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DNA-V – A Contextual Approach to Mental Health as a Benchmark for Evidence-Based Psychological Education at School

Abstract

The article attempts at outlining the development of the holistic approach to the mental health of children and adolescents worldwide and contextualises it with the Polish background. Accordingly, it provides examples of actions undertaken in the Polish educational policy to introduce a holistic approach to the mental health of children and adolescents through various education, care, prevention and wellness-oriented programmes which have been established and conducted within the last two decades. Moreover, the article attempts to explain how context-focused and evidence-based mental health approaches, such as mindfulness, positive psychology, development of psy-

chological flexibility, can be used as an alternative to content-focused actions that have been taken worldwide so far. In the paper, a developmental-contextual behavioural model called DNA-V is used to refer to a concrete example of how psychological education could integrate evidence-informed interventions into a social and individual context, as well as to promote the healthy transition from puberty to adulthood.

K e y w o r d s : DNA-V, Mental Health, Psychological Education, Psychological Flexibility, Mindfulness, Positive Psychology, Evidence-Based School Intervention

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Abstract

W artykule wskazano założenia polskiej polityki oświatowej ostatnich lat, mające na celu bardziej kompleksowe ujęcie zdrowia psychicznego dzieci i młodzieży. Starając się pokazać stosowane w innych krajach skuteczne rozwiązania praktyczne, przedstawiono przykłady opartych na dowodach naukowych podejść kontekstualnych i możliwości ich implementacji w codziennej rzeczywistości szkolnej. Zaprezentowana perspektywa stanowi alternatywę dla wciąż obecnych w Polsce, skoncentrowanych na treści programów edukacyjno-wychowawczych, profilaktycznych czy promocji zdrowia. Wykorzystując założenia modelu DNA-V, ukazano, jak edukacja psychologiczna może integrować różne interwencje w taki sposób, by podejmowane działania uwzględniały społeczny i indywidualny kontekst funkcjonowania uczniów oraz wspierały prawidłowy proces dojrzewania młodych ludzi.

S ł o w a   k l u c z o w e : DNA-V, zdrowie psychiczne, edukacja psychologiczna, elastyczność psychologiczna, uważność, psychologia pozytywna, interwencja szkolna oparta na dowodach

Therapy versus Health Promotion and Mental Health Prevention

For many years, health promotion, mental health prevention, and therapy for children and teenagers have been conducted in silos.

Furthermore, risky behaviours and mental disorders are often approached independently[1].

In Polish schools, as with many other nations, activities concerning mental health are mostly limited to crisis interventions in which institutions help to reduce behaviours which either take extreme forms or meet the disorder criteria, and prevention is mostly limited to educational programmes designed to prevent such behaviours. School practices reveal insufficient understanding by professional educators, superficiality in presented contents, as well as neglecting the social and environmental context. Even when programmes raise the key issues of addictions, violence, or sexually transmitted diseases, such issues are covered under a general paradigm of temporary prevention and education instead of taking a systemic approach[2].

This narrow paradigm towards psychological care pervades many Western European approaches in both adult and adolescent care. The paradigm taken is that healthy people should be inherently joyful and optimistic, and they will display positive emotions once their needs are satisfied. It assumes that problematic behaviours result from psychopathological processes different for the ones experienced by "a healthy person". More realistically, the period of adolescence involves struggles on the part of a young person with a confusion of self and their context.[3] The path to adulthood is frequently accompanied by unpleasant feelings, such as doubt, anger, sadness, fear, uncertainty and tension, as well as challenges, such as trying new things and learning to fail[4]. However, the dominant paradigm portrays negative feelings as the root of the problem rather than an outcome of context or growth. It suggests that one should avoid distress, and it appears to be reduced or eliminated through therapy or treatment.

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[1] J. Szymańska, *Ochrona zdrowia psychicznego dzieci i młodzieży w szkole*, Warszawa 2012, p. 9.

[2] Ibidem.

[3] H. Bee, *Psychologia rozwoju człowieka*, Poznań 2004.

[4] Ibidem; A.I. Brzezińska (ed.), *Psychologiczne portrety człowieka. Praktyczna psychologia rozwojowa*, Gdańsk 2015.

It is common knowledge that concentration on positive thinking and positive emotions as a form of emotional suppression is problematic[5]. Studies confirm that life satisfaction in adolescents goes down as they age. The negative evaluation of life involves 15% of eleven-year-olds, 21.5% of thirteen-year-olds, 25% of fifteen-year-olds, and 27.7% of seventeen-year-olds[6]. Adolescence is the time of challenges and conflicts arising out of the contradiction between the young and the old. Such conflicts usually revolve around responsibilities, activities, expectations, requirements and uncertainty about the future. Uncertainty is a temporary state determined by adolescents' evolving experience[7]. One cannot erase adverse life events. Instead, one should master the ability to learn from them.

Children and teenagers' mental distress develops in up to 20% of the world's youth population[8], a figure mirrored in Poland[9]. The aetiology of mental disorders is varied, but one of the key issues in school interventions is loneliness[10]. The results of cross-sectional research reveal that the highest level of loneliness is declared by teenagers – up to 79% of tested adolescents under the age of 18 claims that they experience isolation periodically or frequently[11]. The importance of interpersonal contacts in human development is indisputable[12]. Young people

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[5] J. J.Gross, R. W. Levenson R.W., *Emotional suppression: Physiology, self-report, and expressive behaviour*, "Journal of Personality and Social Psychology", 1993 no 64(6), pp. 970–986.

[6] I. Tabak, *Zdrowie psychiczne dzieci i młodzieży. Wsparcie dzieci i młodzieży w pokonywaniu problemów*, "Studia BAS", 2014 no 2(38), pp. 113–138.

[7] J. Piaget, *Part I: Cognitive development in children: Piaget development and learning*, "Journal of research in science teaching", 1964 no 2(3), pp. 176–186.

[8] WHO, *Mental Health Atlas*. Geneva 2005.

[9] I. Namysłowska, *Zdrowie psychiczne dzieci i młodzieży w Polsce – stan rozwoju opieki psychiatrycznej i zadania na przyszłość,* "Postępy Nauk Medycznych", 2013 no 1, pp. 4–9.

[10] L. M. Heinrich, E. Gullone, *The clinical significance of loneliness: a literature revive,* "Clinical Psychology Review", 2006 no 26(6), pp. 695–718.

[11] Ibidem.

[12] J. Bowlby, *A Secure Base*. New York 1988; I. Bretherton, *The origins of attachment theory: John Bowlby and Mary Ainsworth,* "Developmental Psychology", 1992 no 28, pp. 759–775.

may lack skills which enable the formation of satisfying social bonds[13], or the context may be unsupportive.

According to the latest GUS (Polish Central Statistical Office) report, every eleventh primary school pupil and every tenth junior high school student has legal disability status on account of intensified difficulties in social and emotional functioning. Some of the most common reasons for using out-patient psychiatric care in that group were stress-related disorders[14]. The current figures are even more disturbing[15]. The conclusions of the Supreme Audit Office (NIK) also indicate that on the deteriorating mental condition of children and adolescents is influenced by factors resulting from the school system itself (mainly – the shortcomings of the teaching process, an increase in the scale of educational problems and the failure of the National Mental Health Program)[16]. When analysing the mental health of children and adolescents in Poland, it was observed that apart from single, specific data[17] there are no comprehensive studies or epidemiological research concerning this issue. Notwithstanding the above, the scientific knowledge and scale of the phenomenon, as well as the awareness of psychological and psychiatric care's deficiency in Poland[18] should act as a major stimulus for en-

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[13] L. Hayes, J. Ciarrochi., *The Thriving Adolescent: Using Acceptance and Commitment Therapy and Positive Psychology to Help Teens Manage Emotions, Achieve Goals, and Build Connection*, Oakland 2015, p. 216.

[14] GUS, The Polish Central Statistical Office, *Zdrowie dzieci i młodzieży w Polsce w 2009 r. Studia i analizy statystyczne*, Urząd Statystyczny Kraków 2011.

[15] NIK, *O dostępności lecznictwa psychiatrycznego dla dzieci i młodzieży*, Warszawa 2020.

[16] NIK, *Przeciwdziałanie zaburzeniom psychicznym u dzieci i młodzieży*, Warszawa 2017.

[17] R. Modrzejewska, J. Bomba, *Rozpowszechnienie zaburzeń psychicznych i używania substancji psychoaktywnych w populacji 17-letniej młodzieży wielkomiejskiej*, "Psychiatria Polska", 2010 no 44(4), pp. 79–592; M. W. Pilecki, A. Nowak, M. Zdenkowska-Pilecka, *Change in the Frequency of Consultations Concerning Eating Disorders in the Department of Child and Adolescent Psychiatry in Kraków (Poland) in the years 1988–2004*, "Archives of Psychiatry and Psychotherapy", 2009 no 2, pp. 35–40; J. Komender, T. Wolańczyk. *Zaburzenia emocjonalne i behawioralne u dzieci*, Warszawa 2015.

[18] I. Namysłowska, op. cit.; I. Tabak, op. cit.

tities engaged in care and educational work. Taking up prevention and health-promoting activities with clear objectives on the part of educational institutions might deem it necessary.

Mental Health in Schools – Holistic Model

The Whole School Approach[19], established as a guideline by UNICEF in 2005, suggests that mental health promotion and mental disorder prevention in children and teenagers must be holistic and systemic. Policy and intervention cannot be separate, narrow actions or a specific subject in the curriculum. The European Commission shared the same belief in that year[20].

The guidelines create supportive educational conditions for healthy development in children and adolescents, as well as provide a guarantee for optimal working conditions in pedagogical work. Accordingly, schools should not only develop specific educational programmes and include mental health protection in the already existing curriculum but also that they should integrate it into the entire management system of the institution. The health-oriented vision should translate into long-term activities which involve using all institutional resources, the progress of which should be monitored and evaluated.

Such a holistic approach exemplified by the work of scientific institutions and non-governmental organisations provides the basis for different school programmes worldwide. An example of one model is MindMatters18[21], a mental health promotion programme funded by the Australian government. It provides a framework for health-oriented actions which can be implemented in Australian schools. The framework takes the shape of an inverted pyramid and describes four levels

[19] J. Bastiani, J., *Working with parents: A whole-school approach*, Berkshire 1989; J. D. Smith, B. H. Schneider, P. K. Smith, K. Ananiadou, *The effectiveness of whole-school antibullying programs: A synthesis of evaluation research,* "School psychology review", 2004 no 33(4), pp. 547–560.

[20] J. Szymańska, op. cit.

[21] Ibidem.

of actions which the schools can use to guide their policy and intervention (Figure 1).

Figure 1. MindMatters18 framework for health initiatives in schools
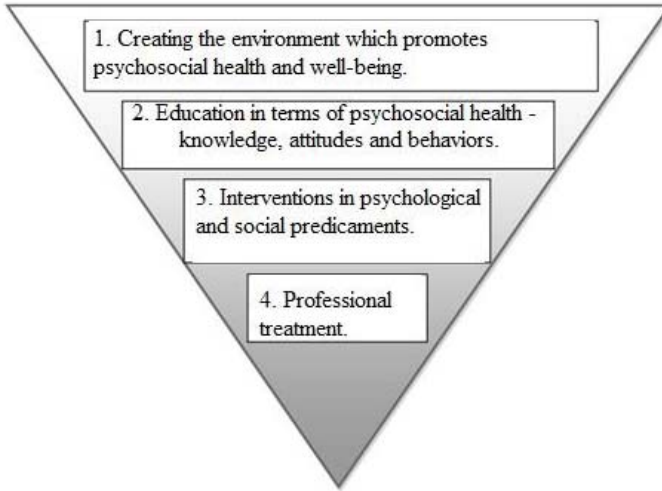
Source: Szymańska, 2012, p. 11.

As shown in Figure 1, the intervention levels cover: 1) health promotion; 2) universal, selective and indicative prevention; 3) interventions in the face of psychological and social problems; as well as 4) professional therapy. The model activity includes the entire student population – assuming that the lower the level, the smaller the group of recipients and persons involved. The final number of students requiring specialised intervention is 3–12% of the population.

Implementing a Whole-School Approach in Poland

The guidelines for the educational reform of 2008 sought to aid the implementation of a whole school approach in Poland. Some of its key assumptions were to build a bridge between education and upbringing as

well as to integrate the educational, preventive and health promotion to make a coherent whole.

From the perspective set out in the reform, the schools' role is to affect education harmoniously not only in terms of sharing knowledge but also teaching skills and attitudes.[22] So that the nurture reform does not become merely a false, internal school document, it should be treated as a coherent educational plan to benefit the entire society.

In the reform, the school's educational activity was defined through:

1) a set of educational programmes covering nurturing dimension and the entire school's activity;
2) nurturing programmes including all the nurturing content and actions;
3) prevention programmes responding to students' developmental and environmental needs, including all preventive content and actions[23].

The general objectives of educational programmes cover four aspects of education: 1) natural development support; 2) promotion of the way of thinking and attitudes which are considered as desirable; 3) risky behaviour prevention; as well as 4) deficits and injuries correction. By asking schools to recognise the general objectives and values established by our society, it was hoped that the holistic assessment of needs and resources for the school society would be conducted and then further steps would be taken (Figure 2).

This complex holistic diagnosis appears to be a reasonable initial assumption as the risk of diagnoses set for the previously established problem was minimised. The direction diagnosis does not show the whole context of school's/student's functioning and creates a risk that some issues which require reaction, e.g. in the form of preventive impact, could be trivialised or omitted. The holistic diagnosis is designed to define the current situation. It also forms the basis for setting future

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[22] T. Garstka, K. Leśniewska, *Jak tworzyć program wychowawczy szkoły – opis modelu, poradnik opracowany na zlecenie MEN w ramach Rządowego Programu 'Bezpieczna i Przyjazna Szkoła'*, Warszawa 2008.

[23] Ibidem.

objectives, choosing the priorities, and planning actions both in an individual as well as the institutional dimension (Figure 2).

Figure 2. The model of an educational program
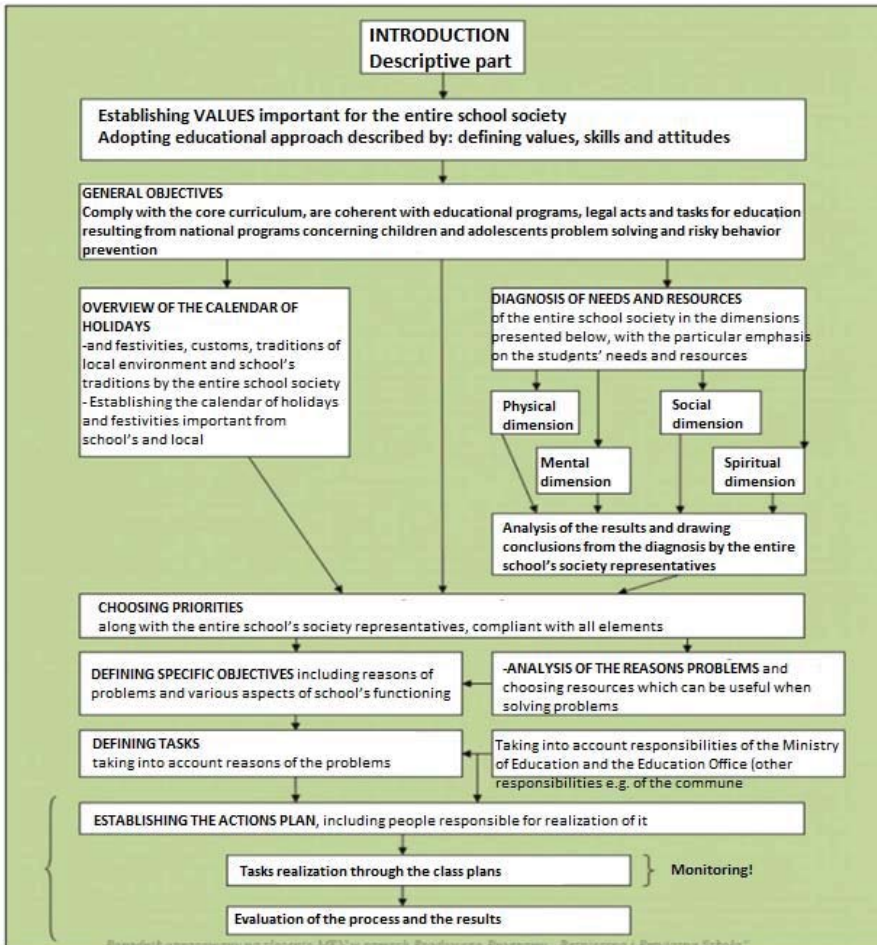
Source: Garstka & Leśniewska, 2008, p. 8.

The advantage of such a solution was an assumption that the entire school's participation is needed. Therefore, subject teachers, while planning tasks and creating time frames for classes, should decide which preventive and educational contents are possible to realise in the curriculum and which form of impact to employ.

The question of values was a significant point of the reform. It was assumed that the hierarchy of values is a critical element in creating an educational programme. In the guidelines of the Ministry of National Education, one could read that: "when elaborating on the schools' educational programme, the question of values which are particularly important for the school's society should be taken into account"[24].

The school's set of educational programmes as well as the school's nurturing and prevention programmes were supposed to create a coherent whole by taking into account all requirements described in the general curriculum. "Their elaboration and realisation is not only the entire school's but also each teacher's task"[25]. At this point, the attention is drawn to the individual as well as a collective contribution to the elaboration of coherent didactic and educational programmes which – if appropriately formed – would be development-oriented. Given the above, the guideline contains preventive, promotional and health-oriented values.

Context-Focused Mental Health Approach

The aforementioned legislative changes were designed to integrate the content of education and nurturing, as well as to change the commonly accepted perspective on mental health. Their implementation demands that schools assume part of the responsibility for the diagnosis, therapeutic actions or student's reintegration. However, the regulations were theoretical and did not change much from the students' perspective[26]. Polish schools do not offer a systemic developmental or therapeutic support structure to their pupils. Their sole objective when fac-

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[24] Ibidem.
[25] Dz.U. z 2012 r., poz. 977, 4, p. 3.
[26] J. Szymańska, op. cit.

ing a problem is to make a referral for a "problematic" student and, at best, support that student's reintegration after treatment[27].

One of the fundamental shortcomings in school health programmes is an excessive fixation on the content of education and nurture. The "content" stands for various forms of personal experience, e.g. positive thoughts, good feelings, correct attitudes and beliefs. Persistent endeavours to alter the content of people's thinking may suggest that a certain way of thinking is not inherently good or bad, healthy or pathological. Such interventions – even if the "good" belief, e.g. regarding the value, is collectively assumed – pose the risk of establishing values detached from the personal and factual context along with the intended function which derives from such a belief.

By way of contrast, context-focused activities attempt to address the reinforcement of behaviour in the current external environment as well as the internal conditioning of the student's historical, cultural and developmental experiences. The purpose of introduced interventions is to alter the external and internal context, for example, by creating a school environment in which young people would choose activities they consider as instrumental in their lives and where they would learn skills which could help them respond flexibly and effectively to the environment. Focusing on functionality is tantamount to creating interventions based on scientific evidence for behaviour change rather than "proper" beliefs[28].

Developing of Psychological Flexibility

One example of a context-focused mental health approach is the development of psychological flexibility. It has been proved to be beneficial to mental health[29]. Psychological flexibility is the ability to take

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[27] A. Kołakowski, A. Pisula, *Sposób na trudne dziecko. Przyjazna terapia behawioralna*, Gdańsk 2020.

[28] S. C. Hayes, K. D. Strosahl, K. G. Wilson, *Acceptance and Commitment Therapy, Second Edition: the Process and Practice of Mindful Change*, New York- London 2012.

[29] J. G. L. A-Tjak, M. L. Davis, N. Morina, M. B. Powers, J. A. J. Smits, P. M. G. Emmelkamp, *A Meta-Analysis of the Efficacy of Acceptance and Commitment Therapy for*

a valued action event in the presence of confusing thoughts and feelings. For example, "I can keep trying to study even when my mind tells me I will fail". Acceptance and Commitment Therapy has its primary outcome as greater psychological flexibility. ACT has been examined in over 171 randomised controlled clinical trials (RCTs) and 45 mediational studies[30]. Different organisations, such as the American Psychological Association, Society of Clinical Psychology (Div. 12) or SAMHSA's National Registry of Evidence-based Programmes and Practices acknowledged it as empirically supported in certain areas or as a whole according to their standards[31].

The Mindfulness in Schools Programme

Another approach that proved useful in the context-focused mental health field is called mindfulness[32]. The term itself refers to the intentional shifting of attention to the present moment while refraining from judgments and impulsive actions[33].

Mounting research demonstrates that teaching mindfulness to children within a school setting helps them not only to cultivate well-being and promote mental health but also helps them to meet the objectives of contemporary education, i.e. attention, concentration and self-regu-

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Clinically Relevant Mental and Physical Health Problems, " Psychotherapy and Psychosomatics", 2015 no 84(1), pp. 30–36.

[30] K. Van der Gucht, J. W. Griffith, R. Hellemans, M. Bockstaele, F. Pascal-Claes, F. Raes, *Acceptance and Commitment Therapy (ACT) for Adolescents: Outcomes of a Large-Sample, School-Based, Cluster-Randomized Controlled Trial,* "Mindfulness", 2017 no 8, pp. 408–416.

[31] S. Hayes, *State of the ACT Evidence,* 2017, https://contextualscience.org/state_of_the_act_evidence

[32] J. M. G. Williams, W. Kuyken, *Mindfulness-based cognitive therapy: a promising new approach to preventing depressive relaps*e, "Br J Psychiatry", 2012 no 200, pp. 359–60.

[33] J. Kabat-Zinn, *Full-Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness,* New York 1990.

lation[34]. Teaching young people mindfulness skills, e.g. by paying attention to sensations which one can register with their senses, describing inner experience such as emotions, focusing on what one is doing in the present moment, or merely accepting negative experience without judgment, can prove useful in the process of becoming more compassionate with ourselves and others[35].

Developing mindfulness serves self-knowledge and a better insight into one's own experiences, emotions, values and needs, it also translates into a better understanding and sensitivity to the needs and feelings of others, while stimulating pro-social behaviour.

Creating a Health Preventing School Context with Positive Psychology

In the context of a school where adults have substantially more power than young people, there is a substantial risk of coercive behaviours. "Coercive" means "compelled by force, intimidation, or authority"[36]. Accordingly, coercive behaviour can hamper students' learning process if they are to engage in activities which are not of interest to them. In such instances, they may experience a weak sense of autonomy[37]. When young people do not feel autonomous, they demonstrate a diminished motivation to learn and persist at difficult tasks[38]. Furthermore, stu-

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[34] W. Kuyken, K. Weare O. C. Ukoumunne R. Vicary N. Motton, R. Burnett, C. Cullen, F. Huppert, *Effectiveness of the Mindfulness in Schools Programme: non-randomised controlled feasibility study*, "The British Journal of Psychiatry", 2013 no 203(2), pp. 126–131.

[35] J. Ciarrochi, P. W. B. Atkins, L. L. Hayes, B. K. Sahdra, P. Parker, *Contextual Positive Psychology: Policy Recommendations for Implementing Positive Psychology into Schools,* "Frontiers in Psychology", 2016 no 7, 1561.

[36] Ibidem.

[37] L. Mayer, *Bringing 'Em Up Right; Making School Transitions a Success,* "Schools in the Middle", 1995 v. 4 no 4, pp. 41–42.

[38] *M.* Vansteenkiste., J. Simons,, W. Lens, K. M. Sheldon, E. L. Deci, *Motivating Learning, Performance, and Persistence: The Synergistic Effects of Intrinsic Goal Contents and Autonomy-Supportive Contexts.* "Journal of Personality and Social Psychology" 2004 no 87(2), pp. 246–260.

dents who learn by direct instruction in a highly competitive school landscape are more likely to feel depressed and angry, lose self-esteem, underestimate the role of education, and earn lower grades[39].

A contrary method is discovery learning. The main idea of it is that children learn the most when they are allowed to set the pace of and time for learning on their own[40]. These findings are consistent with positive psychology and its tradition of broadening and building. Research on the effects of implementing positive psychology in individual interventions– coupled with the whole-school initiatives[41] – have yielded promising results not only in terms of students' well-being but also their academic performance, the atmosphere in school, and teachers' satisfaction. Unfortunately, many educators are not convinced that structured, direct acquisition of skills and concepts undermines children's ability to think, which in turn makes them reluctant to learning.

Evidence-based programmes designed to promote positive outcomes and prevent behavioural problems among students have been gaining grounds in educational settings[42]. They derive from the traditions grounded in different theory, i.e. positive psychology, mindfulness and the psychological flexibility model. Even when the interventions have been evidence-based, they may still be criticised in that they instruct people on how to think and feel[43]. There is a risk that the interventions will become disconnected from their deeper sociocultural and devel-

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[39] R. W. Roeser, J. S. Eccles, K. R. Strobel, *Linking the study of schooling and mental health: Selected issues and empirical illustrations at..,* "Educational Psychologist", 1998 no 33 (4), pp. 153–176.

[40] C. Gray, S. MacBlain, *Learning Theories in Childhood,e-book*, 2015, p. 84.

[41] A. Shoshani., S. Steinmetz, S., *Positive psychology at school: A school-based intervention to promote adolescents' mental health and well-being,* "Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being", 2014 no 15(6), pp. 1289–1311; M. E. P. Seligman, R. M. Ernst, J. Gillham, , K. Reivich, M. Linkins, *Positive Education: Positive Psychology and Classroom Interventions,* "Oxford Review of Education" 2009 no 35(3), pp. 293–311.

[42] A.Biglan, *The Nurture Effect: How the Science of Human Behavior Can Improve Our Lives & Our World,* Oakland, CA 2015.

[43] L. Friedli, R. Stearn, *Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programme,* "Medical Humanities", 2015 no 41(1), pp. 40–47.

opmental context and turn into a stress-reduction tool or psychological content control[44] Schools can introduce such interventions as a panacea to cure all students' problems – be it school-related stress or low academic success. This way the problem is assumed to derive from students' deficiency. From this vantage point, students are stressed not because they are bullied or ignored, but because they lack specific skills[45].

DNA-V – Contextual Psychological Education

DNA-V may serve as an excellent example of how to participate actively and assist young people in realising their potential by using scientifically-based psychological education. This connects the assumptions behind psychological flexibility[46] and mindfulness[47] with positive psychology[48] as well as the evolutionary science and learning processes[49]. DNA-V is a holistic way of helping children to learn how to discover their talents, realise the potential, stay true to their feelings, and sharpen their cognitive skills. In practice, it promotes the development of psychological skills with vitality and valuable actions as its side effects. Hence, the fundamental aim of such actions is to learn how to deal with emotions constructively, how to set and achieve life goals, and how to build satisfying social bonds[50].

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[44] R. Purser, J. Milillo, *Mindfulness Revisited: A Buddhist-Based Conceptualization,* "Journal of Management Inquiry", 2014 no 24(1), pp. 3–24.

[45] J. Ciarrochi et al., 2016, op. cit.

[46] S. C. Hayes, J. B. Luoma, F. Bond, A. Masuda, J. Lillis, *Acceptance and Commitment Therapy: Model, Processes and Outcomes*, "Behavior Research and Therapy", 2006 no 44, pp. 1–25.

[47] Ibidem; J. Kabat-Zinn, op. cit.

[48] T. B. Kashdan, J. Ciarrochi, (Eds.), *The Context Press mindfulness and acceptance practica series.Mindfulness, acceptance, and positive psychology: The seven foundations of well-being.* Okland CA 2013.

[49] K. G. Wilson *Mindfulness for Two: an Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*, Oakland 2009.

[50] J. Ciarrochi et al., 2016, op. cit.; S. C. Hayes, J. B. Luoma, F. W. Bond, A. Masuda., J. Lillis*, Acceptanceand commitment therapy: model, processes and outcomes*, "Behav. Res. Ther.", 2006 no 44, pp. 1–25.

Developmental Context

DNA-V is an acronym which encapsulates three classes of functional behaviours. Our inner Discoverer (D) corresponds to our trial and error experiences which enable learning how to explore and test the world. Noticer (N) refers to behaviours which facilitate the understanding of how to use emotions with full awareness of the body and signals from the external world. Advisor (A) encompasses how people use cognition to assign meaning to something and how to effectively use the acquisition of knowledge and skills without the first-hand experience[51]. Values (V) and vitality serve as a direction to help individuals create meaning from their actions and direct their attention to what is important to them (Figure 3). This process of learning to combine the current behaviour with the long-term profit stretches over childhood and adolescence. Six steps of well-being are used to ensure that values and vitality are present in every facet of life. These include self-care, challenging ourselves, being present in the moment, making an effort to reach out and connect with other people, doing something for others, and looking after the planet. Tutors/teachers could help young people develop their language to enable the identification of what they love and what is important for them[52].

The **Advisor** is a metaphor for the process of learning to navigate the world with language and cognition. In other words, it reflects how one used their history and past experiences to learn and predict. One might explain to a child that they have an "inner advisor" who constantly talks to them, who judges, predicts and points out what should be done and what should not be done. Children can learn to use their inner voice constructively. They do this by learning to listen to their self-talk when it helps them engage in vitality or valued behaviours and to step aside from that self-talk when it does not promote their well-being. For example, if they take a moment to write down all their

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[51] L. Hayes, J. Ciarrochi. 2015, op. cit.
[52] Ibidem; L. Hayes http://thrivingadolescent.com; S. C. Hayes, J. B. Luoma, F. W. Bond, A. Masuda, J. Lillis, op. cit.

thoughts, they can see that there are a lot of thoughts that are constantly crossing their minds, and thus see that some of the thoughts are valuable and some are not – they simply emerge from the mental noise.

Figure 3. DNA-V model

Source: L. Hayes; http://thrivingadolescent.com.
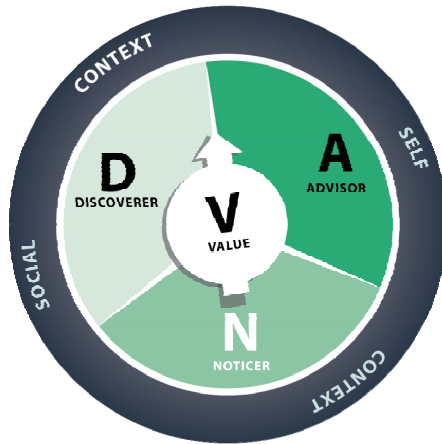
The **Noticer** reflects the process of learning to use our inner sensations and external signals to navigate the world, appreciate our emotions, and choose our response. Observing these phenomena allows children to broaden their abilities to experience feelings and sensations in their bodies. They can learn that emotions and feelings are pieces of news. Some of them require a response, whereas others do not. For instance, when a given individual is disturbed, he or she may learn to stop for a moment in order to give our body the time it needs to quieten. It is easier then to choose a behaviour which is consistent with what is important to an individual in question.

The inner **Discoverer** helps children to engage in trial and error in order to develop their talents and cultivate social bonds. Such qualities are used to try new things, explore, find and establish certain values as well as build one's strength and create value. This means that young individuals can be asked to reconsider their behaviour in the face of

a recent problem in order to see whether it worked, i.e. helped building value, or not. If not, one should think to what lengths they could go in order to change the behaviour and become more self-satisfied[53].

Individual Context

Using the DNA-V model, the current difficult child situation can be conceptualised or a problematic issue can be planned for interventions.

In the traditional view, we approach the problem symptomatically, looking for causes and trying to reduce the symptoms to the correct or acceptable level. In the DNA-V model, the perspective taken is different. Firstly, we focus on the context. We make a diagnosis of the circumstances under which and in which the child/student comes to us. We try to capture who and what is important for a young person in the current situation, which affects his condition and reactions.

Instead of focusing on the problem, we focus on the function, i.e. how problematic behavior may affect areas important for the student. This approach gives us the opportunity to create a safe relationship which will be fundamental at the next stages of work. On the other hand, we have the opportunity to assess the level of the student's skills in the area of identifying and naming what is important to him, as well as to study the level of development of psychological skills in individual areas, and training them (Discoverer, Noticer, Advisor). Not only can we define important values for the student, but also his strengths and weaknesses.

For example, deficits in the Noticer set of skills can emerge in fear of physical sensations and feelings and may lead to safety seeking or avoidance behaviours.

Risky behaviours, on the one hand, and non-adaptive schematic behavioural strategies, on the other hand, might be the indication of underdeveloped Discoverer skills. That is, the behaviour is engaged without testing its "workability" or value and strength-enhancing capability.

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[53] L. Hayes, J. Ciarrochi, 2015, op. cit.; J. Ciarrochi, et al., op. cit., p. 7.

The Advisor process relies on verbal beliefs which are the result of experiences, reasoning and teaching. They may remain rigid and fixed even if these are useless regarding their value and vitality in the present. For example, based on last year's poor performance at school, a teenager may develop a core belief such as "I am stupid". Using untested advisor behaviour is associated with rumination, blaming, worry and fantasy to control emotions in a way which interferes with valued living.

By employing the DNA-V model in the context of the development of the self, one can teach young people how to view themselves and how their view of themselves may affect the value-behaviour. Contrary to the widespread belief that the high level of self-esteem provides the basis for success[54] the DNA-V model does not concentrate on how individuals evaluate themselves (e.g. positively, negatively, adequately, inadequately), but determines whether the evaluation helps them approach the values which matter from their points of view. Requiring that students assume only positive self-assessment and high self-esteem is not entirely eligible and presents a certain threat. Baumeister claims that telling people that they are exceptional tends to lead them to think that "I am good even when I do bad things", which is just a step away from antisocial behaviour[55] Excessive elevation of self-esteem makes us think: "Since I am exceptional, I deserve special treatment" – which strengthens narcissistic behaviours[56]. By mastering DNA-V skills, students can follow their own judgment. Hence, the task of educational work is education and the development of compassionate self-perception and self-image in students. This will help them care for themselves and broaden their repertoire of valuable behaviours[57]. Adopting such

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[54] L. Hayes, J. Ciarrochi, 2015, op. cit.

[55] R. F. Baumeister, J. D. Campbell, J. I. Krueger, K. D. Vohs, *Does High Self-Esteem Cause Better Performance, Interpersonal Success, Happiness, or Healthier Lifestyles?*, "Psychological Science in the Public Interest", 2003 no 4 (1), pp. 1–44.

[56] D. L. Paulhus, K. M.Williams, *The Dark Triad of Personality: Narcissism, Machiavellianism, and Psychopathy*, "Journal of Research in Personality", 2002 no 36(6), pp. 556–563.

[57] L. Hayes, J. Ciarrochi, 2015, op. cit.

a perspective is beneficial for mental health and balance and retains its development-oriented and adaptive character.

Sociocultural Context

Shaping flexible behaviour in the social world is called the social-view. It includes the ability to take another person's perspective ("being in somebody's shoes") and using the knowledge obtained that way to build valuable relations[58]. Young people can be offered assistance on account of their Discoverer, Noticer, Advisor and value-based behaviours to see that others are also in this same soup, attempting to find their way with their DNA-V behaviours.

If the DNA-V model is adopted to group-level interventions or if the principles of DNA-V are adopted in the group work, one can use the Discoverer skills to clarify the group values and help its members broaden and build their resources and skills by modifying their behaviours.

Importantly, individuals can use the Noticer skills to become aware of their feelings and, this way one can undermine or support group effectiveness. The Advisor set of skills promotes the formation of more effective community principles, taking an inclusive self-perspective within the group using compassionate self-view and, by flexible social-view, gaining a different perspective on others[59].

In school

The application of DNA-V in individual and group work gives us the opportunity to work with both deficient and talented students. It can fulfil a therapeutic function, but it can also constitute a form of everyday educational work and subject methodology.

DNA-V supports the educational process through training psychological skills. Using the web application, containing a collection of over 200 lesson scenarios, we are able to match precisely the educational

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[58] Ibidem.
[59] Ibidem; S. Hayes; 2017, op. cit.

lesson plan to the age group or psychological skills that we want to stimulate during classes[60]. While selecting them, we can also be guided by the thematic areas which we wish develop. We have six behavioral areas to choose from:

- **Connecting with others** – this involves having healthy social relationships.
- **Challenging oneself** – this involves continually trying to improve via learning.
- **Giving to others** – this involves spending time and resources helping our fellow human beings.
- **Exercising** – this involves engaging in physical activity.
- **Embracing the moment** – this involves mindfully interacting with our thoughts and feelings.
- **Self-care** – this involves looking after oneself, such as through healthy eating and improved sleep quality.

The application of available scenarios by teachers does not require deep insight into the method. However, it may contribute to the creation of comprehensive and holistic educational programmes based on schooling, psychological skills[61]. It is worth emphasizing, however, that in contrast to classic school, preventive or educational programmes, in which the teacher/educator mainly follows the ready-made guidelines of the lesson scenarios, in the DNA-V model, studying by modelling psychological skills is most important. In order to become a model, the creators of the concept suggest that the teachers first become acquainted with the model and later practise its possibilities. By acquiring knowledge and skills according to the assumptions of the DNA-V model, teachers rely on their own experience and develop their competences. This approach is based on the assumption that only a teacher aware of his own values, able to navigate his own emotions and make discoveries in his life, when taking up challenges, and adequately and wisely handling the administrative prompts of the mind, will be to use the potential fully and effectively.

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[60] https://www.connect-pshe.org/our-approach [dostęp: 25.03.2021].
[61] Ibidem.

The DNA-V model can also be a tool of methodological support through parallel – simultaneous interaction, i.e. transfer of subject knowledge as well as shape and use psychological skills[62]. In such a perspective, the approach will become part of the entire school system, not limited only to "educational activities".

By spending a few minutes of lessons on interventions in the Discoverer area, e.g. "What would you like to discover today by working on the topic?" we activate the student's internal motivation by joining the content of the subject with individual students' values. Using interventions from the Noticer level, as a lesson summary, e.g. "How did you feel while working on the topic in the group?" we stimulate the skills of monitoring and naming one's emotional states as well as recognizing , in the process, areas of individual values. Referring to the Advisor during the lesson, strengthens the skills of creating and verifying hypotheses, creating useful rules and drawing conclusions: e.g. "What are your conclusions. Can you summarize it?".

Conclusion and Future Directions

The presented content provides a brief insight into the method which may work as an individual model of work with young people and a useful tool for group work in the classroom. It should be emphasised that – unlike many other therapeutic or protocol-based prevention programmes – DNA-V focuses on mental processes, offering the possibility of flexible adaptation to the current individual and sociocultural context. Used effectively, it might work as a perfect self-improvement tool for teachers and, above all, serve as conceptual and methodical support for upbringing work and health-focused educational interventions as well as educational and prevention programmes in schools.

Psychological development of a child is the main goal of the DNA-V model. The reduction of psychopathological symptoms is an "added

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[62] L. Porosoff, J. Weinstein, *Two-for-One Teaching: Connecting Instruction to Student Values (Integrate Social-Emotional Learning into Academic Instruction)*, Bloomington, 2019.

value". Additionally, by the way, in the case of potential threats, the acquired skills may play a protective – prophylactic function, reducing or preventing the appearance of undesirable and non – constructive attitudes.

The presented solutions are based on the experience of American and Australian educational systems, and are also significantly related to the culture of both countries. Following the guidelines of functional behavior sciences and evidence – based interventions, it will be important to adapt reports, exercises and working methods to the realities of Polish school, taking our cultural context into account. The next reasonable step will be to introduce the proposed approach in pilot schools and conduct scientific evaluation, comparing the effects of the DNA-V model with other preventive and educational programmes.

Based on the knowledge available, it can be assumed that thanks to the approach discussed, which instead of focusing on content, is concentrated on shaping and developing psychological skills, it will be possible to create a flexible system of nurture and educational interactions, that will meet the requirements of a dynamically changing reality.

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