Past Prevention Efforts and the Need for Current Interventions

The problem of female bullying is compounded by the reluctance of victims to report the abuse (Espelage & Holt, 2001). Though female bullying victims are more likely than males to report being bullied to an adult or a friend, the final decision of whether to report the incident often depends upon the victim's perception of herself and the beliefs about school adults (Unnever & Cornell, 2004). Girls who believe that bullying will not be tolerated in the school are more likely to report the incident; however, many victims do not believe that school officials will be receptive although several studies have demonstrated that schools can moderate the problems of bullying and victimization (Eisenberg et al., 2003; Fekkes et al., 2005). Research indicates that a strong relationship between the student and school personnel can reduce the emotional distress felt by victims of bullying (Eisenberg et al.). Furthermore, school-initiated efforts which incorporate school and community interaction, and individual students, teachers, and parents to promote anti-bullying interventions have been proposed as ways to change the social norms within schools to reduce bullying and to help victims of bullying.

Still, there remains the need to educate teachers, administrators, counselors, parents, and others about the widespread, complex, and prevalent nature of relationally aggressive bullying and to promote innovative, positive interventions within schools to effectively address bullying that is occurring now (Yoon et al., 2004) because current bullying programs tend to be reactive instead of preventive. By considering wellness interventions to address the problem of female relational aggression, and by integrating them within the activities of the ASCA *National Model* (2003), school counselors can better conceptualize and impact the current girl-to-girl bullying issues, specifically with adolescent girls in high schools.

Wellness-Based Interventions for Girl-to-Girl Bullying

Among youth, wellness has been defined as adhering to a healthy lifestyle, employing positive coping skills, appreciating the individual in relation to her greater environment, coping with life events, and feeling included in life activities (Sussman, Dent, Stacy, Burton, & Flay, 1995). Although few studies specifically have examined wellness among adolescents, focusing instead upon adults, some college students, and limited high school and middle school populations (Dixon Rayle & Myers, 2004; Hermon & Hazler, 1999; Myers & Mobley, 2004; Myers, Mobley, & Booth, 2003), the few studies that have examined adolescent wellness indicate that poor wellness is related to delinquent behaviors and various psychosocial issues, and adolescent levels of wellness are a precursor to adult levels of wellness (Steiner, Pavelski, Pitts, & McQuivey, 1998). Other studies have identified gender differences in levels of wellness (Connolly, 2000; Ryff & Heidrich, 1997) and have shown that certain areas of adolescent wellness can be targeted and strengthened (Sussman et al., 1995).

Adolescent Female Wellness

Several factors have been found to contribute, both positively and negatively, to adolescent wellness. It has been suggested that poor wellness in adolescence may lead to delinquent behavior (Hartwig & Myers, 2003) and existing studies have demonstrated that poor adolescent wellness continues into adulthood (Caspi & Elder, 1988; Pajer, 1998). Supportive family environments and peer relationships both positively and negatively affect both mental and general health among adolescents (Harter & Vanecek, 2000) with negative social influences related to increased vulnerability to depression and substance abuse (Kann & Hanna, 2000), as well as detriments to adulthood wellness (Holloran, Ross, & Carey, 2002). Gender also moderates wellness both in adolescence and adulthood (Crose, Nicholas, Gobble, & Frank, 1992; Ryff & Heidrich, 1997; Steiner et al., 1998) with females less well compared to males (Myers & Mobley, 2004; Myers, Mobley, & Booth, 2003) due to a variety of factors such as socialization processes, societal norms, and lifestyles.

Among adolescent girls specifically, lower wellness levels have been identified in areas of mental health, risky sexual behaviors, general health, dietary behaviors (Steiner et al., 1998), and stress (Litt, 2002; Rudolph, 2002). Girls experience heightened interpersonal relationship stress especially due to their greater reliance upon peers' emotional support and intimacy compared to boys (Litt), and from disturbances that develop within social and family relationships (e.g., stress arising from girls' attempts to be autonomous in opposition to familial norms that emphasize protecting daughters versus letting boys become men through challenge), that may lead to consequent depression and anxiety (Rudolph). Moderators of adolescent female

wellness have been linked to the onset of puberty, ethnic background, history of victimization, and interpersonal relationships (Hayward & Sanborn, 2002). Girls who sexually mature earlier than others tend to experience more disturbances in wellness, including psychological, physical, and behavioral difficulties, along with body image issues, academic underachievement, substance abuse, early sexual activity, panic attacks, depression, and eating disorders.

In sum, a review of current literature related to adolescent female wellness illustrates the relationship between adolescent wellness and adulthood wellness and the unique challenges to female wellness. Furthermore, utilizing a wellness-based treatment approach is consistent with the uniquely developmental, preventive, holistic, strengths-based philosophical foundation from which counselors conceptualize and treat clients (Myers, 1992). Thus, it behooves school counselors to seek ways to enhance girls' wellness in order to prevent and intervene in problems that affect girls' general well-being, including the problem of girl-to-girl bullying.

Wheel of Wellness

Wellness models emphasize preventing illness and pathology as well as treatment of existing pathology (Hartwig & Myers, 2003). The Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Witmer & Sweeney, 1992) is a comprehensive model of wellness, grounded in Adlerian theory, that utilizes a multidisciplinary theoretical approach to consider various influential developmental factors such as gender, culture, age, developmental processes, and the impact of external forces upon five essential domains of holistic wellness: spirituality, self-direction, work and leisure, friendship, and love. The self-direction domain also incorporates 12 additional tasks

necessary for wellness, including gender identity. In the Wheel of Wellness model, wellness is a result of well-being in each life task and concomitantly, each life task is interdependent upon the other life tasks such that changes in one life task affects change in other domains. The Five Factor Wellness Evaluation of Lifestyle (5F-WEL; Myers & Sweeney, 2001) is a 99-item assessment specifically designed to measure wellness domains that correspond to the Wheel of Wellness and is available in versions for children, adolescents, and adults. The 5F-WEL has acceptable reliability (alphas range from .90 to .92) and convergent and divergent validity (Myers & Sweeney, 1999).

The Wheel of Wellness can help school counselors understand and intervene in the unique problem of female relational aggression as it is related to girls' developmental needs. The model can be individualized to students' unique value orientations, cognitive styles, ways of interpreting concepts, and making meaning of events and processes. It is implemented in four phases: (1) introducing the wellness model and creating a definition of wellness that reflects the individual student; (2) formally and informally assessing the student's wellness in the five major life tasks (formal assessment may utilize the Wellness Evaluation of Lifestyle - youth version [Myers & Sweeney, 2001]); (3) identifying domains of wellness to be enhanced and/or targeted and consequently, implementing a relevant intervention; and (4) evaluating short- and long-term progress toward goals (Myers et al., 2000). Overall wellness is achieved by working towards optimal functioning in each life task. Working within a wellness paradigm provides counselors flexibility to emphasize various areas of wellness, as they are relevant to the needs and environment of each student. The wellness model is not only for minor adjustment issues; indeed, it accounts for

pathology and even delinquent behavior (such as bullying) by conceptualizing these issues as a result of deficiencies in various domains of wellness. Thus, interventions directly target wellness domains that need further development and both directly and indirectly enhance other domains that are functioning well.

Wellness-based interventions complement the ASCA National Standards for School Counseling (ASCA, 1997) that school counselors should adhere to, which include emphasizing students' academic performance and success, career development, and personal and social development. It is well documented that the effects upon perpetrators and victims of relational aggression include negative effects upon academic performance. Wellness interventions can be used to specifically target academic performance among female bullies and victims, addressing both the problem of bullying and girls' wellness. The following intervention plans illustrate how the Wheel of Wellness model can be utilized in small group interventions, large group guidance curricula, and individual counseling and planning. In sum, the Wheel of Wellness is useful for counseling with young adolescents as it offers flexibility in conceptualizing students from a developmental, strengths-based paradigm and subsequently adapting goals to personal, academic, and career areas of student functioning.