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OCCUPATIONAL THERAPY'S ROLE IN ADDRESSING MENTAL HEALTH NEEDS IN MIDDLE SCHOOLERS

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OCCUPATIONAL THERAPY'S ROLE IN ADDRESSING MENTAL HEALTH

NEEDS IN MIDDLE SCHOOLERS

by

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For the degree of Master's of Occupational Therapy

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Approval Page

This Scholarly Project, submitted by Taylor Anderson, MOTS, Emily Annen, MOTS, and Seira Dick, MOTS in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Sarah Nielsen PhD, OTR/L

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Faculty Advisor

4/15/2021
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Date

PERMISSION

Title: Occupational Therapy's Role in Addressing Mental Health Needs in Middle Schoolers

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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Signature ___*Taylor A*___

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Date ___4/15/2021___

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ACKNOWLEDGEMENT

ABSTRACT

Adolescence is a period of time filled with many transitions. The transition from elementary to middle school comes with new academic, social, and environmental demands. Currently, adolescents often lack the skills and the support necessary to cope with these demands, leading to an increase in mental health challenges (Moksnes, Lohre, Lillefiell, Byrne, & Haugen, 2016). While there are many school-based interventions designed to support students throughout this difficult transition, many environmental barriers exist which prevent the effective implementation of these interventions. One category of barriers is the lack of school resources. Although there is significant positive research on social emotional learning (SEL) programs, there is still a gap regarding how to effectively translate these programs into the school settings, which is partly due to the limited school resources available (Dowling, Simpkin, & Barry, 2019).

The purpose of this project was to identify and analyze supports and barriers to assisting students in transitioning from elementary to middle school. An analysis of the supports and barriers was completed using an occupation-based model. Additionally, the role of the occupational therapy practitioner was considered during the analysis. An extensive literature review on the identified population and factors affecting the population's mental health and academic success during transition was conducted. Several databases were used during review: CINAHL, PubMed, Google Scholar, and OT

search. To guide the design of this product, the Ecology of Human Performance Model (EHP) and the information gathered from the literature review were both used.

To address the identified barriers in implementing effective interventions into middle schools, an educational resource was developed for educators and mentors of middle schoolers. The resulting product presents an analysis of the issue with several potential solutions. Additionally, one product was developed in detail. Titled "Facilitating Successful Transitions to Middle School," this product is a resource and topic guide created to bridge the gap between current literature and successful implementation of adolescent advisory programs. Included in the guide is a link to a completed module which addresses the topic of roles and routines in middle school adolescents. These resources were created to be used by occupational therapy practitioners, educators and mentors who facilitate adolescent advisory programs.

CHAPTER I

Introduction

Mental health challenges are increasingly prevalent among children and adolescents, with 15% of all individuals experiencing a mental health disorder before the age of 18 (Dalsgaard et al., 2020). Adolescence is a period of time which presents an influx of change and stress to the person, putting the individual at heightened risk of experiencing mental health challenges such as depression or anxiety (Moksnes et al., 2016; Schulte-Korn, 2016). One adolescent transition that presents increased social, academic, and environmental demands is the academic transition between elementary and middle school. Adolescents who undergo this transition often lack both the skills and the support to cope with these demands, leading to an increase in mental health challenges (Moksnes et al., 2016).

Due to the increased vulnerability of adolescents during academic transitions and the current lack of effective interventions to support these transitions, this project focused on adolescents as they transition from elementary to middle school. The overall purpose of this project is to analyze the needs of adolescents during life transitions, promote adolescent well-being for reduced incidence of mental health challenges during this time period, and to enhance adolescent performance within their life roles during the middle school transition. It has been found that mental health interventions implemented within public schools can effectively provide students with the skills to cope with stressful life transitions and may reduce the risk of developing mental health disorders in the future

(Garrison, Roy, & Azar, 1999; Merikangas et al., 2011; Paulus, Ohmann, & Popow, 2016; Thorley, 2016). While there are currently many school-based interventions designed to support students throughout the difficult transition to middle school, environmental barriers exist which prevent the effective implementation of these interventions (Dowling et al., 2019; Lai, Guo, Ijadi-Maghsoodi, Puffer, & Kataoka, 2016; Langley, Nadeem, Kataoka, Stein, & Jaycox; 2010; Sibley, Olson, Morley, Campez, & Pelham, 2016). The high rate of adolescent mental health disorders along with the current lack of effective school-based interventions indicates the need for occupational therapy services to assist with the middle school transition.

Occupation-Based Model

The Ecology of Human Performance (EHP) model (Dunn, Brown, & McGuigan, 1994) was used to analyze the literature and guide this project. Through this model's lens, the goal of therapy is to maximize a person's performance range, or the number of activities and tasks available to the person based on their personal skills and context (Dunn, 2017). One main reason why this model is beneficial for understanding school-based topics is because it uses language that can be easily understood by a multidisciplinary team (Dunn, 2017). The authors of the EHP model decided to use the term "task" to define daily activities, rather than "occupation," in order to promote collaboration between many disciplines. This model identifies that the relationship between both the person and the environment influence the way humans behave and perform tasks (Dunn et al., 1994). In the context of adolescent mental health during middle school transition, the EHP model provides a framework for determining how interactions between students, the tasks they are required to complete, and their

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environment impact the adolescent's mental wellbeing and academic performance (Dunn, 2017). This model identifies important aspects of the person and the context, leading to a thorough analysis of a topic or issue.

According to EHP, the person consists of a set of unique characteristics, beliefs, values, skills, and interests (Dunn, 2017). A person's skills are further broken down into sensorimotor, psychosocial, and cognitive skills (Dunn, 2017). Within the context of adolescents transitioning to middle school, the person is an adolescent whose transition is impacted by their own set of personal factors. Each person's combination of skills is unique- some skill areas may negatively impact the person's performance during their transition to middle school and other skill areas may support their performance during this transition (Dunn, 2017).

In addition to personal skills, the literature supports that various changes in adolescents' contexts have a significant impact on their ability to cope with transition to middle school (Case, 2015). The EHP model allows us to focus on many aspects of the context, including the temporal, physical, social, and cultural aspects (Dunn, 2017). Dunn (2017) defines context as a variety of conditions that surround the person. The physical context includes the "natural or fabricated" (p.212) environments and the objects within them (Dunn, 2017). For adolescents transitioning to middle school, the physical environment may include the physical aspects of their school environment, including school size. The social context includes interpersonal relationships or places where the person engages with others (Dunn, 2017). This includes the adolescent's peer and friend groups, and the number of students in each of their classes (Case, 2015). The temporal context includes aspects related to the individual's temporary state, such as their age or

current health status (Dunn, 2017). For an adolescent transitioning to middle school, a significant temporal aspect of the context is their current developmental stage. The cultural context is made up of all groups that "…contribute to a person's sense of identity" (p. 212) such as religious or ethnic groups (Dunn, 2017). Family beliefs and values related to mental illness and education may be a significant cultural aspect of the environment for adolescents transitioning to middle school (Gronholm, Nye, & Michelson, 2018). Using the EHP model, both the person's skills and all aspects of their environment contribute to their performance range and the tasks available to them.

Tasks are defined as objective sets of behaviors that are necessary to accomplish a goal (Dunn, 2017). An example of a task in this setting is social participation which includes subtasks of communicating personal needs, maintaining friendships, and coping with bullying (Case, 2015). Adolescents must perform a variety of tasks to accomplish the goal of transitioning within the school setting, however the relationship between their changing environment, personal skills, and the novel tasks required of them may lead to reduced performance range. The EHP model guides the analysis of this complex issue, assists in understanding the barriers which limit the effectiveness of current interventions, and outlines OT intervention approaches which may be appropriate.

EHP is helpful for problem solving and identifying solutions. Within this model there are multiple different intervention approaches, which include: establish/restore, alter, create, prevent, and adapt (Dunn, 2017). Establish/restore focuses on improving or establishing skills that are not currently present or have been lost/impaired (Dunn, 2017). Alter focuses on identifying what aspects of the person context promote engagement and match activity demands. Create focuses on producing positive activities and interventions

for anyone to participate in. Prevent focuses on preventing negative outcomes by targeting the person, context, or task factors. Adapt focuses on changing the context in which an individual is in to increase occupational performance and engagement (Dunn, 2017). In this project, the authors used the EHP model to analyze the research and to propose interventions using a variety of approaches. After identifying the potential of advisory programs to meet the needs of adolescents during the middle school transition, the author's compiled resources to promote the development of advisory programs that address each of the five recommended advisory topics. There was a significant lack of resources available to support the development of roles and routines among adolescents. Therefore, the final product is an advisory lesson plan which promotes the development of healthy routines following the middle school transition (see Appendix A).

Key Terminology

The following terms are used throughout this scholarly project. Each of these terms may have slight variations in definition. Therefore, all terms are defined for consistency and clarification.

- **Adolescence:** a period of significant growth and change between the ages of 10-19 (Branson, Turnbull, Dry, & Palmer, 2019; Moksnes et al., 2016).
- **Advisory program:** A school-based program often focused on peer relationships and skill-building which gathers students into small groups each week with a consistent group advisor (Education Resource Strategies, 2016).
- **Habit:** learned tendencies to respond to environment and perform tasks in consistent ways or within familiar environments (American Occupational Therapy Association (AOTA, 2020).

- **Mental health**: The emotional, psychological, and social well-being of a person (U.S. Department of Health and Human Services, 2020).

- **Middle school:** The academic period including 6th-8th grades, typically corresponding to ages 11-14 in the United States (Case, 2015).

- **Performance Range:** The variety of tasks available for a person to perform, depending on the interaction between the person's skills and the context (Dunn, 2017).

- **Role:** A set of tasks and behaviors which are expected by society and dependent on the person's context, relationships, and culture. These sets of tasks and behaviors may further be defined by each person who completes them (AOTA, 2020).

- **Routine:** a consistent pattern of behavior which provides structure to an individual's daily life (AOTA, 2020).

- **School-based mental health services:** programs implemented within public schools which aim to prevent, identify, or treat mental health issues of children and adolescence. These programs may range from basic counselor support services to comprehensive programs which prevent, identify, and treat mental health disorders (Committee on School Health, 2004).

- **Transition:** "A movement, passage, or change from one position to another" (Council on Children and Families, n.d.). In this project, 'transition' often refers to the academic transition from elementary to middle school, or between the 5th and 6th grades.

Project Structure

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The following chapters will outline the process which led to the development of our product. Chapter II includes a comprehensive literature review exploring the current needs of adolescent students, school-based interventions available to support adolescents, and barriers to the effective implementation of these interventions within schools. Chapter III outlines the process of using an occupation-based model to analyze results of the literature review, specify the needs of the identified population, and develop a product. Chapter IV includes a description of the products created along with the products themselves. Finally, chapter V summarizes the purpose of this project, the needs of adolescent students which were identified through the literature review, tips for implementing the product, and limitations of this project along with recommendations for future research.

CHAPTER II

Literature Review

Adolescence, often defined as a period of significant growth and change between the ages of 10-19, is a developmental stage which invites a significant influx of stress to an individual (Branson et al., 2019; Moksnes et al., 2016; Schulte-Korne, 2016; Williford et al., 2016). Throughout development, adolescents experience a number of lifestyle changes, increased expectations and responsibilities, academic transitions, puberty, bullying, and increased exposure to high-risk behaviors (Kiuru et al., 2020; Moksnes et al., 2016; Schulte-Korne, 2016). Although this period of life is a necessary time of growth and development, adolescence introduces many stressors which may compromise overall well-being and hinder healthy development (Moksnes et al., 2016). A primary concern with adolescents is that they may lack the skills and resources necessary to cope with these stressors in a healthy way. An inability to cope leads to a greater risk of experiencing decreased mental and physical health during adolescent transitions (Moksnes et al., 2016).

Transitions are periods of change that often alternate with periods of stability throughout one's life (Eliason, Mortimer, & Vuolo, 2015). Major adolescent transitions include the academic transitions between elementary, middle school, and high school and the transition into the community. Puberty is another transition which may introduce a new set of stressors to an individual's life (Das et al., 2016). These transition periods pose challenges to an adolescent's sense of normalcy in their social, emotional, physical,

physiological, and academic environments (Kiuru et al., 2020; Shulte-Korne, 2016; Williford et al., 2016). Due to the introduction of new teachers, peers, academic and home expectations, and other environmental factors, adolescent transitions have the potential to lead to decreased motivation and academic achievement (Kiuru et al., 2020). Additionally, adolescents may feel less attached to their new academic and social environments due to a decreased sense of support by peers and adults. As a result, adolescents may exhibit a lack of coping abilities leading to an increased risk of experiencing mental health challenges during adolescence (Blossom, Adrian, Vander Stoep, & McCauley, 2020). Recurring stressors during the adolescent transition are a threat to the mental health and well-being of middle school youth (Moksnes et al., 2016; Williford et al., 2016). According to Moksnes et al. (2016), the overall experience of cumulative and simultaneous stressors is strongly related to depression during adolescence. In previous studies, adolescents have reported feelings of low self-regard, sadness, extreme anger, angst, and disconnect with their environment during periods of stress (Branson et al., 2019). Additionally, symptoms of stress, including attention deficits, cognitive disturbances, lack of motivation, and negative mood have all been found to adversely impact education during this time period (Schulte-Korne, 2016). Exploring transitions and stressors associated with transitions during adolescence has been beneficial in identifying best-practice solutions to addressing adolescent mental health. The purpose of this literature review is to further understand the experiences of adolescents related to academic transitions, mental health challenges, and the current evidence-based interventions for school-based mental health care. This review will also

provide an overview of the existing barriers to the implementation of best-practice interventions within schools.

Understanding Stressors

Stress is defined as the way the brain and body respond to challenging demands including, but not limited to: life transitions, school or work demands, and traumatic events (National Institute of Health [NIH], 2019). According to Moksnes et al. (2016), adolescent youth face physical, psychological, academic, and social changes that occur at a pace and magnitude, which may be too significant for them to cope successfully. This period is also a time when youth can be exposed to a number of challenges and stressors including, (a) changes in social and academic expectations; (b) periods of transition; (c) body-image issues; (d) bullying; (e) academic transitions; and (f) puberty (Dowling et al., 2019; Kiuru et al., 2020; Moksnes et al., 2016). While there are various sources of stressors during adolescence, this literature review will focus on the stressors related to academic transitions and puberty.

Academic Transitions

Adolescents spend a significant amount of time at school or participating in school-related activities (Schulte-Korn, 2016). Many of the stressors experienced during adolescence come from increased academic expectations or new social challenges (Schulte-Korn, 2016). Due to the significant amount of time spent in school, a significant amount of adolescent stress comes from academic transitions. This includes the transitions between elementary school, middle school, and high school, which often lead to altered academic and social demands (Branson et al., 2019; Moksnes et al., 2016).

When students are in elementary school, typically between the levels of kindergarten through fifth grade or ages 5 to 11, learning occurs in classrooms with one or two permanent teachers. Students will only occasionally travel to other classrooms within the school building for classes such as gym, art, and music (Case, 2015). Once students transition into middle school, they often find themselves in larger classes with multiple teachers throughout the school day, making the environment feel impersonal (Case, 2015). Further, expectations within the classroom change due to having different teachers for each subject, which can be difficult for students to adjust to (Case, 2015). Regarding the social environment, the transition from elementary to middle school can be difficult. In elementary school, the students' spheres of influence are normally their family structure, whereas in middle school they shift to opinions of their peers. This shift tends to occur alongside a decrease in peer acceptance and comes with an increase in bullying (Case, 2015). Williford et al. (2016) described this transition as a period which constitutes increased bullying due to adjustments in their physical school environment and social networks, which result in an overall struggle to develop and establish positive social relationships. Another study explained that difficulty with this transition period was significantly associated with depressive symptoms and schoolwork difficulty (Fite, Frazer, DiPierro, & Abel, 2019).

Transition from middle school to high school usually occurs when the student starts ninth grade or is approximately 14 years old. During this time, the adolescent will shift from childhood roles into those of a young adult. If the transition to high school is difficult for a student, there can be a decrease in academic achievement and an increase in behavioral difficulties, which can lead to the student dropping out of school before

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graduation (Case, 2015). When adolescents begin ninth grade, their performance within that initial high school academic year can determine how the rest of the students' high school years will go (Case, 2015). The transition to high school also comes with changes in schedule complexity, daily routines, and school culture. These changes have a significant impact on adolescent well-being, mental health, and social relationships (Case, 2015).

The transition from high school to either college or employment can be exciting while also challenging for an individual. To help plan for this transition, the Individuals with Disabilities Education Act (IDEA) provides seven different outcome areas to utilize when preparing for the transition, which include: postsecondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and community participation (Orentlicher, 2015). Due to the natural degree of complexity during transition, the most important ways to ensure success is to engage the individuals in meaningful activities within the community and address any needs the individual has regarding performance and the environment they are in (Orentlicher, 2015). Promoting positive transitions is important, since successful adaptation to new educational contexts is associated with the completion of higher education, better job prospects, and higher life satisfaction (Upadyaya & Salmela-Aro, 2013).

Puberty

Puberty is another stressful transition that adolescents experience, due to the substantial changes in physical, emotional, mental, and social patterns and processes (Hoyt, Niu, Pachucki, & Chaku, 2020). The rapid onset and magnitude of symptoms

related to puberty often lead adolescents to feel overwhelmed and have difficulty coping with the changes that they undergo (Moksnes, et al., 2016). Puberty also creates social stigma and challenges between adolescents, which is significantly impacted by timing. In a study done on the impacts of pubertal timing, there were negative implications found for individuals who emerged into puberty both earlier and later than their average peer (Hoyt et al., 2020). Implications of off-timed pubertal emergence included increased prevalence of risk-taking behaviors, tobacco and alcohol use, depression and anxiety, obesity, and aggressive behaviors (Hoyt et al., 2020).

When reviewing literature on the prevalence of mental health diagnoses in adolescents between ages 10-18, it was found that approximately 15% of all children receive a mental health diagnosis before reaching the age of 18 (Dalsgaard et al., 2020; Schulte-Korne, 2016). Of these, the most commonly identified diagnoses included anxiety, depression, and behavioral disorders such as conduct or hyperkinetic disorders (Moksnes et al., 2016; Schulte-Korne, 2016; Williford et al., 2016). According to the Centers for Disease Control and Prevention (CDC), over 50% of people will develop a mental health illness or disorder sometime within their life (CDC, 2018). Additionally, 1 in 5 people will experience a mental health issue within a year span (CDC, 2018). One predictor of increased mental health challenges among adolescents is experiences with bullying (Benedict, Vivier, & Gjelsvik, 2014; Williford et al., 2016). In the Williford et al. (2016) study, victims of bullying were at an elevated risk for mental health problems such as depression, anxiety, low self-esteem, and poor school performance. Those who bullied others had increased risk for substance use, academic failure, poor mental health symptoms, and aggressive or violent behavior issues. Further, youth who were both

victims and perpetrators of bullying were found to be at higher risk for adverse social, emotional and behavior outcomes than all other students (Williford et al., 2016).

Opportunities for School-Based Care

Behavioral, psychological, social, and academic difficulties experienced during adolescence are often intertwined and connected. For example, an adolescent who experiences behavioral difficulties could be experiencing mental health challenges as well, which then could lead to the use of substances such as drugs or alcohol (Hung, Leubbe, & Flaspohler, 2015). As a result of the substance use at a young age, this adolescent is more susceptible to dropping out of school, facing mental health difficulties in their future, and showing externalizing behaviors such as aggression (Pedersen et al., 2018). These compounded stressors can increase the risk of developing mental health disorders during adolescence (Moksnes et al., 2016; Schulte-Korn, 2016). It has been found that school-based interventions can address this risk and prevent children from needing future mental health intervention (Garrison et al., 1999). School-based mental health interventions provide professionals with the opportunity to universally promote healthy management of unique adolescent stressors and can enhance student access to mental health services for mental health challenges which may otherwise remain untreated (Merikangas et al., 2011; Paulus et al., 2016; Thorley, 2016).

Best Practices for School-Based Care

Best practice for school-based care involves a multi-tiered approach to mental health as a whole with the use of three tiers of intervention (Bershad & Blaber, 2011). As children complete life transitions associated with adolescence, their level of risk for mental health challenges will fluctuate, indicating a need for the multi-tiered intervention

approach within schools (Hoagwood et al., 2007). The use of this system promotes

positive mental health among students, leading to decreased prevalence of mental health

challenges and less-severe mental illness (Bershad & Blaber, 2011). The three tiers of

intervention include Tier 1: Universal, Tier 2: Targeted, and Tier 3: Intensive. Tier 1

involves the promotion of positive mental health for every individual or student,

regardless of their mental health status. The main focus of Tier 1 is to promote health and

to prevent mental health challenges. Examples of approaches used within Tier 1 include

social emotional learning (SEL) programs, mindfulness based programs, and positive

behavioral interventions and supports (PBIS) (Bazyk, 2011). Tier 2 interventions are

directed towards students who are at-risk of experiencing mental health challenges. The

main focus of these interventions is to prevent illness and promote mental well-being

through the use of small-group interventions that address specific mental health

challenges and teach students self-management skills (Atkins, Hoagwood, Kutash, &

Seidman, 2010). Lastly, Tier 3 includes intensive interventions which are provided to

specific students who are experiencing mental health difficulties. The focus of Tier 3 is to

promote health management, prevent future challenges, and provide intervention to

reduce symptoms that the individual is experiencing (Barry & Jenkins, 2007). Specific

universal, targeted, and intensive school-based interventions have been identified as best-

practice through research.

Tier 1

There are many known universal interventions that are effective in promoting the

mental health of adolescent students. The implementation of SEL programs have been

effective for the adolescent population as a whole (Hung et al., 2015). SEL programs are

created and used to increase social and emotional development within children and adolescents (Pannebakker et al., 2019). These programs aim to help children and adolescents learn how to cope with any difficulties they are facing by enhancing their coping skills and teaching them how to incorporate positive thinking into their daily life (Yeager, 2017). Research shows that SEL programs are effective in improving self-esteem, emotional regulation skills, overall well-being, and academic achievement, while also preventing mental health difficulties such as depression, anxiety, and externalizing behaviors (Pannebakker et al., 2019). Dowling et al. (2019) found that SEL programs help to promote social and emotional skills development. These skills are effective in helping adolescents cope with stressors, which overall improves quality of life and reduces the prevalence of mental health difficulties (Dowling et al., 2019). SEL programs can support adolescents within the school setting for three important reasons, as noted by Greenberg, Domitrovich, Weissberg, and Durlak (2017). The first reason is that children and adolescents spend most of their time within the school setting, which makes the school the best place to implement interventions (Greenberg et al., 2017). Secondly, it is known that SEL programs, like mentioned before, can improve and help prevent problem behavior and emotional difficulties while simultaneously improving academic performance and overall competence (Greenberg et al., 2017). Lastly, SEL programs that are evidence-based and universal within the school setting could impact public health as a whole (Greenberg et al., 2017). The Collaborative for Academic, Social, and Emotional Learning (CASEL) is an evidence based source which provides information about social and emotional learning (CASEL, 2020). CASEL organizes outcomes of SEL into 5 skill categories: self-awareness, self-management, social awareness, relationships skills, and

responsible decision making (CASEL, 2020). An example of a universal and school-based intervention is called the MindOut Program, which is based on these 5 categories (CASEL, 2020). The MindOut Program aims to educate adolescents about social and emotional well-being. The program is delivered by the teachers within the school setting and targets the adolescent population (Dowling et al., 2019). Results of implementing this program showed significant improvement in adolescents' social and emotional learning as well as their mental health and overall well-being (Dowling et al., 2019). A gap in literature exists regarding program implementation within the school setting. There is limited understanding of how school climate factors relate to student mental health (Hung et al., 2015). According to Cohen, McCabe, Michelli, and Pickeral (2009), school climate is defined as the factors of school life including social relationships, safety, and the environment, as well as the bigger picture patterns of organization. There are four major aspects within the school climate, which include safety, teaching and learning, relationships, and environment (Hung et al., 2015). Identifying and understanding the school climate directly impacts the development and implementation of SEL programs within the school setting as well as the desired outcomes of these programs (Greenberg et al., 2017). A school climate that is not only safe, but also supportive both emotionally and physically, appropriately challenging in regards to academic and personal growth, and encouraging of open and effective communication is known to promote and increase social and emotional competence (Greenberg et al., 2017). Knowing the premise of the school climate and the outcomes associated with a positive school climate, this aspect of the school setting directly correlates to the formation of SEL programs. Learning and utilizing social and emotional skills directly impacts adolescents' capacity to apply

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mature social behaviors such as assertiveness, cooperation, communication, or emotional regulation. All of these skills, which are targeted within SEL programs, then enable adolescents to improve their quality of life, while decreasing the prevalence of problem behaviors and the use of substances (Mooij, Fekkes, Scholte, Overbeek, 2020). While universal techniques such as promoting positive school climate and implementing SEL curriculum are known to be beneficial, there is mixed evidence regarding the effectiveness of other universal preventative programs which target drug use, suicide, depression, or violence within schools (Das et al., 2016; Neil & Christensen, 2009; Paulus et al., 2016). These school-based prevention programs have been found to increase short-term knowledge of the topic or issue, but result in little change in the long-term attitudes or behaviors related to that topic (Das et al., 2016). Neil and Christensen (2009) found that targeted interventions led to positive outcomes which were longer-term than the outcomes related to universal prevention programs. There is currently a significant need for universal prevention programs that are shown to be effective for use with adolescents and that can be widely implemented within schools (Orsini et al., 2019).

Tier 2 and Tier 3

Unlike the universal interventions within Tier 1, Tier 2 supports are focused on the needs of a target population. In the scope of mental health within the school system, the target population for Tier 2 supports includes students who are experiencing either externalizing or internalizing behaviors (Positive Behavioral Interventions & Supports [PBIS], 2019). Tier 2 interventions often address substance use issues and behavioral challenges through the use of social skills groups, self-management training, and academic supports (PBIS, 2019; Pedersen et al., 2018). Common aspects of Tier 2

include, (a) self-regulation and social skills training; (b) increased adult supervision; (c) positive reinforcement; (d) focusing on the function of a challenging behavior; and (e) increased access to academic supports (Horner, Sugai, & Lewis, 2015). Similar to Tier 2, Tier 3 interventions are implemented with children and adolescents who have been identified as needing support, which are more specific and targeted than those in Tier 1. Tier 3 interventions are designed for students who experience symptoms of mental disorders (Paulus et al., 2016). These programs may target disruptive behaviors or symptoms of posttraumatic stress disorder, major depression, anxiety, or suicidal behavior and violence (Paulus et al., 2016). Tier 2 and 3 interventions provide different supports to students and there is a unique need for each of these levels; however, these tiers of intervention are often grouped together when studying the effectiveness of school-based mental health interventions (PBIS, 2019; Williams, Vaisey, Patton, & Sanci, 2020). While there is a significant amount of research analyzing the effectiveness of universal prevention (Tier 1) programs within schools, there is limited research identifying the unique impacts of school-based Tier 2 and Tier 3 programs on the mental health of adolescents (Williams et al., 2020). In many literature reviews of school-based adolescent interventions, such as the reviews done by Williams et al. (2020), Neil and Christenson (2009) and Christensen et al. (2011), the authors focus solely on "universal" and "targeted" interventions. Williams et al. (2020) defined targeted programs as those that are offered to students who have "...existing symptoms or risk factors" (p. 392). This definition, which is used frequently in literature, combines the targeted groups for interventions within Tiers 2 and 3. Overall, the evidence is mixed regarding the effectiveness of targeted interventions, and many reviews include studies that are low in

rigor (Williams et al., 2020). It has generally been found that targeted prevention programs, which are implemented in addition to universal programs within the school setting, lead to a decrease in mental health issues along with improvements in the students' ability to effectively communicate and regulate emotions (Boncu, Costa, & Minulescu, 2017). Targeted skills training programs may reduce internalizing symptoms that are related to anxiety, depression, or eating disorders (Das et al., 2016; Williams et al., 2020). Specifically, group-based interventions and cognitive-behavioral therapy (CBT) were found to be effective in reducing anxiety or depressive symptoms in adolescents (Christensen et al., 2011; Das et al., 2016; Neil & Christensen, 2009). While there is evidence that both universal and targeted programs implemented together are more beneficial than one or the other, there is debate as to which form of intervention is most beneficial if implemented alone. When compared with universal interventions, Neil and Christensen (2009) found that targeted programs may lead to better outcomes at long-term follow up, although the evidence supporting this is limited.

Within each of these tiers, there are specific interventions which have been found to be beneficial to different groups of adolescents within the school setting. Due to the complex and varying needs of adolescents, it is considered best-practice to include each of these tiers of intervention within the school setting (PBIS, 2019). Universal interventions are beneficial because they educate large groups of students on topics related to mental health and may decrease future mental health challenges, while also enhancing the utilization of targeted services by students who are already experiencing challenges (PBIS, 2019). Targeted interventions are needed to provide specific, intensive therapy to students who may be experiencing unique mental health challenges. It has

been found that targeted interventions, when implemented effectively by typical school personnel, have led to positive effects in up to 67% of students who were referred to those services (PBIS, 2019). Unfortunately, school personnel face many barriers when implementing targeted interventions within the school setting, and it has been found that these interventions are more successful when implemented by external clinicians or staff (Williams et al., 2020).

Barriers to the Implementation of Evidence-Based Interventions

Limited School Resources

One category of barriers is the lack of school resources. This includes a lack of time, scheduling issues, poor quality physical space for the interventions to take place, and limited funding for interventions (Langley et al., 2010; Sibley et al., 2016). Although there is significant positive research on SEL programs, there is still a gap regarding how to effectively translate these programs into the school settings, which is partly due to the limited school resources available (Dowling et al., 2019). Langley et al. (2010) conducted interviews with school-based clinicians who were implementing a targeted trauma intervention within middle schools. While the clinicians rated the intervention itself as "easy" to implement, they did identify many environmental barriers which challenged them (Langley et al., 2010). The top barriers for clinicians who implemented this intervention was not having enough time to lead groups due to competing responsibilities, and scheduling the groups so students could leave classes to attend (Langley et al., 2010). Scheduling was especially difficult when clinicians did not feel that they had support from their administrators or school staff (Langley et al., 2010).

Another approach to school-based mental health intervention is a school consultation model, which requires clinicians to take on a consultative role as they collaborate and train teachers or school staff to implement interventions during the school day (Sibley et al., 2016). These interventions are often favorable because they use few resources while keeping the child in their natural environment (Sibley et al., 2016). Sibley et al. (2016) identified that competing responsibilities and a lack of teacher time also serve as barriers to these interventions. In their study, the clinicians often had a difficult time scheduling meetings with the teacher serving as the interventionist (Sibley et al., 2016). The challenge caused by competing school responsibilities indicates that community-based clinicians may be more successful in implementing school-based interventions. Langley et al. (2010) found that schools partnering with community mental health agencies led to more successful implementation of interventions, however schools do not always have the funds to dedicate solely to mental health clinicians (American Association of School Administrators, 2012). The last major barrier related to school resources is poor-quality physical environments for intervention implementation. The school environment can be hectic, and interventionists often have a difficult time finding private spaces to lead interventions (Langley et al., 2010). There is a gap in research regarding the reason why SEL programs are not showing significant long-term effects and why it is so difficult to implement the programs into mainstream education consistently and effectively (Dowling et al., 2019). The hectic environment within the school setting causes difficulty in implementing these programs, which leads to a decrease in effectiveness (Dowling et al., 2019).

Parental Support

Another major barrier to successful implementation of mental health interventions within schools is poor parental involvement or communication. It is known that high parental support during childhood and adolescence is associated with lower levels of stress, while low levels of parental support is associated with anxiety, higher levels of aggression and violence, school truancy, and higher rates of substance use (Pengpid & Peltzer, 2018; Wentzel, 1998). Not only is poor parental involvement associated with more mental health issues during adolescence, it also creates a barrier to the effective implementation of mental health interventions within schools (Langley et al., 2010). Sibley et al. (2016) found that when a mental health consultation was recommended for a child, the meeting was more likely to occur if the parents were highly involved. They also found that, if indicated, the intervention was less likely to be completed if there was a low level of parental support or poor communication between the child's caregivers and the school (Sibley et al., 2016).

There are many factors which potentially contribute to poor parental support. Blizzard, Weiss, Wideman, and Stephan (2016) found that caregivers of adolescent children who were transitioning from inpatient psychiatric care back to the community identified needs such as increased education about their child's mental health diagnosis, and support when communicating with their child's school. Along with limited caregiver resources, stigma may also be contributing to limited parental support. During a qualitative study of mental health clinicians' experiences within a school-based health center, Lai et al. (2016) found that many parents denied mental health services for their children because of the negative stigma surrounding mental health issues. This stigma

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surrounding mental health is widespread and serves as a barrier to the implementation of mental health interventions within middle and high schools especially (Gronholm et al., 2018).

Stigma

Stigma surrounding mental health frequently prevents adolescents and their caregivers from reaching out to mental health providers when they are experiencing a challenge (Lai et al., 2016). As a solution to this, many believe that offering mental health interventions within schools would increase access and reduce the negative impacts of this stigma (Lai et al., 2016). Unfortunately, mental health stigma is also prevalent in schools where it serves as a barrier that prevents students from reaching out to school counseling services for help when needed (Chan & Quinn, 2012; Lai et al., 2016). Adolescents are one of the highest populations to face mental health difficulties and also have the worst access to services to address their mental health needs (McGorry, Bates, & Birchwood, 2013). During adolescence, students begin to value relationships with peers and focus on social status (Dowling et al., 2019). In a study conducted by Gronholm et al. (2018), the researchers conducted a systematic review of qualitative research to identify student experiences of mental health stigma in schools and the impact that it has on student participation in targeted mental health interventions within schools. Researchers found that students who participated in school-based targeted mental health interventions were often labelled negatively by peers, and they experienced general hostility or discrimination from peers related to their participation in mental health interventions (Gronholm et al., 2018). There are also consequences of this stigma, including heightened student anxiety surrounding their participation in the interventions,

students disclosing less personal information during interventions, and students distancing themselves from supports such as school counselors or school-based clinicians (Gronholm et al., 2018). In order to reduce the impact that stigma has on the utilization of mental health interventions in schools, Gronholm et al. (2018) recommends that interventionists increase choice and autonomy within interventions and that they dedicate time to building trusting and confidential relationships with the students. It is also recommended that interventions incorporate "alternative constructions for psychological support" (Gronholm et al., 2018, p. 22), which can include using language that is not commonly associated with mental illness (Gronholm et al., 2018).

Educator and Administrator Support

The final major barrier to the implementation of school-based mental health interventions is poor support from teachers and school administrators. During the study conducted by Langley et al. (2010), researchers found that school-based clinicians experienced difficulty when coordinating with educators to schedule interventions and have children arrive to groups on time. They also found that some teachers were unwilling to allow a child to leave their class to attend interventions (Langley et al., 2010). The cooperation of school administrators and the incorporation of these leaders into intervention planning has been found to increase sustainability of school-based interventions (Forman, Olin, Hoagwood, Crowe, & Saka, 2008).

CHAPTER III

Methodology

The Chapter III Methodology describes the process of evaluating the literature on adolescent mental health and successful academic transition, the theory chosen to guide the entirety of the project, and the steps that were taken to develop the products that were created. This project was inspired and motivated by the lack of research on adolescent mental health, as found by the authors of this project throughout their time during occupational therapy school, as well as the interest the authors have with working with adolescents in the mental health setting. When discovering how little evidence and research there was about adolescent mental health and academic/social transition, the authors were interested in determining the role occupational therapy has in promoting successful transition for adolescents in a healthy and positive way.

Following the preliminary stages of research, the authors conducted a literature review to identify adolescent development and the transition phases they go through, main stressors adolescents face, and the current best practices for school-based care. The terms "adolescent mental health," "social emotional learning and adolescents," "academic transition for adolescents," and "occupational therapy and adolescent mental health" were searched using the databases: CINAHL, PubMed, Google Scholar, and OT Search. In addition, the authors utilized OT Practice, AOTA, and different credited websites like The Collaborative for Academic, Social, and Emotional Learning (CASEL) and Mental Health Technology Transfer Center (MHTTC). The key terms listed above

were also used during the search using these resources. After conducting the literature review, the authors found a lack of research regarding adolescent successful academic transition into middle school, effective program implementation in the school setting, and overall discussion about adolescent mental health (Dowling, Simpkin, & Barry, 2019; Moksnes et al., 2016).

Occupation-Based Model

There were multiple occupation-based models considered by the authors to guide this project, which included the Person-Environment-Occupation Model (Baptiste, 2017), The Canadian Model of Occupational Performance and Engagement (Turpin & Iwama, 2011), The Model of Human Occupation (Clifford O'Brien, 2017), and the Ecology of Human Performance (EHP) Model (Dunn, 2017).

The EHP model (Dunn, 2017) was chosen to guide this project and analyze the information found from the literature review. EHP focuses on the relationship between the person, context, and task in order to better understand occupational performance (Dunn, 2017). The goal of therapy, through the lens of this model, is to maximize a person's performance range, which is a person's availability to activities and tasks based on their skills (Dunn, 2017). According to the model, the person consists of a set of unique characteristics, beliefs, and skills. The context is defined as a variety of conditions that surround the person, including physical, social, temporal, and cultural. The last EHP construct, tasks, are defined as objective sets of behaviors that are necessary to accomplish a goal (Dunn, 2017).

The EHP model (Dunn, 2017) framework relates well in the context of adolescent mental health, specifically in adolescent transition to middle school due to it addressing

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student interaction, the tasks students are required to complete, and how the environment impacts well-being and mental health (Dunn, 2017). From the literature review, Moksnes et al. (2016) reported that during the adolescent stage of life, there is a significant amount of growth and development and transition, which introduces new stressors to adolescents. Using the EHP Model to guide product development allows the authors to look at adolescent mental health and academic transition with a holistic view. There are five intervention strategies included within the EHP model, which gives the authors the ability to analyze how adolescent transition into middle school can be successfully implemented through an occupation based approach, administered by school educators. This model was also chosen because the language used can be easily understood by an interdisciplinary team (Dunn, 2017).

After extensive research on the EHP model (Dunn, 2017) and how it will be used to effectively guide product creation and analyzation of the information gained from the literature review, the information was organized into the main constructs of the EHP Model in the form of a table. This table included the definition of each EHP core construct and all of the tasks, as well as the subtasks associated with that construct. The table analyzes the transition into middle school and the implication's that has on adolescent mental health. Information about the task, in regards to adolescents, was broken down into social participation, health management, leisure exploration/participation, and education (AOTA, 2020). The person factors were broken down into sensorimotor factors, psychosocial factors, and values/beliefs. The context was broken down into physical, temporal, social, and cultural context. Also included in the table were factors that increase performance range and factors that decrease performances

range in accordance to adolescent academic transition. The EHP core constructs chart also included intervention strategies that were identified for adolescents to increase their performance range.

The intervention strategies within the EHP model (Dunn, 2017) include: establish/restore, alter, create, prevent, and adapt/modify (Dunn, 2017). All strategies were targeted except the alter approach due to the fact that students could transition to a new setting that better meets their needs, although this is not ideal. Based on the EHP intervention strategies, multiple dissemination methods were created by the authors, but only four total methods were considered as a potential product. One method consisted of a Social Skills group protocol that targeted student development of self-advocacy skills in adolescents. A coping strategies program to identify and practice healthy coping skills was also considered. Another method considered involved a group protocol for advisory time that focused on relationship-building, developing healthy routines, and coping with daily stressors. The last method that was considered consisted of the development of a factsheet that advocated for the use of advisory time to build peer relationships and teach students strategies that could support mental health. After the authors discussed the options available, the first option was ruled out due to research showing a variety of social skills group protocols for adolescents. The option for a coping strategies program was also ruled out due to the substantial amount of available programs. The authors of this project decided to develop three different products, which included: a fact sheet that advocated for the use of advisory time for adolescents, a resource sheet including multiple articles, programs, and curriculums to aid in the development of a successful

advisory program, and finally a 5 part lesson plan to build routine and role development in adolescents.

Each of these findings are areas that occupational therapy could contribute to. Any school personnel who may serve as an advisory within advisory programs have the ability to be involved in the development and implementation of these topics, including occupational therapists.

Product Selection Process

Throughout the literature review process, the authors discovered information about the effectiveness of implementing advisory programs in schools, but that the programs were not lasting due to lack of knowledge of how to implement and continue implementing the programs. The Advisory Program Fact Sheet created by the authors was guided by the development of the EHP Core Constructs chart. This product was chosen to bring awareness to the importance and benefits of advisory programs in schools as well as ways to implement the programs effectively.

A Resource Sheet was also created to aid in the development of successful advisory programs that address the unmet needs of adolescents. The product contains resources for adolescent school transition and developing skills for conflict management, coping with change, time management, routine building, and mental health literacy. It also includes resources for social emotional learning program implementation and resources about the social emotional learning areas of competence.

Lastly, a 5 part lesson plan was developed that included five different lesson topics about role and routine development in adolescents. The purpose of this product is to give teachers and educators an occupational-therapy driven lesson plan about roles and

routines to implement within their advisory programs for adolescents transitioning into middle school. The lesson topics created include: 1) roles and responsibilities, 2) physical health and leisure activities, 3) mental health and self-care, 4) creating a weekly routine, and 5) building habits to support a weekly routine. The lesson plans are able to be implemented by educators and advisors involved in the advisory programs within the school.

CHAPTER IV

Products

Chapter IV is an overview of the product the authors created. The creation of this product was based on the literature review of adolescent mental health, current school-based mental health interventions, and the effect of life transitions on adolescent mental health. The overarching product, *Facilitating Successful Transition to Middle School* (Appendix A), includes tables summarizing the analysis of the literature review. The authors selected the Ecology of Human Performance (EHP) model to guide this analysis and the development of the product (Dunn, 2017). This model was selected because it may be used in a multidisciplinary setting- such as within a middle school (Dunn, 2017). Through the lens of EHP, the goal of therapy services is to maximize a person's performance range (Dunn, 2017). The purpose of this product is to provide resources which support the implementation of interventions which increase adolescent students' performance range.

The product, presented in Appendix A, includes four individual products which appear in the order which they were created. Together, these products outline the issue, describe a proposed solution, and provide resources for educators, therapists, and administrators to effectively implement the proposed intervention to meet the needs of adolescent students as they transition to middle school. The remainder of this chapter will provide an overview of each product created.

Product 1: Analysis of Literature Review

Through a literature review, the authors identified that adolescents experience high rates of mental health disorders, and that this risk is increased during life transitions such as the transition from elementary to middle school (Moksnes et al., 2016; Schulte-Korn, 2016). Product 1 includes two tables summarizing the results of the EHP analysis of this issue. Table 1 *Transition to Middle School and Implications on Adolescent Mental Health* outlines the EHP analysis. In this table, the core constructs of the EHP model are defined. Aspects of the task, person, and context which impact student performance during the middle school transition are also identified (Dunn, 2017). The authors identified specific factors that increase student performance range and those that inhibit student performance range. Table 2 *Potential Interventions and Dissemination Methods* uses the EHP intervention approaches to identify potential interventions which will increase student performance range during the middle school transition (Dunn, 2017). The remaining products were developed using the "create" intervention approach (Dunn, 2017).

Product 2: Advisory Fact Sheet and Checklist

One potential solution identified through the literature review is the implementation of middle school advisory programs. Researchers identified that students who engage in a high-quality advisory program are more involved in school-based events, report feeling more connected to peers, have increased parental support, and require less disciplinary action from school staff (Bennett & Martin, 2018). The authors identified advisory time as an opportunity to meet adolescent needs and implement recommended interventions outlined in product 1. Product 2 *Advisory Fact Sheet and*

Checklist, is an advisory fact sheet for occupational therapists, school administrators, and school advisors to understand the benefit of advisory programs and to ensure that the current advisory programs meet the needs of adolescents outlined in the research. This document includes a checklist for leaders and developers of advisory programs to use as they build or enhance their programs. The advisory fact sheet is intended to provide an overview of advisory program purposes, benefits, and best-practice methods. The following product provides more detailed resources and recommendations to guide the development or enhancement of an advisory program.

Product 3: Advisory Topics and Resources

Product 3, *Advisory Topics and Resources*, is a table for educators and school administers to use as they develop or enhance their own middle school advisory program. This table outlines the recommended topic areas to be covered by middle school advisory programs. Through the analysis of literature, the authors identified the following topics as most beneficial to enhance student performance and well-being throughout the middle school transition: time management skills, conflict management and communication skills, social emotional learning skills (SEL), skills to cope with change, and mental health literacy (Case, 2015; Education Resource Strategies, 2016; Osofsky et al., 2003). In addition to outlining the recommended advisory topics, this table identifies many resources for schools to use as they address each topic. Included in this product are educational resources to provide background information on each topic and public lesson plans which are available for schools to implement during advisory time. This table is intended to guide schools as they create a program which meets the major identified needs of adolescents transitioning to middle school. Through the creation of this product,

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the authors identified a lack of resources for promoting roles and routines among

adolescents. This identification of a gap in resources led to the creation of product 4.

Product 4: Roles and Routines Lesson Plan

Product 4, the *Roles and Routines Lesson Plan*, fills the gap in resources available

for promoting adolescent student development of roles and routines. This lesson plan

consists of 5 lessons. Together, the lessons guide students in identifying their life roles

and associated responsibilities, prioritizing tasks that must be completed each week,

identifying the importance of a well-rounded weekly routine, and creating a healthy

weekly routine to follow each week. The authors developed these lessons for middle

school advisors to implement during advisory periods.

CHAPTER V

Summary

Chapter V consists of an overview of the products, strengths and limitations of the project, and recommendations for further action and implementation. The purpose of this project was to identify and analyze supports and barriers to assist students when transitioning from elementary to middle school. Additionally, the goal of this project was to decrease the gap between occupational therapy practitioners providing mental health services and adolescents at risk for mental health issues during middle school transition. Adolescents undergoing transition to middle school are at risk for developing mental health issues and often lack the skills and support necessary to cope through this transition (Moksnes, 2016). School-based interventions currently exist to address these concerns; however, many environmental barriers exist, which prevent the effective implementation of said interventions (Dowling et al., 2019).

Overview of Products

The first product, *Strategy for Transition: Advisory Program,* provided an overview, in the form of a fact sheet, about how to use advisory programs in middle schools as a strategy to promote successful transition for adolescents. A second product, *Developing an Advisory Program: Session Topics and Resources*, consisted of a table of recommended session topics and resources to guide implementation of an advisory program to address the current unmet needs of adolescents during middle school transition. A third and final product, *Establishing Roles and Routines During the Middle*

School Transition, provided a detailed overview of the significance of roles and routines for adolescents and consisted of five lesson plans to be used in teaching middle schoolers about roles, responsibilities, healthy habits, and routines during transition. These products were informed by the construct of performance patterns in the Ecology of Human Performance (EHP) model (Dunn, 2017) to target the issue of mental health issues in middle schoolers through a holistic and occupation-based lens. All products are provided in Appendix A.

These products were created with the goals of increasing awareness of advisory programs, providing sound research to educators and parents about social emotional learning, adolescent mental health, and skills that adolescents need for successful transition, and finally to broaden the educational context of advisory programs to include a lesson plan based on role and routine building for adolescents.

Strengths

One major strength of this project is that the authors used the EHP model (Dunn, 2017) to complete an analysis of the issue that was found after the completion of the literature review. The analysis was formed into an in-depth chart addressing each EHP core construct and how they related to adolescent academic transition, which is one of the strengths of this product. An analysis was completed so the authors could better understand the gaps in research that was found and how to provide a variety of methods to help fill that gap. Another strength of the chart includes the many dissemination methods that were created following the full analysis.

The first product, *Strategy for Transition: Advisory Program*, which targets adolescents transitioning into middle school, has many strengths to promote effective

transition and academic success with the use of advisory programs. This product reflects the gap found in research about successful implementation and continued implementation of advisory programs within the school setting. This product also addresses the known difficulties adolescents have during transition periods in their lives. Adolescents experience increased roles/expectations while transitioning to middle school, which causes stress levels to heighten and leads to the inability of adolescents to cope effectively (Moksnes et al., 2016). Another strength of this product is that it was designed to be used by an interdisciplinary team including parents, teachers, advisors, educators, and other health and school professionals.

In addition, the second product created, *Developing an Advisory Program: Session Topics and Resources,* has a strength of providing sound and in-depth resources for educators and advisors to use when implementing an advisory program within their school. It addresses the important skills adolescents need to develop in order to facilitate successful transition to middle school and manage new roles and responsibilities. This product, again, supports interdisciplinary care due to the ability for any person to access and understand the resources provided.

The third and final product, *Establishing Roles and Routines During the Middle School Transition*, has the strength of providing easy to implement and understand lesson plans about role and routine development. Role and routine development was found to have many benefits for children, but few resources were found in regards to healthy habits and building routines during adolescence (U.S Department of Health and Human Services, 2020). This product not only addresses the importance of having applicable and effective lesson plans within an advisory program, but also addresses the need of teaching

adolescents about routine development and healthy habits. Another strength of this product is that it can be easily implemented by any educator or advisory due to the clear and simple format/outline.

Overall, the authors devoted an extensive amount of time creating and designing these products. All three of the products were guided by the EHP model (Dunn, 2017) and were based on evidence-based practices for adolescents and academic transitioning (Case, 2015). The products created address the issue of successful implementation of advisory programs in middle schools through emphasizing social, emotional, and mental wellbeing factors in addition to academic factors. In conclusion, these products help bridge the gap between occupational therapy practitioners providing mental health services and adolescents at risk of mental health issues during middle school transition.

Limitations

Although these products are intended to increase awareness of advisory programs and provide resources to aid in successful implementation, there are limitations. One limitation is that the dissemination of the products is not clear due to the limited feasibility in addressing all adolescents transitioning into middle school and the already implemented advisory programs in the U.S. Due to time constraints of the project, the authors were also only able to execute three methods of dissemination. Another limitation is the lack of clinical experience the authors have, specifically with adolescents in the school setting. Finally, another limitation is that this product has not yet been pilot tested.

Recommendations for Further Action and Implementation

The authors of this project intended to implement these products by pitching the two out of the three products created (*Strategy for Transition: Advisory Program* and

Developing an Advisory Program: Session Topics and Resources) to Mountain Plains

Mental Health Technology Transfer Center (MHTTC) Network. MHTTC's main focus is

to provide assistance, resources, and training to individuals who are assisting people with

mental health disorders (MHTTC, 2021). The final product, *Establishing Roles and*

Routines During the Middle School Transition was intended to be published in the

Scholarly Commons and is available for anyone interested to use. There are many

opportunities for further development on this project. Multiple examples of ways to

further develop this project were identified through the dissemination methods that were

included in Table 1, *Transition to Middle School and Implications on Adolescent Mental*

Health. The three dissemination methods that were chosen by the authors are just three of

many further opportunities for this topic. Further action could be taken to establish

universal programs that target healthy coping strategies, social skills, self-advocacy in

students, and in-depth self-care routines. In addition, educational workshops for parents

and educators about developing mental health "check-ins," creating scheduled calendars,

and using different apps for organization in an adolescent's life are opportunities to

further this project. It is recommended that research be conducted to evaluate the

effectiveness of the methods in relation to adolescent mental health and successful

academic transition in adolescents.

To improve the role of occupational therapy practitioners within the adolescent

population, developments could include the following: advocating for the de-

stigmatization of mental illness, developing educational workshops within the workplace

about adolescent development and difficulties they face during transition, promoting the

use of advisory programs within the school setting, creating handouts about the specific

skills adolescents need for successful transition, and advocating for change within their workplace and agencies (especially in the schools). Another action identified to improve the role of occupational therapy practitioners includes the authors presenting at state or national conferences to increase awareness of adolescent mental health, successful academic transition, and best-practice for school based care. With these further developments mentioned, it is also important to state that it is highly recommended that thorough research be conducted to best understand the role occupational therapy has within adolescent mental health and school-based care in regards to academic transition and the use of advisory programs.

Conclusion

With the above recommendations being shared, it is important that consumers of this project and the products created are aware of how to effectively take action. These products reflect on the many difficulties adolescents face when transitioning into middle school and provides resources/skills to implement within advisory programs. The products were created to assist in the development of skills for adolescents to use to aid in successful transition as well as to assist educators and advisory to implement and teach these skills in the adolescent's primary setting, the school. The authors of this project hope that these products are utilized to facilitate successful transitions to middle school by occupational therapy practitioners and interdisciplinary academic teams in the future.

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APPENDIX

APPENDIX A

Product

Facilitating Successful Transition to Middle School

An analysis of the issue and resources to support a recommended school-based intervention.

Taylor Anderson, MOTS

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Table of Contents

Analysis of the Literature

The authors completed a literature review of adolescent mental health challenges and their performance during the middle school transition. An analysis of the literature was completed using the Ecology of Human Performance model (Dunn, 2017). The tables below outline this analysis and proposed interventions to address the current issue.

Table 1
Transition to Middle School and Implications on Adolescent Mental Health

EHP Core Constructs	Transition to Middle School and Implications on Adolescent Mental Health

Task	Definition: Tasks are objective sets of behaviors that are necessary to accomplish a goal (Dunn, 2017). Adolescents must perform a variety of tasks to accomplish the goal of transitioning within the school setting.
	
	Tasks and Associated Subtasks:
	• Social Participation (AOTA, 2020)
	    o Communicating personal needs to teachers & parents (Sibley, Olson, Morley, Campez, & Pelham, 2016).
	    o Communicating with peers (Greenberg, Domitrovich, Weissberg, & Durlak, 2017).
	    o Maintaining friendships
	    o Coping with bullying (Case, 2015)
	    o New social challenges/demands (Branson et al., 2019; Moksnes et al., 2016)
	• Health management (AOTA, 2020)
	    o Adjust health behaviors to manage physical/mental changes related to puberty (Case, 2015)
	    o Making food choices
	    o Engage in physical activity (Dowling et al., 2019)
	    o Avoiding health risk behaviors
	• Leisure exploration/participation (AOTA, 2020)
	    o Finding hobbies and participating in extracurricular activities at school (Case, 2015)

	- Engaging in healthy leisure activities (Case, 2015) - Education (AOTA, 2020) - Time management and organization (Case, 2015) - Managing multiple classes (Schulte-Korn, 2016) - Increased academic expectations (Schulte-Korn, 2016) - Remembering their locker, new schedule, and school layout - Increased expectations and responsibilities (Kiuru et al., 2020).
Person	<u>Definition:</u> The person consists of a set of unique characteristics, beliefs, values, skills, and interests that include sensorimotor, psychosocial, and cognitive skills (Dunn, 2017). In regards to this chart, the person includes adolescents transitioning from elementary school to middle school. In the United States, adolescents typically transition from elementary to middle school after 5th grade, between the ages of 10-12 years old (Case, 2015). <u>Sensorimotor Factors:</u> - Onset of puberty (Das et al., 2016) - Level of understanding / acceptance of what is happening with their bodies (Moksnes et al., 2016) <u>Cognitive Factors:</u> - Increased maturity of cognitive processing (Yurgelun-Todd, 2007) - Significant growth increase in the prefrontal cortex (Arain et al., 2013). - Improvements in cognitive speed and intellectual functioning (Yurgelun-Todd, 2007). - Difficulties with executive functioning, self-regulation, planning, attention, etc. (Yurgelun-Todd, 2007). <u>Psychosocial Factors:</u> - Lack of skills necessary to cope with change (Blossom et al., 2020) - Struggling with body image (Dowling, Simpkin, & Barry, 2019; Kiuru et al., 2020, Moksnes et al., 2016). - Mental, behavioral, or developmental diagnosis with onset prior to adolescence (Cree et al., 2018). - Many changes resulting in cumulative and simultaneous stress (Moksnes et al., 2016) - Sense of disconnect with new peers and environment (Branson et al., 2019) - Sense of attachment to new school environment (Blossom et al., 2020)

	Values & Beliefs • Values influenced by peers rather than family (Case, 2015) • Seek peer acceptance (Case, 2015) • Level of academic motivation (Schulte-Korne, 2016)

Context	Definition: The context includes a variety of conditions that surround the person (Dunn, 2017).
	
	Adolescents make context transitions often during this stage of life (Upadyaya & Salmela-Aro, 2013). The following contextual aspects impact an adolescent within the transitioning stage:
	
	Physical:
	• Resources at school (Dowling et al., 2019; Langley et al., 2010; Sibley et al., 2016)
	    • Time
	    • Schedule flexibility to add interventions
	    • Physical space for interventions
	    • Funding for mental health interventions
	• Size of school
	• Transportation to and from school
	
	Temporal:
	• Time spent at school (Schulte-Korn, 2016)
	• Onset of puberty compared to peers (Hoyt et al., 2020)
	• Developmental stage of adolescent
	    • Erickson's *Identity versus Confusion* - Adolescence (Cole & Tufano, 2008)
	    • Switch from childhood role to young adult role (Case, 2015)
	• Other life changes outside of school transition
	    • Moving, family dynamics
	
	Social:

	- Increased number of teachers during a school day (Case, 2015) - Increased class size (Case, 2015) - Differing expectations within each classroom (Case, 2015) - Parental support (Pengpid & Peltzer, 2018; Wentzel, 1998) - Peer/friend groups - Increased exposure to high-risk behaviors (Kiuru et al., 2020; Moksnes et al., 2016; Schulte-Korne, 2016) - Positive adult influence - Modeling of positive coping strategies - Experiences with bullying (Benedict et al., 2014; Williford et al., 2016) - Access to quality targeted interventions (Boncu, Costa, & Minulescu, 2017) - Access to quality SEL programs (Pannebakker et al., 2019) - Orientation programs - Availability of resources and education for caregivers (Blizzard et al., 2016) Cultural: - Mental health stigma (Gronholm, Nye, & Michelson, 2018) - Administration and teacher cooperation and collaboration (Langley et al., 2010) - Family beliefs/values on education and/or mental illness (Gronholm et al., 2018; Lai et al., 2016) - Stigma related to off-timed puberty (Hoyt et al., 2020) - Overall school climate, including safety, teacher-student relationships, staff collaboration, teaching and learning environment, and physical environment (Hung et al., 2015; Sibley et al., 2016) - Partnerships between schools and community mental health agencies (American Association of School Administrators, 2012) - Teachers' preparedness to identify or address mental health challenges during transition (Dowling et al., 2019; Sibley et al., 2016)
Performance Range	Definition: The interaction between person, task, and context to develop a sense of how many tasks are available to the person (Dunn, 2017). Factors that increase performance range:

- Collaboration between teachers, parents, and health professionals can promote the use of healthy coping strategies in all life contexts (Sibley et al., 2016)
- Increased self-esteem (Pannebaker et al., 2019)
- Increased coping skills (Yeager, 2017)
- Increased effectiveness of all tiers of school-based interventions, which may include:
  - Increased collaboration between teachers, parents, and health professionals (Sibley et al., 2016)
  - Decreased stigma surrounding mental health challenges (Lai et al., 2016)
  - Increased parent investment in supporting adolescent mental health (Sibley et al., 2016)
  - Increased school resources including time, physical intervention space, and money supporting student mental health programs (Dowling et al., 2019; Langley et al., 2010)
- Increased social support and sense of school attachment (Blossom et al., 2020; Pengpid & Peltzer, 2018)
- Teaching skills needed for successful transition (Dowling et al., 2019; Sibley et al., 2016)

Factors that decrease performance range:
- Adolescents may not have the skills necessary to cope with the various changes during this transition, making it difficult to explore new roles and responsibilities during this time
  - Communicating with teachers, parents, or peers about their wants/needs
  - Organizing and maintaining a schedule for school and personal life
  - Creating daily routines
- Stigma against mental illness among adolescents may reduce the use of mental health services (Chan & Quinn, 2012; Lai et al., 2016).
- Low self-esteem (Pannebaker et al., 2019)
- Lack of support/school-based interventions (McGorry, Bates, & Birchwood, 2013).
- Increased expectations and added roles once in middle school (Kiuru et al., 2020; Shulte-Korn, 2016)

Table 2

Potential Interventions and Dissemination Methods

Intervention Approaches	Strategies and Dissemination Methods
<u>Establish/Restore:</u> Improving or establishing skills that are not currently present or have been lost/impaired (Dunn, 2017) <u>Goals:</u> • Adolescents will use healthy coping strategies to decrease health risk behaviors • Adolescents will establish a self-care routine to promote positive mental health • Adolescents will identify personal preference of positive leisure or extracurricular activities. • Adolescents will identify strategies to communicate with parents, teachers, and other peers effectively • Adolescents will develop weekly routine which supports their performance in new life roles • Adolescents will identify strategies to improve attention while at school	<u>Strategies and Dissemination Methods</u> • Universal coping strategies program to identify and practice healthy coping strategies, offered to students and caregivers prior to transitioning • Guided development of self-care routine during universal pre-transition program for students • School guidelines for student referrals to targeted groups helping students discover healthy leisure activities, identify mental health supports, and build positive relationships • Development of targeted social skills group protocols focused on student development of self-advocacy skills • Development of targeted social skills group for students, focused on student-teacher communication skills • Advocation article outlining need for after school programs which help students explore leisure activities

Alter: Seeking the most appropriate environment to match individual skills and abilities to promote performance (Dunn, 2017).	This project is not targeting the alter approach. Students could transition to a new setting that better meets their needs, however this is not ideal.
Create: Developing circumstances which support optimal performance for all persons. This may include creating contexts or activities which best meet needs of all individuals (Dunn, 2017). Goals: • Adolescents will create a healthy daily routine to support mental health throughout the middle school transition • Caregivers will identify strategies for supporting their adolescent's mental health throughout the middle school transition • School administrators will identify the need for universal, school-based opportunities for students to discuss and learn about strategies to support their own mental health	Strategies and Dissemination Methods • Development of pre-transition course for caregivers and students, focused on identifying strategies to support student performance during transition • **Develop factsheet advocating for use of homeroom or advisory time to build peer relationships and teach students strategies that may support mental health. Disseminate to school administrators and guiding organizations.** • **Develop group protocols for advisory time that will focus on relationship-building, developing healthy routines, and coping with daily stressors** o Include guidelines for advisory leaders as they create a supportive culture within their groups • Handout for students and parents outlining the importance of a routine and ways one can create a healthy daily routine to support mental health
Prevent: Targeting personal, contextual, or task-specific factors to minimize risk of negative performance outcomes (Dunn, 2017). Goals: • Adolescents will identify an adult they trust to communicate their mental health needs to	Strategies and Dissemination Methods • Develop a guide for mental health "check-ins" to reoccur with the student and a paired adult in a way that is safe and confidential • Develop and educational handout/website that includes information about typical adolescent development and ways caregivers can provide support and enhance the home environment

• Caregivers will better understand adolescent development and ways to support their adolescent during time of transition • Adolescents will learn how to organize and schedule their days to decrease stress and burn-out • Parents will learn how to access their children's grades online to support learning.	○ Handout is specific to the caregivers of adolescents who are transitioning • Educational in-service about creating a scheduled calendar • Handout for parents about how they can access their children's grades in PowerSchool
Adapt/Modify: Changing contextual factors or adjusting the task to support increased performance in meaningful roles (Dunn, 2017). Goals: • Students will be able to keep track of their classroom assignments using an adapted planner partially completed by teacher/staff • Teachers will keep classes for each grade in one hallway • Adolescents will keep track of their grades for each class with assistance from teachers/parents. • Implement strategies for flagging at-risk (frequent absent, declining grades) students for early intervention	Strategies and Dissemination Methods • Handout about healthy and unhealthy routines and how to modify a schedule to create a new habit • Educational in-service about use of an app that can be used to create and organize activities in the adolescents life • Educational in-service for teachers and school administrators about the research behind keeping a grade level in one hallway to increase organization and decrease stress • A grade tracking form that gets signed by student and parents every month or two • Modify school protocol to include regular review of available data points and identify evaluations or interventions that would occur

HOW ARE ADOLESCENTS COPING WITH THE TRANSITION TO MIDDLE SCHOOL?

☐ Adolescence is a period of time filled with many transitions. The transition from elementary to middle school comes with new academic, social, and environmental demands. Currently, adolescents often lack the skills and the support necessary to cope with these demands, leading to an increase in mental health challenges.[1] This fact sheet provides an overview of how to use advisories as an effective strategy for the middle school transition.

STRATEGY FOR PROMOTING SUCCESSFUL TRANSITIONS: MIDDLE SCHOOL ADVISORY TIME

☐ One strategy that is beneficial in supporting adolescents through their transition to middle school is the implementation of a school advisory program. Advisory programs gather students into small groups which meet each week with a consistent group advisor.[2] These programs are intended to fulfill identified student academic, social emotional, and interpersonal needs while providing consistent adult guidance and supporting healthy peer relationships.[2] Students who are included in a high-quality advisory program often engage more in school-based events, require less disciplinary action from school, feel increased connectedness to peers, and have increased parental support.[3]

BARRIERS TO SUCCESSFUL ADVISORY TIME

☐ Despite research outlining the benefits of advisories, there are many barriers to the effective implementation of these programs. Barriers include limited resources, school's resistance to change, limited staffing resources, lack of support or knowledge of advisory periods, and a lack of physical space.[4]

ADVISORY: BEST-PRACTICE

☐ Purpose & Goals: Ensure that students have opportunities to form meaningful relationships with members of the school community and to enhance communication between the student, school, and caregivers.[2,4] These relationships may be deepened while addressing additional student needs.

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☐ Organizational Considerations: Advisory programs should be organized in a way that best allows for the program's determined purpose and goals to be met.[5] The four main aspects of organization include:

- Group Size: 10-16 students in each class.[2]
- Session time/space: 3-5 meetings each week lasting 25-45 minutes each.[5] Research shows that advisory programs meeting less than twice each week are valued less by both students and faculty.[5]
- Professional Development/Support: Providing advisor in-services, training, and resources is viewed as one of the most important factors of a successful advisory program.[5]
- Student Ownership: Providing students with opportunities to contribute to advisory decisions and take leadership within the program is important to increase student buy-in.[5]

ADVISORY CONTENT

☐ A high-quality curriculum should be used, and may vary based on the program's stated purpose and goals.[2,4] Check out the *Developing an Advisory Program: Session Topics and Resources*[6] document for resources on how to build a curriculum that meets the specific needs of your students.

RECOMMENDED ADVISORY TOPICS[2,5,6,8]

Time Management
- Managing middle school schedule
- Building healthy routines

Conflict Management
- Enhancing school connections
- Communicating with peers, parents, and teachers

Social Emotional Learning Skills
- Self-Advocacy
- Relationship Building
- Self & Social-Awareness
- Decision-Making

Coping with Change
- Learning how to cope with stress
- Coping with changes related to puberty

Mental Health Literacy
- What are common mental health challenges?
- Navigating mental health challenges

Check out the Advisory Building Checklist below to begin creating an effective advisory program!

ADVISORY-BUILDING CHECKLIST

☐ Identify main goal of advisory program

☐ Identify student needs

☐ Develop high-quality advisory curriculum based on student needs

    ☐ Time management

    ☐ Conflict management

    ☐ Social emotional learning skills (SEL)

    ☐ Coping with change

    ☐ Mental health literacy

☐ Schedule consistent, predictable meeting times at least 3x/week for 25-45 minutes each

☐ Create groups of 15-20 students

☐ Schedule training and learning opportunities for advisors

☐ Develop annual evaluation for advisory effectiveness and satisfaction

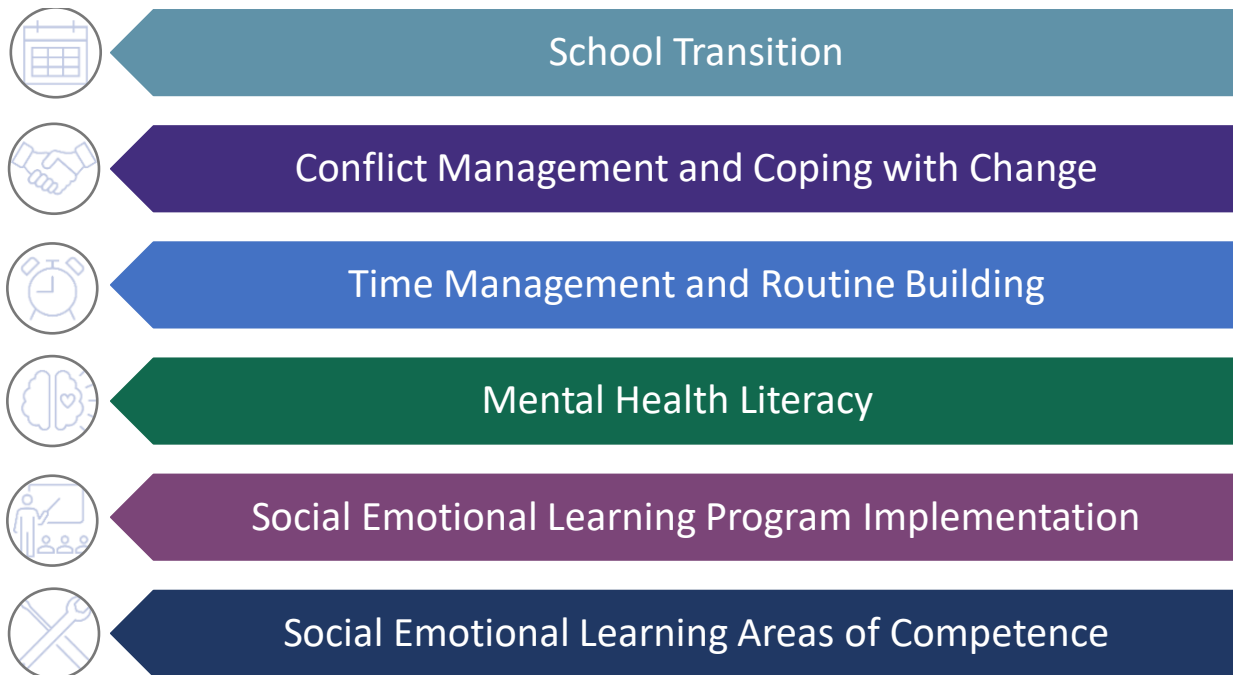☐ Provide students with opportunities to set goals and lead advisory

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Developing an Advisory Program: Session Topics and Resources

Taylor Anderson, Emily Annen, Seira Dick, and Dr. Sarah Nielsen

This table of resources was created to aid in the development of a successful advisory program that will address the unmet needs of adolescents. The table below contains program plans, background information, and step-by-step tools which aim to increase mental health and academic outcomes in adolescents using effective advisory programs. Each resource is listed under its corresponding topic. Each topic included in this table is pertinent to include in a middle school advisory program curriculum.

School Transition

Conflict Management and Coping with Change

Time Management and Routine Building

Mental Health Literacy

Social Emotional Learning Program Implementation

Social Emotional Learning Areas of Competence

School Transition

Middle School Emotional and Social Development [1]
This issue brief created by The Pennsylvania State University addresses social and emotional learning development in middle school. The resource highlights school transition and includes the middle schooler perspective.

Preparing for Middle School [2]
This website provides steps a parent or educator can take when preparing their child/student for middle school.

Making the Transition to Middle School [4]
This fact sheet from the Department of Education provides multiple tips for mentoring during a student's transition into middle school.

Middle School Transition [3]
A website that covers concerns by educators and parents on transition to middle school and how to address those concerns effectively. The resource also includes suggested guidelines to follow when planning transition programs for students.

Conflict Management and Coping with Change

School Connectedness [5]
This publication defines and addresses school connectedness components and provides ways to implement strategies to increase social connectedness within the school setting for youth.

Conflict Resolution Lesson Plans [6]
School Tools provides ten different conflict resolution lesson plans for educators to use when teaching students these skills.

Teaching Coping Skills [7]
This website gives reasons to why it is important to teach coping skills to students, when it is most appropriate to teach them, and ways to teach these skills in an effective way. It also includes multiple additional resources about how to teach coping skills.

Time Management and Routine Building

Time Management Lesson Plan [8]
Students benefit from increased knowledge on how to effectively manage their time. This lesson plan helps students to not only understand the importance of time management, but also provides ways to teach them how to implement the skills in their daily lives.

Importance of Organization [11]
How, why, and when should organization skills be taught to adolescents? This resource includes answers to each of those questions by providing effective strategies to increase students' understanding and ability to organize. It also includes additional resources one can use to implement teaching strategies for this skill.

Importance of Family Routines [9]
Having a routine within the family helps to provide consistency and helps to decrease disorder and confusion. This article gives realistic tips for families to start implementing simple daily routines into their family life.

Importance of Schedules and Routines [10]
A consistent daily schedule for children and adolescents provides comfort and stability in their lives. The purpose of this website is to highlight the importance of establishing roles and routines within the family.

Roles and Routines Lesson Plan [12]
A resource including 5 lessons on developing and implementing effective routines in middle school. This resource contains education on the various roles a middle school student plays and how to be successful in each of them.

Mental Health Literacy

Problems at School [13]
Why does mental health matter in schools? How does mental health difficulties impact students? Those are two important questions addressed within this article. Information about how to navigate mental health difficulties and the problems a student is facing is provided.

Promoting Student Mental Health [14]
Accredited Schools Online provides in-depth statistical information about mental health difficulties in children and adolescents. It includes multiple resources about where to find help whether a student is going through depression, anxiety, ADHD, or other mental health diagnoses.

Adolescent Development [15]
This resource gives a very in-depth overview about adolescence including the emotional, physical, and hormonal changes they go through during this stage. It highlights how to notice signs that the student is struggling and what signs/characteristics are typical for this stage of life.

Teacher Knowledge: Mental Health Disorders [16]
This guide, created by Teen Mental Health, provides an in-depth overview for teachers about common mental health disorders and what signs to look for in students.

Ways to Foster Resilience in Students [17]
This website offers ten steps to take when teaching resilience to children and teens. It focuses on what resilience is and how it can be effectively taught.

Mental Health: Using the Right Words [18]
Teen Mental Health created a resource explaining the importance of using proper terms and words when discussing mental health.

Social Emotional Learning Program Implementation

Effective Social Emotional Learning Programs for Middle School [19]
CASEL provides a framework to assess SEL programs. It highlights programs that are effective and ways to implement them. The main purpose for this resource is to give educators a guide to implementing SEL programs in schools.

Schoolwide Program Implementation [20]
The Collaborative for Academic, Social, and Emotional Learning (CASEL) provides an in-depth guide to schoolwide social and emotional learning. It highlights how to implement social-emotional learning strategies in schools.

Mental Health/Social-Emotional Well-Being in a Tiered Framework [21]
PBIS provides a resource for assisting schools in addressing positive behavioral intervention and supports social and emotional learning.

Interactive SEL Framework [22]
CASEL provides an interactive website where users can learn more about the five SEL competencies, including self-awareness, self-management, social awareness, decision making, and relationship skills.

Social Emotional Learning Areas of Competence

Understanding the Core Competencies:

| Self-Awareness [23] | Self-Management [24] | Social Awareness [25] | Decision Making [26] | Teaching Relationship Skills [27] |

The five resources above, created by PBS, include a video and handout illustrating the concept for school professionals who will aid in skill development in adolescents.

Additional Resources to Support Social Emotional Learning

Promoting Self-Regulation in Adolescents [28]
This practice brief discusses the importance of self-regulation for adolescents and how to support adolescents during the development of self and emotional regulation.

Instruction of Self-Advocacy Skills [29]
This resource provides ways to teach self-advocacy to children and adolescents, specifically in IEP participation and technology use.

Teaching Social Skills [31]
PBIS created a resource that addresses the importance of teaching social skills to adolescents and describes how and when to begin teaching these skills.

Social Skills Curriculums and Programs [30]
This social skills brief gives tips to consider when choosing a social skills curriculum and/or program for students. It also provides a list of current and readily available social skills programs.

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BACKGROUND

Adolescence is a period of time defined by significant changes in expectations, responsibilities, and relationships (Kiuru et al., 2020; Moksnes, Lohre, Lillefjell, Byrne, & Haugan, 2016; Schulte-Korne, 2016). In addition to these increased expectations and puberty-related changes, adolescents must also cope with the academic transition from elementary to middle school. During this transition, adolescents are expected to manage interactions with more teachers and staff members, cope with larger class sizes, meet heightened family expectations, and navigate the increased pressures related to peer acceptance (Case, 2015; Williford et al., 2016). An inability to cope with these various changes can have significant implications for adolescent mental and physical health, ultimately impacting their performance in life roles.

Topics in this lesson plan were selected based on an initial literature review and an analysis of the middle school transition using the Ecology of Human Performance (EHP) model (Dunn, 2017). Through these processes, the authors identified that adolescents frequently experience difficulty coping with the transition to middle school due to limited self-regulation and coping skills, a sense of disconnect with new peers and staff members, and poor planning, attention, and organization skills, among others (Yurgelun-Todd, 2007; Branson, Turnbull, Dry, & Palmer, 2019; Blossom et al., 2020). Based on these areas of need, it is recommended that middle school advisory programs address the following 5 broad topic areas (Anderson, Annen, Dick, & Nielsen, 2021; Case, 2015; Education Resource Strategies, 2016; Osofsky, Sinner, Wolk, & Miles, 2003):

      a) time management
      b) conflict management
      c) social emotional learning skills (SEL)
      d) skills for coping with change, and mental health literacy

The authors researched and compiled resources that are currently available to support middle school advisory sessions related to all stated topics, however there are few resources to support the adolescent development of roles and routines during the middle school transition (Anderson et al., 2021). Although the EHP model does not include habits, roles, or routines as constructs within the model, the authors identified the need for adolescents to develop performance patterns that will support their performance in life roles during this transition to middle school. These performance patterns include habits, roles, and routines, as defined by the Occupational Therapy Practice Framework (American Occupational Therapy Association (AOTA), 2020).

There is significant information outlining the benefits of consistent roles and routines for children, such as improved confidence, time management, engagement in daily activities, and increased sense of control of environment, (U.S. Department of Health and Human Services, 2020). These lessons adapt recommendations for childhood and family routines to meet the needs of adolescents as they transition to middle school. They are intended to be integrated into a larger middle school advisory curriculum for implementation during advisory periods. While these lessons were developed with advisories in mind, they may be used in other settings to aide with the development of roles and routines among adolescents.

TERMINOLOGY

Adolescent: a period of significant growth and change between the ages of 10-19 (Branson et al., 2019; Moksnes et al., 2016).

Advisory: a program which gathers students into small groups that meet each week with a consistent group advisor. These programs focus on addressing life skills and enhancing peer relationships (Education Resource Strategies, 2016).

Burnout: a state of mental, physical, or emotional exhaustion resulting from ongoing academic stress or frustration with no change to relax or recharge resulting in decreased performance of academic tasks (University of the People, 2021)

Habit: learned tendencies to respond to environment and perform tasks in consistent ways or within familiar environments (AOTA, 2020).

Mental health: A person's state of emotional, psychological, and social well-being (US Department of Health and Human Services, 2020).

Role: A set of tasks and behaviors which are expected by society and dependent on the person's context, relationships, and culture. These sets of tasks and behaviors may further be defined by each person who completes them (AOTA, 2020).

Routine: a consistent pattern of behavior which provides structure to an individual's daily life (AOTA, 2020).

Self-care: the practice of taking an active role in protecting one's own well-being and happiness particularly during periods of stress (Self-Care, 2021).

USING THESE LESSONS

These lessons are intended to be implemented in the order they appear during in-school advisory periods with adolescent students following their transition to middle school. They may be implemented by any advisory facilitator, which may include teachers, counselors, occupational therapists, or other school staff members (Osofsky, Sinner, Wolk, & Miles, 2003). Each lesson provides an estimated time it may take to implement. The authors acknowledge that advisory periods vary greatly in length. Therefore, each lesson also includes recommendations for splitting the lesson's activities between multiple advisory periods.

OVERARCHING GOALS

1. Adolescents will fulfill the responsibilities related to their current life roles.
2. Adolescents will establish a healthy weekly routine which supports their performance in life roles.
3. Adolescents will follow a healthy weekly routine to support mental health throughout the middle school transition.

LESSON TITLES

1. Roles and responsibilities
2. Physical health and leisure activities
3. Mental health and self-care
4. Creating a weekly routine (identify tasks, prioritize, schedule routine)
5. Building habits to support a weekly routine

LESSON 1: ROLES AND RESPONSIBILITIES

Time Required: 60 Minutes

This lesson may be split between two separate advisory periods. We recommend completing the introduction, warm-up, and first part of the activity during the first session.

Materials Required:
- Small pieces of paper (i.e. post-its or ripped scrap paper)- 3 per student
- Writing utensil for each student
- Bucket or container for all slips of paper

Lesson Objectives:
By the end of this lesson, students will:
- Identify current life roles
- Identify responsibilities related to current life roles
- Identify the value of each life role

As adolescents transition to middle school, their responsibilities within life roles may change, and they may even take on new life roles altogether (Moksnes et al., 2016). They may also observe changes in their friends' roles and responsibilities. Developing a consistent routine may help students prioritize tasks and fulfill the responsibilities related to their life roles (Learning Potential, 2020). The first step in this process is outlining one's roles, the responsibilities related to each, and acknowledging the value they personally find in each role. In this lesson, students will identify the various roles they currently take on. Students will identify the many responsibilities related to each role along with their values related to them.

<div align="center">In the Classroom:</div>

Introduction and Warm-Up
- Introduce students to the topic by defining role. Provide examples of what a role may be.
  - **Role:** A set of tasks and behaviors which are expected by society and dependent on the person's context, relationships, and culture. These sets of tasks and behaviors may further be defined by each person who completes them (AOTA, 2020).
  - **Examples of life roles:**
    - Teacher
    - Daughter
    - Friend
    - Parent
    - Team member
- Explain that each of these life roles comes with a set of responsibilities. For example:
  - Team member: attend practices and games, cheer on teammates, study play, etc. Have students identify additional responsibilities.
- Explain that roles, responsibilities, and valued roles may look different for everyone:

- o *Roles come with different sets of responsibilities for each person. Although two people may take on the role of "friend," their responsibilities related to these roles may be different.*
- o *Each person may also value their roles for different reasons. For example, one person may value their role as an artist because drawing personally refreshes them, while another person may value their role as an artist because it allows them to create art that they can give to other people as gifts.*
- Explain that identifying which role we're fulfilling as we complete tasks can assign meaning to each task that we do.
- Review lesson objectives with students (listed above).
- <u>Warm-up</u>: Each person will take three slips of paper and write down one of their life roles on each slip. When they're finished, fold the paper and place in the bucket.

Activity: What Are My Roles?
- Split students up into 3 groups.
- Divide the slips of paper evenly among the 3 groups, so each group has a variety of written roles.
- Provide students with 10 minutes to choose three of their group's roles and write down a list of potential responsibilities related to each, working together in their groups. **(Pause after this activity if splitting lesson into two periods)**
- Each group will take turns sharing their lists of responsibilities while the other groups guess which life role is related to these responsibilities.
- Discussion Questions:
  - o *What is one role that you value most in your life?*
    - ▪ *What does that role mean to you?* (for example, a student may value being a teammate because they enjoy cheering others on when they succeed)
  - o *What is one role that you do not feel you are fulfilling as well as you could right now?*
    - ▪ *What are the responsibilities related to that role?*
  - o *What is one role that you feel you are succeeding in right now?*
  - o *There may be roles that you value which come with responsibilities that you do not enjoy. What is one of those responsibilities for you?*

Application
- *As you go home and do chores, homework, play sports, or do activities that take care of yourself, think about which role you're fulfilling.*
- At home this week:
  - o *Identify one thing you can do to improve your performance in a role that is meaningful to you.*
  - o *Write down a list of your personal roles and the specific tasks or responsibilities you are expected to complete in order to fill each role. Think about what each role means to you.*

Summary
- Summarize the objectives and what was accomplished in the lesson:
  - o *Today, we learned that identifying our life roles can help us organize our responsibilities.*

- o *We identified our life roles and responsibilities associated with them.*
  - o *We also discussed the value of our life roles, so we can better prioritize our tasks that we complete each week.*
- Review the at-home challenges described in the 'Application' above.
- Thank students for participating in today's lesson.

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LESSON 2: PHYSICAL ACTIVITY AND LEISURE

Time Required: 30 minutes

Materials Required:
- Equipment to play YouTube video for all students to see and hear
- 1 printed copy of the Leisure Skills Checklist for each student (Pettry, 2006)
    - Checklist may be found on pages 8-9 of the *Learning About Leisure* eBook by Danny Pettry (2006): http://www.dannypettry.com/ebook_leisure.pdf
- 1 sheet of paper and writing utensil for each student
- Large whiteboard with marker

Lesson Objectives:
By the end of this lesson, students will:
- Describe the importance of routinely engaging in leisure activities
- Identify a preferred leisure role
- Identify a personal benefit of engaging in leisure activities

As adolescents transition to middle school, they are presented with increased responsibilities (Moksnes et al., 2016). Although they may be expected to spend more time completing homework or chores, it is important for adolescents to also make time in their schedule for leisure time (Oropesa, Moreno, Perez, & Munoz-Tinoco, 2014). Research shows that adolescents who engage routinely in creative leisure activities are at lower risk of experiencing mental health challenges throughout adolescence (Oropesa et al., 2014). While completing leisure activities is beneficial, it is also important for adolescents to understand the benefit of engaging in leisure activities and have positive attitudes towards leisure engagement (Freire & Teixeira, 2018). Positive leisure attitudes are associated with increased leisure satisfaction and improved self-esteem, psychological well-being, and life satisfaction (Freire & Teixeira, 2018). This lesson will guide students towards understanding the benefits of leisure participation and identifying preferred leisure roles.

In the Classroom:
Introduction and Warm-Up
- Introduce students to the topic by defining the following terms:
    - Leisure: any voluntary activity a person engages in that they find pleasurable and is not related to work or other responsibilities (Patel, 2017).
    - Hobby: an activity completed as a leisure activity (Patel, 2017).
- Provide an overview of the lesson's activities.
- Review lesson's objectives with students (listed above).
- Warm-up: 4-minute video describing benefits of having a hobby https://www.youtube.com/watch?v=LJcInO3IlGk&ab_channel=MLStudios (ML Studios, 2020).
- Following the video, ask students:

- *What are 3 reasons why engaging in a leisure activity or having a hobby might be beneficial throughout your life?*
- *Please write down one leisure activity that you enjoy engaging in, or that you would like to try engaging in.*

Activity: What does leisure mean to me?
- Pass out Leisure Skills Checklist to each student, then provide students with 5 minutes to complete checklist.
- Write down 7 leisure types/purposes on board (Pettry, 2006):
    - Leisure as social activity
    - Leisure as relaxation
    - Leisure to promote physical health
    - Leisure to promote mental health/ "feeling good about life"
    - Leisure to be free and adventurous
    - Leisure to be intellectual
    - Leisure to experience nature and outdoors
- Ask each student to share which category (or multiple) had the highest score for them.
    - Put a tally mark next to each category as students share.
- Discussion Questions
    - *Now that you've taken this quiz, think about what your leisure activities do for you. Why do they help you?*
    - *How does leisure time support your mental health?*
    - *How do leisure activities support your other life roles that you identified in the last lesson?* (e.g. taking a break to play frisbee with a friend helps me focus on my homework later on in the day)

Application
- Encourage students to go home and engage in a leisure activity for at least 30 minutes 3 times each week.
- *What is one leisure activity you're going to engage in tonight?*
    - *After engaging in the activity, take 5 minutes to write down how you're feeling.*

Summary
- Summarize the lesson's objectives and what was accomplished:
    - *Today, we identified the importance of routinely engaging in leisure activities, and you all identified what you personally gain from leisure time.*
    - *Each of you identified one leisure role or activity that you prefer, and identified one activity you'd like to complete at home this week.*
- *In a couple lessons, we will be creating a weekly routine. Please keep these leisure activities in mind and continue engaging in new leisure activities so you have ideas for what you'd like to prioritize when you build your routine.*
- Thank the students for participating in today's lesson.

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LESSON 3: MENTAL HEALTH AND SELF-CARE

Time Required: 30 minutes

Materials Required:
- Technology to display YouTube video (audio and visual)
- 1 sheet of paper and writing utensil for each student
- Large whiteboard or poster and a marker

Lesson Objectives:
   By the end of this lesson, students will:
- Identify the importance of including self-care habits in their daily routines
- Identify their own signs of burnout and discuss the impact that burnout has on their roles
- Include their preferred self-care habits into their weekly routines

With an increased level of responsibility, adolescents may find themselves going through unfamiliar challenges with new stressors (Kiuru et al., 2020). When left unidentified and unaddressed, these constant stressors may lead to burnout and further mental health challenges (Moksnes, 2016). Identifying ways to manage stress and avoid burnout is an important aid to creating healthy habits and routines which will guide adolescents through this difficult transition period (Atkins, Hoagwood, Kutash, & Seidman, 2010).

In the Classroom:
Introduction and Warm-Up
- Introduce the students to the topic by defining mental health, burnout, and self-care.
   - **Mental health:** our state of emotional, psychological, and social well-being (US Department of Health and Human Services, 2020).
      - Our mental health is shown in how we think, feel, and act. It also affects how well handle stress, how we interact with others, and how we make choices. Mental health is important at every stage of life.
   - **Burnout:** a state of mental, physical, or emotional exhaustion resulting from ongoing academic stress or frustration with no change to relax or recharge resulting in decreased performance of academic tasks (University of the People, 2021).
      - Signs of burnout:
         - Trouble focusing
         - Feeling tired all the time
         - Feeing bored when you have a lot to do
         - Uninterested in things you usually like
         - Lashing out at others
         - Lacking confidence in your abilities
         - Headaches, stomach aches, sore muscles
   - **Self-care:** the practice of taking an active role in protecting one's own well-being and happiness particularly during periods of stress (Self-Care, 2021).

- Self-care tasks and activities can be divided into different categories depending on their purpose. Self-care activities are usually focused on improving physical health, mental health, or social emotional health (personal hobbies and interests).
    - Examples of healthy self-care activities:
        - Physical: hygiene, exercise, sleep/rest
        - Mental: listening to calming music, reading a fun book, lying in the grass
        - Hobbies/interests: baking, facetiming a friend, arts and crafts
- [Warm-Up Video: Scope: All About Self-Care](#) -This 5-minute video gives an overview of the importance of self-care in adolescents and provides examples of healthy self-care choices in a daily routine.

Activity: My Personal Self-Care Checklist
- Students will need one sheet of lined notebook paper and a writing utensil.
- Allow students 5 minutes, and ask them to make a list of 7-10 self-care tasks they can complete throughout the week.
- On a white board or poster, list these 3 categories: physical, mental, hobbies/interests.
- Ask each student to choose one self-care task on their list and write in under the correct category.
- Give students a few minutes to add any new ideas from the collective list to their own.

Application
- Ask the students to use list they created this week by completing a self-care task each day
    - *This week, I would like you to use this checklist to make sure you are completing self-care tasks each day.*
- Instruction: *Write the date next to each self-care task you complete this week along with a sentence explaining how it made you feel.*
    - Example: Go for a walk outside - 4/6/21: I needed a break from homework and took a walk outside which helped me to relax and focus when I returned.

Summary
- Summarize the objectives:
    - *Today we learned that self-care is important in maintaining our overall health so that we can be successful in the things we need to accomplish each week.*
    - *We identified signs that tell us when we are getting burnt out and need a break.*
    - *Lastly, we made a list of self-care activities we want to include in our daily and weekly routines.*
- Summarize the importance of the lesson:
    - *It is important that we practice including self-care tasks in our daily routines to keep our overall health and well-being in order. Taking care of our mind and body allows us to do the things we want and need to do each day.*
- Review the application assignment to be completed for next time.
- Thank the students for participating in today's lesson.

Lesson adapted from: University of Michigan Depression Center. (2021). *Student self-care toolkit.* Retrieved from https://classroommentalhealth.org/self-care/student/

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LESSON 4: CREATING A WEEKLY ROUTINE

Time Required: 30 minutes

Materials Required:
- Technology to display YouTube video (audio and visual) **OR** materials to complete "Rocks, Pebbles, and Sand" demonstration (see video)
- 1 printed weekly planner worksheet for each student (see template at end of lesson)
- 1 sheet of paper and writing utensil for each student

Lesson Objectives:

By the end of this lesson, students will:
- Identify the importance of establishing a weekly routine
- Identify role performance tasks to include in a weekly schedule
- Organize their prioritized tasks into a balanced weekly routine to support performance in life roles

Transitioning to middle school includes the onset of new roles, an increased number of responsibilities, and more tasks to complete each week. Without structure and routine, adolescents struggle to maintain balance and functional academic performance (Kiuru et al., 2020). To promote academic success and mental health, it is important for adolescents to have an organized weekly routine to balance these new roles and responsibilities (Case, 2015).

In the Classroom:
Introduction and Warm-Up
- Define roles and routines:
  - **Role:** A set of tasks and behaviors which are expected by society and dependent on the person's context, relationships, and culture. These sets of tasks and behaviors may further be defined by each person who completes them (AOTA, 2020).
  - **Routine:** a consistent pattern of behavior which provides structure to an individual's daily life (AOTA, 2020).
- Discuss the importance of having a weekly routine (EL Education, 2021):
  - Routines help us make good choices on our own
  - Routines give us a sense of responsibility for our roles
  - Routines provide a roadmap for completing our important weekly tasks
- Review the role performance tasks students identified in previous lesson.
- Warm-Up Video: Rocks, Pebbles, and Sand: Prioritizing Your Life -This 2-minute video provides a demonstration on how to prioritize time. This video does not include specific roles and routines related to adolescents. It is meant to be used as an example and related to personal roles and tasks and making sure you have time to complete the important things in your life.
  Alternatively, the instructor of this lesson may choose to watch the video and bring materials to provide a real demonstration.

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- o After the video or demonstration, discuss how rocks, pebbles, and sand can be related to our personal roles and tasks:
  - ▪ Rocks: self-care (sleep, hygiene, nutrition)
  - ▪ Pebbles: sports practice, homework
  - ▪ Sand: personal hobbies, down time

Activity: My Weekly Routine and Planner
- Students will use the roles and routines worksheet to assist in identifying weekly tasks.
- Allow the students 10 minutes to create a list of weekly tasks separated into the categories of rocks, pebbles, and sand as discussed in the introduction.
- Hand out the attached weekly planner worksheet.
  - o Ask students to assign each task to a specific time throughout the week
  - o *Use the rocks, pebbles, and sand method to organize your weekly routine by assigning tasks in the 'rocks' category first and the 'sand' category last.*
  - o *Be sure to include self-care tasks into the weekly routine schedule.*

Application
- Ask the students to implement their weekly routine using their planner
  - o *Use this planner to follow an organized routine this week.*
- Students can use what they learned today to identify areas of priority as they are met with new tasks
  - o *As you go about your weekly activities, think about whether things are rocks, pebbles, or sand.*

Summary
- Summarize the objectives:
  - o *Today we learned about the importance of creating a weekly routine. These help us to accomplish our goals, perform in our roles, prioritize tasks, and make responsible choices.*
  - o *We identified our role performance tasks to be included into our weekly routines.*
  - o *We learned how to prioritize and organize our role tasks.*
  - o *Lastly, we created our own personal weekly routine using the planner worksheet.*
- Summarize the importance of the lesson:
  - o *It is important that establish a weekly routine that is organized and focuses on our priorities. This allows us to be successful and meet the expectations of each of our roles.*
- Remind students to use the weekly planner routine in their upcoming week.
- Thank the students for participating in today's lesson.

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MY WEEKLY ROUTINE PLANNER: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					
9:00 PM					

LESSON 5: HABITS TO SUPPORT ROUTINE

Time Required: 60 minutes

If needed, this lesson may be split between two separate advisory periods. It is recommended that the introduction, warm-up, and first part of the activity be completed during the first session. The second portion of the activity (creating healthy habits for a peer and yourself) can be completed during the second session of this lesson.

Materials Required:
- Weekly schedule the students created in the last lesson
- Slips of paper and markers/pencils
- Two buckets; one titled "Healthy Habits" and one title "Unhealthy Habits"
- Blank sheets of paper

Lesson Objectives
By the end of this lesson, students will:
- Identify the importance of creating healthy habits.
- Identify how to use healthy habits to support their established routines
- Identify and create healthy habits that support their daily routine and a peer's daily routine.

Adolescents transitioning into middle school have an increased number of responsibilities they must fit into their daily routines (Kiuru et al., 2020). Increased responsibilities may cause stress for students, which can then lead to unhealthy habits (Moksnes, 2016). Developing healthy habits that support their daily routines will help adolescents manage their increased responsibilities in a more efficient and product way, while continuing to thrive in their set daily routines (Atkins, Hoagwood, Kutash, & Seidman, 2010). To learn this, students will identify the importance of creating healthy habits, learn how to use these habits, and also identify and create habits that support them within their daily routines.

In the Classroom:
Introduction and Warm-Up
- Explain what a habit is and provide examples
  - Habits are, "specific, automatic adaptive or maladaptive behaviors" (AOTA, 2020).
  - Habits can be healthy or unhealthy, efficient or inefficient, and supportive or harmful (AOTA, 2020).
  - Examples: setting an alarm clock before going to sleep (positive), having your homework completed by the due date (positive), chewing on your nails (negative), and going to bed too late and not getting enough sleep (negative).
- Explain that each person may have different habits that still support them within their daily routines. (e.g. one student may set our their clothes at night while another student

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may get up 20 minutes early to pick out their clothes. Both are good habits that support their routine).
- Review lesson objectives (stated above).
- <u>Warm-up:</u> Students will get 6 slips of paper and are asked to write down 3 healthy habits and 3 unhealthy habits. Once finished, they will put the slips of paper in the corresponding bucket, healthy or unhealthy habits.

Activity: Habits that Support My Routine
- Students will split into groups of 2. Each group will get an even amount of unhealthy and healthy habits slips of paper from the warm-up activity. Students will be given two sheets of paper that say "healthy habits" or "unhealthy habits." Students are to sort out the slips of paper and place them on the correct paper.
  - o Once students complete the first activity, start a discussion about how healthy habits can support routine and how unhealthy habits can harm routine.
    - ▪ *Does anyone want to share a healthy/unhealthy habit they have on their paper? How does that habit support/harm your daily routine?*
  - o **[Pause after this activity if splitting into two separate sessions.]**
- Students will stay in the groups formed for the last activity. They will take out their weekly schedules they created in a previous lesson (Lesson 4). Students will give their weekly schedule to their partner for them to look at. Each partner will review their partner's weekly schedule and create healthy habits for their partner to implement into their daily lives that support their routines.
  - o *Now we are going to work on creating healthy habits for your peer that support their daily routine you see on their weekly schedule. Look through their schedules and write on a separate sheet of paper healthy habits you feel your partner could implement into their daily routines.*
  - o Once each pair has created healthy habits for their partners, have each group share some healthy habits they created for their peers weekly schedule.
- Discussion Questions:
  - o *Was creating healthy habits for your partner simple of difficult and why?*
  - o *What was one or two habits you especially liked that your partner created for you and why?*
  - o *How do you feel the healthy habits created for you fit into your daily routine?*
  - o *What is the importance of having healthy habits that are specific to your daily routine?*

Application:
- *I encourage you all to use these habits and fit them into your daily life. These healthy habits will support your weekly schedule, even when you are feeling overwhelmed with the responsibilities you have.*
- What suggestions or recommendations do you have to increase your ability to implement these healthy habits into your everyday life?
- Encourage the students to continue using their weekly schedules and applying their healthy habits into their routines.

Summary

- Summarize the objectives
  - *Today we learned that forming healthy habits is important in maintaining a healthy daily routine and to keep up with all of the responsibilities you have.*
  - *We identified both healthy habits and non-healthy habits and how they support or harm our daily routines.*
  - *We also created healthy habits for our specific daily routines.*
- Summarize the importance of the lesson
  - *When school and life responsibilities become stressful, it is important to maintain and continue completing healthy habits so that your daily routines are supported. When we continue to perform our daily habits, we can maintain a healthy lifestyle.*
- Explain to the students that this is the final lesson in the Roles and Routine Development sessions.
  - *What questions do you all have about what you have learned over the last few weeks?*
  - *From what you learned, what things pop out the most or what things do you feel you will use in your daily life the most?*
- Thank the students for participating in today's lesson.

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