**Self-Regulation Challenges and Supports in Middle Level Education: Health Education**

**Teachers' and School Counselors' Views**

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## Abstract

Adolescents are in a dynamic period of cognitive, emotional, and behavioral development. School-based interventions that focus on social-emotional learning, including the development of self-regulation skills, have been shown to have positive impacts on students' mental health and academic achievement. In this qualitative study, we examine health education teachers' and school counselors' views of their students' challenges and their strategies for supporting students' social and emotional development. We conducted 16 focus groups and interviews with 24 educators: 16 middle level health education teachers and eight school counselors. Our qualitative analysis of the transcripts indicated that both teachers and counselors described the contexts for students' challenges as related to academic/school pressures, social media, peer relationships, and home influences. Educators also identified students' challenges as being related to their developmental stage, challenges with impulsive behaviors, and difficulty regulating emotions. Strategies for supporting students' self-regulation included day-to-day interactions, skills instruction and practice, positive teacher-student relationships, and a structured classroom environment. Implications for professional development for middle level educators and the implementation of preventive interventions are discussed.

Keywords: Middle level education, health education teachers, school counselors, social-emotional learning, self-regulation

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**Teachers' and School Counselors' Views**

Adolescents are in a dynamic maturational period of cognitive, emotional, and behavioral development (Dahl et al., 2018). During middle school, students have an increased capacity for learning self-regulation skills that have long-term impacts (Bradshaw et al., 2012; Dahl et al., 2018). These self-regulation skills include cognitive self-regulation skills (such as goal orientation, self-awareness/self-monitoring, perspective taking, problem-solving, and decision-making) and emotion self-regulation skills (such as acceptance and awareness of feelings and self-calming strategies like deep breathing) (Murray et al., 2019). These types of skills undergo significant development and integration during early adolescence, making middle level education a critical developmental period for intervention (Bailey & Jones, 2019).

Preventive interventions that leverage the social ecologies of the school, including student-teacher relationships and the classroom context, have the potential to promote resilience and facilitate healthy development (Greenberg, 2006). The majority of self-regulation interventions for young adolescents, however, overlook this critical aspect of support (Murray et al., 2016). Supporting student development is even more urgent since the COVID-19 pandemic (Yoder et al., 2020). Training for educators to provide support for students' social and emotional development is crucial, now more than ever (Hamilton & Gross, 2021). Educators' views of the challenges their students are navigating, along with how they see their roles in supporting students' development, are important considerations in designing and implementing interventions that are built on teachers' knowledge and skills, are relevant to students' lives, and implemented within formal and informal settings throughout the school day. In this paper, we consider opportunities for addressing middle level educators' beliefs about students' social-

emotional needs and their support roles within a theoretical framework that has direct

implication for intervention.

**Importance of Educators in Supporting Students' Social-Emotional Health**

Healthy People 2030, a national plan to improve health and wellness, includes supporting

child and adolescent development in school settings as one of its goals (Office of Disease

Prevention and Health Promotion, 2021). The Association for Middle Level Education considers

support for social-emotional growth and competence as one of the key characteristics of a

successful middle school (Bishop & Harrison, 2020). Within middle level education, both school

counselors and health education teachers contribute to students' cognitive, social, and emotional

development. School counselors provide support for students' development of learning

strategies, social skills, and self-management skills (American School Counselor Association,

ASCA, 2022). Implementation of small group counseling programs have been linked to

improvements in students' self-regulation skills (Ohrt et al., 2014) and executive functioning

(Lemberger et al., 2015; Lemberger & Clemens, 2012).

Health education teachers have been charged with providing direct instruction to students

about emotional and mental health, decision-making and problem-solving, and making health

choices (Centers for Disease Control and Prevention (CDC), 2019a). Health education is a

required course at all grade levels in 46 U.S. states (Chriqui et al., 2019). In many states, health

education courses include topics such as mental and emotional health (34 states) and social and

emotional learning (35 states) (Chriqui et al., 2019). Despite the alignment between the goals of

health education and mental health promotion, health education teachers may not have adequate

professional training in these areas (Cardina, & Panek-Shirley, 2021; CDC, 2016).

Little research has focused on how health education teachers and school counselors view students' self-regulation challenges and their roles in providing support. This information is essential for designing and implementing interventions that integrate health educators and counselors in school-wide preventive interventions. In addition, lack of collaboration between school counselors and teachers misses opportunities for integrating self-regulation supports throughout the school day (Sink, 2008; Brener et al., 2013).

School-based social-emotional learning (SEL) programs often target the development of self-regulation skills with evidence of positive impact on students' mental health and academic achievement (Murray et al., 2016; Jones & Kahn, 2017). However, the majority of these SEL approaches for adolescents are focused on skill-building through scripted curricular packages (Bailey et al., 2019). These types of prescriptive programs are challenging to implement with fidelity and miss opportunities to build on the day-to-day interactions between teachers and students (Bailey et al., 2021). These approaches may also lack relevance to real-world challenges students face and may have limited teacher buy-in (Bailey et al., 2021). The current study adds to the research literature by exploring the views of middle level educators regarding their students' challenges and their approaches for providing support to facilitate students' self-regulation development.

**Role of Educator Support**

Strong evidence supports the role of teachers in promoting young adolescents' social emotional wellbeing. Studies show that teachers' emotional support, warmth, and sensitivity predicts grades (Reyes, et al., 2012), academic engagement (Patrick et al., 2007; Rickert & Skinner, 2021; Furrer & Skinner, 2003; Wentzel, 1998), and a sense of identification with school (Wang & Eccles, 2012). Strong relationships with teachers decrease youths' risk of emotional-

behavioral difficulties in the face of stress (Hurd et al., 2009) and a sense of belonging predicts

emotional wellbeing (McLaughlin & Clarke, 2010; Murnaghan et al., 2014). Studies have also

found a positive impact for teacher-student relationships on prosocial behavior (Longobardi et

al., 2020) and emotional and behavioral adjustment (Wang et al., 2013). The extant literature

shows that these benefits are crucial during the middle level school years (Roeser et al., 2000).

School counselors also have an important role in supporting students' social-emotional

skills, including consulting with teachers, and selecting and implementing programs to reduce

stressors in the school environment (American School Counselor 2021). School counseling

interventions have demonstrated benefit in meta-analysis (Whiston et al., 2011), particularly for

middle level school students and for proactive guidance activities provided beyond individual or

group counseling. Although school counselors report a high level of comfort in supporting

students with stress management (Carlson & Kees, 2013), integration of neuroscience-based

approaches to understanding and communicating about these concerns with teachers and teens

appears limited (Miller et al., 2018).

**Educators' Views of Student Challenges and Supports**

Many middle level educators are aware of the developmental challenges their students

face, both within and outside of school. In a large survey in Australia, teachers attributed

students' mental health challenges to family and home life issues including divorce, abuse and

neglect, and an unstable/unhappy home life; peer relationships, acceptance, pressure or bullying,

and drug use/abuse; and school, community, and society pressures such as school culture,

community trauma, and racial discrimination (Graham et al., 2011). However, Graham and

colleagues (2011) further reported that teachers felt that addressing these challenges was the role

of "experts." In contrast, Mazzer and Rickwood (2015) found that teachers viewed supporting

students' mental health as part of their job but reported a lack of knowledge and skill to meet

students' needs. Teachers' views that they are not well prepared to support students' mental

health may impact their efforts to do so. Similar knowledge and beliefs have been shown to

influence educators' expectations of and interactions with students (Paulson et al., 1998; Hines &

Paulson, 2006).

**Theoretical Framework**

To understand how educator supports may promote students' social-emotional wellbeing

and resilience in the context of stress, we use "co-regulation" as a theoretical framework. Co-

regulation has been defined as the process by which caring adults (typically parents) promote

children's social-emotional and behavioral competencies through strong, positive relationships,

scaffolding skill development and supportive environments. It is a well-established construct in

the child development literature, although it has rarely been used for adolescents or in

educational contexts (Murray et al., 2016). Based on a comprehensive review of the intervention

literature, Murray et al. (2019) identified three components of co-regulation across development

and contexts: building warm, responsive relationships, modifying the environment to reduce

demands that exceed skills, and providing in-the-moment coaching and feedback/reinforcement.

There is preliminary evidence of the feasibility and validity of co-regulation strategies for older

youth in educational settings (Baumgarter et al., 2020), suggesting its applicability for informing

school-based interventions for early adolescents.

**The Current Study**

Given a lack of research on middle level educators' beliefs and perspectives related to

student self-regulation specifically, we designed focus groups and interviews to obtain this

information. Understanding educators' views of their roles in supporting students' mental health is valuable to inform the design of educator professional development programs.

## Method

The current study used qualitative methods (focus groups and interviews) to examine the perspectives of health educators and school counselors for supporting students' self-regulation. Although interviews have been found to allow for greater depth and detail, focus groups provide opportunities for more breath and context (Stokes & Bergin, 2006). Research comparing the two methods suggests, however, that they generate a similar range and number of issues and concepts (Namey et al., 2016). We conducted and analyzed both interviews and focus groups to answer the following research questions.

1. How do health education teachers and school counselors describe their students' social, emotional, and behavioral challenges?
2. What concerns do educators have about their students' self-regulation skills?
3. In what ways do educators provide support for students in developing self-regulation skills?

### Participants

Participants were recruited from seven middle schools in both rural ($n = 3$) and suburban areas ($n = 4$) from three districts in a southeastern state. These schools were diverse in terms of student characteristics including economic disadvantage (24% to 91%), race/ethnicity (42% to 66% identified as Students of the Global Majority), and performance on state achievement tests (13% to 74% grade proficient). All schools included grades 6 to 8. In addition, one school also included grades 9-12 and was designated as an alternative school for students who were not

successful in the traditional middle school. This site was included to obtain educators'

perspectives on a population with greater self-regulation needs.

The 24 educators participated in one of 16 focus groups or interviews during January

through May 2018, prior to the COVID-19 pandemic. Of these 24 participants, 16 were middle

level health/physical education teachers (six women and 10 men) and the other eight participants

were school counselors (six women and two men). Of the 24 educators in this study, 62%

identified themselves as white and 37% as African American, with no other races or ethnicities

identified. Fifty-six percent of health education teachers reported that they had a master's degree.

All eight of the school counselors had a master's degree or higher.

**Procedures**

Participants were recruited via email flyers disseminated by school district

administrators, who approved of their teachers' and counselors' participation in the research

activities. As part of the consent process, participants were informed that the overall purpose of

the research study was to develop a self-regulation intervention for middle school health

education classes that will improve how students achieve goals, solve problems, respond to

stress, and interact with peers. Focus groups were scheduled for 75 minutes, and interviews were

scheduled for 45 minutes.

We designed the interview/focus group protocols to obtain information about educators'

professional development needs for the broader intervention development study. This included

questions about educators' perceptions of students' challenges related to self-regulation and their

strategies and approaches for supporting students' behavioral and emotional self-regulation. Two

members of our research team (which included the authors and a trained research associate, all

white women) facilitated the meetings with one asking questions from a semi-structured guide

and the second taking notes and asking follow-up questions.

The 24 educators participated in one of 16 focus groups or interviews (based on

scheduling logistics). Nine health education teachers participated in three focus groups. Another

seven health education teachers participated in individual interviews. Four school counselors

participated in two focus groups and an additional four participated in interviews. Each focus

group or interview was recorded and transcribed for a total of 16 transcripts of five focus groups

and 11 individual interviews. Participants were compensated $50 for participating in the focus

group or interview and for completing a brief background questionnaire. All sessions were

recorded and transcribed.

**Qualitative Analyses**

We analyzed each of the 16 transcripts using NVivo analysis software (QSR International

Pty Ltd., 2020). Each transcript of the interview or focus group was used as the unit of analysis.

We first created categories based on educators' responses to interview/focus group questions.

Next, we examined the data for patterns and connections that could be identified as themes

within each category. Using a process outlined by Saldaña (2016), we (the research team which

included the study authors and two research associates) identified initial themes by reading

portions of the transcripts and highlighting recurrent words and phrases from the text based on

the interview and focus group questions. After our initial review of the transcripts, we made

changes and refinements based on our discussions. We double-coded and analyzed 25% of the

transcripts for inter-rater reliability and calculated percent agreement for the themes, yielding a

mean value of 97.3% across double-coded transcripts (range: 80.0% - 99.9%).

We categorized the data into three main categories based on the research questions: (a) contexts for students' challenges, (b) self-regulation concerns, and (c) approaches for supporting self-regulation. For the first two categories, themes were developed based upon our coding of the participants' repsonses. For the third category, themes were informed by our co-regulation theory (Murray et al., 2019). More specifically, we identified four a-priori theoretical approaches to promoting self-regulation that we defined in alignment with this theory, including day to day interactions, skills instruction and practice, relationship building, and a supportive classroom environment.

Under these three categories, we identified 11 themes (See Table 1 for themes and definitions). In Table 2, the frequencies for the themes by transcript are shown for health education teachers (referred to as "teachers" in the findings and discussion sections) and school counselors, as well as the overall totals. Within each category, the most frequently mentioned themes across all transcripts are presented first in the table and in the description below. Overall, we found that teachers and counselors shared similar concerns about challenges that their students are facing, students' issues with self-regulation, and strategies for supporting their students. Any differences in quality or quantity of teachers' and school counselors' descriptions are mentioned in the description of the findings. When referring to both health education teachers and school counselors, we use the term "educators" throughout the findings and discussion sections.

## Findings

### Contexts for Students' Challenges

We identified four themes from the educators' discussions of the contexts for social-emotional and behavioral challenges facing their students. Educators attributed the students' self-

regulation challenges to (a) school/academic pressures, (b) social media and technology use, (c) peer relationships, and (d) home influences.

### School/Academic Pressures

A common challenge mentioned by both teachers and counselors focused on school and academic pressures, which were identified in 94% of the transcripts. Teachers and counselors described these challenges as coming from the school culture, parents' expectations, students' need for perfectionism, and social comparisons with their peers. In the words of one teacher, "What I see in the school system [is that] these kids are pushed so hard academically, and, in my opinion, I think to a very unhealthy and competitive level." A counselor pointed out the impact of academic competitiveness resulting in increased anxiety among students and said, "There's a lot of anxiety around performance. Then when it comes time to take a quiz or a test, a lot of times it manifests in a variety of ways depending on the student."

Teachers and counselors both described the push for academic achievement as also coming from parents, mentioned most often by educators in a high achieving school district. According to a school counselor, "they want to please their parents when it comes to the grade piece…sometimes it's the parent expectation and wanting to live up to what they feel their parents want of them, which causes a lot of stress." Some of the educators felt that students had internalized the high expectations of their home and school culture. One teacher described the drive for perfection as related to the school culture and said, "… in this district, the pressures to succeed are through the roof for kids… I feel like that's a big issue as far as perfection and being the best. And how many APs (Advanced Placement classes), how many honors." One counselor described the climate as "super competitive" and that the "families push, push, push."

*Social Media and Technology Use*

Another common challenge discussed by teachers and counselors was the impact of social media and technology use on their students (75% of transcripts). Many educators commented on how social media can amplify negative social interactions among students. One counselor described how tensions among students are intensified and said, "I think the majority of the conflicts that I've come across in 6th grade were either directly from social media or certainly fueled by social media or brought back up by social media." Educators also described students' focus on peer responses and reactions to their social media profile. One teacher said, "I think now, one of the most important aspects to them is the way that people perceive them on social media." Other teachers talked about students' efforts to impress their friends through their social media. According to one teacher, "I think students are really caught up in the moment, and there's way too much social media. It's all about getting the 'likes' or … going viral …Trying to entertain their friends and all."

Another concern cited about social media is that some issues may not be apparent to teachers and parents. One counselor said, "There is a lot happening on social media that we don't know about and that parents don't know about, and we never hear about it. And there's conflict and there's stress and there's anxiety." According to a counselor, "that's where self-regulation comes in … because [social media] removes the filter in communication, or at least it removes another filter that they already lack." A teacher at another school highlighted technology use as a challenge, both in terms of the interactions among students on social media as well as his perception of the negative influence of so much screen time.

*Peer Relationships*

Peer relationships were identified as a significant challenge for middle schoolers in many of the focus groups and interviews (69% of transcripts). Educators described middle schoolers' need to belong and their heightened focus on social comparisons with their peer group, even beyond the role of social media. Social dynamics related to belonging, acceptance, comparison, and competition were described as significant challenges for students. Peer issues were discussed by counselors more often than by health education teachers (83% vs. 60%). According to one school counselor, "The other big stressor would be social groups and social comparison." The counselor went on to explain, "… finding a social group, staying on good terms with all the kids in the social group, dealing with relational aggression, particularly among girls, but we see it with boys, too. They'll kick each other out of the groups." One of the health education teachers added that students were reluctant to talk about issues with their peers and said, "the one thing that you'll never get them to admit is that their friends cause them stress."

*Home Influences*

More than half of the interviews and focus groups (62%) discussed students' home lives as a challenge. In addition to the academic pressure from parents discussed above, educators described home influences as having a negative impact on students' decision-making and classroom behavior through lack of stability or poor modeling. For example, one teacher, providing a specific example of a student, said "I think he's used to such an inconsistent home life …. And for them that's some of their struggle, just to get consistent themselves, to get work done every day just because they may have other factors going on in their home." Teachers also described how students' family lives could have negative effects on the students' ability to behave respectfully in class. One teacher said, "Whether it's because their family situation is—

whether they're ignored at home and they don't have the support that they necessarily need or

that they're entitled, those behaviors come out pretty similarly from two opposites of the

spectrum." In another middle school, the teachers described that at times they are trying to

counteract the advice that students are getting from their parents about how to handle

confrontation. One teacher described the situation by saying, "But a lot of the problems that I

think that we have with some of the kids … is the parent influence saying, 'If they hit you, hit

them back. If they say something, say something back.'"

In another middle school, a health teacher described a lack of positive role modeling at

home as a challenge to overcome when supporting the students at school. This teacher said, "So

the child is just emulating behaviors they see at home. …They talk back to each other at home,

so they come into school, and they do the same thing." One of the counselors described the

impact of home responsibilities on some students' ability to focus on their own work to be

successful in school. This counselor said, "I see a large number of students who are in the adult

role … when they get home, they have to make sure that their younger siblings have completed

their work."

**Self-Regulation Areas of Concern**

Another theme that we identified in the analysis of the interview and focus group

transcripts was related to teachers' and counselors' views about students' self-regulation

difficulties. Many times, teachers and counselors described students' self-regulation concerns as

a lack of maturation or a developmental issue. Indeed, teachers discussed the immaturity of some

of their students as a concern. However, teachers differed in their understanding of adolescent

brain development and the types of supports students need, as discussed below.

*Student Maturation/Development*

In almost all the interviews and focus groups (94%), educators described students' emotional and behavioral development as a challenge. According to one teacher, "I think they're young and still developing. I mean, decision making—that function in their brains has just not developed at this point of their life and I think they're just really trying to figure out who they are." Another teacher echoed this sentiment about the students' lack of ability to plan ahead or think about the future but wondered how much of it was due to their developmental stage and said, "… these kids really struggle long-term. They can't think about anything that's more than the immediate. And I'm sure that's a period of adolescence [but] I don't know." Another teacher described how he spoke with his students about adolescent development and said, "'I think it's difficult because you're a teenager.' … they'll look at me with this puzzled look … And I say, 'Because teenagers make decisions based on what's good for them in the moment.'" Another teacher made the point that other teachers sometimes use adolescent development as an excuse for students' immature or inappropriate behavior. He described this by saying, "I often hear, 'Well, students, their brains aren't developed enough to understand the consequences of their actions.' And as adults, we're buying into that more than we should…we used to be able to hold them accountable."

*Impulsive Behavior*

Beyond discussions about adolescent brain development, many teachers (80%) and half of the counselors (50%) described situations in which students act before thinking or have difficulty in managing impulses (69% of transcripts overall). One teacher said, "There's a lot of impulsive behavior and things that we're having to deal with on a regular basis." A teacher explained that impulsivity was at the root of many of the students' behavior problems and said,

"I think in terms of some of the behavioral concerns that may come up, a lot of times, students are not really thinking about what they do. It's more of an impulse, [an] impulsive-type behavior." Another teacher described behavior as being outside of the student's control, as well as outside of their awareness of why they reacted the way they did saying, "you ask them why they do it, they just say they don't know why they did it. It's just because it just happened, they just couldn't control it or something, just an impulse that they just couldn't control." According to another teacher, "I just see kids making a choice without thinking through the consequences." One health teacher linked problems with focusing as related to impulsivity and said, "I'm with kids that have a really hard time focusing [who] are extra impulsive. It's an issue."

### *Emotion Regulation*

In addition to impulsive behaviors, teachers (70%) and counselors (50%) also described students as having difficulty managing their emotions (62% of transcripts). One teacher talked about how challenges with regulating their emotions made it difficult for some students to employ coping strategies they had discussed at school by saying, "Some kids have tempers and once they're in that emotional state [they] really aren't thinking too much about, 'oh, how am I going to calm myself down.'" Another teacher discussed the need for providing students with strategies for managing their emotions by saying, "I just wonder like how many students really need … to be taught how to calm down or relax for a moment just to receive instruction." One counselor described how some students have difficulty managing their internal emotional reactions and said, "All of a sudden, they're hit with a challenge and not knowing--what do I do with this challenge? And how to handle some of the feelings of being overwhelmed or having anxiety and not knowing how to say it."

**Approaches for Supporting Self-Regulation**

Teachers and counselors shared their approaches for supporting students both inside and outside the classroom. They described how their day-to-day interactions with students provide support, the importance of their relationships with students, and the value in structuring the classroom environment. Teachers also described how they teach skills based on the health education curriculum that includes lessons on stress and mental health.

*Day-to-Day Interactions*

All the teachers and counselors described how they use everyday interactions (100%) to support students in dealing with challenging situations such as managing their emotions and thinking through the consequences of their behavior. Health/PE teachers noted that their role teaching non-academic courses, and, in many cases, also as sports team coaches, provided opportunities for interacting on a personal level outside of the more structured academic environment. Educators described encouraging self-reflection, problem solving about actions and consequences, and clarifying the importance of making good decisions. Educators also described helping students calm down, take a breath, and regulate their emotional response to an upsetting situation.

A few of the educators specifically noted that they first needed to help students regulate their emotions before they could engage in effective problem-solving. One teacher said, "But that's the opportunity—I don't know how many times I pulled out kids and just had a conversation with them or had to talk to them to calm them down." Another teacher said, "Sometimes I put my hand on their shoulder or just guide them and we walk away together. And just breathe. Talk to them about shallow versus deep breathing, which one can lead to calming down versus intensifying the situation." Another teacher discussed the role of encouraging

students to take a breath as a first step saying, "you can bring it down a notch now. So just calm

yourself down, tell me what happened … you can talk calmly to me, breathe. So, calm it down

and talk to me and tell me what happened." One teacher described trying to lighten the mood by

responding to students' emotional and behavioral challenges by using humor. He said, "…

punishment generally isn't productive. So as much as possible, if I can joke about the situation,

sometimes that will work."

### *Skills Instruction*

Teachers and counselors mentioned specific skills that they teach students as well as

more informal opportunities for application of skills and practice (100% of teachers and 83% of

counselors). Teachers mentioned the need to provide real-world examples of situations they

discuss in class, and often provided a personal story as an illustration. Other teachers noted the

importance of applying new skills to situations that middle school students might encounter. One

teacher said, "I try to take real-life situations that I've heard about in middle school and make

them work through it with whatever strategy I have given them." One teacher was very

intentional in her approach to supporting students with skills application. She said, "'What are

you going to do to calm yourself down?' You know, have them actually do it and work through

it in that classroom space … 'remember what we talked about, how could you apply that to this

situation?''

Other teachers discussed how the health education curriculum was siloed into discrete

topics and that applying skills from one component to another topic was often difficult given the

large amount of content teachers needed to cover in class. One health teacher, when discussing

her unit on mental and emotional health, explained that in the first few weeks, "that's when I

focus on it a lot and I seldom go back to it as a component in the curriculum throughout the year,

but I'll refer back to it. My curriculum is pretty much compartmentalized from the different standards."

Counselors discussed the importance of having consistent approach to skills instruction across classrooms for supporting students' development of self-regulation skills. Some of the schools were considering how to provide school-wide social and emotional support in this way. One counselor said, "Next year what we're talking about is creating an advisory period … Every week the [whole] school will be doing the same thing." Another counselor talked about the potential for applying supports across classrooms and subject areas. She said, "So I think that if health teachers would let the regular teachers … know what they are teaching, then they can all be on the same path, even if you can incorporate in your math lesson and how it applies." The counselor continued by saying "they may be teaching [about] stress or … how to organize your time and then how to compute that into a day. And so make it relevant to whatever the core subject is." This counselor went on to highlight the importance of a school-wide approach to supporting middle school students. She described this by saying, "But it's also important that whatever we do, it's going to have to be school-wide … All the staff needs to be trained … if there are no counselors here, you still know what to do and what to look for."

### *Supportive Relationships*

All the teachers (100%) and many of the counselors (67%) described the importance of a warm, respectful relationship with their students (87% of the total transcripts). According to the teachers, it is important to first establish a trusting relationship to be able to serve as an influential figure in a student's life. As one teacher said, "there's nothing you can usually do unless you have a relationship with that student where you can say, listen, go cool off, go leave, and because of their relationship with you they'll listen." Teachers discussed different ways they

create connections with students. One teacher said, "part of the way we build relationships for

most of our children is just by being consistent." Another teacher talked about what he learned

from a principal, saying, "I think it's all about relationships. … I can pretty much deal with any

behavior issue I have with them because they know at the end of the day I love them." One of the

health teachers, who is also a coach at the school, described the importance of his relationships

with students both on the field and in the classroom. He said, "Through those personal

connections, sometimes we get an opportunity to … encourage them in areas where we probably

couldn't say the things that we needed to say on the football field."

Several teachers mentioned how they see themselves as serving as role models for how to

deal with challenges and make positive choices. Educators described how they use personal

examples to illustrate for their students how to regulate their emotions, consider the

consequences of their actions, and make decisions in planning for the future. According to one

teacher, "I have to live my life right. I have to be mindful of what I do and how I do it or how I

model my behavior. Because I understand that, the children, they're looking." One teacher

discussed regulating his own reactions to model appropriate behavior for the students he coaches.

He said, "we have to be able to self-regulate ourselves when we're trying to get students—it's

almost like we have to model the behavior." Similarly, a counselor suggested, "when it comes to

self-regulating, … the one thing that we can teach them and show them is just modeling it."

Teachers described their use of self-disclosure as a way of modeling how to deal with

challenging situations.

### *Structuring the Classroom Environment*

Many teachers (90% of transcripts) and half of the counselors (50% of transcripts)

mentioned the importance of setting clear expectations and structuring classroom environments

to ensure students' success, including supporting their self-regulation. One teacher said, "I know

at the beginning of the school year, the first two weeks … We set the climate for our classroom

… we're going over classroom expectations and we're getting to know one another." Another

teacher explained that he had to learn classroom management skills during his first few years as a

teacher and said, "You got to have procedures in place. Very important. Because when I came in,

I thought it was just about content. I had a hard time managing a classroom." Another teacher

explained the importance of clear guidelines and said, "your students need to know what you

expect. They need to know where you stand, what's the line and there's no teeter. There's no

play. Like you know what the rule is." In this way, external structures may enable middle

schoolers to regulate themselves.

In addition to setting clear expectations and establishing rules, some teachers and

counselors mentioned school-wide efforts for establishing a climate that supports self-regulation.

One counselor said, "We do have PBIS [Positive Behavioral Interventions and Supports] … we

do have that system in place that teachers reward kids for doing the right thing." One teacher

summed up his approach by saying, "Yeah, just honest expectations, being consistent, make it

fun, not take too serious. You know, I believe what I'm teaching is very valuable."

**Discussion**

The purpose of this study was to explore how middle level health education teachers and

school counselors view students' social, emotional, and behavioral challenges; their concerns

about their students' self-regulation skills; and their approaches for supporting students. This

information is critical in informing the design and implementation of professional development

programs to support students' wellbeing. The key findings in this study were that health

education teachers and school counselors 1) identified salient aspects of the complex social

ecologies that their middle level students are navigating, 2) recognized adolescence as an

important period of development and expressed concerns about impulsivity and emotion

regulation, and 3) described their roles for supporting students in both formal and informal ways.

These strategies reflect all three components of our co-regulation framework, including day-to-

day interactions and direct skills instruction, supportive classroom environments, and positive

relationships with students.

**Challenges and Self-Regulation Concerns**

We found that the educators in this study recognized the importance of multiple

influences on their students' social, emotional, and behavioral wellbeing. Educators described

students' challenges as related to a variety of contextual factors, consistent with previous

research that attributes adolescents' emotional distress to academic pressures, peer relationships,

and home/family concerns (Byrne et al., 2007). Educators in this study also recognized the role

that social media plays in blurring the line between peer group issues within and outside of

school (Dawes et al., 2021). Teachers and counselors described students' challenges based on

academic pressures from families as well as the school culture, the stress related to navigating

peer relationships, the immediacy of communication though social media, and the influence of

the home environment of students' wellbeing.

Educators recognized adolescence as an important developmental period for students'

growth but differed in how this knowledge influences their interactions with students. Some

teachers described early adolescence as an inevitable period of poor decision making, while

others used insights about brain development to help students understand and modify their own

behaviors. Teachers and counselors described students' challenges as impulsivity, emotion

dysregulation, and difficulties in considering consequences of their actions. This highlights the

need for professional development for educators that includes information about positive or

adaptive advantages of the adolescent brain, such as cognitive flexibility in responding to social

and motivational contexts (Crone & Dahl, 2012). These developmental characteristics may be

illustrated by teens' quick response to social change, such as adoptions of trends in music,

language, and technology (Crone & Dahl, 2012). Information about neuroscience and adolescent

development can also be integrated into the health education curriculum (Babinski et al., 2018).

**Approaches for Supporting Self-Regulation**

Health education teachers and counselors discussed several strategies that they use to

support the development of their students' self-regulation skills as one critical aspect of their

broader social-emotional wellbeing. These strategies included co-regulation for both emotional

and behavioral issues through day-to-day interactions, direct skills instruction, building positive

relationships, and structuring their classroom environments to facilitate students' development.

Although we did not directly observe educators' use of co-regulation strategies in this study,

these findings suggest that a co-regulation framework would be useful for developing a

professional development program for middle level educators. The most frequently mentioned

strategies were those that educators implemented during day-to-day co-regulation interactions or

"in the moment" in response to the students' emotional or behavioral distress. These interactions,

often implemented one-on-one with a student, were aimed at providing the student with an

opportunity to calm down or think about their behavior and the potential consequences. These

approaches seemed to be based on teachers' experience in working with students, rather than an

integrated framework for providing co-regulation support, and were more reactive than

proactive. Bailey and Jones (2019), in their integrated model for regulation support, suggest that

proactive practices such as scaffolding and modeling, along with positive learning environments, may be particularly helpful in supporting students' self-regulation development.

Health education teachers and school counselors mentioned the importance of direct skills instruction in supporting their students' development. Some of these skills, such as problem-solving, stress management, or goal setting, are included in the curriculum standards for health education (CDC, 2019b). Participants emphasized the importance of providing real-world examples as part of skills instruction and providing students with opportunities to apply and practice the skills. A few participants noted the lack of connection between health education topics, with little opportunity to apply skills in other content areas. Research by Bailey et al. (2019), makes the case that it is not sufficient to teach SEL skills in isolation. Students benefit from multiple opportunities to practice throughout the school day and teachers need the flexibility to respond to their students' needs and experiences (Bailey et al, 2019).

The importance of students' relationships with educators with regard to self-regulation is clear. Teachers and counselors recognized the importance of a positive relationship as foundational to their ability to support their students, especially in their day-to-day interactions. These findings are consistent with a recent study exploring health education teachers' views that found that those teachers who focused on supporting students' affective development did so through building a trusting relationship (Teraoka & Kirk, 2021). It is important for health educators to not only teach healthy living skills, but also to apply those skills in a safe and nurturing school environment within supportive relationships with their teachers. Such "social scaffolding" during this important period of adolescence has the potential to have significant impacts on education and health (Dahl et al., 2018).

**Implications for Middle Level Self-Regulation Interventions**

The findings from this study inform approaches for enhancing self-regulation interventions for middle level students. Health education teachers and school counselors are aware of some of salient aspects of the complex social ecologies that their middle level school students are navigating, recognize the value of student-teacher relationships, and utilize strategies that have theoretical support. However, they may lack a theoretical framework like co-regulation that could be helpful in defining their roles and maximizing opportunities for skill building through proactive interactions with students and building supportive classroom environments where self-regulation can be scaffolded, modeled, and reinforced. Building on educators' knowledge, perceptions, and skills may increase teachers' engagement in professional development, which may strengthen their implementation of a skills-focused intervention for students (Holmes et al., 2022).

Based on this qualitative study, we developed a training workshop for middle level health education teachers and school counselors that provides (a) opportunities for teachers to share their preexisting knowledge and expertise; (b) a conceptual framework for how students learn self-regulation through day-to-day interactions with caring adults in safe, supportive environments; and (c) information based on current neuroscience about how self-regulation can be promoted at this age. This workshop has been piloted as part of a mindfulness-based social-emotional learning program called Be CALM in two federally funded grants (90ZD0023-01-00; R305A170172).

More broadly, the present study suggests that schools can leverage direct instruction in health education to promote the development of students' self-regulation skills. At the same time, school-wide prevention programs can be linked to direct instruction in health education

classes focusing on emotional and mental health, decision making, and problem-solving. Of

particular importance is having a shared framework across teachers and school mental health

staff so students are exposed to similar language and social-emotional skills instruction across

multiple school situations and contexts. Finally, educators will likely need support with regard to

their own emotional wellness so they can effectively teach, model, and otherwise promote

students' self-regulation skills. Every Student Succeeds Act (ESSA) funds, which provide

resources and supports for schools and teachers to provide a well-rounded education, could be

leveraged to provide this type of professional learning (Cardina, 2018).

**Limitations**

The small number of health education teachers and school counselors who participated in

this study limits the generalizability of the findings, although the student demographics and

school characteristics were diverse. Furthermore, all the educators were from a single U.S. state.

The methodology we used included both focus groups and individual interviews which may have

impacted the depth, breath, and context provided by the participants. In addition, due to the small

sample size, we were not able to analyze other important factors and characteristics that may be

important to consider, such as the type of school, size of the student body, and ratio of school

counselors to students, all of which may impact educators' experiences supporting student self-

regulation. Furthermore, the educators in the study volunteered to participate and may represent

teachers and counselors who are more likely to see their role as supporting students' emotional

and behavioral development. Finally, we focused on educators' descriptions of how they interact

with students, and we did not observe them with their students. Nevertheless, the way educators

think about the challenges their students face, their self-regulation concerns, and how they

provide co-regulation support can inform interventions for middle level educators and students.

**Conclusions**

Health education teachers and school counselors both have important roles to play in supporting the development of students' self-regulation skills. Educators in this study demonstrated awareness of the contexts for social-emotional and behavioral challenges of their students, as well as students' struggles with impulsive behavior and emotion regulation. The teachers and counselors also recognized this period of adolescence as a developmentally important time and recognized their role in providing co-regulation support for students. The pandemic has only increased the need for social and emotional support from trusted adults in adolescents' lives. Professional development opportunities for health educators and school counselors are needed to support them in providing students with intentional, direct instruction in self-regulation skills, help health educators create supportive classroom environments, and encourage educators to provide co-regulation support to facilitate students' cognitive, social, and emotional wellbeing.

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**Table 1**

*Themes and Definitions*

| Theme | Definition |
| --- | --- |
| Contexts for students' challenges | |
| School/academic pressures | Focus on academic achievement, perfection, or workload concerns |
| Social media and technology use | Use of social media and technology as accelerating negative social dynamics among students |
| Peer relationships | Desire to impress friends or intense focus on peers' perceptions |
| Home influences | Challenges in home situation related to instability, poor decision making, or family dynamics |
| Self-regulation concerns | |
| Developmental/maturation | Students' developmental stage or level of maturation as a rationale for challenges |
| Impulsive behavior | Acting without thinking about options or consequences |
| Emotion regulation | Easily frustrated, not handling emotions well, emotional outbursts, not settling down |
| Approaches for supporting self-regulation | |
| Day to day interactions | Using teachable moments to encourage use of both cognitive behavioral and emotional regulation |
| Skills instruction and practice | Planned instructional methods and practice |
| Relationship building | Teacher-student relationships as foundation for support |
| Classroom environment | Proactively promoting a positive classroom environment |

**Table 2**

*Themes for Teachers and Counselors*

| Theme | Teacher (10 transcripts)[*] | Counselor (6 transcripts)[*] | Total (16 transcripts)[*] |
|---|---|---|---|
| Contexts for students' challenges | | | |
| School/academic pressures | 9 (90%) | 6 (100%) | 15 (94%) |
| Social media and technology | 7 (70%) | 5 (83%) | 12 (75%) |
| Peer relationships | 6 (60%) | 5 (83%) | 11 (69%) |
| Home influences | 6 (60%) | 4 (67%) | 10 (62%) |
| Self-regulation concerns | | | |
| Maturation/development | 10 (100%) | 5 (83%) | 15 (94%) |
| Impulsive behavior | 8 (80%) | 3 (50%) | 11 (69%) |
| Emotion regulation | 7 (70%) | 3 (50%) | 10 (62%) |
| Approaches for supporting self-regulation | | | |
| Day-to-day interactions | 10 (100%) | 6 (100%) | 16 (100%) |
| Skills instruction and practice | 10 (100%) | 5 (83%) | 15 (94%) |
| Relationship building | 10 (100%) | 4 (67%) | 14 (87%) |
| Classroom environment | 9 (90%) | 3 (50%) | 12 (75%) |

[*]N (%) of transcripts with theme