspects of my personality I don't like.	1	2	3	4	5

MTASA-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave in the stated manner, by circling a number, using the following scale.

Item	Never				Almost Always
1. I accept myself even if I still have things to learn.	1	2	3	4	5
2. I can enjoy time alone.	1	2	3	4	5
3. If I realize I've forgotten what I'm doing in the middle of a task, I can bring my focus back.	1	2	3	4	5
4. I listen to the sounds around me.	1	2	3	4	5
5. I can't pay attention to things I don't like.	1	2	3	4	5
6. When I find myself lost in a daydream, it's easy for me to come back to the present.	1	2	3	4	5
7. I need to get revenge if I'm insulted.	1	2	3	4	5
8. I feel my moods in my body.	1	2	3	4	5
9. Others could describe me as patient with myself.	1	2	3	4	5
10. In my mind there is a chain reaction to how my thoughts unfold.	1	2	3	4	5
11. I don't know I'm angry until somebody else tells me.	1	2	3	4	5
12. I have a peaceful attitude towards myself.	1	2	3	4	5
13. It is interesting to sit quietly.	1	2	3	4	5
14. When I am stressed about something, I know I am tense.	1	2	3	4	5
15. My anger comes out too fast for me to stay in control.	1	2	3	4	5
16. I try to really pay attention to what I am doing.	1	2	3	4	5

17. I appreciate simple pleasures in life.	1	2	3	4	5
18. When I get annoyed I have a healthy way to calm down.	1	2	3	4	5
19. I hate it when there is nothing to do.	1	2	3	4	5
20. I recognize when I'm getting upset and calm myself.	1	2	3	4	5
21. I can stop myself from saying mean things.	1	2	3	4	5
22. I can focus on what I am doing.	1	2	3	4	5
23. People who know me well would say I know myself well.	1	2	3	4	5
24. I am known to lose my temper.	1	2	3	4	5
25. When I do something I don't feel good about, I try to understand why I did it.	1	2	3	4	5
26. If I pay close attention when I am bored, things get more interesting.	1	2	3	4	5
27. I am patient with other people.	1	2	3	4	5
28. I get so caught up in my thinking about what just happened that I lose track of what's going on.	1	2	3	4	5
29. I have a healthy and natural way to relax.	1	2	3	4	5
30. I notice feelings I'm having about other people.	1	2	3	4	5
31. When things get slow, my mind wanders.	1	2	3	4	5
32. I plan before I act on my ideas.	1	2	3	4	5



SPIN-C

Please indicate how much the following problems have bothered you during the past week. Circle only one box for each problem, and please be sure to answer all items.

Statement	Not at all	A little bit	Somewhat	Very much	Extremely
1. I am afraid of people in charge.	0	1	2	3	4
2. I am bothered by blushing in front of people.	0	1	2	3	4
3. Parties and social events scare me.	0	1	2	3	4
4. I avoid talking to people I don't know.	0	1	2	3	4
5. Being criticized scares me a lot.	0	1	2	3	4
6. Fear of embarrassment stops me from doing things or speaking to people.	0	1	2	3	4
7. Sweating in front of people causes me stress.	0	1	2	3	4
8. I avoid going to parties.	0	1	2	3	4
9. I avoid activities in which I am the centre of attention.	0	1	2	3	4
10. Talking to strangers scares me.	0	1	2	3	4
11. I avoid having to give speeches.	0	1	2	3	4
12. I would do anything to avoid being criticized.	0	1	2	3	4
13. Fast heart beats bother me when I am around people.	0	1	2	3	4
14. I am afraid of doing things when people might be watching.	0	1	2	3	4
15. Being embarrassed or looking stupid are among my worst fears.	0	1	2	3	4
16. I avoid speaking to anyone who is in charge.	0	1	2	3	4
17. Trembling or shaking in front of others is stressful to me.	0	1	2	3	4

AF-MS

Please read each statement carefully before answering. To indicate the extent to which you enjoyed each activity in your mindfulness and self-compassion training on a scale of 1 to 5.



					
9. Learning about mindfulness and making mindfulness glitter jars.	1	2	3	4	5
10. Learning about self-kindness and learning about “self-hug.”	1	2	3	4	5
11. Learning about self-compassion and talking about how we help our friends.	1	2	3	4	5
12. Learning about Loving-Kindness.	1	2	3	4	5
13. Writing a self-compassionate letter to ourselves.	1	2	3	4	5
14. Decorating our self-compassion stone.	1	2	3	4	5

What was your **favourite** mindfulness and self-compassion activity and why?

What was your **least favourite** mindfulness and self-compassion activity and why?

AF- SST

Please read each statement carefully before answering. To indicate the extent to which you enjoyed each activity in your social skills training on a scale of 1 to 5.

					
1. Learning about social skills and making your “all about me” poster.	1	2	3	4	5
2. Learning about following instructions.	1	2	3	4	5
3. Learning about making a complaint and problem-solving.	1	2	3	4	5
4. Learning about asking for permission.	1	2	3	4	5
5. Writing your social skills training tips/letter.	1	2	3	4	5

What was your **favourite** social skills training activity and why?

What was your **least favourite** social skills training activity and why?

SE Scale

Please answer the following question using the scale provided.

I have high self-esteem.

Not very true of me						Very true of me
1	2	3	4	5	6	7

D-SI

During the past week, I felt down. (Please circle one)

0 1 2 3
 Rarely Sometimes Occasionally Most of the time

BRS

Please read each statement carefully before answering. To the right of each item, indicate the extent to which you agree with each statement.

Item	Strongly Disagree		Neutral		Strongly Agree
1. I tend to bounce back quickly after hard times.	1	2	3	4	5
2. I have a hard time making it through stressful events.	1	2	3	4	5
3. It does not take me long to recover from a stressful event.	1	2	3	4	5
4. It is hard for me to snap back when something bad happens.	1	2	3	4	5
5. I usually come through difficult times with little trouble.	1	2	3	4	5
6. I tend to take a long time to get over set-backs in my life.	1	2	3	4	5

SLS

We would like to know what thoughts about life you have had during the past several weeks.

Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Circle the numbers next to each statement that indicate the extent to which you agree or disagree with each statement.

It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

Item	Strongly Disagree	Moderately disagree	Mildly Disagree	Mildly Agree	Moderately agree	Strongly Agree
1. My life is going well.	1	2	3	4	5	6
2. My life is just right.	1	2	3	4	5	6
3. I would like to change many things in my life.	1	2	3	4	5	6
4. I wish I had a different kind of life.	1	2	3	4	5	6
5. I have a good life.	1	2	3	4	5	6
6. I have what I want in life.	1	2	3	4	5	6
7. My life is better than most kids.	1	2	3	4	5	6

AMES-T

Please read each statement carefully before answering. To the right of each item, indicate how often you behave like that, using the following scale.

Item	Never				Almost Always
1. I can easily tell how others are feeling.	1	2	3	4	5
2. I feel sorry for a friend who feels sad.	1	2	3	4	5
3. When a friend is sad, I become sad too.	1	2	3	4	5
4. I can tell when a friend is angry even if they try to hide it.	1	2	3	4	5
5. I feel concerned for other people who are sick.	1	2	3	4	5
6. When people around me are nervous, I get nervous too.	1	2	3	4	5