Teacher Guide
College and Career Competency: *Self-Care*

Definition:

Self-care is a multifaceted concept that encompasses physical and mental health, including a healthy lifestyle and positive coping skills, which contribute to student well-being (Rayle, Moorhead, Green, Griffin, & Ozimek, 2007; Wilkinson & Whitehead, 2009). Self-care is important for offsetting the unhealthy lifestyles and habits that are often established in adolescence (Steiner, Pavelski, Pitts, & McQuivey, 1998), as well as helping adolescents cope with the important transitions that occur during that time of life (Horstmanshof, Punch, & Creed, 2008).

Essential Components for Students:

1. Understand what impacts your physical and mental health.
2. Take action to maintain your physical and mental health.

Research:

- Self-care is impacted by environmental, social, and economic factors (Wilkinson & Whitehead, 2009; World Health Organization, 1998). This is particularly true for school settings, where adolescents spend a large portion of their lives (Saab & Klinger, 2010).
- When adolescents have physical or mental health problems, their academic functioning can be compromised (Saab & Klinger, 2010). For that reason, schools can positively impact educational attainment by promoting adolescent mental and physical health.
- Adolescents with higher levels of psychological well-being were found to be more likely to make a successful post-school transition to full-time study or full-time employment (Horstmanshof et al., 2008). Schools can contribute to adolescent well-being by providing time structure, opportunities for social interaction, and collaborative activities for adolescents (Horstmanshof et al., 2008).
- Students who feel respected, supported, and valued by their teachers will have higher levels of social and emotional well-being (Suldo et al., 2009). This, in turn, leads to higher perceptions of their academic competence and higher levels of academic engagement.
- Cultivating positive mental health in schools (e.g., **self-efficacy**), which encompasses engagement, emotions, accomplishments, and purpose, results in higher grades and lower rates of school absences (Norrish, Williams, O'Connor, & Robinson, 2013).
- Self-care entails actively avoiding behaviors associated with negative health outcomes, such as lack of activity, smoking, and poor diet (Webber, Guo, & Mann, 2013).
- Webber et al. (2013, pp. 104–105) propose the following seven dimensions of effective self-care practices:
    1. **Health literacy:** obtaining, processing, and understanding basic health information.
    2. **Self-awareness of physical and mental condition:** for example, knowing blood pressure and body mass index (BMI).
    3. **Physical activity:** regular moderate intensity physical activity such as walking or cycling.
    4. **Healthy eating:** nutritious and balanced calorie intake.

5. **Risk avoidance or mitigation:** for example, no smoking, using sunscreen, and limiting alcohol use.
6. **Good hygiene:** washing hands and brushing teeth, also washing foods.
7. **Rational and responsible use of products, services, diagnostics, and medicines:** being aware of dangers associated with things like prescription drugs.

- Self-care, in terms of diet and physical activity, is associated with a range of positive outcomes for adolescents. For example,
  - According to Lonsdale, Rosenkranz, Peralta, Bennie, Fahey, and Lubans (2013, p. 153), "compared with their inactive counterparts, youth who are sufficiently active enjoy better physical health (U.S. Department of Health and Human Services, 2000), report more positive physical self-concept and global self-esteem (Dishman et al., 2006), perceive a better quality of life (Shoup et al., 2008), and achieve higher academic results (Singh et al., 2012)."
  - Kristjansson, Sigfussdottir, and Allegrante (2010), as cited in Mayer, Smith, and McDermott (2011, p. 349) noted "…lower BMI [body mass index], greater physical activity and proper nutrition were all associated with higher academic achievement, as well as better self-esteem."
  - DeRosier, Frank, Schwartz, and Leary (2013, p. 539) noted that "Exercise reduces stress and promotes long-term cognitive and emotional health."
- The school environment impacts multiple aspects of adolescent well-being and development (Marin & Brown, 2008). For example, academic and social stresses can affect the mental health of students. For that reason, "schools are increasingly called upon to develop socially competent, physically healthy and civically engaged youth who will also carry those assets into adulthood" (p. 8).
- Mental health is another important dimension of self-care. Hurwitz and Weston (2010) argue that addressing mental health issues like low self-esteem, stress, and anxiety in schools is important because it leads to positive school outcomes. They write that "high quality, effective school mental health promotion has been linked to increases in academic achievement and competence" (p. 4).
- **Self-efficacy** is a prerequisite to successful self-care (e.g., self-care that contributes to positive outcomes) because individuals who are confident in their ability to address mental or physical health needs are more likely to engage in the behaviors required for self-care (Eller, Lev, Yuan, & Watkins, 2016; Lev & Owen, 1996). As Sheer (2014) notes, "**Self-efficacy** is a central construct in health interventions because of its ability to link belief, attitude, and behavior" (p. 77).
- Recess and physical education represent an important element of self-care. An array of research (American Academy of Pediatrics, 2013; Ramstetter, Murray, & Garner, 2010; Trudeau & Shepard, 2008) stresses the physical, social and emotional, and cognitive benefits associated with providing students with a well-supervised break from classroom instruction. The Centers for Disease Control and Prevention (2010, p. 10) specifies that recess is "a time during the school day that provides children with the opportunity for active, unstructured or structured, free play." It affords the child a time to rest, play, imagine, move, and socialize. Following recess, children are more attentive and better able to perform cognitively. In addition, recess helps children to develop social skills that are not acquired in the more structured classroom environment (Ramstetter et al., 2010).
- Along with benefitting physical health, good nutrition benefits students' mental and emotional health and contributes to their academic performance. Undernourished children have been shown to have decreased attendance, attention, and academic performance, as well as

experience more health problems compared to well-nourished children (Florence, Asbridge, & Veugelers, 2008). Tomlinson, Wilkinson, and Wilkinson's (2009) study examining the effects of nutrition on mental health demonstrates that it can reduce problems such as depression and hyperactivity among students. Research by Belot and James (2011) shows a link between students' attainment of educational outcomes and their diet.

- Health promotion interventions aimed at changing adolescents' health-related behaviors (e.g., eating more fruits and vegetables) have been found to be more effective than programs focusing only on increasing their health knowledge (Hoelscher, Evans, Parcel, & Kelder, 2002).
- Pedometers have been shown to increase the physical activity of students of all ages (Lubans, Morgan, & Tudor-Locke, 2009). They can be used as a way to incentivize physical activity or as a method to support student **goal setting** and **self-regulation**.
- Positive self-care, which requires establishing personal habits of preventive behavior and remedial treatment, improves individuals' quality of life (Myers, Sweeney, & Witmer, 2000).

Assessments:

Please note that the assessments listed here reflect what is currently being used in multiple disciplines to measure self-care skills. Not all of these measures will be easily used in classroom settings or by classroom teachers. However, the general knowledge that these measurements exist and the ability to review particular items from these assessments is valuable.

- The Casey Life Skills Assessment-Youth (CLS-Youth) is a self-report tool for youth between the ages of 14 and 21 (Nollan, Horn, Downs, Pecora, & Bressani, 2002). The CLS-Youth employs a 5-point Likert scale (no, mostly no, somewhat, mostly yes, yes) across 113 items to assess eight domains: daily living, self-care, relationships and communication, housing and money management, work and study life, career and education planning, looking forward, and permanency. Sample items include, "I know when I should go to the emergency room instead of the doctor's office" and "I know where to go to get information on sex or pregnancy." Complete assessment available at http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=493&cf_id=24.
- The Quality of Life Profile-Adolescent Version (QOLPAV) is a 54-item, self-report questionnaire that utilizes a 5-point Likert scale to measure students' well-being across three domains: being, belonging, and becoming (Raphael, Rukholm, Brown, Hill-Bailey, & Donato, 1996). Each domain encompasses the psychological, social, and physical well-being of students. Sample items include "How much control do I have over my physical health?" and "Are there opportunities for me to improve my thoughts and feelings?"
- The Five Factor Wellness Inventory is a self-report tool that provides an overall wellness rating based on a 4-point Likert scale (strongly agree, agree, disagree, strongly disagree), as well as ratings for five subscales: creative self, coping self, social self, essential self, and physical self (Myers & Sweeney, 2014). A 97-item teen version for middle- and secondary-age students is available. Sample items include "I am satisfied with how I cope with stress." The Five Factor Wellness Inventory can be purchased at http://www.mindgarden.com/99-five-factor-wellness-inventory (the FFWEL Manual, with details on reliability, validity, scoring, etc., costs $50, and the survey itself requires a minimum purchase of 50 surveys, at a cost of $2 per student if it is formatted and administered by the purchaser, or $2.40 per student if formatted and administered by the distributor).
- The Sources of Stress Survey is part of the *Adolescent Mental Health & Wellness Curriculum* (DeMaso & Gold, 2006). It lists common sources of stress for adolescents and asks them to

indicate which they have personally experienced. An example of the survey is shown below (DeMaso & Gold, 2006, p. 59); it is also accessible via this link: http://www.adolescentwellness.org/wp-content/uploads/2011/06/An-Adolescent-Mental-Health-Curriculum-A-Starter-Kit-For-Schools_2nd_Edition_2007a.pdf.

Below is a list of the more common sources of stress in adolescence. Please indicate which, if any of these, you have personally experienced.

Sources of Stress	YES Source of stress	NO Not a source of stress
School		
1. Tests and exams		
2. Classmates and teachers		
3. Extra-curricular activities		
Relationships		
1. Parents		
2. Peers		
3. Siblings		
4. Boyfriend / Girlfriend		
Changes during adolescence		
1. Puberty		
2. Increased responsibility		
3. Changes in the family		
4. Peer pressure		

Indicate any other stresses not mentioned above:

- Knowledge assessments on health and physical education for particular topics and grades are available at http://www.k12.wa.us/healthfitness/Assessments.aspx (Office of the Superintendent of Public Instruction, 2004).
    - One health assessment, "Dear "Stressed and Depressed:" Health assessment for high school" (Office of the Superintendent of Public Instruction, 2004) includes teacher and student copies as well as scoring notes. In the assessment, which can be accessed here, www.k12.wa.us/HealthFitness/CBAs/HighSchool/HSDearStressedAndDepressed.pdf, students are asked to write a response to a fictional teenager who is asking for advice.
- The seven dimensions of effective self-care practices that Webber et al. (2013, pp. 104–105) identify can be used to formulate reflective questions for students:

1. **Health literacy:** What basic information do you need to know about your health? Where would you go to get it?
2. **Self-awareness of physical and mental condition:** What is your blood pressure? What is your BMI? How can stress impact blood pressure or BMI?
3. **Physical activity:** How many hours of exercise do you do a week? Is it light or moderate?
4. **Healthy eating:** What types of foods should you eat daily? What foods should you avoid? How can you control portion sizes?
5. **Risk avoidance or mitigation:** What are some of the consequences of not using sunscreen? What risky behaviors have you observed your friends engaging in?
6. **Good hygiene:** How often and how long should you wash your hands? How long should you brush your teeth? Is it really necessary to change your underwear every day?
7. **Rational and responsible use of products, services, diagnostics, and medicines:** Why is it a bad idea to use your friends' prescription medication? What's the risk of mixing certain pain killers and alcohol?

Instructional Practices:

- The *Adolescent Mental Health & Wellness Curriculum* (DeMaso & Gold, 2006) includes educational modules designed for use with students in grades 7-12 that address selected topics in adolescent mental health and wellness. Topics include stress, substance use, and depression.
    - The modules are designed to fit into a typical class period, and three levels of lessons can be selected, depending on the comfort level students will have with the content. Level 1 should be used when students feel threatened or uncomfortable sharing on the topic. Level 2 is appropriate when students have a moderate level of confidentiality and comfort. Level 3 is for students who feel very comfortable engaging with peers and the teacher on the topic.
    - Each lesson begins with foundational activities. For example, a Level 1 informational lesson on stress begins with a 45-60 minute discussion of causes, consequences, and management. There is a detailed discussion of academic performance expectations, either imposed by others or self-imposed. Relationships with parents, peers, and siblings can also be a source of stress. Students will learn that consequences of stress include headaches, trouble sleeping, and fatigue. Finally, management of stress includes proper nutrition and making time for recreation. Additional stress management techniques include relaxation or meditation exercises and time management techniques.
    - The entire curriculum and activities can be downloaded from http://www.adolescentwellness.org/wp-content/uploads/2011/06/An-Adolescent-Mental-Health-Curriculum-A-Starter-Kit-For-Schools_2nd_Edition_2007a.pdf.
    - Also included in the *Adolescent Mental Health & Wellness Curriculum* (DeMaso & Gold, 2006) is a deep breathing exercise that students can use to counter symptoms of distress:

Begin this exercise by sitting quietly in a comfortable position. Close your eyes and follow the instructions below.

1. Put one hand on your abdomen and one hand on your chest.
2. As you breathe in allow your abdomen to extend and your chest to remain relatively still. This is called diaphragmatic breathing.
3. Breathe in slowly and count to yourself to about 5 or 7, whichever allows you to just reach the point where your lungs are expanded fully.
4. Pause briefly while your lungs are expanded. Then exhale slowly counting to 5 or 7 again.
5. You do not need to force all the air out of your lungs when you exhale. Just allow your breathing muscles to come to rest as you normally do when you breathe.
6. Take three of these deep breaths in a row. Then breathe normally for a minute. Then take three more deep breaths. Continue this cycle of deep breaths and normal breathing until you feel relaxed enough.
7. If you begin to feel dizzy or light-headed, just begin breathing normally for a while.

While learning this technique, practice using it several times per day. Whenever you feel symptoms of distress, practice the deep breathing exercise. You can practice it before you know you are going to have to perform some stressful activity like taking an exam.

It is important to realize that although you may receive benefits from your first use of a skill, it may take days or weeks to learn the skill and receive full benefit from it. How much benefit will be derived from a skill will likely be in direct proportion to how often and consistently you practice.

- Strategies from school-wide programs aimed at increasing fruit and vegetable intake include incorporating nutrition education in the curriculum, providing more fruits and vegetables at the school, and communicating about nutrition with families (Evans, Christian, Cleghorn, Greenwood, & Cade, 2012). Family outreach included newsletters as well as home-based projects like a family night at the grocery store with suggestions on selecting nutritious items.
- Blue Valley Schools (n.d.) offers parents and students a wealth of information on various dimensions of student self-care at https://district.bluevalleyk12.org/ParentsAndStudents/Pages/StudentWellBeing.aspx. The site addresses depression, exercise, and resiliency, among other important topics, and connects users with relevant outside resources. These resources can also be modified for use in the classroom.
- As part of its school health program, the Government of the Northwest Territories in Australia offers a number of well-developed lesson plans and supporting materials on several aspects of self-care for K-9 students (Northwest Territories Education, Culture, and Employment, 1991). Grade-specific packets are available at https://www.ece.gov.nt.ca/early-childhood-and-school-services/school-services/curriculum-k-12/health/k-9-nwt-school-health.
- Thoughtful Learning (n.d.) provides a page on Social-Emotional Intelligence: Self-Care (https://k12.thoughtfullearning.com/social-emotional-intelligence/self-care) with access to a number of activities and resources for teaching self-care to students in elementary and middle school settings.
- Tier 1 universal supports for school mental health: “Promotion and primary prevention strategies promote a school environment that supports the positive development of *all* students – socially, emotionally, and academically” (Hurwitz & Weston, 2010, p. 9). Some examples of school-based prevention activities include group or classroom interventions that address substance abuse, violence, or bullying. Health promotion for school personnel allows them to model appropriate self-care behaviors.

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