



## Resilience and mental health programs of children in schools: Case study of a primary education student with internal difficulties

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### Abstract

Mental resilience is a dynamic procedure which individuals are able to adjust their difficulties or untoxic environment into successful handling skills. Promoting mental resilience contributes to children empowerment and better management for handling their problems or problematic every day environment. The purpose of this study is to present a psychoeducational program that aims at the promotion of mental resilience to an 8-year-old primary education student that lives in an untoxic home environment, where he is physically and emotionally abused and this has a great impact in school and in the wider social context. The objectives focus on the utilization of protective factors in order that the student can learn to manage and cope with adverse circumstances and personal difficulties. The development of mindfulness, self-efficacy and social skills are specifically being pursued. Observation was used to collect data that were related to observation axes of the student's personality, behaviour, school performance, the child's relationship with classmates and teachers. The results of the assessments revealed the student's strengths and weaknesses that resulted in low school performance, low self-esteem and low self-image, difficulties managing his emotions, lack of communication and interacting with others or in groups, incapable of solving problems and lack of empathy. Therefore, the implementation of the intervention focused on the cultivation of mindfulness, self-efficacy and social skills. Individual and group interventions were used, as well as a variety of techniques, such as brainstorming, role play, discussion, work groups and a variety of materials, such as pictures, books, markers, colors, use of new technologies, videos, music cds, etc. Indicative activities that were used were breathing and relaxation exercises, collages, projecting and role modeling, playful activities, learning techniques for managing anger and stressful situations, exercises for promoting communication methods, etc. The program lasted two years where the student managed to develop his communication, emotional and social skills and his school performance. In addition, he learned to actively participate in the peer group, he developed strategies for managing his emotions, his self-esteem and self-image were increased, and he acquired autonomy skills.

**Keywords:** mental resilience, educational program, achievement

### Introduction

Difficult family conditions, such as low socio-economic environment, poverty, incapability for parents to fulfil their parental role and verbal-psychical-sexual abuse, affect the mental health and well-being of children.

Child abuse includes acts that result in actual or potential harm of the child's health, survival, development or dignity (WHO, 1999) <sup>[1]</sup>. All forms of physical or emotional mistreatment, sexual violation, neglect, exploitation are acts of abuse. Child abuse affects psycho-emotional development and is associated with a significant risk of neurobiological and psychiatric disorders, such as concentrating dysfunctions, anxiety, depression, bipolar disorder, post-traumatic and stress disorder, substance/alcohol abuse, etc., as well as other health problems, such as heart diseases, diabetes, irritable bowel syndrome, asthma, etc. (Nemeroff, 2016; Teicher & Samson, 2013) <sup>[2, 3]</sup>.

Emotional and psychological abuse affects children's physical, mental, intellectual, moral and social development (Norman *et al.*, 2012) <sup>[4]</sup>, resulting in social withdrawal, lack of interest in learning, aggressive or delinquent behaviour and low self-esteem.

When a child is exposed to domestic violence then there is a great possibility this behaviour will be transferred to adult life (Osofsky, 1995) <sup>[5]</sup>. If children that are exposed to adverse conditions are supported by strengthening their mental resilience, then protector factors will benefit their mental health.

Mental resilience is a dynamic process of a positive adjustment, providing the individual to gain additional skills to protect and manage his difficulties, stress, antitoxic and hazardous environmental circumstances (Luthar *et al.*, 2000 Rutter, 2006) <sup>[6, 7]</sup>. Furthermore, mental resilience is the individual's ability to maintain psychological, emotional and physical stability and health after the exposure to potentially traumatic events (Bonnano, 2004) <sup>[8]</sup>. Individual and environmental protective factors may help the individual cope with adversity and dangerous challenges (Mampane & Bouwer, 2006) <sup>[9]</sup>. The 3 dimensions of positive effects of Mental Resilience are Self-efficacy, social relationships and emotional reactivity (Prince-Embury & Saklofske, 2013) <sup>[10]</sup>, combined with personality traits - conscientiousness, extroversion, experience of acceptance and psychosocial adjustments, such as prosocial behaviour (Kokkinos, Kipritsi, & Markos, 2016) <sup>[11]</sup>. Mental resilience depends on individual factors such as heredity, age, gender,

developmental stage, as well as environmental factors, such as family adversities, school and everyday environment situations (Olsson *et al.*, 2003) <sup>[12]</sup>. Nevertheless, intensity, frequency and duration of difficulties may result in dysfunctional behaviour.

The children's resilience assessment focuses on Future Orientation, Active Skill Orientation, Independence/Risk Taking (Jew, Green, & Kroger, 1999) <sup>[13]</sup>, Optimism, Self-efficacy, Adaptability, Trust, Perceived Social Support, Comfort, Tolerance, Sensitivity, Recovery and Impairment (Prince-Embury, 2009) <sup>[15]</sup>. Risk and protective factors as well as personality characteristics are assessed and identified. The risk factors concern family, school and unhealthy community experiences, such as poverty, abuse, bereavement, divorce, natural disasters, etc. On the other hand protective factors can be the family, school and everyday social environment. Family protective factors are family coherence, the ability of the parents to respond to their parental role, sensation of security, satisfaction of basic biological needs, etc. Furthermore, social protective factors are the creation of a safe school environment, satisfaction of the child's needs, the development of emotional and cognitional awareness and skills, etc. Intelligence, conscientiousness, self-control, cooperativeness, empathy, positive thinking, social skills, psychosocial adjustment, interpersonal relationships, personal expression and development, sense of self-control, etc. are some of the individual factors related to mental resilience (Wahyudi & Partini, 2017) <sup>[16]</sup>.

Resilience programs aim at strengthening and developing the child's personal, emotional and social skills. Therefore, in some cases family and community are involved in order to identify ways to improve protecting the child from its environment. Activities from Zippy's Friends program, Kids Making Healthy Choices, Dare to be You, High/Scope Perry Preschool Program and Second Step were selected for the implementation of our own intervention.

The Zippy's Friends program was originally designed for preschool children up to 8 years old (first/second grade children). It consists of 6 subjects, each subject consists of 4 sub-topics, which are held once a week for 55 minutes with the aim of learning skills. The topics are a) recognizing negative emotions (anger, jealousy, nervousness, sadness) and learning management strategies, b) promoting the ability to communicate emotional states, c) learning acceptable ways of conflict resolution (acquiring, maintaining friendly relationships, resolving conflicts), d) promoting the ability to solve conflicts and problems (choosing the best solution), e) managing negative events, such as death, loss, cope and accept consequences due to bad choices, f) choosing the appropriate strategies. Activities can be conducted in and out of the classroom. The program helps improve students' emotional and social skills and has a positive effect on students' academic progress (Clarke, Bunting & Barry, 2014) <sup>[17]</sup>.

The Kids Making Healthy Choices program (Wingspan, 1999) <sup>[17]</sup> prevents and strengthens mental resilience as it focuses on demonstrating acceptable forms of behaviour (Aksoy, 2019) <sup>[18]</sup>. The program was initially designed for 3–8-year-old children and was implemented within 23 weeks. It aims at dealing with violent forms of behaviour, poverty and reinforcing mental resilience and protective factors such as social and emotional skills. The therapist gives the student the opportunity to make choices with

relevant reasoning. In addition, he trains the student to realize that he will benefit by making right choices. Furthermore, the student is taught that being fit and healthy by choosing healthy foods and exercising helps him make the right decisions for a healthy body and mind. Also, the therapist helps him acknowledge his self-awareness so it can be easier for him to make appropriate choices and decisions. The goals of the program are achieved by utilizing materials such as dolls, photographic material, books, etc. In addition, strategies and techniques are being used such as discussion, brainstorming, role play, etc.

The Dare to be You program was designed for children 2,5-8 years old, with the aim of reinforcing mental resilience to manage difficult situations, manage conflicts, interact in acceptable ways, develop self-efficacy and self-concept. In addition, the program also focused on training the parents to support their children better. The materials that were used to achieve the program were dolls, role play, etc.

The High/Scope Perry Preschool Program was initially designed for children 3-4 years old and was implemented 5 times a week from 2.5 hours for 2 consecutive years. The intervention divided the children in groups of 5-6 under the guidance of a therapist while once a week the therapist visited the children's home for 1.5 hours. The program aimed at training children to solve their problems, manage conflicts, learn acceptable ways of behaving and cultivate responsibility skills. Nevertheless, the program on health, education, family relationships, and the social-emotional well-being should positively influence these children in their future adulthood age.

The Second Step program (Committee for Children, 1989, 2002) <sup>[19]</sup> concerns preschool children up to 14 years of age, designed to address impulsivity, aggression and develop prosocial skills. The program is implemented in the classroom and aims to teach problem-solving strategies, self-control techniques and ways to manage anger. In addition, the program focuses on the cultivation of emotional skills, the development of empathy and the development of academic performance. In the preschool age, the program consists of 3 themes, 12 empathy lessons, 10 impulse control lessons and 6 anger management lessons. The materials used are physical exercises, games, songs, dolls, video projections and posters. The techniques used were role playing and imitating role models for better understanding of what they have learned.

The purpose of this paper is to present an intervention program aimed at promoting mental resilience in school-aged students and particularly the student' so that he can learn how to manage stressful events and be capable of facing Adverse circumstance and personal difficulties to cultivation of cognitive, social-emotional skills, mindfulness, self-efficacy and self-control.

## Methods and Resources

This case study is about a second grade 8-year-student in Primary education, who has two elderly brothers and many family, school and social difficulties which influence him negatively. The parents are unemployed and the family lives in very difficult living conditions. The father consumes large amounts of alcohol, verbally and physically abuses his family and has recently abandoned them. The mother was using substances, she was diagnosed with chronic depression and she was incapable of raising her children. In addition, the grandparents lived with them to support the

family but they found it difficult to support them decently due to their age and poverty. The family received social benefits from the government and church but the child was underweight, suffered from constant fatigue, had poor physical hygiene, was isolated, had outbursts of anger and aggression, had communication difficulties and showed disinterest in learning and doing his schoolwork.

The assessment focused on the risk factors which was related with mental resilience of the family and the school context. Semi-structured observation was used to collect data at the student's home from a social worker who visited the home and advised the mother how to parent her children and how to cope with the difficult living conditions.

The observation axes focused on the individual's characteristics that are related to mental resilience according to literature. It aimed at empathy, cooperation, extroversion, accepting experiences, value of socializing and interacting with others (Connor & Davidson, 2003) <sup>[20]</sup>. It also focused on communication skills with classmates and teachers, the ability to reveal emotions, solving problems, managing anger and quarrels. It also showed that the student didn't care about his school performance, he was introverted, he had lack of communication skills and he was less accepting new experiences. He easily got tired and generally he refused to engage in group work. He had little interaction with classmates. He was easily understood and he was unable to manage his disagreement and anger which resulted him in his isolation. Even though the student showed interest in two classmates that also had behaviour problems, the class sociogram showed that his classmates did not select him for group activities, games or friendship engagement. The teachers were very supportive of him, but he had not developed a special relationship with anyone. According to the psychometric evaluation his IQ score had normal levels for his age. Even though he scored higher on practical tasks than on the verbal ones, there was no significant difference.

The purpose of the therapeutic intervention was to develop skills to manage stressful and adverse conditions. In particular, the goals of the intervention were: a) cultivating mindfulness such as recognizing and managing emotions and emotional states, undertaking and completing obligations b) cultivating self-efficacy skills such as creating conditions for personal development, education, dealing with difficulties and managing loss, c) developing social, communication and interaction skills, learning ways to manage difficulties and conflicts, anger control, learning appropriate ways of behaviour within groups and establishing and maintaining friendly relationships.

### **Program Implementation**

Initially the teachers were informed about the program, raising their awareness and empathy of the value and importance of the program. The school's special needs teacher that was also a qualified psychologist implemented the program within the framework of the student's regular class for 55 minutes once a week and individually 45 minutes once a week. The total duration of the program lasted two years.

The reinforcement of the appropriate pedagogical climate, differentiating teaching in order to adapt the student's needs to the learning objectives, the respect of diversity, the application of rules that were co-formed from everybody in class, motivations for participation in learning, motivating

the interaction of all students into group work is the main principles of the program.

The program included 6 modules which each one contained 3 subtopics.

Each subtopic had an individual and a class intervention one hour once a week each.

The first module was about understanding and managing emotions (recognition, expression and managing emotions). The second module focused on strengthening empathy (I think-feel-empathize). The third module was related with self-efficacy (organization of time and space and project completion). The fourth module focused on self-knowledge (body language, ways to relax, self-awareness). The fifth module aimed at communication (learning polite manners, rules in conversations, anger and conflict management). The sixth module was about interactions with others and crisis management (developing and maintaining friendly relationships, respecting diversity, managing difficulties/crisis/identifying positive experiences). For promoting mental resilience, the topics within the modules were chosen in relation to the assessment results that aimed to strengthen the student's personal characteristic (expressing emotions, managing anger, obtaining empathy and self-awareness, developing self-efficacy and social skills). Additionally, the same goals were set within the class intervention and group activities in order that the student could participate and feel acceptance, safety and supportive. The methods chosen were individual and group intervention. Initially, the intervention was individualized so that the programs goals would be adjusted with the student's needs and experiences. The same modules and themes were used individually and in the classroom with group interactions in order to reinforce communication and interaction with others and generalization of learning in order to develop and reinforce protective factors. The techniques chosen were discussion, playful activities, role-play, drama and simulation. The resources that were used were painting, video, songs, stationery, books, fairy tales, colours, cd, etc.

Indicatively we mention the way the first subtheme was developed, which related to the recognition of emotions. The personalized intervention focused on recognizing emotions, naming them, relating them, expressing them according to social circumstances and reporting personal experiences. Emotions were expressed verbally and physically, intensity was mentioned, duration and effects that have to do with mental health. For each emotion a specific colour was given and it was to read stories that expressed the heroes' emotions. This triggered discussion, simulations and games within the class, where the children related to them with personal experiences and were discussing possible strategies and solutions. Individual approaches were made after school by the class teacher. Class intervention was illustrated by the class teacher. The intervention also continued outside the school context, as the student was supported academically by a special pedagogue, who offered voluntary work by supporting the student with his school work at home.

The group intervention was carried out in the context of the school classroom with team cooperative techniques. Specific emotions were selected (joy, sadness, anger, fear). The class were divided into groups that consisted of 4-5 people each one and were supervised by one trained adult from the school community. The group presented each

emotion with various tasks, painting, pantomime, role play, identification of social situations, expressing themselves through stories, literature or discussing and sharing personal experiences on their own choice in order to manage and cope with their difficulties. Each group tried to present their work in a creative and original way. Students were given the opportunity to utilize new technologies and gather information from sources. Each student had his own role in the group, which was defined by teacher-student cooperation working as a team among them in order that all students within the class could reinforce their abilities positively and effectively.

Students enthusiastically presented their tasks and actively participated to the program where they had the opportunity to interact, accept differentially, respect special needs, acknowledge the offer of cognitive development skills by deeply investigating the subtopics. The approach was interdisciplinary. This resulted in the students having the opportunity to approach the topic from different angles. Particular emphasis was given on reinforcing socio-emotional skills, developing emphasis in order to develop the offer and support to their team members, so that all potentials could be exploited. Using multi-sensory equipment helped the students to understand the subjects better and enthusiastically engage in the tasks.

### Results

The modules and sub-themes of the program were completed in a two-year period of time. Recording records that collorated recording observation axes before and after the program showed that there was a significant resilient improvement throughout the program. This particular student as well as all the students showed significant improvement in their communication, emotional and social skills in school and every day environment. Academic improvement, interaction with peers and within groups, strategies for managing emotions, self-esteem, self-image and autonomy improvement were accomplished. In addition, he was accepted by his classmates as he reduced his aggression and he was able to manage his anger. He also developed friendly relations, came into close contact with a classmate with whom he developed a very good relationship, and they both began to hang out outside the school as well. The sessions with the psychologist showed that the student was able to manage family adversities effectively, he was able to analyse better negative situations, he could empathize, choose the appropriate solution and ask for help from the protective framework if it was needed.

The evaluation of the program showed positive results of behaviour and school performance regarding the student individually and when he was interacting within groups. Inside the classroom the student seemed to have developed empathy, acceptance from peers, respect of differential and greater cohesion development. He also learned how to cooperate in a better way, how to interact, help and support his classmates. In addition, aggression had significantly decreased, friendship had developed and also his school performance was significantly improved. The subjects interdisciplinary approach increased the students' knowledge, skills and abilities. Differentiated teaching adjusted according to the students' inclinations, interests and abilities greatly helped the student's active engagement with his classmates. The positive results motivated all students to engage with all modules within the school community and

everyday life. They all learned to manage difficulties, to look and choose alternative solutions to their problems and to manage their problems more effectively. They gained positive experiences and learned how to use them in order to promote their mental health. The promotion of resilience was achieved both for the student and for all students inside the classroom.

### Conclusion

A case study regarding a student with internal family and school difficulties was the opportunity to design a program promoting mental resilience inside the school premises. Cultivating social-emotional skills contributed significantly to positive psychological and emotional development of all students that were engaged in the program. There was also significant improvement in their behaviour and academic progress. The development of social-emotional skills of preschool and school-aged students had a long-term significant effect on their future lives (Gresham, 2018) <sup>[21]</sup>. The use of a variety of methods, techniques, equipment and materials contribute significantly to improving goal achievements (Aksoy, 2019) <sup>[17]</sup>.

We suggest the program should be used to high-risk groups in order to help them achieve relevant adjustments of their current or possible future difficulties to promote its effectiveness and improve resilience. Furthermore, it would be interesting to adapt and implement this program to special needs students with similar difficulties, to evaluate their results and make relevant comparisons. If we strengthen the main goals of this program that has to do with personal, emotional and social skills then protective factors will promote resilience and will promote mental health positively (Mesman, Vreeker & Hillegers, 2021) <sup>[22]</sup>.

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