

Wellness-Based Group Counseling With Elementary Students in
Disciplinary Alternative Education Programs

Michelle Perepiczka

Texas A&M University-Commerce

Abstract

Students in Disciplinary Alternative Education Programs (DAEPs) have a variety of behavior problems. School counselors in DAEPs have the opportunity to address emotional, academic, social, and behavioral concerns of these students. Counselors may use the strengths-based wellness paradigm as an alternative method of addressing students' holistic needs while striving to follow the American School Counselor Association's (2005) National Model. This article describes how to incorporate a 6 week wellness group counseling intervention into DAEPs with elementary students.

Wellness-Based Group Counseling With Elementary Students in Disciplinary Alternative Education Programs

School counselors in Disciplinary Alternative Education Programs (DAEPs) are challenged to effectively meet the holistic wellness needs of students in these settings and follow the 2005 American School Counselor Association's (ASCA) National Model. Sources of difficulty may be the low consideration of the school counselor role in DAEPs. For instance, Lehr, Moreau, Lange, and Lanners (2004) conducted a nationwide survey of alternative education programs. The researchers reported mental health counselors in 14 out of the 36 participating states spend less than 25% of the school year at the DAEP campus servicing students. Only one state reported mental health counselors spending over 75% of the school year on site. Limited amount of time to work with students is a challenge. Second, the administrative emphasis on academic performance of students may also be a barrier (Farler, 2005). Villalba and Borders (2005) stated the academic focus may lead to school counselors neglecting the personal and social development of students.

School counselors in DAEP settings are in need of counseling programs that address a range of issues from behavioral problems (Leone & Drakeford, 1999) to childhood disorders (Campbell, 1990) or low wellness levels of students (Smith-Adcock, Webster, Leonard, & Walker, 2008). They also need time efficient programs in order to service 25 to 150 at-risk students who have diverse durations of enrollment at the DAEP (Lehr et al., 2004). Utilizing a group counseling intervention that incorporates the strengths-based wellness paradigm is one method of delivering responsive and

preventative services to students in need (Holcomb-McCoy, 2005; Villalba & Myers, 2008).

Conceptual literature illustrating how to incorporate the wellness paradigm into group counseling sessions with elementary school students in DAEPs is lacking beyond this description. Empirical support of a wellness intervention with this population is also missing in current research. However, this conceptualization of the wellness-based group counseling process is one step closer to building research in this area. The purpose of this article is to describe how school counselors in DAEPs could incorporate a 6 week wellness group counseling intervention with elementary school students.

Disciplinary Alternative Education Programs

DAEPs are alternative education opportunities for students who have behavior problems that disrupt the learning of other students as well as the order of their home campus (Pierce, 2006). Such behavior problems with elementary school students may occur off or on campus. Behaviors resulting in mandatory placements in DAEPs include violent behavior, use or possession of drugs, and possession of a weapon. Behaviors leading to discretionary placements include use of profanity, failing to turn in complete assignments, truancy, or behaving in ways that the referring teacher identifies as disruptive (Lehr et al., 2004; Texas Appleseed, 2007a, 2007b).

The disruptive behaviors and placements in DAEPs are occurring at increasing rates for elementary school age students. Lehr et al. (2004) reported 61% of participating states in a national study serve students in grades 1 through 5. In a study of Texas school districts from 2002 to 2007, 110 districts reported referring pre-kindergarten and kindergarten children to DAEPs (Texas Appleseed, 2007a, 2007b). In

2007, Texas administrators reported referring 3,000 first graders and a higher amount of older elementary school students to DAEPs. Leone and Drakeford (1999) reported the trend of increasing referrals to alternative schools for all school age groups to be common across states due to zero-tolerance policies and districts implementing alternative programs. For instance, researchers reported an estimate of 10,900 public alternative schools and programs within the United States during the 2000-2001 academic year (Kleiner, Porch, & Farris, 2002). These programs service various grade levels and students with disciplinary problems as well as non-disciplinary related issues.

Proactive programs designed to meet the unique needs of DAEP students may be beneficial to intervene with existing concerns related to the influx in alternative placements of elementary students (Griffin, 1993). For instance, teachers and administrators concur that students entering DAEPs have a variety of emotional needs requiring priority attention (Harnish & Henderson, 1996). Andersen, Floisand, Martinez, and Robinson (1997) identified common concerns of students across grade levels as experiencing low self-esteem, feeling alienated from peers, and believing society is awaiting their failure due to their transfer to DAEP. Researchers reported some schools participating in a nationwide study offer comprehensive counseling services on campus to address these concerns while others do not (Unruh, Bullis, Todis, Waintrup, & Atkins, 2007). However, approximately 75% of the participating schools reported offering either skills training, individual, or group counseling to students. School counselors may play an intricate role in student success in alternative programs by providing counseling services to address personal wellness issues of students (Smith-Adcock et al., 2008).

School counselors are in a strategic position to prevent and intervene with mental health needs (Stoblier & Kratochwill, 1998) and wellness of students (Villalba & Borders, 2005). School counselors may be one of few adults in some students' lives who are a healthy outlet for students' energy and creativity, can help them build character, and can help them learn needed survival skills for school (Scales & Roehlkepartain, 2004). Emphasizing the wellness counseling domain would be congruent with ASCA's (2005) National Model, which includes counselors focusing on student academic, career, and personal/social development. Farler (2005) reported administrators and teachers perceive the personal counseling and holistic social service roles of school counselors as having a moderate impact on students in DAEP.

Group Counseling

According to ASCA (2006), group counseling services are included and supported in school counseling programs in small or large group settings. Group counseling in schools is an efficient and positive way to address developmental and situational concerns of students. These sessions may help students become more adjusted, understand how to cope with stressful situations, and learn how to cooperate with others. Counseling groups in traditional schools with elementary school students provide opportunities for children to share personal experiences (Schmidt, 2004), understand they are not alone in their struggles, and feel as though they belong to a group via cohesion (Yalom, 1995). Students in school counseling groups may also build skills to reach their academic goals, learn social skills, and increase tolerance as well as acceptance of others. Groups may also be catalyst for students to explore and express their thoughts, feelings, and behaviors (Bergin, 2004).

Gerrity and DeLucia-Waack (2007) reported counseling groups in traditional schools as effective across various session time lengths, duration of intervention across weeks, or developmentally appropriate topic addressed. The authors also reported cognitive-behavioral and problem focused interventions most effective group interventions with children in traditional schools. A group counseling approach utilizing the wellness paradigm can be molded into the time available and adjusted to appropriate developmental levels (Villalba & Borders, 2005). Eclectic skills from various theories can be implemented in psychoeducational or process oriented group styles (Granello, 2000) in various school settings.

Students in DAEPs are impacted by a wide variety of issues beyond attitude toward school and classroom behaviors that are related to discipline problems (Brake & Gerler, 1994). For instance, students may struggle with self-esteem, developmental issues such as self-regulation or establishing appropriate autonomy, traumas (Slee, 1993); or childhood disorders such as anxiety, withdrawal, over activity, poor impulse control, and aggression (Campbell, 1990). Students may also have concerns related to family dysfunction, family violence, or parenting issues (McCloskey, Figuerdo, & Koss, 1995; Sherr, Bergenstrom, & McCann, 1999). School counselors in mainstream schools utilize several group topics with children to address areas of concern. Such topics include social skills (Mehaffey & Sandberg, 1992), coping with divorce or family issues, reducing aggression (Shechtman, 2001), friendship, and bullying (Bennett & Gibbons, 2000). Current research related to group topics used by school counselors in DAEPs is lacking. The wellness-based group counseling approach is an alternative strategy school counselors in DAEPs may implement for group counseling. This differs from

approaches commonly used by school counselors in traditional schools because the modality emphasizes addressing holistic concerns of students (Omizo, Omizo, & D'Andrea, 1992).

Wellness

Myers (1991, 2007) described wellness as a holistic paradigm that included the integration of the mind, body, and spirit; promoted balance in life; and required individuals to make positive choices to reach their full potential. The wellness paradigm may be a positive alternative approach for school counselors in DAEPs. For instance, wellness is a holistic strengths-based intervention that may be utilized to address the various issues students in DAEP are commonly faced with (Makinson & Myers, 2003; Smith-Adcock et al., 2008). Second, wellness paradigm may enhance established holistic preventative or intervention programs already in place (Myers, 1992). Third, school counselors may utilize wellness models such as the Indivisible Self Wellness Model (IS-Wel) (Myers & Sweeney, 2004) as a foundation for assessing, planning, and evaluating services for students (Villalba & Borders, 2005).

Fourth, researchers stated wellness develops in childhood when self-care and health habits begin taking shape (Cowen, 1994; Holcomb-McCoy, 2005). Routines can carry on into adulthood and be difficult to change (Omizo et al., 1992). These habits may promote or restrain wellness in adulthood (Rogers, 2001). Therefore, providing children with wellness tools such as coping and empowerment (Cowen, 1991) may help improve present problems related to academics, social interactions, emotions, and physical development (Mills, Dunham, & Alpert, 1988). Long term positive benefits may also occur (Rogers).

Wellness research conducted in traditional schools and with high school students in DAEPs provides an initial foundation for incorporating wellness into group counseling sessions for elementary school students in DAEPs. Villabla and Myers (2008) utilized a 3 week wellness guidance curriculum based in the IS-Wel with fifth grade students. The researchers reported significant positive increases on Total Wellness, Creative Self, Social Self, and Physical Self scales of the Five Factor Wellness Inventory on the post test with small to medium effect sizes. Omizo et al. (1992) used a more comprehensive 10 week classroom guidance curriculum created from wellness concepts in the literature with fifth grade students. The researchers reported significant positive increases at the post test for the Wellness Knowledge Test and the General Self-Esteem scale of the Culture Free Self-Esteem Inventory. Smith-Adcock et al. (2008) utilized an 8 week group counseling model based on the Wheel of Wellness with 10 high school females in DAEP. They reported an increase in understanding of wellness as well as awareness of personal assets related to wellness.

Indivisible Self Wellness Model

The Indivisible Self Wellness Model (IS-Wel) is the foundation to this group counseling curriculum. The IS-Wel is a strengths-based holistic wellness model that originated from over 12 years of data collection and analyses (Myers & Sweeney, 2004). Myers and Sweeney (2005a) created the model to include one higher order wellness factor called Total Wellness, which is an individual's comprehensive wellness and accumulation of the other factors. Five second order factors that have a total of 17 corresponding third order factors are included in the model. One of the second order factors in the Creative Self and is comprised of thinking, emotions, control, positive

humor, and work third order factors. The Coping Self is another and consists of realistic beliefs, stress management, self-worth, and leisure. The Social Self is a third second order factor which includes friendship and love third order factors. The Essential Self is a fourth second order factor that includes spirituality, self-care, gender identity, and cultural identity. The final second order factor is the Physical Self, which is comprised of exercise and nutrition third order factors. The four contexts are included in the model are the following: local (e.g. family, neighborhood, and community), institutional (e.g. educational, religious, governmental, business, and media), global (e.g. political, cultural, environmental, and worldwide events), and chronometrical (e.g. perpetual, positive, and purposeful).

School counselors may apply the IS-Wel as a conceptual framework and intervention model with the students in DAEPs. School counselors may address each of the dimensions of the model concretely to enhance the individual wellness dimensions and holistic wellness of students (Holcomb-McCoy, 2005; Myers, Sweeney, & Witmer, 2000). DAEP elementary schools are an influential institutional context for young children, and school counselors in these settings have opportunities to enhance wellness of students through providing group counseling services (Villalba, 2007). A curriculum outlining how to conduct a group from this perspective for elementary school students in DAEPs to help bring about positive change is lacking in the literature.

An IS-Wel Group Curriculum for Children in DAEP Schools

Presented here is an illustration of how a school counselor could incorporate the IS-Wel into a group curriculum for elementary school students in DAEP. The group would consist of 6 weekly sessions that last between 30 to 40 minutes and have a

maximum of eight students (Thompson & Henderson, 2007). The wellness counseling approach would be eclectic in that it integrates the following: cognitive techniques, psychoeducation, skills training (Granello, 2000), active participation, worksheets, and discussion (Omizo et al., 1992). The overall focus is to increase student's knowledge of wellness and levels of holistic wellness via addressing individual wellness dimensions (Holcomb-McCoy, 2005). The individual wellness dimensions are addressed in an order related to Maslow's Hierarchy of Needs with emphasizing basic needs first, such as physical needs, and increasing with complexity (Maslow, 1968; Villalba, 2007). The goals are to help children become responsible for their choices and behavior, learn how to prevent low levels of wellness by successfully managing negative influences, and learn how to make positive decisions that lead to high levels of wellness. Sleet and Dane (1985) recognized these goals as factors leading to children decreasing life problems. The Five Factor Wellness Inventory Elementary School Version (Myers & Sweeney, 2005b) may be used to measure wellness levels before and after the group intervention to assess outcomes.

The first session builds group cohesion (Kottler, 2001) and introduces the concept of wellness (Myers & Sweeney, 2004). School counselors use psychodrama activities as ice breakers (Irwin, 1972). For instance, students are prompted to introduce themselves and create a pose. The other students greet their peer and copy the pose. This continues until everyone has a turn. Additional rounds can be done as well where students are promoted to select a feeling word and create a corresponding pose. Or, students may select an activity (e.g. riding a bike or sleeping) and act it out.

Next, the counselor concretely defines and explains wellness in relation to the IS-Wel by reviewing a wellness star with the students. The five points of the star represent the five dimensions of wellness. Building a healthy body through exercise and eating healthy foods is the Physical Self. The Creative Self is explained as having fun, thinking positively, and controlling behaviors. Choosing positive friends and spending time with family or significant others in your life is the Social Self. The Coping Self is explained as liking oneself. The Essential Self is addressed as celebrating your uniqueness and what makes a student special. Showing the students a star with a point missing illustrates how one cannot be holistically well with a deficient wellness dimension.

If time permits, students end the session by completing a worksheet that is in the shape of a star. This may also be given as a homework assignment to complete during the week. This provides students the opportunity to draw or write about topics related to each wellness dimension: favorite food (Physical Self), time you were proud of yourself for working hard (Creative Self), favorite friend or family member (Social Self), favorite characteristic about you (Coping Self), and something special about you (Essential Self).

The second session addresses the Physical Self (Myers & Sweeney, 2004). The school counselor defines concepts of nutrition and exercise and provides healthy examples (Omizo et al., 1992). For instance, nutrition can be defined as healthy food choices. This can be concretely demonstrated by bringing various food items to the session and separating them into healthy and unhealthy groups. Exercise can be defined as activities that keep a body healthy. A concrete explanation would involve instructing students to act out running or playing a sport, then act out playing a video

game or watching a movie. Discuss the difference between physical and nonphysical activities.

The school counselor may then use activities to help students apply the concepts learned about nutrition and exercise (Jones & Robinson, 2000). For example, the school counselor may direct the students to select a picture of a food item (e.g. apple, candy bar, pizza, soda, carrots) from a bag and decide if the food is healthy or unhealthy with other group members encouraging positive decisions (Villalba & Myers, 2008). Next, exercise is incorporated into the session by having various areas of the room designated for specific activities (e.g. jumping jacks, sit ups, running in place, push ups, stretches) and the children take turns rotating through each area at 60 or 90 second intervals. A discussion about the students' experience with the exercise activity follows (Dunn, 1973; Hettler, 1984).

The third session focuses on the Creative Self (Myers & Sweeney, 2004) and emphasizes decision making (Hatfield & Hatfield, 1992). First, the school counselor explains a step-by-step decision making model: (a) identify that a choice can be made in the situation, (b) identify both positive and negative choices available, (c) select the positive decision, (d) carry out the plan, and (e) reflect on the outcome for modifications for behavior later (Willis, 1998). This is written out for students and pictures accompanying each step can be helpful as well. For instance, binoculars can be used for step one (finding a choice), a light bulb for step two (thinking about choices), a happy face for step three (choosing a positive choice), a movie marker for step four (taking action), and a question mark for step five (asking if the right choice was made).

Second, the counselor provides examples for the group to ensure understanding. The school counselor provides additional examples for the group to complete together. Practice choices should be developmentally appropriate (Gerrity & DeLucia-Waack, 2007) and correspond to common behavior problems. Examples may include the following: choosing to follow class rules or talk to a classmate, choosing to complete homework or watch a cartoon, choosing to hit or talk about feelings when angry, and choosing to bully or build friendships.

Session four addresses the Social Self (Myers & Sweeney, 2004). The school counselor explains the importance of students having positive friends and safe family members or significant others in their lives. For instance, the school counselor would discuss how positive friends are those who have positive character traits and do not tease, hurt feelings, or want others to make negative decisions. Positive friends get along with others and treat others with kindness and respect. Choosing these people as friends may help a student feel accepted, enjoy time with peers, and be well. The school counselor would also explain that safe family members are important too. These important people love the student, take care of their basic needs, are people to talk to when something is wrong, and are safe to be around. Having at least one positive family member or significant person fulfill this role is important to being well.

The explanation and discussion is followed by an art activity. The school counselor would provide art supplies to the students and direct them to create a picture of the positive people in their life. This can be friends, family, or both. An opportunity to share about their pictures would be provided at the end.

Session five addresses the Coping Self and importance of self-worth (Myers & Sweeney, 2004). An introduction of self-esteem could be done at the start of the session. The school counselor may explain that self-esteem is how much a person likes themselves. A concrete description would involve drawing several thermometers and filling them up a third of the way, half of the way, and all the way up. Examples of self-talk and self-care aligning with each level would be shared. For instance, the low level example would include negative self-talk, risky behaviors, and choosing peers for friends who bully. A high level example would include positive self-talk, making positive choices to reach goals, and choosing respectful friends.

Next, a relaxation exercise can be used to help the students calm their behaviors and prepare to listen to a story. The school counselor directs the students to lie on the floor and guides them through a short relaxation routine. This would consist of relaxing muscles and breathing slowly and deeply while the students use their imagination (Koeppen, 1974). For instance, the counselor would tell the students to pretend they are a blow fish and fill up with air. Hold the air for 10 seconds, then let it out and watch the air bubbles float away. Stretch long to try to reach for a rainbow in the sky, breathe deeply, and relax.

The students would continue to lie on the floor and listen to the counselor read a book on self-esteem (Pardeck & Pardeck, 1993). At the end of the story, the counselor would have the children get into a circle to discuss the events in book. The school counselor would highlight examples of how the character in the story was happy and excited to be him or herself. The counselor would talk about the importance of the

students liking who they are. At the end of the session, the students would be encouraged to share positive aspects about themselves they are proud of.

The sixth session focuses on the Essential Self (Myers & Sweeney, 2004), which is labeled as the uniqueness of each group member. A homework worksheet given out at the end of the fifth session provides an opportunity for group members to talk with their caregivers about their spirituality, gender, culture, and other unique aspects of themselves. The group session is an avenue for the children to share information about themselves, be proud of their unique qualities, and celebrate their personal touch on wellness (Savolaine & Granello, 2002). During the discussion, the school counselor would emphasize acceptance of others and explain how different interests, strengths, and backgrounds may influence wellness in various ways (Spurgeon & Myers, 2003; Tatar & Myers, 2007).

At the end of this session, the group would review all of the different wellness dimensions by looking at the wellness star. The school counselor would lead the discussion about importance of continuing to be well. Ways to continue on this positive path would be explained, which would consist of examples provided during previous sessions. As a termination exercise (Jones & Robinson, 2000), the group members would identify something positive about their experience during the group. For instance, group members could share about what they learned or what they thought was fun. The school counselor may also make an encouraging statement to each child by commenting on progress made during the sessions. Possible encouraging statements may include the following: eating healthier food during lunch (Physical Self), working hard to control behavior and avoid negative consequences (Creative Self), making

positive choices about friends (Social Self), thinking positively about yourself (Coping Self), or embracing unique aspects of yourself (Essential Self).

Summary

Elementary school students in DAEPs have a tendency to suffer from a multitude of problems that impact student holistic wellness. School counselors are in a unique position to assist students in these areas while striving for academic success, reduction in disruptive behavior, and increase in wellness. School counselors may utilize a strengths-based holistic paradigm, such as the IS-Wel (Myers & Sweeney, 2004), in group counseling settings with elementary school students in DAEPs. This approach may be broad enough to address various concerns students are experiencing. It also highlights positive characteristics of the students and builds on existing strengths, which may not be common place in DAEPs as much focus can be on problem behaviors (Farler, 2005). School counselors may use the IS-Wel model to practically conceptualize individuals in terms of strengths and potential without losing sight of areas of concern (Villalba & Borders, 2005). The wellness-based group counseling intervention for elementary school students in DAEPs described in this article may be used to intervene with current concerns students are experiencing. It may also be a preventative for future problems and to start students on a positive path for future wellness (Holcomb-McCoy, 2005).

The illustrated wellness-based group counseling intervention is a benefit for school counselors in DAEPs. This is one of the first models conceptualized specifically for use with elementary age students in this unique setting. It provides school counselors with a time effective curriculum that specifically follows ASCA's National

Model (2005) and strives to address the wide variety of needs students in DAEPs struggle with (Campbell, 1990). The wellness model meets DAEP school counselors' current need for strength-based interventions for these students who have comprehensive challenges that may go beyond behavioral problems.

Limitations and Suggestions for Future Research

Limitations exist for the detailed wellness-based group counseling curriculum for elementary school students in DAEPs. For instance, the group was designed for the elementary age group and the concepts addressed as well as activities may not be effective for older age groups, elementary students with particular academic learning differences, or elementary students with developmental challenges. This approach may not be suited for counseling groups conducted in juvenile detention facilities for younger children as the setting and presenting problems of children may differ. Another limitation is the lack of empirical support for the detailed intervention. Even though these limitations exist, the proposed group program provides a basis for further exploration with at least this wellness-based group modality with this specific population.

Further development of other group counseling programs for these students is needed as well as empirical studies to evaluate the efficacy of the approaches. For instance, experimental designs and longitudinal studies examining changes in problem behaviors of DAEP students following wellness interventions would be of benefit to the field. Revising the group curriculums based on the findings to further enhance the efficacy of the interventions would be beneficial to the students as well.

Altering the group modality for delivering the interventions would be another area to explore. For instance, researchers could assess the extent of differences in outcomes

for small versus large groups. Or, investigate the utility of conducting follow-up sessions 1 month and 2 months following the end of the initial group sessions to determine if wellness levels change. Further research into the individual dimensions of the wellness paradigm with elementary school students in DAEP could be useful as well. For example, researchers could explore how spirituality, stress management, or control third order factors correlate to problem behaviors. Specific interventions that focus on those areas could be incorporated into curriculums and the effect of the modality could be assessed.

Researchers could also construct guidance curricula for elementary school students in DAEPs. The outcomes of the wellness-based programs could also be assessed. Additionally, the method of incorporating wellness into the daily lives of DAEP students via school counselors collaborating with administrators and teachers to create a strengths-based wellness environment within the school for children could also be explored (Villalba & Borders, 2005). Overall, continued research in exploring comprehensive remedial as well as preventative wellness-based programs for elementary school students is needed to enhance the quality of education and wellness of students in DAEPs.

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Author Note

Michelle Perepiczka received her doctoral degree in counseling education and supervision from Texas A&M University-Commerce. She worked as a counselor intern at rural as well as urban Disciplinary Alternative Education Programs in Texas. Michelle is a Licensed Professional Counselor, Registered Play Therapist, and Nationally Certified Counselor.

Correspondence concerning this article should be addressed to Michelle Perepiczka at 709 Willow Oak Street, Allen, Texas 75002. Email: mperepiczka@gmail.com