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Increasing Adolescents' Subjective Well-Being: Effects of a Positive Psychology Intervention in Comparison to the Effects of Therapeutic Alliance, Youth Factors, and Expectancy for Change

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Intervention in Comparison to the Effects of Therapeutic Alliance, Youth Factors, and

Expectancy for Change

by

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Abstract

This study investigated the variance in subjective well-being (SWB) of early adolescents ($n = 54$) exposed to a positive psychology intervention aimed at increasing positive affect and life satisfaction as well as decreasing negative affect through intentional activities (e.g., gratitude journals, acts of kindness, use of character strengths, optimistic thinking). Understanding how to increase SWB among youth is important because of its associations with positive indicators of psychological and academic functioning. However, prior research is limited regarding interventions targeting SWB in youth and excludes the relation of common factors of therapeutic change. Based on the literature regarding therapeutic change, youth factors (i.e., parent support, social self-efficacy), therapeutic alliance, and participant expectancy for change were investigated to determine possible relation beyond the effects of intervention. Results of simultaneous multiple regression analyses indicate that specific common factors (i.e., expectancy, child-rated alliance, social self-efficacy), but not the SWB intervention, significantly relate to positive affect; further, data trends indicate the probable relation of positive psychology intervention to life satisfaction. Other data trends and indications for future research are discussed.

Chapter 1:

Introduction

Background

Traditional views on improving mental health largely entail the healing of wounds, solving of problems, and reduction of stress that are at the heart of disorder (Seligman & Csikszentmihalyi, 2000).   However, Diener (1994) asserted that the sole measure of negative emotional states (e.g., anxiety, depression) provides a limited view of mental health. The absence of mental illness is only one part of the equation, which is completed by the presence of subjective well-being (SWB). This notion is the basis of the positive psychology movement. SWB is essentially a scientific operational definition for happiness, and includes both a cognitive and affective self-evaluation of one's life and experiences (Diener, 1994). A person with high SWB experiences frequent positive emotion, infrequent negative emotion, and an abundance of positive appraisals of life events (Diener, 1994).

Recent research has identified factors that determine levels of happiness. Lyubomirsky, Sheldon, and Schkade (2005) described a three factor model for determining chronic happiness levels, including set point, circumstance, and intentional activity. Regarding the former, happiness is set within a chronic range that is stable over time and presumably linked to one's genetics. Although variability occurs from baseline,

levels of happiness remain in a stable range over time. However, environmental factors (i.e., circumstance, intentional activity) influence if a person will more likely maintain in the upper or lower end of their potential range of happiness (Lyubomirsky et al., 2005). Circumstances are incidental but relatively stable facts of an individual's life (i.e., region lived in, age, gender, socioeconomic status, occupation).   Although circumstances can influence a person's point of happiness within their range, only 8-15% of the variance in SWB appears accounted for by such factors (Lyubomirsky et al., 2005). Intentional activity includes varied actions and thoughts in one's daily life, such as amount of exercise, looking at things in a positive light, and setting goals (Lyubomirsky et al., 2005). Importantly, intentional activity implies a personal choice to engage and requires effort to perform. The results of research by Lyubomirsky et al. (2005) found that 40% of the variance in happiness levels was due to intentional activity, which leaves a wide range in which one's happiness is amenable to change.

Recent research suggests the importance of youth SWB as providing a complete picture of mental health and promoting positive academic outcomes. For instance, Suldo and Shaffer (2008) reported that in a sample of 349 middle school students, 57% were found to have high levels of SWB and low psychopathology. These youth were found to have significantly higher self-rated academic ability, social support from peers and parents, and physical health, as well as higher objective indicators of school success, including reading skills and school attendance, than the 13% of students who indicated low psychopathology and low SWB. In accordance, SWB could be considered an important indicator of adolescent mental health and facilitator of school success. However, empirical research on youth SWB is scant; studies only commenced in the

1990s following the development of reliable and valid indicators of SWB, particularly life satisfaction. Early studies of life satisfaction in children and youth involved identification of correlates of SWB. This line of research found youth life satisfaction to be associated with many   individual level variables (e.g., demographics, personality, beliefs), environmental variables (e.g., parent-child relationships, peer relations, school climate), and situational variables (e.g., stressful life events; Huebner, Suldo, & Gilman, 2006). Only in the last five years have the first studies of interventions intended to systematically increase youth SWB appeared in the literature (e.g., Froh, Kashdan, Ozimkowski, & Miller, 2009; Froh, Sefick, & Emmons, 2008; Rashid & Anjum, 2008). For example, Rashid and Anjum (2008) utilized positive psychotherapy (PPT), a methodology focused on developing resources of positive emotion, character strengths, and a sense of meaning in life to counteract depressive symptomology, in a randomized control trial with a sample of middle school students. In addition to traditional psychotherapeutic techniques, students were engaged in research-based activities that have been found to increase positive emotion and engagement in meaningful activity (e.g., expressions of gratitude, utilization of character strengths, savoring enjoyments). Results included significant increases in happiness and well-being within the intervention group and improved weekly behavioral ratings completed by teachers. Although PPT was designed with depressed individuals as the target population, increases in happiness and well-being were found as outcomes in a non-depressed sample as well (Rashid & Anjum, 2008).

In contrast, a growing body of research with adult samples has investigated the efficacy of specific intentional activities intended to increase participants' SWB.

Interventions that have been empirically shown to improve at least one indicator of SWB among adults include: increasing grateful thinking (Emmons & McCullough, 2003), performing acts of kindness (Lyubomirsky et al., 2005), identification and use of one's character strengths in new ways (Seligman et al., 2005), writing about and visualizing methods to achieve life goals (King, 2001), and optimistic thinking (Seligman, 1990). Such research supports Seligman's (2002) multidimensional framework for increasing SWB through intentional activities related to one's past, present, and future emotional experience.

Based upon the literature, the current author participated in development and implementation of a study in which a positive psychology manualized intervention was developed to purposefully increase the SWB of middle school students (Suldo et al., 2008; Suldo et al., 2009). Utilizing Seligman's (2002) framework for increasing happiness, the manualized intervention consisted of 10 weekly sessions of intentional activities developmentally modified from research on adult samples. Fifty-six sixth grade students were randomly assigned to one of two conditions: intervention condition ($n =29$) and wait-list control ($n = 27$). All participants completed pre, post, and six month follow-up measures of SWB. Due to the relevance of this study to the current dissertation, study design is described in detail within the methods section. Analyses indicated a statistically significant group by time interaction for life satisfaction (the most stable component of SWB). While life satisfaction scores of students in the intervention group increased from pre to post-intervention, scores of students in the wait-list control group declined during the intervention. No significant differences in rates of change between groups from pre to post or follow-up were found when positive and negative affect, the other components

of SWB, were analyzed as the outcome variables. However, the trend of data amongst all students (regardless of intervention condition) indicated increased positive affect at post-test and follow-up, and slightly decreased negative affect. The wait-list control group participated in intervention during the spring of their 7th grade year (Friedrich, Thalji, Suldo, Chappel, & Fefer, 2010). Seventeen students in five intervention groups met twice weekly over the course of five weeks, utilizing the same intervention manual as previously mentioned. Results indicated statistically significant growth in global life satisfaction from pre to post-intervention. Overall, this line of research provided preliminary support for the notion that psychologists could facilitate positive change in youth life satisfaction via a manualized positive psychology intervention with youth.

Considering research findings that intentional activity through positive psychology intervention can increase SWB, an important outcome of therapeutic work, other factors commonly working toward therapeutic change should also be considered. Lambert (1992) summarized conclusions based on reviews of psychotherapeutic outcome research regarding the degree to which therapeutic factors influence change in client disorder. The four categories of specific factors that he surmised influenced psychotherapeutic change include: "extratherapeutic change" (accounting for, on average, 40% of the variance in change), "common factors" (explaining 30% of change), "expectancy (placebo effect)" (responsible for approximately 15% of change) and "techniques" (accounting for the final 15% of variance; Lambert, 1992, p. 97). While the relatively small amount of variance attributed to therapeutic techniques is surprisingly minimal, Wampold's (2001) meta-analysis of the literature confirmed no differential effect between therapeutic methodologies in treatment outcomes, no evidence that

supported mediating processes specific to therapies, and lack of evidence supporting effects of treatment matched to client needs on the basis of etiology or adherence to a treatment manual. In contrast to the lack of evidence for treatment specificity, Wampold described an abundance of support in the literature for client factors, quality of therapeutic relationship, and to a lesser extent, client expectancy for change. Murphy (1999) looked at the cumulative body of research on treatment outcomes when considering a school-based context for change. He combined Lambert's (1992) description of therapist/relationship variables, extratherapeutic/client factors, and expectancy factors of change into the broad category of common factors of change to indicate the commonality across therapeutic modalities and to address these areas outside of specific treatment techniques. He renamed Lambert's factors of change as "client (40% [of variance in therapeutic change]; personal strengths, talents, resources, beliefs, social supports, spontaneous remission, and fortuitous events in the client's life), relationship (30%; perceived empathy, acceptance, and warmth), expectancy (15%; the client's hope and expectancy of change as a result of participating in therapy), and model/technique (15%; theoretical orientation and intervention techniques used by the practitioner)" (Murphy, 1999, p. 363-364). Taken together, this body of research indicates that there are limited differences in effectiveness between different evidence-based interventions. However, when an appropriate intervention is in place, common factors of change have important relationships with therapeutic outcomes.

Therefore, the understudied outcome of SWB in therapeutic work may be influenced not only by the specific model/techniques delivered in the direct positive psychology intervention aimed at increasing intentional activities, but also possibly to a

larger extent by common factors of therapeutic change. A review of the literature found only one study that explored the proportion of the variance accounted for in SWB as a psychotherapeutic outcome in terms by common factors of change within an adult sample (Magyar-Moe, 2004). No studies to date, however, have attempted to determine if increases in participants' SWB is attributable to a specific positive psychology intervention received, or the other alternate reasons for change. Furthermore, youth samples have not been studied in terms of an outcome measure of SWB comparing effects of intervention, therapeutic alliance, client factors, and expectancy for change.

Statement of the Problem

Understanding how to increase SWB among youth is important because of the links in research to mental health, protective factors, and objective indictors of success (e.g., academic confidence, social support, physical health, resiliency, school grades). However, there has been limited prior research on the impact of interventions targeting SWB in youth. A review of the literature that specifically targeted child and adolescent SWB yielded only three published studies, which involved interventions focused on increasing gratitude (Froh et al., 2009; Froh et al., 2008) and developing resources of positive emotion, character strengths, and a sense of meaning in life (Rashid & Anjum, 2008). Additionally, a preliminary unpublished study (Suldo et al., 2008; 2009) found that a comprehensive positive psychology intervention was linked to significant increases in life satisfaction in youth, and suggested youth affect changes in a positive direction due to causes outside of intervention. Furthermore, a review of the literature found no studies that investigated how much influence specific intervention technique has in comparison to the common factors of change experienced in a treatment setting regarding

youth SWB. Specific study of therapeutic factors that influence change in SWB is a needed area of research.

Conceptual Framework

As described, research has indicated that SWB can be increased through intentional activity. Seligman's (2002) theoretical framework for increasing happiness, published empirical research, and preliminary study results with youth (Suldo et al., 2008; 2009) support intentional activities focused on past, present, and future aspects of emotional life as effectively promoting lasting change in participants' SWB. Research also indicates that common factors of change (i.e., client factors, expectancy for change, and therapeutic relationship) play a significant role in client outcomes. Therefore, intervention targeting SWB in adolescent samples should be considered in terms of specific intervention aimed at intentional activity relevant to developmental level, as well as the common factors of change in a therapeutic setting, to determine how SWB can most likely be improved.

Purpose of the Current Study

The common factors of change have been found to significantly overshadow the contributions of specific type of intervention in treatment outcomes (Murphy, 1999). The current study investigated the amount of variance in components of youth SWB (i.e., life satisfaction, positive affect, and negative affect) predicted by these factors after accounting for baseline SWB levels. The primary purpose of the current study was to better understand the contribution of (a) a specific manualized intervention (including methods of increasing intentional activity based on research with adult samples as modified to developmental level for adolescents), (b) youth expectancy for change, and

(c) two specific client factors found to correlate heavily in the literature with SWB in youth (i.e., parental support and social self-efficacy) to post-test variance in SWB observed in previous study as reported by Suldo et al. (2008; 2009). A secondary purpose of the current study was to explore the contribution of therapeutic alliance to the observed variance in SWB within the subsample of youth who participated in the positive psychology intervention as studied by Suldo and colleagues (2008; 2009).

Research Questions

1. Controlling for adolescents' initial life satisfaction scores, what proportion of the variance in post-test life satisfaction scores will be accounted for by the following predictors:

   a. Participation in a positive psychology intervention

   b. Client expectancy for change

   c. Client factor 1: parental support

   d. Client factor 2: social self-efficacy?

2. Controlling for adolescents' initial positive affect scores, what proportion of the variance in post-test positive affect scores will be accounted for by the following predictors:

   a. Participation in a positive psychology intervention

   b. Client expectancy for change

   c. Client factor 1: parental support

   d. Client factor 2: social self-efficacy?

3. Controlling for adolescents' initial negative affect scores, what proportion of the variance in post-test negative affect scores will be accounted for by the following predictors:

    a. Participation in a positive psychology intervention

    b. Client expectancy for change

    c. Client factor 1: parental support

    d. Client factor 2: social self-efficacy?

4. Within the subgroup of participants originally assigned to the intervention condition, controlling for adolescents' initial life satisfaction scores, what proportion of the variance in post-test life satisfaction scores will be accounted for by the following predictors:

    a. Therapeutic alliance: client-rated

    b. Therapeutic alliance: therapist-rated

    c. Client expectancy for change

    d. Client factor 1: parental support

    e. Client factor 2: social self-efficacy?

5. Within the subgroup of participants originally assigned to the intervention condition, controlling for adolescents' initial positive affect scores, what proportion of the variance in post-test positive affect scores will be accounted for by the following predictors:

    a. Therapeutic alliance: client-rated

    b. Therapeutic alliance: therapist-rated

    c. Client expectancy for change

   d. Client factor 1: parental support

   e. Client factor 2: social self-efficacy?

6. Within the subgroup of participants originally assigned to the intervention condition, controlling for adolescents' initial negative affect scores, what proportion of the variance in post-test negative affect scores will be accounted for by the following predictors:

   a. Therapeutic alliance: client-rated

   b. Therapeutic alliance: therapist-rated

   c. Client expectancy for change

   d. Client factor 1: parental support

   e. Client factor 2: social self-efficacy?

Research Hypotheses

The research hypotheses were as follows:

1. Based on prior research related to SWB determinants (e.g., intentional activity) and intervention aimed at increasing SWB, it was hypothesized that a significant portion of the variance in post-test youth SWB component scores would be accounted for by participation in a manualized positive psychology intervention.

2. Based on prior research regarding common factors of change and correlates of SWB in youth, it was hypothesized that client factors (i.e., parent support and social self-efficacy) would account for the largest amount of variance in post-test youth SWB component scores.

3. Based on prior research regarding common factors of change, it was hypothesized that a significant portion of the variance in post-test youth SWB component scores would be accounted for by participant expectancy for change.

4. Based on prior research regarding common factors of change, within the sample of adolescents who originally participated in a positive psychology intervention, it was expected that client ratings of therapeutic alliance would account for the second highest degree of variance in post-test SWB component scores, with client factors accounting for the largest proportion of variance.

Significance of the Study

The current study adds to the literature base in several important ways. First, it provides further evidence regarding the amount of variance accounted for in therapeutic outcomes by each of the common factors of change. Furthermore, it provides specific data regarding SWB as a positive indicator of mental health. As previously discussed, SWB is an understudied but relevant component of mental health. Prior research is limited in the extent to which SWB has been studied as a therapeutic outcome; moreover, further limited in terms of common factor influences on SWB as an outcome in all samples and particularly in youth.

Second, the current study adds to the literature in terms of positive psychology interventions with youth. As discussed, only a few studies to date have examined the impact of specific interventions with child and adolescent samples. The techniques in the current intervention manual have cause for further investigation as intentional activity methods of increasing SWB in youth. Furthermore, the current study provides implications on the utility of research targeting change in correlates of SWB as a way of

improving youth mental health. For example, future research might examine intervention addressing family supports and increasing social self-efficacy while utilizing a measure of SWB as an outcome indicator.

Lastly, a review of the literature found little on the effects of children's expectations for improvement on therapeutic outcomes (Shapiro, Friedberg, & Bardenstein, 2006) and limited information on therapeutic relationship (Hawley & Garland, 2008). Further, research in these areas has been conducted following the deficit model of psychological intervention, which provides only a partial perspective on mental health. This study provides evidence of the impact of expectancy for change and therapeutic relationship considering enhancement in a positive psychology model, as well as providing specific information on these factors in youth. Finally, the importance of an evidence-based intervention for wellness outcomes as the context for common factors to contribute to change is explored.

Definition of Terms

Subjective well-being. Diener (1994) defined the scientific construct of subjective well-being (SWB) as both a cognitive and affective self-evaluation of one's life and experiences. It is comprised of three separate but related constructs, specifically frequency of positive affect, frequency of negative affect, and level of life satisfaction.

Life satisfaction. Diener (1994) defined global life satisfaction (LS) as a person's cognitive judgment of his or her satisfaction with life on the whole.

Positive affect. Diener (1994) defined positive affect (PA) as situationally bound positive emotion (e.g., positive mood characterized by interest, engagement, and energy).

Negative affect. Diener (1994) defined negative affect (NA) as situationally bound negative emotion (e.g., negative mood such as fear, sadness, and anger).

Common factors of change. Murphy (1999) defined common factors of change as those factors that represent the commonality across therapeutic modalities and address areas outside of specific treatment techniques. These include client, relationship, and expectancy factors.

Client factors. Murphy (1999) defined client factors as "personal strengths, talents, resources, beliefs, social supports, spontaneous remission, and fortuitous events in the client's life" (p. 363-364). This construct refers to the personality, environmental, and biological influences that the client brings into the therapeutic setting. Examples include personal strengths, talents, beliefs, resources, social supports, and physical health.

Therapeutic relationship. Murphy (1999) defined the therapeutic relationship as "perceived empathy, acceptance, and warmth" (p. 363-364). The therapeutic relationship consists of developing a strong therapeutic alliance through client specific goal setting, collaboration on use of techniques, and utilizing the client's world view.

Expectancy for change. Murphy (1999) defined expectancy as "the client's hope and expectancy of change as a result of participating in therapy" (p. 363-364).

Social self-efficacy. Fogle, Huebner, and Laughlin (2002) defined social self-efficacy as "an individual's judgment about how effectively he or she will be able to deal with social tasks in the future" (p. 376).

Parent support. In their review of the literature, Suldo and Huebner (2004a) found definitions of parent support to center around the child's perception that he/she is loved, cared for, and appreciated by the parent, thereby experiencing an emotional bond.

Organization of Remaining Chapters

The remaining chapters will provide further detail on the background, intent, methods, analyses, and discussion of findings from the current study. Chapter 2 provides a comprehensive review of the literature that has been touched upon in this introduction as a background for and support of the significance of this investigation. Chapter 3 details the method of study implementation, collection of archival data, and overview of data analyses. Chapter 4 describes results of data analyses. Finally, chapter 5 provides a discussion of study findings and relationships of findings with studies in the literature as well as study significance and implications for further research.

Chapter 2:

Review of the Literature

The field of psychology has historically been associated with three general aims, including the amelioration of mental illness, the attainment of life fulfillment, and the development of talents (Seligman & Csikszentmihalyi, 2000). Research in the areas of giftedness, creating happy marriages, positive parenting strategies, and meaning in life exemplify empirical focus outside of mental illness during the 1920s and 1930s. However, the traumatic impact of World War II brought about two economic events that changed the direction of psychology as a profession (Seligman & Csikszentmihalyi, 2000). As soldiers returned from war, psychological disturbance was evident. Veterans Affairs was founded in 1946 and opened the door to professional practice treating mental illness to a greater degree than had been possible previously (Seligman & Csikszentmihalyi, 2000). Organizations such as the American Psychological Association (APA) expanded expertise around the need to research and address mental illness (American Psychological Association [APA], 2010). Clinical and applied psychology became areas of increased interest and opportunity for career advancement. In addition to an expanse in practice regarding mental illness, the National Institute of Mental Health was established in 1947 and began to fund research centered on pathology (APA, 2010; Seligman & Csikszentmihalyi, 2000). This greater opportunity for funding

brought about a shift in the broad direction of research to that of understanding and treating disorders, to the exclusion of attention to either life fulfillment or development of talents. Although the illness side of psychology is relevant and important, modern psychologists posit that mental health is more than the absence of mental illness (Diener, 1994; Lyubomirsky, Sheldon, & Schkade, 2005; Seligman, Steen, Park, & Peterson, 2005). Therefore, interest in strengths, virtues, and growth is valuable, albeit relatively neglected in research and funding since World War II.

Diener (1994) asserts that the measure of degree of negative emotional states (e.g., anxiety, depression) provides only a partial view of one's overall mental health. The absence of mental illness, in effect, does not equate with the presence of mental health. This notion is the basis of the positive psychology movement. Seligman and Csikszentmihalyi (2000) described the condition of psychology following World War II as "a science largely about healing" (p. 5), with a focus on ameliorating difficulties "within a disease model of human functioning" (p. 5). Research agendas have largely scrutinized psychological disorders and environmental stressors (e.g., divorce, death, abuse) working within a medical model (i.e., define and treat the problem). However, they note that this narrowing of the field lost sight of the "fulfilled individual" (Seligman & Csikszentmihalyi, 2000, p. 5). This perspective centering on the search for fulfillment was brought forth by humanistic psychologists in the 1960s but failed to gain a substantial empirical backing and was criticized as self-indulgent (Seligman & Csikszentmihalyi, 2000).

In 1998, the theme of the APA annual convention was prevention. It had become apparent that research through the medical model did not equip psychologists with

strategies for how to prevent psychological disturbance, acts of violence, substance abuse, and so forth (Seligman & Csikszentmihalyi, 2000). Martin E.P. Seligman was elected present that year and described his initiative to "begin building an infrastructure within the discipline . . . to encourage and foster the growth of the new science and profession of positive psychology" (Seligman, 1999, p. 561). Seligman (1999) described a reorientation of study and practice toward human strengths for both the purposes of preventative psychological health as well as enhancement of individual and civic virtue. The intent of positive psychology is to shift focus from solely on psychological deficits to a balance of remediation of difficulties and proactive building of strengths and qualities (Seligman & Csikszentmihalyi, 2000).

Although research in the area of prevention, strengths, and resiliency were in progress prior to Seligman's election to APA, his mission and subsequent spotlight on positive psychology through such sources as a special issue in the *American Psychologist* in 2000, lead to an important increase in the amount of empirical understanding of positive psychological constructs and the evidence-based practice of positive psychology (Seligman, Steen, Park, & Peterson, 2005). Within this new wave of research, an important outcome is that the construct of subjective well-being has been studied as a positive indicator of mental health.

Subjective Well-Being

The hallmark of study in positive psychology as both a protective factor and the defining construct of experiencing the fulfilled life is happiness. Happiness is a blanket term often used in ordinary language when referring to an emotional state. Happiness in the empirical literature is often operationalized as subjective well-being. Diener (1994)

defined the scientific construct of subjective well-being (SWB) as both a cognitive and affective self-evaluation of one's life and experiences. It is comprised of three separate but related constructs, including frequency of positive affect, frequency of negative affect, and level of life satisfaction. He described global life satisfaction as a person's cognitive judgment of his or her satisfaction with life on the whole. Therefore, a person with high SWB experiences frequent positive emotion, experiences relatively few negative emotions, and makes an abundance of positive appraisals of life events which relate to overall affective levels (Diener, 1994). Diener (1994) described SWB as having both stable and variable aspects. Although a person may change his appraisal of specific life events as they occur, he also has a general temperament to which emotional reactions will return. While positive and negative emotions can be situationally bound, the overall cognitive appraisal of one's life and reactions to events over time is largely stable. It is for this reason that life satisfaction is considered the most stable indicator of SWB (Diener, 2000).

Recent research has identified factors that determine levels of happiness. Lyubomirsky, Sheldon, and Schkade (2005) described a three factor model for determining chronic happiness levels. Based on their analysis of the literature, variance in levels of happiness appears attributable to set point, circumstance, and intentional activity. Regarding the former, happiness is set within a chronic range that is stable over time and presumably linked to one's genetics. A person's set point is the expected happiness value within their range, reflecting intrapersonal, temperamental, and affective personality traits present from birth (Lyubomirsky, Sheldon, & Schkade, 2005). In other words, set point could be considered one's baseline level of SWB. Although variability

occurs from baseline, levels of happiness remain in a stable range over time. Therefore, evidence supports a largely biological influence on the possible range of happiness levels over time that accounts for 50% of the variance in happiness. However, environmental factors (e.g., circumstance, intentional activity) influence if a person will more likely maintain in the upper or lower end of their potential range of happiness (Lyubomirsky, Sheldon, & Schkade, 2005).

Circumstances are incidental but relatively stable facts of an individual's life (i.e., region lived in, age, gender, socioeconomic status, occupation). These also include personal events and one's life history (e.g., traumatic experience, childhood event). Although circumstances can influence a person's point of happiness within their range, only 8-15% of the variance in SWB appears accounted for by such factors (Lyubomirsky, Sheldon, & Schkade, 2005). The hedonic treadmill suggests that one adjusts to better or worse circumstances and returns to a baseline level of emotional state fairly rapidly (Diener, 2000). For example, Brickman, Coates, and Janoff-Bulman's (1978) research regarding the long-term impact of winning the lottery, a widely accepted positive circumstance, as well as research on spinal cord injuries (Silver, 1982), a life changing negative event, both found that respondents adapted to their new set of circumstances within a matter of weeks and initial changes in affect diminished. Although such studies have been criticized due to design issues (e.g., small sample size), recent research with larger samples have found similar conclusions (Diener, 2000). One study (Suh, Diener, & Fujita, 1996) found that the strength of relations between major life events, such as job loss or promotion, and SWB significantly decreased in less than three months.

Considering hedonic adaptation, changes in circumstance may promote only minimal fluctuations in an individual's SWB over time.

In contrast, current research suggests that hedonic adaptation and set point can be altered through intentional activity (Lyubomirsky, Sheldon, & Schkade, 2005). Intentional activity includes varied actions and thoughts in one's daily life, such as amount of exercise, looking at things in a positive light, and setting goals (Lyubomirsky, Sheldon, & Schkade, 2005). Importantly, intentional activity implies a personal choice to engage and requires effort to perform. Whereas circumstances typically happen to people, intentional activity is an action on circumstance. The results of research by Lyubomirsky et al. (2005) found that 40% of the variance in happiness levels was due to intentional activity, which leaves a wide range in which one's happiness is in his or her own hands. Specific intentional activities found across the literature to impact well-being include behaviors (e.g., acts of kindness, exercise), cognitive appraisal (e.g., positive reframing, recognizing things for which one is grateful), and goal setting (Lyubomirsky, Sheldon, & Schkade, 2005).

In sum, SWB is the term used to operationally define and study the construct of happiness. Lyubomirsky et al.'s (2005) research has defined factors that appear to determine level of SWB, which include a genetic link, life circumstance, and one's intentional activity. Although studies have indicated that people adapt quickly to changes in life circumstance and return to a range of SWB largely influenced by biological factors, intentional activity can be favorably altered. This finding is paramount to the positive psychology movement as it highlights the power of personal change to improve one's mental health. The ability to make positive change in mental health within

adolescence is of concern regarding facilitation of adjustment and functioning during this transitional stage of life from childhood to adulthood.

Role of SWB in Adolescent Adjustment and Functioning

Considering the movement of positive psychology to shift from a focus on mental illness to a complete picture of mental health, recent research examined a dual factor model of mental health in which complete mental health was conceptualized as both the presence of positive indicators (i.e., SWB) as well as the absence of negative indicators (i.e., internalizing and externalizing symptoms of psychopathology; Suldo & Shaffer, 2008). A sample of 349 middle school aged students completed rating scales as measures of their self-perceived levels of internalizing psychopathology, SWB, social adjustment, academic success, and physical health. Additionally, academic records and teacher report of externalizing psychopathology were collected. Within the medical model, students reporting low to no psychopathology would be assumed to have sufficient mental health. In effect, the absence of illness is equated with the presence of health. However, Suldo and Shaffer (2008) found that approximately 13% of the students did not display symptoms of mental illness but yet still reported low SWB (a group termed "vulnerable youth"). Students with both high SWB and low levels of psychopathology were termed as having "complete mental health" (57% of the sample). These youth were found to have significantly higher self-rated academic ability, social support from peers and parents, and physical health, as well as higher objective indicators of school success, including reading skills and school attendance. Furthermore, students whose self-ratings of psychopathology were in the clinical range but who indicated high SWB (a group termed "symptomatic but content youth") reported higher levels of social competency

and physical health than their counterparts who reported clinical levels of psychopathology and low levels of SWB (a group termed "troubled"). The overall implication of these findings is that it is not sufficient to be free of mental illness. On the contrary, being satisfied with life and experiencing a plentitude of positive emotions (i.e., high SWB), when coupled with the absence of psychopathology, is associated with maximum academic functioning, social competency and support, and physical health. These are important outcomes when considering the context of the adolescent experience.

Importance of Life Satisfaction

As previously discussed, life satisfaction is the most stable component of the factors comprising SWB. Consequently, it is the most studied construct in the literature in terms of relationships with outcome variables. Research with adult populations has found that low life satisfaction is correlated with onset of depression (Lewinsohn, Redner, & Seeley, 1991). Additionally, level of life satisfaction has been found predictive of physical health, willingness to participate in treatment, and suicidal behavior in adults (Frisch, 1999). Similarly, in child and adolescent populations, research has found that self-reports of life satisfaction are negatively related to symptoms of depression and anxiety as well as risky behavior, such as substance use, and aggressive behaviors (Gilman & Huebner, 2003). Additionally, life satisfaction has been found to act as a mediator of adolescent perceptions of parenting behavior, which in turn influenced adolescents' level of psychopathology (Suldo & Huebner, 2004a). Life satisfaction was also found to mediate the influence of stressful circumstances on internalizing pathology (McKnight, Huebner, & Suldo, 2002) and moderate the development of aggression and delinquency in adolescence (Suldo & Huebner, 2004b).

Specifically, Suldo and Huebner (2004b) found that middle and high school students who reported higher life satisfaction were buffered against the experience of stressful events such that they were less likely to develop maladaptive externalizing behaviors over the course of one year. Overall, this body of research suggests that life satisfaction acts as a protective factor against negative outcomes while also increasing ability to adapt to adversity and develop strengths (Huebner, Suldo, & Gilman, 2006). In effect, global life satisfaction facilitates "complete mental health" in the sense that minor changes in circumstance are adapted to with relative ease although changes in happiness may occur temporarily (Lyubomirsky, Sheldon, & Schkade, 2005; Suldo & Shaffer, 2008). However, when negative events overwhelm coping resources, life satisfaction may diminish significantly and further coping skills and strategies may be required to deal with external difficulties (Huebner, Suldo, & Gilman, 2006).

Correlates of SWB in Youth

Because life satisfaction is the most stable indicator of SWB, it has been studied most frequently in the literature in terms of the relationships between happiness and various other variables. Notably, correlates of life satisfaction can be categorized in terms of individual level variables (e.g., demographics, personality, beliefs), environmental variables (e.g., parent-child relationships, peer relations, school climate), and situational variables (e.g., stressful life events; Huebner, Suldo, & Gilman, 2006). It is necessary to examine each of these areas and the specific factors related to life satisfaction in order to understand how SWB relates to children's lives and traditional indicators of success. Particular studies are examined in greater detail due to the relevance of constructs examined (i.e., social self-efficacy, parent support, character

strengths) to the focus in the current investigation (see section on predictors of intervention outcome and positive psychology intervention research).

   Individual-level correlates. Regarding individual-level variables, the only demographic variable linked to life satisfaction is age (Huebner, Suldo, & Gilman, 2006). Suldo and Huebner (2004a) found that global life satisfaction reports reduce as children enter adolescence, which would suggest an expected drop in SWB during the middle school years. Notably, a relationship with life satisfaction was not found with respect to gender, race, and socioeconomic status. Personality factors and belief patterns including extroversion and social self-efficacy, social interest, perfectionism, self-esteem, an internal locus of control, and an adaptive attributional style have evidenced significant correlations with increased life satisfaction (Ash & Huebner, 2001; Dew & Huebner, 1994; Fogle, Huebner, & Laughlin, 2002; Gilman, 2001; Gilman & Ashby, 2003; Rigby & Huebner, 2005). On the other hand, decreased life satisfaction has been related in the literature to psychopathology, such as features of depression, aggression, anxiety, and conduct problems (Huebner, Funk, & Gilman 2000; Valois, Zullig, Huebner, & Drane, 2001). Additionally, youth identified has having emotional disabilities were found to have lower levels of life satisfaction than peers (Huebner & Alderman, 1993).

   Social self-efficacy has been identified as one of the individual-level personality variables associated with elevated life satisfaction (Fogle, Huebner, & Laughlin, 2002). The interrelationships among several personality variables were studied in a sample of 160 middle school age students in an urban area of the southeastern United States. The sample included 54% females and 46% males with participants evenly spread across 6th, 7th, and 8th grades. The majority of the students were Caucasian (62%) and African

American (31%), with the remaining students categorized under "other" (7%) (Fogle, Huebner, & Laughlin, 2002). One of the aims of this study was to explore the possible relationships between social self-efficacy, social competence, and life satisfaction. Another aim was to explore the possible mediation of the effects of temperament on life satisfaction by social skills related variables (i.e., social self-efficacy and externally rated social competence). In order to measure life satisfaction, the 7-item Student's Life Satisfaction Scale (SLSS; Huebner, 1991) was utilized. Temperament was measured by the Abbreviated Junior Eysenck Personality Questionnaire (JEPQ-A; Francis, 1996). Specific subscales administered included Neuroticism and Extraversion through 12 self-report items. The Interpersonal Skills subscale of the School Social Behavior Scales (SSBS; Merrell, 1993) was utilized as a measure of social competence. Teachers rated students on 14 items indicative of the social skills essential to building positive peer relationships. Student social self-efficacy was measured by the social subscale of the Student Self-Concept Scale (SSCS; Gresham et al., 1993), which includes 20 self-report items focused on self-confidence in use of social skills.

Students were recruited from two middle schools and completed the questionnaires in large groups. Each participant's social studies teacher completed the SSBS subscale. Pearson correlations indicated that life satisfaction had a significant positive correlation with social self-efficacy but no relationship with social competence. Fogle et al. (2002) suggested that perceptions of social competence may create a greater impact on satisfaction with one's life than objective competence considering the personal nature of the variables. Additionally, results of regression analyses indicated that social self-efficacy acted as a mediator for extraversion on life satisfaction. It was suggested

that characteristics of extraversion were more likely to be displayed by individuals with confidence in navigation of the social world, thereby allowing impact on life satisfaction (Fogle, Huebner, & Laughlin, 2002). Neither extraversion or neuroticism were found to be mediated by social competence on life satisfaction (Fogle, Huebner, & Laughlin, 2002).

Another individual-level variable with a growing research base is that of character strengths. Life satisfaction has been studied in relationship to character strengths in both adult (Park, Peterson, & Seligman, 2004) and child (Park & Peterson, 2006a) samples. Regarding research with adults, Park, Peterson, and Seligman (2004) utilized an electronic format via the internet to recruit participants and administer instruments that investigated the relationship between 24 character strengths and life satisfaction. Character strengths are defined by the authors as "positive traits reflected in thoughts, feelings, and behaviors . . . [that] exist in degrees and can be measured as individual differences" (Park et al., 2004, p. 603). These strengths are moral virtues that are developed and used voluntarily in differing degrees by individuals. Further, they are dispositions to act that require judgment and enable people to thrive (Park et al., 2004). Three internet-based samples were utilized, including a total of 5,299 participants with an average age between 35 to 40 years old. The majority of the sample was female (70%) and American (80%). They completed the Values in Action Inventory of Strengths (VIA-IS; Peterson, Park, & Seligman, 2005), a 240-item measure of 24 character strengths, as well as the 5-item Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). Results found that hope, zest, gratitude, love, and curiosity were highly correlated with life satisfaction (Park et al., 2004). Appreciation of beauty,

creativity, judgment, modesty, and love of learning were found to have a weak correlation with life satisfaction (Park et al., 2004).

Comparatively, Park and Peterson (2006a) found that love, zest, hope, and gratitude were associated with happiness in children aged 3 to 9 based on qualitative analysis of parental written descriptions of their children. Participants accessed a secured website, completed a demographic questionnaire, and provided an open-ended description their children's "personal characteristics and individual qualities" (Park & Peterson, 2006a, p. 327). The 680 descriptions submitted by participants were coded for character strengths and degree of happiness by the researchers. The Values in Action (VIA) Classification (Peterson & Seligman, 2004) was utilized to define and code the 24 character strengths. Happiness was coded on a 7-point scale ranging from 1 (*no implication of happiness*) to 7 (*explicitly stated and emphasized happiness*). Love, hope, and zest were found to have significant correlations with indication of happiness (as coded 2 or higher) in the sample as a whole while gratitude was found to have a modest correlation with happiness (as coded 2 or higher) in descriptions of children aged 7-9. It was suggested that these character strengths were more highly related to happiness than others due to the facilitating quality they have for developing positive social relationships and the greater abundance of positive affect associated with love, hope, zest, and gratitude (Park & Peterson, 2006a).

Environmental correlates. Regarding environmental variables, school factors have been studied as the primary context of youth environments. Interestingly, Huebner and Alderman (1993) found that global life satisfaction was not negatively related to risk for school failure (as defined by teacher referral for risk due to learning or emotional

problems). Additionally, researchers found that placement in special education programs (i.e., for mild mental disabilities, learning disabilities) was unrelated to decreased life satisfaction (Brantley, Huebner, & Nagle, 2002; McCullough & Huebner, 2003). Similarly to indicators of academic difficulty, Ash and Huebner (1998) found that students in gifted educational programs (as placed due to documented high-end intellectual ability) did not indicate higher levels of life satisfaction than comparison peers. This series of studies indicate that placement in appropriate academic programming (e.g., providing support or challenge based on identified learning needs) does not appear to impact students' life satisfaction. Conversely, international investigations have found negative correlations between intensive academic settings (i.e., placement in respected academic programs based entirely on standardized test performance) and life satisfaction (Chang et al., 2003; Marks, Shah, & Westall, 2004). Of interest, Suldo, Shaunessy, and Hardesty (2008) found that the negative impact of stressful academic environments on adolescents' self-reported life satisfaction was diminished by a positive appraisal coping style (i.e., use of strategies to frame stressful situations in a positive light or seeking the support of others when under stress). Notably, student perception of academic competence (Leung, McBride-Chang, & Lai, 2004) and satisfaction with schooling experience (Huebner, Drane, & Valois, 2000) were highly correlated with life satisfaction. Furthermore, student-perceived teacher supportive behaviors (e.g., creating an emotional connection with students, acknowledging student success, demonstrating fairness) correlated positively with SWB in a sample of middle school students (Suldo et al., 2009). Overall, this body of research suggests that youth appraisal of school ability and the emotional climate at school have a more substantial

relationship with SWB than objective indicators of success in school (e.g., test scores, program placement).

In line with school experience, relationships with peers have also been studied as environmental factors potentially impacting SWB in youth. Positive peer relationships have been found to correlate with higher levels of satisfaction (Dew & Huebner, 1994). Additionally, Suldo and Huebner (2006) found that secondary students with very high life satisfaction (i.e., mean life satisfaction as measured by SLSS in the top 10% of the sample) reported high levels of perceived classmate social support.

Perhaps the most important of environmental conditions is that of the parent-child relationship. Investigations have found that high degrees of discord between parents and adolescents were related to lower levels of youth life satisfaction in Chinese, European American, and Vietnamese American samples (Phinney & Ong, 2002; Shek, 1997). Parental marital status, parental involvement, and youth perception of marital relationship quality of parents are all factors related to life satisfaction in the literature (Demo & Acock, 1996; Flouri & Buchanan, 2002; Grossman & Rowat, 1995). Furthermore, specific parenting behaviors have been associated with youth life satisfaction. For example, Suldo and Huebner (2004a) found a strong correlation between parental social support and life satisfaction. In other studies, parental support was found to mediate the impact of stressful experiences on adolescent life satisfaction, including self-directed events (i.e., pregnancy, high school dropout) and family-directed events (i.e., immigration) as reported by several researchers (Liebkind & Jasinskaja-Lahti, 2000; Stevenson, Maton, & Teti, 1999; Zimmerman, Salem, & Maton, 1995). In addition to parental support, other aspects of authoritative parenting styles have been related to youth

life satisfaction, including level of supervision and encouragement of autonomy development (Suldo & Huebner, 2004a).

Authoritative parenting has received much attention in the literature regarding its relationship with social/emotional outcomes of youth (Gray & Steinberg, 1999). Within the positive psychology context, the impact of authoritative parenting behavior on increased positive outcomes (e.g., SWB) is viewed as valuable an outcome for study as is decreased risk for psychopathology (e.g., depression, anxiety). Suldo and Huebner (2004a) examined dimensions of authoritative parenting behaviors in relationship to adolescent life satisfaction. Three dimensions of authoritative parenting that defined in previous research (Baumrind, 1991; Gray & Steinberg, 1999; Schaefer, 1965) were utilized, including acceptance-involvement, strictness-supervision, and psychological autonomy granting. A sample of 1201 middle and high school students aged 11-19 years old in the southeastern United States completed self-report measures in small to large groups at their respective schools. Following the removal of data outliers, 1188 was the total sample of participants, including a majority of African American (58%) students followed by Caucasian (34%) students. For the purposes of analysis, the sample was broken down into early adolescents (aged 11-12), middle adolescents (aged 13-15), and late adolescents (aged 16-19). Self-report measures included the SLSS, and the Family Support Scale (FSS; Wills & Cleary, 1996), which is an 11-item measure of perceived parental social support comprised of emotional (e.g., caring, sharing feelings) and instrumental (e.g., informing, problem-solving) factors. Additionally, students completed the Psychological Autonomy Granting (PAG) subscale of the Authoritative Parenting Measure (Steinberg, Elmen, & Mounts, 1989). This subscale includes 9 items measuring

the rater's perception of balanced discipline practices and promotion of adolescent self-expression by his/her parents. Further, participants completed the Strictness/Supervision subscale of the Authoritative Parenting Measure (Steinberg et al., 1989). This is an 8-item subscale assessing adolescent perception of level of parental supervision and strictness of rule enforcement. Finally, externalizing and internalizing problem behavior were measured through the Youth Self Report form of the Child Behavior Checklist (Achenbach & Edelbrock, 1991). Simultaneous regression analyses indicated that each dimension of authoritative parenting predicted life satisfaction in adolescence (Suldo & Huebner, 2004a). Notably, parental social support was the strongest predictor ($\beta = 0.45$; Suldo & Huebner, 2004a). With regard to the various age groups studied, it was found that the impact of parenting behavior (particularly that of parent social support) decreased in strength of relationship to life satisfaction from early to late adolescence. Lastly, life satisfaction was found to mediate the impact of authoritative parenting behaviors on problem behaviors (Suldo & Huebner, 2004a). Considering the strong degree of relationship between parent support and life satisfaction, parent support should be considered a potential influence on any variable's relationship with life satisfaction in youth. It is the intention of this study to account for such potential influences when examining life satisfaction as an outcome variable of investigation.

Situational correlates. Lastly, situational variables have been found to correlate with life satisfaction in youth (Huebner, Suldo, & Gilman, 2006), particularly environmental stressors. One study found that recent experiences of major life changes (i.e., parental divorce, reduced family income) were predictive of lower life satisfaction (McKnight, Huebner, & Suldo, 2002). Ash and Huebner (2001) assert that stressful life

events have both a direct effect on life satisfaction as well as an indirect effect through attributions of one's locus of control. The more stressful/unpleasant life events experienced, the more attributions of external locus of control are made, and the lower life satisfaction becomes (Ash & Huebner, 2001). However, frequent positive events (including those of one's own volition such as hobbies and volunteerism) have emerged as stronger correlates of life satisfaction than major or minor stressors (McCullough, Huebner, & Laughlin, 2000). In McCullough and colleagues research, life events were defined as positive or negative and major (e.g., death, divorce) or minor (e.g., annoyances, hassles, bright spots). The sample included 92 high school students, 90% Caucasian and 51% female. Students completed the SLSS, the PANAS, the Adolescent Perceived Events Scale (APES; Compas, Davis, Forsythe, & Wagner, 1987) short form (a 100-item measure of life events) and the Student Self-Concept Scale (SSCS; Gresham et al., 1993), a 72-item measure of degree of self-confidence. Results of hierarchical regression analysis found that life events significantly accounted for variance in adolescent reports of SWB beyond that global self-concept (McCullough, Huebner, & Laughlin, 2000). Daily positive events were found to be the most powerful in terms of explaining variance in life satisfaction while negative daily events were most powerful in terms of positive and negative affect reports. Overall, daily events contributed to a greater degree across components of SWB than did major life events (McCullough, Huebner, & Laughlin, 2000). Considering this finding, active daily events of one's choosing have the potential for positively changing reported levels of SWB over time.

Overall, the body of literature described indicates numerous correlates of SWB in youth. It can be concluded that SWB is related to youth's lives in a multifaceted way,

considering the extent of personal, environmental, and situational factors indicated in research. Due to the extent of SWB's influence on traditional indicators of success and the many ways in which SWB is interrelated with youth lives, the value of SWB as a target for intervention is viable. Despite the importance, current research on interventions aimed at increasing SWB in youth is limited. Therefore, it is important to look at theory and research rooted in the literature on adults as an anchor for the budding research regarding interventions with youth in this area.

Framework for Increasing SWB

Seligman (2002) asserted that people are capable of increasing their SWB into the upper range of their biologically inherited set points through intentional activities. He proposed a multidimensional view of increasing happiness, including attention to past, present, and future aspects of emotional life. Seligman suggested that feelings of satisfaction with the past can be increased through expressions of gratitude for positive events. Based on promising findings from empirical studies, Seligman suggested increasing happiness through expressions of gratitude, such as journaling happenings for which one has been grateful or interpersonal expressions of gratitude. Additionally, he indicated that forgiveness is key to neutralizing negative feelings about the past in order to effectively increase satisfaction. In terms of the present, Seligman discussed happiness levels as dependent on both pleasures (i.e., immediate, fading sensations) and gratifications (i.e., the enactment of personal strengths in meaningful ways). He suggested that people can improve lasting happiness by increasing gratifications through identifying their personal strengths and virtues, termed character strengths, and using them in new ways. Finally, Seligman suggested that happiness levels for the future could

be increased through learned optimism, which is a cognitive-behavioral method of changing pessimistic modes of thought through disputations of negative attributions based on evidence in everyday life. Optimistic thinking is created when permanent and universal reasons are attributed to positive events whereas temporary and specific reasons are attributed to negative situations (Seligman, 2002).

Utilizing this multidimensional framework, a systematic process of intervention is viable based upon research within each domain of past, present, and future oriented intentional activities. Although research specific to youth is sparse, research with adult populations has provided several avenues of intervention that complements Seligman's design for a well-rounded lifestyle change leading to increased SWB.

Positive Psychology Intervention Research within Seligman's Framework

Past oriented intentional activity. Interventions aimed at increasing positive appraisal of past events that have been examined in the literature include studies on gratitude and forgiveness. Regarding gratitude, Emmons and McCullough (2003) examined the impact of increasing grateful thinking on indicators of well-being. In two separate trials, participants were assigned to either the "hassles," "gratitude listing," "neutral life events," or "social comparison" conditions (Emmons & McCullough, 2003, p. 379). The first study included 192 undergraduates who participated weekly in one of three activities over the course of 10 weeks. In the gratitude condition, participants listed up to five things for which they were grateful over the past week. In the hassles condition, participants listed up to five things that annoyed or bothered them in their lives. In the neutral life events condition, participants listed up to five events that had impacted them within the last week. Participants completed weekly ratings of affect,

physical symptoms of common illness, reactions to aid, and global life appraisals. Regarding the latter, two single item indicators were utilized. Participants rated "how they felt about their life as a whole during the week," ranging from -3 (terrible) to +3 (delighted), and "their expectations for the upcoming week," ranging from -3 (expect the worst) to +3 (expect the best; Emmons & McCullough, 2003, p. 380). Significant effects were found in terms of increased global life appraisals (i.e., positive outlook on current life and expectations for the future) by those in the gratitude condition vs. both hassles and control conditions. This group also reported significantly fewer physical symptoms. However, positive and negative affect was not significantly impacted by the weekly gratitude exercise. In follow-up to these results, a second study was conducted by the same researchers. The conditions as previously described were altered in that the participants were asked to complete daily diaries of gratitude or hassles and the neutral life events group was changed to a social comparison focused group (i.e., participants were asked to write about ways in which they perceived themselves as better than others). This study included 157 undergraduates who participated daily over the course of a two week period. Daily ratings of affect, physical symptoms of common illness, and one's enactment of prosocial behaviors were collected. Results included that those in the gratitude condition significantly increased level of positive affect in comparison to the hassles group; however, there was no significant difference with the social comparison group. No differences were found in physical health across groups. Interestingly, those in the gratitude group were found to offer emotional support (i.e., a prosocial behavior) more frequently than those in the other conditions (Emmons & McCullough, 2003). In sum, this two part empirical investigation found that enactment of gratitude oriented

thinking on at least a weekly basis resulted in increased global appraisals of one's life while grateful thinking on a daily basis increased global positive affect beyond that experienced by those with a negative outlook on daily events. This study suggests that intentionally training one's thinking to focus on the positive emotion created by reflection on those events for which one is grateful in the recent past can bolster both life satisfaction and positive affect, which are key ingredients of SWB.

Further support for this notion was found by Sheldon and Lyubomirsky (2006)'s investigation, in which they partially replicated Emmons and McCullough's (2003) research by utilizing a gratitude condition similar to the one described, except that participants were encouraged to write about as many sources of gratitude as possible and with extensive detail. Across intervention conditions in this study, negative affect (another aspect of SWB) was reduced. Further details regarding the future oriented condition of this study are provided in another section. Recent support for the positive effects of increasing gratitude are provided by Chan (2010), who found that Chinese school teachers who reflected on up to three things for which they were grateful over the past week for a period of 8 weeks increased their SWB. Specifically, teachers who were low at baseline for life satisfaction and positive affect were found to have the greatest increases upon intervention completion.

Another study involving gratitude examined the efficacy of five positive psychology interventions (Seligman, Steen, Park, & Peterson, 2005). By use of the internet, 411 adult participants completed specific intervention activities based on their enrollment in treatment or control groups. Participants in the control group journaled each night for one week about "early memories" (Seligman et al., 2005, p. 416). Of the

treatment groups, two were aimed at positive emotion about past events. In one such group, participants completed a "gratitude visit" described as "participants were given one week to write and then deliver a letter of gratitude in person to someone who had been especially kind to them but had never been properly thanked" (Seligman et al., 2005, p. 416). Another treatment group was asked to "write about at time when they were at their best and then to reflect on the personal strengths displayed in the story" (Seligman et al., 2005, p. 416). The other three treatment groups completed exercises aimed at present emotions (i.e., write down things that went well each day, two versions of use of character strengths). Each group attended to their activity daily over the course of one week. Participants completed pre-, post-, and follow-up (1-week, 1-month, 3-months, and 6-months) measures of happiness and depressive symptoms. Results included that participants who completed the gratitude visit reported significant increases in happiness and decreases in depressive symptoms at post-test and through a 1-month follow-up. This group showed the largest effect size for positive change in comparison to treatment and control groups throughout the study. Although increases in happiness were found at post-test for the group that completed written reflections on personal strengths when they had been at their best, these effects were not lasting through 1-week follow-up (Seligman et al., 2005). Thus, this study further supports use of gratitude-related activity for immediately increasing satisfaction with one's past and indicates a greater probability of long-term effects. Further analysis of interventions in this study aimed at positive emotion in the present will be discussed later.

Seligman (2002) suggested that forgiveness of past wrongs is an important part of the process to induce SWB. While gratitude amplifies positive feelings, forgiveness

releases and diminishes frequent, intensive negative feelings (e.g., bitterness, hate, regret) about the past. Wade and Worthington's (2005) content analysis of interventions aimed at promoting forgiveness indicated such interventions typically include methods of aiding clients to define forgiveness, experience negative emotion, create a sense of empathy for those who caused harm, acknowledge one's own prior wrongs, and make a commitment to forgive. This formula for change has been found to effectively increase ability to forgive and reduce negative emotions (Wade & Worthington, 2005). Notably, empirically studied and published interventions on this topic were aimed at the reduction of psychological disturbance as measures of outcome, without a focus on positive emotion or appraisals, such as life satisfaction. Although Seligman's (2002) assertion that forgiveness is important to creating positive feelings about the past makes intuitive sense, the literature has not explored forgiveness interventions in relationship to SWB.

Present oriented intentional activity. Interventions aimed at increasing positive appraisal of present events that have been examined in the literature include studies on performing acts of kindness, utilizing character strengths, practice of loving-kindness mediation, and savoring positive experiences. In terms of acts of kindness, Lyubomirsky, Sheldon, and Schkade (2005) described a study in which participants completed five acts of kindness each week over the course of six weeks. It was at the participants' discretion to conduct all acts in one day or to spread acts across the week. Kind acts were described as "behaviors that benefit other people or make others happy, usually at some cost to oneself" (Lyubomirsky et al., 2005, p. 125). The control condition received no intervention. Results showed that only participants who completed all five acts of kindness in one day experienced a significant increase in happiness. In comparison, the

control group demonstrated diminished happiness in the same time frame. Since the acts of kindness performed were relatively small in nature (i.e., non-time consuming or requiring much planning), the authors suggested that those who spread out their acts across the week may have reduced the salience of effects on their emotional state due to making their kind acts less noticeable than typical daily behaviors (Lyubomirsky et al., 2005). Lyubomirsky et al. theorized that acts of kindness lend to increased well-being due to creation of a positive self-perception and perception of others, spirit of cooperation, and self-awareness of one's positive circumstances in comparison to those in need of assistance. Additionally, they discussed a possible increase in self-confidence and optimism as a result of altruistic, prosocial behavior. This notion fits well with Seligman's (2002) discussion of increasing SWB in relationship to the present by capitalizing on what one is doing well and utilizing those strengths in various ways.

Another investigation into use of acts of kindness as intervention (Otake, Shimai, Tanaka-Matsumi, Otsui, & Fredrickson, 2006) examined the act of "counting kindnesses" on female Japanese undergraduates' subjective happiness. The intervention group was asked to increase their awareness of their own kind behavior toward others over the course of a week by keeping a record of each kind act performed per day. A happiness measure was administered one month prior to and one month following intervention. Results indicated a significant increase in subjective happiness as rated by participants in the intervention group, in relation to post-intervention happiness ratings in the control group. Interestingly, those participants in the intervention group who reported the greatest changes in happiness were also found to have enacted more kind behaviors than those who reported only a small change in happiness level following the one week

experience of counting kindnesses. The authors suggested a reciprocal relationship between those who are happy tending to perform more kind behaviors and thereby increasing their own happiness (Otake et al., 2006).   Therefore, one's potential for increasing happiness in the present may be increased by recognizing current acts of kindness and consciously increasing amount of such behavior performed.

Research has also examined use of one's character strengths as a method for increasing SWB in the present. As was described previously, Seligman et al. (2005) utilized an internet-based sample of 411 adults to investigate five different positive psychology interventions. In comparison to the control group and two intervention groups focused on emotion related to the past (i.e., "gratitude visit" and "you at your best"), two groups were asked to complete the VIA-IS in order to identify their character strengths. One of these intervention groups was asked to simply take note of their top five strengths, termed signature strengths, and to use them "more often" during the one week intervention period (Seligman et al., 2005, p. 416). Participants in the other intervention group were specifically asked to use one of their signature strengths "in a new and different way every day for one week" (Seligman et al., 2005, p. 416).   A final intervention group was also focused on emotion in the present; however, they were not instructed to identify character strengths. These participants were asked to focus on "three good things in life," in which they kept a log of "three things that went well each day and their causes every night for one week" (Seligman et al., 2005, p. 416).   In contrast to gratitude exercises, the three good things in life activity does not require participants to think back and determine events, objects, and/or people that have impacted them positively but prompts participants to make positive attributions of current life

events. Findings included that participants who utilized a signature strength in a new way or wrote about three good things in life experienced increases in happiness and decreases in depression through six month follow-up. In contrast, participants who identified their signature strengths and were given a vague instruction on increased use experienced an immediate increase in happiness at post-test, but effects were not maintained at a 1-week follow-up (Seligman et al., 2005). Notably, participants who adhered most closely to instruction during the one week treatment as well as continued intervention activity into the follow-up period reported greater gains in happiness (Seligman et al., 2005). These findings suggest that adults who intentionally acted by thinking about new uses of signature strengths and initiating action, as well as those who committed to identifying causes of three good parts of each day, were taking ownership for their positive experiences in the present and creating a lasting upward shift in SWB.

Additionally, savoring positive experiences was investigated with a sample of 82 high school students aged 16 to 18 years old (Meehan, Durlak, & Bryant, 1993). Bryant and Veroff (2007) defined savoring as attending to, appreciating, and enhancing the positive qualities of one's life. Although an empirical study of specific intervention to enhance one's ability to savor was not found in the literature, Meehan et al. discovered a relationship between subjective well-being and adolescents' "perceived ability to obtain and savor positive life events" (p. 49). Students completed self-report questionnaires regarding their perceived level of social support, SWB, and ability to control positive and negative events as they occur in life. The latter measure provided scores on participants' perceived ability to avoid or cope with negative events as well as create and savor positive events. Results included a positive relationship between perceived ability to

obtain and savor positive events and subjective well-being that was moderated by perceived level of social support. The authors theorized that social support encourages one to create and participate in positive events, facilitates focus on positives as they occur, and extends enjoyment. A relationship with SWB was not found regarding avoidance of or coping with negative events. Notably, Meehan et al. found evidence that self-reported savoring is related to subjective well-being, which stands to reason that increased intentional savoring may increase SWB. Further, social support influenced the extent to which one perceived ability to obtain and savor positive events, which indicates that this variable should be accounted for when implementing interventions to enhance savoring ability.

Finally, Fredrickson, Cohn, Coffey, Pek, and Finkel (2008) empirically tested Fredrickson's (2001) broaden-and-build theory of positive emotions which states that "people's daily experiences of positive emotions compound over time to build a variety of consequential personal resources" and negates hedonic adaptation (Fredrickson et al., 2008, p. 1045). As a method of building positive emotion, 139 participants (mean age of 41) were taught loving-kindness meditation (i.e., meditation focused on increasing warm and caring feelings toward oneself and others by utilizing already existing positive feelings and broadening them gradually to an increasing number of individuals). After completion of six one-hour group sessions, participants who practiced loving-kindness meditation reported increased positive emotions on a daily basis (relative to a wait-list control group), which was then linked to increases in the personal resources of "mindful attention, self-acceptance, positive relations with others, and good physical health" (Fredrickson et al., 2008, p. 1057). These gains in personal resources were considered

consequential in the sense that they enabled participants to increase life satisfaction and decrease depressive symptomology within the present as well as build toward continued growth. This study further supports the contention that intentional activity in the present can create a rise in SWB that has the potential to be maintained.

Future oriented intentional activity. Interventions aimed at increasing positive appraisal of potential future events that have been discussed in the literature pertain to hope and optimistic thinking. Seligman (1990) drew upon research in the cognitive-behavioral clinical tradition in developing a method to increase optimistic thinking. Seligman stated that, by the age of seven, people develop explanatory styles for interpreting the world. A pessimistic explanatory style includes attributions of negative events as permanent, pervasive across life domains, and caused by personal factors. This type of style increases risk for internalizing disorders, such as depression, decreases success, and decreases physical health. On the other hand, an optimistic explanatory style includes attributions of negative events as temporary, specific to situations, and related to external causes. This style increases ability to cope with trauma as well as generates positive emotions, a finding that developed from research related to the contributions of learned helplessness to depression in adults (Seligman, 1990). In order to increase optimistic thinking, and thereby intentionally change views about future events, Seligman first directs one to identify their ABCs, which is Adversity, Belief, and Consequence. For each situation one encounters, his/her automatic thoughts (based upon beliefs about the world and the self) shape resulting emotion. Once pessimistic thinking is identified in this manner, it can be "disputed," that is alternative rationales for the causes of events are explored beyond one's typically narrow view. Through use of a

"disputation record," one can record alternative explanations that fit within an optimistic explanatory style and begin to retrain automatic thoughts (Seligman, 1990). This method has a dual effect of both freeing one from continual negative affect as well as increasing a global satisfaction as one considers the future as having relatively temporary, specific negative events as well as personally devised and implemented, long-lasting, and universal positive events. Of note, this theory has yet to be subjected to empirical examination specific to SWB as interventions geared at improving causal attributions have focused on alleviating depressive or otherwise negative symptomology.

Hope is another construct involving a positive attitude toward the future. Snyder, Rand, and Sigmon (2005) discussed the development of their hope theory in terms of hopeful thinking comprising both the ability to envision clear goals and develop viable methods for goal attainment, as well as believe in one's ability to utilize those methods in reaching specific goals. Goals are defined as any experience one would like to partake, ranging from life-changing pursuits to minimal or practical endeavors (Snyder, Lopez, Shorey, Rand, & Feldman, 2003). Hopeful people were described as "likely to develop alternative pathways, especially when the goals are important and when obstacles appear" (Snyder et al., 2003, p. 123). They exhibit motivation to work toward goals and confidence in ability to achieve goals through positive self-talk (Snyder et al., 2003). Considering this theoretical framework on hope, studies looking at development of goals and goal attainment behavior as methods for increasing SWB are relevant to Seligman's (2002) future component.

King (2001) investigated writing about life goals as a self-regulatory process. She utilized the technique of best possible self (BPS) in the future as a method of

conceptualizing one's goals and the pathways utilized to achieve such goals. Participants in this condition were instructed to imagine and write about their lives in the future, when everything has gone as well as possible and one had successfully accomplished all life goals (i.e., dream come true; King, 2001). Other conditions included writings about personal trauma, combined BPS and personal trauma, and daily plans in detail (i.e., control condition). Participants wrote for 20 minutes during each session, for four consecutive daily sessions. Prior to the initial session, participants completed ratings on their mood and repeated this measure after each of the four sessions. At a 3-week follow-up, participants completed ratings of life satisfaction and optimism, which were combined as a composite measure of psychological well-being. Participants who wrote about their BPS significantly increased their overall positive affect and had more positive affect than those who only wrote about personal trauma. Additionally, those in the BPS condition rated themselves as having greater psychological well-being than those in the other conditions. King suggested that the method of BPS allowed for participants to visualize actual methods for achieving goals that could be actively pursued, which in turn may have spurred greater satisfaction with oneself and one's potential.

Another condition in Sheldon and Lyubomirsky's (2006) study of gratitude required participants to write about their BPS. An immediate, significant increase in positive affect was found only for those who participated in the BPS condition. Additionally, participants in this condition reported greater motivation to continue the intervention through a 4-week follow-up, and experienced greater gains in positive affect in relation to other participant groups. In a more recent study, MacLeod, Coates, and Hetherton (2008) found that the development of goal-setting and planning skills through

either group-based or self-study intervention significantly increased life satisfaction, with participants in the self-study intervention also showing increased positive affect and decreased negative affect. Researchers suggested that such practical skill-building lead to increased actual goal attainment, engagement in desired activity, and resulting positive appraisal of continued ability to achieve. These outcomes further support the notion in Snyder and colleagues' (2005) hope theory that goal-oriented behavior lends toward positive beliefs about the future and fits within Seligman's (2002) framework of increasing SWB.

Theory and research regarding methods of increasing SWB have provided considerable grounding in the literature that has focused on the adult population. As previously discussed, adolescence is a transitional period preparing individuals for adulthood which carries the potential for creating proactive resources to build complete mental health. Therefore, a review of the downward extension of research into specific interventions aimed at youth is important to consider with an eye toward possible differences in outcomes related to developmental factors.

Utilizing Intervention to Increase SWB in Youth

Two areas of research have been empirically investigated and published in peer reviewed journals in relationship to experimentally increasing SWB in youth, including expressions of gratitude and positive psychotherapy. Regarding the former, Froh, Sefick, and Emmons (2008) investigated the impact of gratitude on SWB in 221 middle school students (mean age 12.17). It was theorized that gratitude is likely to increase well-being due to the intensification of positive affect resulting from a kind behavior done by another as well as the savoring of positive emotion through reflection after the occurrence

of a positive event essential to the experience of gratitude (Froh et al., 2008). Classes of 6th and 7th grade students were randomly assigned into the conditions of "gratitude," "hassles," and "control." For a two week period, students completed specific daily activities, in the classroom setting, based on their condition. Students in the gratitude condition listed up to five things they were grateful for since the previous day. Students in the hassles condition listed up to five hassles (defined as "irritants-things that annoy or bother you;" Froh et al., 2008, p. 220) that have occurred in one's life. The control group was not asked to complete any activity. All groups of students completed pre-, post-, and 3 week follow-up measures of gratitude, positive and negative affect, life satisfaction, physical symptoms, reactions to aid, and prosocial behavior. Additionally, well-being ratings and a prosocial behavior measure were completed daily. Well-being ratings consisted of 25 affect terms as utilized by Emmons and McCullough (2003) on which participants indicated the degree each feeling was experienced on a 5-point Likert scale. It was hypothesized that the positive relationship between daily expressions of gratitude and increased SWB found in adults (Emmons & McCullough, 2003) would be replicated in this sample of early adolescents. Results include that students within the gratitude condition reported significantly less negative affect in comparison to those in the hassles condition at post-test through follow-up. Additionally, within the domains of life satisfaction measured by the Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson, Huebner, & Valois, 2003), significant effects of participation in the gratitude condition on satisfaction with school (but not global life satisfaction) were found in comparison to both the hassles and control groups at both post-test and follow-up. At 3-week follow-up, the gratitude exercise was found to be significantly related to

higher ratings of global life satisfaction as well as school satisfaction but unrelated to positive affect and physical illness. Considering the results of this study, it is probable that methods of intervention utilized with adults are adaptable to youth, but may not yield as large of an effect on gains in positive emotions as seen in adults. Additionally, intervention can have positive impact on youth well-being, filtering to important life domains (e.g., school experience).

In a follow-up investigation on the impact of gratitude on youth affect, Froh, Kashdan, Ozimkowski, and Miller (2009) examined person-centered variables as potential moderators of intervention. They hypothesized that those students who demonstrated a high degree of positive affect at pretreatment had reached a ceiling in level of emotion following intervention and would therefore have less room for growth than their counterparts who began the study with low levels of well-being. In effect, pretreatment levels of positive affect were examined to determine if different levels of affect growth were reported by these two groups of participants. Eighty nine child and adolescent participants attending a parochial school (aged 8 to 19 years old) were randomly assigned to a control condition (i.e., asked to write about daily events) and a gratitude visit condition (i.e., asked to write a letter of gratitude and deliver in-person). Students were provided 10-15 minutes of classroom instructional time to write either their gratitude letter or journal on each of five days, conducted every other school day over the course of two weeks with the sixth day providing opportunity for participants in the intervention condition to reflect on their gratitude letters after having made the gratitude visit outside of school time. No difference was found in comparison of affect between control and intervention groups at post-test when groups were examined as a

whole. However, results include that the participants who reported low baseline levels of positive affect in the gratitude condition rated themselves as having more gratitude and positive affect at post-test in comparison to the control condition, and gains in positive affect were evident at a 2-month follow-up (Froh et al., 2009). The authors indicated, in relation to prior study with adult participants, that gratitude interventions have a less impressive impact when compared to a neutral control (e.g., journaling daily events) versus a negative condition (e.g., journaling hassles) except when participants begin intervention with low positive affect. Therefore, their contention was supported that degree of positive affect acts as a moderator of gratitude interventions in youth.

Positive psychotherapy (PPT) is a model of psychotherapy aimed at the amelioration of depression through increasing "positive emotion, engagement, and meaning rather than directly targeting depressive symptoms" (Seligman, Rashid, & Parks, 2006, p. 774). These authors assert that developing resources of positive emotion, character strengths, and a sense of meaning in life counteracts depressive symptomology (e.g., hopelessness, worthlessness, loss of interest) and helps to prevent reoccurrence. In addition to traditional psychotherapeutic techniques, clients are engaged in research-based activities that have been found to increase positive emotion and engagement in meaningful activity (e.g., expressions of gratitude, utilization of character strengths, savoring enjoyments; Rashid & Anjum, 2008). This allows clients to broaden their thinking and provides them the tools to reshape their emotional experience. Although PPT was not designed specifically for youth, it has been studied in a randomized control trial with a sample of middle school students (Rashid & Anjum, 2008). Twenty two students (mean age 11.77) in Toronto, Ontario, were evenly divided into intervention and

control groups. The latter group only completed pre- and post-test measures. Students in the intervention condition received group PPT over the course of 8 weeks with 1.5 hour sessions weekly. Students completed the VIA-IS (Peterson et al., 2005) to determine their signature character strengths and were coached by group facilitators in methods to utilize such strengths in a "practical behavioral project" (Rashid & Anjum, 2008, p. 270). Other activities included exercises on gratitude expression, savoring of positive emotions, and determining a "Family Tree of Strengths" (Rashid & Anjum, 2008, p. 270). Outcome measures included the Children's Depression Inventory (CDI; Helsel & Matson, 1984), Students' Life Satisfaction Scale (SLSS; Huebner, 1991), a researcher designed measure of happiness and well-being (Positive Psychotherapy Index [PPTI]; Seligman et al., 2006), and weekly behavioral ratings completed by teachers. Due to participants' pre-scores on the CDI in the non-clinical range, similar scores post-test between intervention and control groups were considered as expected by the researchers. Additionally, there was no statistically significant difference on the SLSS at post-test. However, there was a significant increase in happiness and well-being within the intervention group as measured by the PPTI and improved weekly behavioral ratings completed by teachers. Although PPT was designed with depressed individuals as the target population, increases in happiness and well-being were found as outcomes in a non-depressed population. Considering the theory of PPT, intervention aimed at SWB may be beneficial in youth as a method of building resilience to mental health disorder.

Although unpublished, empirical investigation was conducted by Suldo et al. (2008; 2009) regarding positive psychology intervention with middle school students. Utilizing Seligman's (2002) framework for increasing happiness, a manualized

intervention was developed, consisting of methods to improve past, present, and future aspects of emotional life through intentional activities (e.g., grateful thinking, character strengths, and optimistic thinking). Based on research with adult samples, activities were developmentally modified to be appropriate for young adolescents. Fifty-six sixth grade students were randomly assigned to immediate receipt of intervention ($n = 29$) and wait-list control ($n = 27$) groups. All participants completed pre, post, and six month follow-up measures of SWB. Participants assigned to the intervention condition received 10 weekly sessions of group positive psychology intervention, within five groups of approximately seven students, during their elective period as set within the typical school day. Due to the importance of this study to the current dissertation, study design is described in detail within the methods section.

As reported by Suldo and colleagues (2008; 2009), results of between-groups repeated measures ANOVAs indicated a statistically significant group by time interaction ($p < .01$) for life satisfaction. Specifically, the mean SLSS scores of students in the intervention group increased from pre- to post-intervention, while the mean SLSS scores of students in the wait-list control group declined during the same period. However, between group differences in life satisfaction were not statistically significant at follow-up ($p = .11$). No significant differences in rates of change between groups from pre to post or follow-up were found within measures of positive and negative affect, as assessed by the PANAS-C. However, the data suggested trends for increased mean positive affect across time for all participants, regardless of intervention condition. Specific to positive affect, the growth of students in the intervention condition was statistically similar to the growth observed among students in the wait-list condition. Whereas the intervention

condition showed no mean change from pre to post-test negative affect scores, the control condition showed decreased mean levels of negative affect at post-test. Notably, both intervention and control conditions evidenced reduced mean negative affect at follow-up. On qualitative feedback forms provided by students after the conclusion of the 10-week intervention, participants reported perceiving increased friendships, social self-efficacy, and self-confidence attributed to the intervention (Michalowski, Thalji, Friedrich, Shaffer, & Suldo, 2009).

The participants from the aforementioned study who were initially assigned to the wait-list control group participated in the intervention during the spring of their 7th grade year (Friedrich, Thalji, Suldo, Chappel, & Fefer, 2010). Of the 25 students still enrolled at the school, 17 elected to participate in the intervention at that time. Five intervention groups (consisting of 3 to 5 students per group) met twice weekly over the course of five weeks, utilizing the same intervention manual as implemented by Suldo and colleagues (2008; 2009). Results indicated statistically significant growth in SLSS scores from pre to post measure ($p < .01$), as well as in satisfaction within the life domains of self and family ($p < .05$) as assessed by the BMSLSS. Taken together, this two-part study found consistent growth in life satisfaction during the course of participation in a manualized positive psychology intervention with youth, as well as changes in youth affect (i.e., increases in positive affect, declines in negative affect) presumably due to currently unknown causes outside of intervention. It has yet to be determined which factors may have influenced change in youth SWB aside from direct intervention.

Although empirical examinations of SWB enhancing interventions with youth are limited, these preliminary studies demonstrate promising potential benefits. First, it was

found that well-being was increased in youth through intervention on at least some indicators of SWB. Considering the previously discussed correlates of SWB, these data suggest that active strategies can be taken to improve the quality of children's lives and perhaps educational experience. Second, methods of positive psychology intervention have been shown to build well-being, which has been linked to resiliency in early adolescence (Huebner, Suldo, & Gilman, 2006; Suldo & Huebner, 2004b). Considering the debilitating impact of mental illness on youth lives and education, pursuit of increasing protective factors is undoubtedly a worthwhile endeavor. However, psychologists must consider the common factors that contribute to change through the therapeutic process and how those factors potentially relate to SWB outcomes. As Froh et al. (2009) found in their study of gratitude intervention, a person-centered variable (i.e., baseline positive affect) differentially impacted outcomes for participants. Further investigation into a study incorporating all variables within the therapeutic context (i.e., Suldo et al., 2008; 2009) would allow for a clearer picture of what factors specifically contributed to outcomes.

Common Factors of Therapeutic Change

Lambert (1992) summarized conclusions based on reviews of psychotherapeutic outcome research regarding the degree to which therapeutic factors influence change in clients. Research reviewed included empirical studies of adult disorders ranging in methodology from naturalistic observation to clinical trials to epidemiological studies. Based upon these analyses, a theoretical percentage was surmised to the extent of influence specific factors appeared to relate to positive outcomes. These factors include "extratherapeutic change" at 40%, "common factors" at 30%, "expectancy (placebo

effect)" at 15%, and "techniques" at 15% (Lambert, 1992, p. 97). Extratherapeutic

change was defined as "those factors that are a part of the client (such as ego strength and

other homeostatic mechanisms) and part of the environment (such as fortuitous events,

social support) that aid in recovery regardless of participation in therapy" (Lambert,

1992, p. 97). Common factors were defined as "a host of variables that are found in a

variety of therapies regardless of the therapist's theoretical orientation: such as empathy,

warmth, acceptance, encouragement of risk taking, etc." (Lambert, 1992, p. 97).

Expectancy was defined as "that portion of improvement that results from the client's

knowledge that he/she is being treated and from the differential credibility of specific

treatment techniques and rationale" (Lambert, 1992, p. 97). Lastly, techniques were

defined as "those factors unique to specific therapies (such as biofeedback, hypnosis, or

systematic desensitization)" (Lambert, 1992, p. 97). Although specific studies have

reported support for various therapeutic techniques, Lambert (1992) described these

results as difficult to replicate. In effect, his study of the literature implicated that

specific therapeutic modalities may be less important to change than the quality of the

therapeutic relationship (i.e., common factors) and pre-existing client variables (i.e.,

extratherapeutic change). However, evidence of positive effects of common factors of

change was found within the context of evidence-based therapies. Therefore, the

importance of these factors must be considered as in addition to evidence-based

techniques (although differences between techniques were not found to be relevant).

Wampold (2001) presented the contextual model as an alternative to the medical

model that has dominated psychotherapeutic practice. Due to his research regarding

efficacious factors in the practice of psychotherapy, he developed methodology that

emphasizes common factors in working with clients through developing the therapeutic relationship as the context for change. Specifically, Wampold's meta-analysis of the literature found that there is no differential effect between therapeutic methodologies in treatment outcomes. In other words, each method of treatment was found to be just as effective as another method. No evidence was found that supported mediating processes specific to therapies as theorized (e.g., changing maladaptive thoughts results in reduced depression due to automatic thoughts acting as a mediator of feeling depressed). Furthermore, Wampold described lack of evidence supporting effects of treatment matched to client needs on the basis of etiology. Lastly, it was determined that adherence to a treatment manual or protocol was not related to outcomes. In contrast to the lack of evidence for treatment specificity, Wampold described an abundance of support in the literature for client factors, quality of therapeutic relationship, and to a lesser extent, the placebo effect. Notably, therapists who had a treatment rationale for which they were energetic advocates were found to be more likely effective change agents due to having an orientation that created the therapeutic context. Considering these findings, Wampold asserted that in the contextual model of therapy, effectiveness was achieved through emphasis on developing the therapeutic relationship and utilizing an eclectic orientation in which specific techniques are utilized based on fit with the client's world view.

Miller, Duncan, and Hubble (2005) based their assertion upon such a collection of research when they described the client as the in the "driver's seat of therapy" (p.87). In order for therapy to be successful, they stated that client resources must be utilized in addition to building a strong therapeutic bond. Furthermore, the "client's theory of change" (i.e., viewpoint on needs, underlying basis of needs, and possible ways to

improve) should be adopted by the therapist in order to improve the quality of client participation and create valuable outcomes. This method of therapy capitalizes on client factors/extratherapeutic change, therapeutic relationship/common factors, and client expectancy for change. These researchers examined the impact of client feedback on the therapeutic alliance and treatment progress as a method of validating efficacy and found that feedback resulted in significant improvement in client outcomes and retention (Miller et al., 2005). An important caveat is that clients must participate in an effective therapy in order to provide feedback and engage with the therapist. Therefore, therapeutic orientation and techniques play a role in the therapeutic context.

Murphy (1999) looked at the cumulative body of research on treatment outcomes when considering a school-based context for change. He combined Lambert's (1992) description of therapist/relationship variables, extratherapeutic/client factors, and expectancy factors of change into the broad category of common factors of change to indicate the commonality across therapeutic modalities and to address these areas outside of specific treatment techniques. He renamed Lambert's factors of change as "client (40%; personal strengths, talents, resources, beliefs, social supports, spontaneous remission, and fortuitous events in the client's life), relationship (30%; perceived empathy, acceptance, and warmth), expectancy (15%; the client's hope and expectancy of change as a result of participating in therapy), and model/technique (15%; theoretical orientation and intervention techniques used by the practitioner)" (Murphy, 1999, p. 363-364). Client factors were described as empowered when unique strengths and resources, personal beliefs and values, and treatment compatible with beliefs are addressed and developed within the therapeutic context. Relationship factors include developing a

strong therapeutic alliance by accepting client goals, tailoring therapy to client suggestions and beliefs, collaborating with the client, and exploring relevance to the client. Expectancy factors were described as empowering change when the therapist conveys the possibility of change and encourages a focus on future growth. Murphy built upon this foundation when developing an approach to addressing school-based behavior problems, entitled the 5-E method. He describes case studies indicating support for the use of this competency-based orientation, including eliciting and elaborating on client resources (i.e., client factors), expanding resources to current concerns and evaluating effectiveness from the client's perspective (i.e., relationship), and empowering sustainable change for the future (i.e., expectancy). Taken together, Murphy synthesized the common factors into a relatable fashion within a school setting and found preliminary support for a focus on these factors as change agents.

In sum, research has shown that specific intervention techniques are factors in creating significant outcomes in a therapeutic context. However, differentiation among techniques is less important than incorporating an additional focus on treatment through the common factors of the therapeutic change (i.e., client, relationship, and expectancy). When considering intervention focused on increasing SWB in youth, the techniques that have been found efficacious in creating change should not be studied in solitude as common factors may be contributing to outcomes as well.

Predictors of Intervention Outcome

In the literature, several variables have been studied in relation to youth's life satisfaction, the most stable component of the factors comprising SWB. Of those, several individual, situational, and environmental variables have been found to have strong

relationships with life satisfaction in children (Huebner, Suldo, & Gilman, 2006). Specifically, authoritative parenting as an environmental-level variable has been found to have a strong correlation with life satisfaction in youth, with the particular dimension of parental support driving the relationship (Suldo & Huebner, 2004a). Furthermore, social self-efficacy as an individual-level variable was found to have a significant positive correlation with life satisfaction as well as act as a mediator for extraversion on life satisfaction (Fogle et al., 2002). Considering the strong degree of relationship between these two variables and life satisfaction, the potential for them to predict level of SWB is substantial.

Parental social support and social self-efficacy are also client factors that fall within Murphy's (1999) description of the common factors of change. They are variables that exist in shaping the client's viewpoint, frame of reference, and ability to access the potential benefits of the therapeutic setting. Considering the influence of these variables as correlates of life satisfaction and as factors within an intervention setting, it stands to reason that such an influence may alter the effects of treatment techniques implemented with clients. The extent to which a child client may perceive high or low levels of parent support and social self-efficacy may predict the extent to which the child experiences changes in SWB. For instance, a child with very low parent support may not respond to interventions because of the salience of parent social support to SWB. Similarly, perhaps children with high social self-efficacy are able to best internalize and maintain the changes in actions and behaviors required in a therapeutic setting.

Another common factor of change as described by Murphy (1999) includes the client's expectancy to improve when engaged in an intervention. A review of the

literature found little on the influence of children's expectations for improvement on intervention outcomes. Shapiro, Friedberg, and Bardenstein (2006) cited research reviews in their text indicating limited research regarding predictors in intervention/therapy research with respect to children. However, some research exists regarding expectations for improvement as predictors of treatment outcome with adults and adolescents. One study investigated moderators of treatment outcomes in depressed adolescents, entitled the Treatment for Adolescents with Depression Study (TADS; Curry et al., 2006). Along with demographic factors, severity of disorder, comorbidity, parental psychopathology, and psychosocial factors, expectations for improvement were studied as potential moderators of the four treatment conditions (i.e., medication only, cognitive-behavioral therapy [CBT] only, medication and CBT combined, and pill placebo). Participants included adolescents ranging in age from 12 to 17 years old. Results included that "adolescents who expected much or very much improvement from the treatment to which they were subsequently assigned improved significantly more than did those with lower expectations" (Curry et al., 2006, p. 1433). Additionally, Dew and Bickman's (2005) review of the literature regarding studies that explored expectation of treatment outcomes with both adult and child samples found that expectation that therapy will be useful or helpful in alleviating difficulty was related to subjective and objective measure of improvement. Expectation of improvement was defined in terms of expectation that the therapist would be helpful, the therapeutic setting would be helpful, the specific therapy modality would be helpful, and/or the general expectation of being in therapy would be helpful. Notably, studies varied at which point expectancy was measured (e.g., prior to treatment, during the first few weeks of treatment) and the quality

of measure utilized. Dew and Bickman indicate that validity is in question regarding the psychometric properties of many forms of rating scales used as well as in the use of projective measures. Furthermore, client improvement has been assessed through therapist report, independent clinician ratings, client report, and a combination of these forms. Without consistency across study designs, extraneous factors may have impacted results by study. However, considering the general trend of the outcomes assessed, it is likely that expectancy does play a role in treatment outcomes.

Importantly, these studies utilized the deficit model of psychological intervention when studying expectancy outcomes. Specifically, outcomes were defined in terms of reducing symptomology of mental disorder. In contrast, Magyar-Moe (2004) completed her dissertation with an investigation into the unexplained variance in therapeutic change including a measure of SWB as well as traditional indicators of therapeutic outcome (i.e., subjective discomfort, interpersonal relationships, and social role performance). She investigated components of Lambert's (1992) model, including therapeutic relationship, hope and expectancy, and personal growth (extratherapeutic change component). These components also comprise the "general effects" and "unexplained variance" categories of Wampold's (2001) model of therapeutic outcomes. A correlational research design was utilized to examine the predictive power of hope, personal growth initiative, working alliance, and client expectations (as measured at intake) on therapy outcome. Participants, including 124 clients from eight university counseling centers in mid-West and Southern states, completed 3 counseling sessions prior to taking outcome measures. Multiple regression analyses found that the combination of predictor variables accounted for 22% of the variance in outcome measure of SWB, of that expectation accounted for a

nonsignificant amount (<1%). Notably, the scale used to measure expectation was reported to include measures of client responsibility, openness, and motivation as well as expectations of counseling process and outcome.   Therefore, this scale could be understood as providing a combined measure of client and expectancy factors, which may have impacted accuracy of results specific to expectancy. Considering the limitation in measure of expectancy and the need for replication of findings regarding SWB as an outcome of therapy, expectancy as a common factor of change remains an important variable of study.

A high quality therapeutic relationship described as a common factor of change by Murphy (1999) consists of developing a strong therapeutic alliance through client specific goal setting, collaboration on use of techniques, and utilizing the client's world view. Teyber and McClure (2000) summarized a review of the literature on the therapist-client relationship with the conclusion that "what therapists say and do in the therapy hour that promotes a good working alliance has proven to be the single most important contributor to change and positive treatment outcomes" (p. 70). Similar to the research on client expectancy for change, most of the studies in the literature regarding therapeutic alliance have utilized samples of adults (Hawley & Garland, 2008). However, several recent studies have explored the impact of therapeutic alliance on reduction of externalizing (e.g., aggression, oppositional defiance) and internalizing (e.g., anxiety, depression) symptomology in youth.

One such study investigated the role of therapeutic alliance in outcomes related to evidenced-based treatment of oppositional, aggressive, and antisocial behavior in children and adolescents aged 3-14 years old (Kazdin, Marciano, & Whitley, 2005).

Participants included 138 male and 47 female youth in an outpatient treatment program. Treatment consisted of 12 sessions of parent management training as well as cognitive problem-solving skills training for child clients aged 7-14. Participants' and therapists' perspectives on the quality of therapeutic alliance were assessed at the 4th and 8th sessions during the course of treatment utilizing the Therapeutic Alliance Scales for Children (TASC; Shirk & Saiz, 1992). Alliance scores were combined across assessment times for each the therapist and child versions of the TASC for the purposes of analyses, due to consistency of ratings found between administrations. Therapeutic change was assessed through pre- and post-treatment measure of therapist, parent, and child perceptions of reduction in deviant behavior and increased child self-control of behavior. Results included that child-therapist alliance as rated by both child and therapist significantly predicted therapeutic change as rated by both the therapist and child independent of demographic, parental, and client pathology factors.

In a follow-up study, 77 children aged 6-14 years old (19 female, 58 male) participated in cognitive problem-solving skills training and their parents participated in parent management training through an outpatient child psychiatric center with a focus on addressing oppositional, aggressive, and antisocial behavior (Kazdin, Whitney, & Marciano, 2006). Twelve weekly sessions were conducted on an individual basis. Therapeutic alliance was assessed at the 4th and 8th weeks of treatment through ratings on the TASC (Shirk & Saiz, 1992) completed by the child and therapist as well as the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) completed by the parent and therapist. Alliance scores were combined across assessment times for each the therapist and child versions of the TASC and each the therapist and parent versions of the

WAI for the purposes of analyses, due to consistency of ratings found between administrations. Therapeutic change was assessed post-treatment through child, parent, and therapist ratings of symptom change and current level of functioning. Results included that both the child-therapist alliance (as rated by the child and therapist) and parent-therapist alliance (as rated by the parent) were predictive of children's therapeutic change beyond the influence of socioeconomic status, parental psychopathology, and severity of child symptomology. Kazdin, Whitley, and Marciano (2006) suggested the need for greater scrutiny in the research regarding the role of therapeutic alliance in treatment outcomes as well as consideration of methods to increase treatment effectiveness through use of the therapeutic alliance.

Hawley and Garland (2008) studied therapeutic alliance in a sample of 78 adolescents receiving services in an outpatient community mental health center. Ratings of therapeutic alliance by therapist and client were conducted during initial baseline interview (occurring after clinical intake but prior to therapeutic services) and after six months of treatment utilizing the short form of the WAI (Horvath & Greenberg, 1989; Tracey & Kokotovic, 1989). High ratings of therapeutic alliance at baseline by adolescent clients predicted decreased child and parent ratings of externalizing behavior problems, decreased child ratings of internalizing symptomology, improved parent and child ratings of family functioning, increased child ratings of self-esteem, and increased parent and child ratings of perceived social support as measured after 6 months of treatment. Therapist ratings of alliance were not significantly related to any of the previously described outcome measures but were predictive of client satisfaction with therapy and therapist rating of the client's global functioning.

In a study regarding treatment of internalizing disorders, Liber et al. (2010) found high therapeutic alliance across conditions of individual and group cognitive-behavioral therapy (ICBT; GCBT) for youth aged 8-12 with anxiety disorders. Alliance was rated through a qualitative observation system with a focus on behavioral indicators of child alliance to the therapist. Observations were completed on two random samples of taped sessions, including one from early (sessions 1-5) and late (sessions 5-10) time points. Alliance was related to high treatment adherence across conditions, a factor commonly associated with positive treatment outcomes. Although both conditions were found effective in reducing anxiety, the individualized treatment condition found greater gains post-treatment in anxiety reduction. Notably, a relationship was found within the ICBT condition in which stronger alliance ratings related to stronger adherence at both early and late treatment assessment time points and stronger alliance was associated with greater reliable change, suggesting this therapeutic format may influence the impact of therapeutic alliance on treatment outcomes in youth. Taken together, these studies suggest that therapeutic alliance (as rated by the client, therapist, or observer) may exert influence both directly and in conjunction with other factors in the therapeutic process on reduction in symptomology with client ratings of alliance also related to improvement in protective factors (i.e., family functioning, self-esteem, and social support).

Regarding positive outcome variables, Magyar-Moe (2004) also examined therapeutic alliance as a predictor of the variance in SWB as an outcome measure of therapeutic change. As previously described, multiple regression analyses found that the combination of predictor variables (i.e., hope, personal growth initiative, working alliance, and client expectations) accounted for 22% of the variance in post-test measure

of SWB. Of the total, therapeutic alliance (as rated by the client) accounted for a

significant but minimal amount of the variance (2.5%) in the direction of higher alliance

related to higher SWB. Notably, the author discussed a high degree of correlation

between measures of predictor variables, which was suggested as rationale for the stark

difference in current findings versus the assertions of Lambert (1992) and Wampold

(2001). Further, this result is inconsistent with the findings of Hawley and Garland

(2008), who reported increased positive outcomes directly linked to therapeutic alliance

(i.e., child self-esteem, parent and child perceived social support, and family

functioning), and with findings of research indicating the high degree of influence of

therapeutic alliance in symptom reduction. Further investigation into alliance as a

predictor of treatment outcomes in youth, particularly with respect to SWB, is warranted.

Taken together, the client factors of parental support and social self-efficacy,

along with the factors of expectancy for improvement and therapeutic alliance, are

common factors of change important in the study of therapeutic outcomes of children

with a particular eye toward increasing SWB. Client factors highly correlated in the

literature regarding this type of outcome are likely to have an influence on treatment

outcomes, while the understudied variables of expectancy and therapeutic alliance in

SWB related outcomes (as well as with children in general) has an unknown amount of

influence to be explored in study. Therefore, attention to common factors within a

context of evidence-based intervention may relate to different levels of outcomes.

Summary

"Most psychotherapy outcome research comes to two conclusions. First,

psychotherapy is effective. Second, different kinds of treatment are about equally

effective" (Weinberger & Eig, 1999, p. 357). The research behind this claim is based on studies of therapeutic techniques rooted in the deficit model of therapeutic change. Intervention methods were studied in relation to outcomes in the presence of symptomology versus the presence of strengths, degree of life satisfaction, and positive affect. Therefore, continued study is necessary for such a conclusion regarding the varied effectiveness of specific methods for increasing SWB, particularly with samples of children. Research and theory regarding the common factors of change provides those variables likely contributing to outcomes in addition to specific techniques utilized. The current study intends to address these two lines of research by examining the efficacy of specific positive psychology intervention techniques as modified for the developmental level of middle school students, as well as the potential predictors of intervention outcome derived from the literature on correlates of life satisfaction and common factors of change.

Chapter 3:

Method

Overview of Participants and Procedures

The archival dataset analyzed in the current study consists of data from 56 students enrolled in sixth grade in a public middle school within a local school district. These students participated in an efficacy study regarding a manualized intervention developed from recent research on methods to increase SWB with adult samples. Approval to conduct the study was obtained from the University of South Florida (USF) Institutional Review Board on August 3, 2007. The Department of Assessment and Accountability within the participating school district also granted approval for the study, on July 27, 2007. Pre-test data were collected in August and September 2007 and post-test data were collected in December 2007 by the principal investigator (PI; a faculty member from the USF School Psychology Program), graduate student co-investigator (author of this dissertation), and a research team of graduate students from USF.

Setting

The setting for this study was a public middle school opened in 2002 within an affluent, suburban community. Sixth grade enrollment for the 2007-2008 school year was expected between 300 to 400 students based on the community population and prior year neighborhood elementary school attendance. Rationale for selection of this school

included ethnic diversity in student population, prior relationship with the research team and continued interest of school administration in further research of student SWB, and evidence of student need for increased SWB in prior research with the school population.

Selection of Participants

In order to participate, students were required to be enrolled full-time at the middle school and obtain written parental informed consent (see Appendix A). In addition, students were asked to sign an assent form (see Appendix B). An overview of the study design is necessary in order to understand how the 56 participants were selected for inclusion in the study that yielded the aforementioned archival dataset. In brief, at the beginning of the 2007 – 2008 school year, the research team administered a screening measure (Brief Multidimensional Students' Life Satisfaction Scale [BMSLSS]; Seligson, Huebner, & Valois, 2003) of life satisfaction (the most stable indicator of SWB) to all but one student entering the 6th grade ($N = 333$). See Appendix K for a copy of this measure. A waiver of informed consent documentation was approved for this screening procedure. Specifically, parents received an information letter that described the screening process (see Appendix C) with the option to inform the PI if they did not wish for their child to participate. Only one parent exercised this option.

The BMSLSS scores for the entire sample ($N = 333$) were examined. The mean score within the overall sample was 5.95 ($SD = 0.99$). A subgroup of students ($n = 132$) reported sub-optimal levels of life satisfaction (i.e., mean BMSLSS score between 1 and 6 on the 7-point metric) during the screening. These students were recruited for participation in the intervention. The parents of 72 of these students provided written consent for student participation; the remaining 60 parents either informed the PI they did

not want their child to participate, or did not communicate with the research team in any manner (e.g., did not return a consent form to school). Five of the students with parent consent to participate did not provide written assent. The 67 students with parent consent and student assent to participate were randomly assigned to one of two conditions: immediate receipt of intervention ($n = 35$) or a delayed-intervention control group ($n = 32$). The mean BMSLSS score attained during the screening for the intervention condition was 4.80 ($SD = .90$) and for the control condition was 4.72 ($SD = 1.20$).

As aforementioned, only approximately half of the students found to have sub-optimal levels of life satisfaction during the screening process obtained parent consent and provided assent. Some parents did not provide consent for this group due to concerns related to possible stigma of receiving mental health service or possibly not valuing the potential benefits of the intervention, and several students (including those who did not assent following parental consent) reported disinterest in participation due to the social stigma of group counseling. Notably, throughout the recruitment process, the research team stressed the intention of the intervention as a "wellness promotion" group, not as therapy for "problems." Despite this attempt at a positive image, students who declined to assent reported not needing to participate due to lack of problems, not being emotionally needy, and not wanting to be seen as different from the general population.

The students assigned to the intervention condition received 10 weekly sessions of group intervention with five groups of seven students occurring within the regular school day during the elective period (e.g., in place of art, PE, computers, etc.) at a set day/time each week. Demographic characteristics of student participants who were included in the dataset analyzed in the current study are provided in Table 1. Due to

attrition during the course of the 10-week intervention, the sample of participants included 56 students (29 in the intervention condition, 27 in the wait-list control condition). Student attrition was due to moving from the area ($n = 9$) and student choice to discontinue participation in the intervention ($n = 2$). The two students who discontinued participation reported interest in the wellness promotion program; however, they preferred not to miss their physical education class which was held during the same class period as the intervention. The majority of the student sample self-reported as Caucasian (36%) or Hispanic (24%), female (53%), and not eligible for free or reduced lunch (54%). The participant age range was 10 to 12 years old with a mean age of 11.35 ($SD = 0.52$). Of note, demographic and pre-test data for one male in the intervention condition was misplaced. Consequently, Table 1 describes the 55 participants with complete data.

A series of chi-square tests of independence between the intervention sample (i.e., 28 students who completed the intervention group and provided complete demographic data) and the participants assigned to the wait-list control condition (i.e., 27 students) was conducted to test for potential effects of demographic characteristics on group assignment. With an alpha level of .05, none of the following effects of demographics were statistically significant: gender, χ^2 (1, $N = 55$) = 0.17, $p = .68$, SES, χ^2 (1, $N = 54$) = 0.67, $p = .41$, ethnicity, χ^2 (6, $N = 55$) = 9.75, $p = .14$, parental marital status, χ^2 (5, $N = 55$) = 3.35, $p = .65$, and guardianship, χ^2 (6, $N = 55$) = 12.56, $p = .051$. These results indicate that students who were assigned to the intervention group were no more likely to be of a particular gender, socioeconomic group, ethnicity, parental marital status, or guardianship than another.

Table 1

Descriptive Statistics for Demographic Characteristics of the Sample by Condition

Variable	Intervention Group		Control Group		Total Sample	
	n	%	n	%	N	%
Gender						
Male	14	50	12	44	26	47
Female	14	50	15	56	29	53
Ethnicity						
Caucasian	9	32	11	41	20	36
African-American	5	18	0	0	5	9
Asian	5	18	2	7	7	13
Hispanic/Latino	6	21	7	26	13	24
Native American	1	4	1	4	2	4
Pacific Islander	0	0	0	0	0	0
Multi-racial	2	7	3	11	5	9
Other	0	0	3	11	3	5
Socioeconomic status						
Low	14	52	11	41	25	46
Average/High	13	48	16	59	29	54
Parent Marital Status						
Married	11	39	14	52	25	45
Divorced	7	25	8	29	15	27
Separated	4	14	1	4	5	9
Never Married	4	14	3	11	7	13
Living Together	1	4	1	4	2	4
Widowed	1	4	0	0	1	2
Guardianship						
Mother and Father	12	43	16	59	28	51
Mother only	9	32	3	11	12	22
Father only	2	7	0	0	2	4
Mother/Stepfather	2	7	6	22	8	14
Father/Stepmother	0	0	0	0	0	0
Grandparent(s)	2	7	0	0	2	4
Other Relative	0	0	2	8	2	4
Other	1	4	0	0	1	2

Measure of Demographics

    Demographics form. Student participants completed a demographics form (see Appendix D) that included questions regarding gender, date of birth, race/ethnicity, parental marital status and guardianship, and SES. The latter was ascertained based on student response to the dichotomous item, "Do you receive free or reduced lunch?" Marital status of biological parents was asked of participants with the response options of married, divorced, separated, never married, never married but living together, and widowed. In a separate item, guardianship was clarified by the statement "I live with my" with response options including mother and father, mother only, father only, mother and stepfather, father and stepmother, grandparent(s), other relative, and other (with room for specification). At the bottom of the form, two questions in the Likert response format were provided. These questions familiarized students with responding to items in such a format as well as assessed expectations for intervention participation in terms of gains in happiness. See below section on the expectancy factor scale for further details.

Measures of Client Factors

    Child and Adolescent Social Support Scale (CASSS; Malecki & Demaray, 2002). The CASSS is a 40-item self-report measure comprised of four subscales of perceived social support, including perceptions of support from parents, teachers, classmates, and friends. This measure has two versions, one for children in 3rd through 6th grades of elementary school (level 1) and one for children in 6th through 12th grades of middle and high school (level 2). Each subscale has 8 to 12 items scored on a 6-point Likert-like scale ranging from 1 (*never*) to 6 (*always*) and scores are derived from averaging ratings on each item. Respondents must answer all questions per subscale for an accurate

average to be computed. Only the 12-item parent support subscale from the level 2

version was analyzed in the current study due to the need for a measure specifically of

this construct (see Appendix E). Items on this subscale contain statements such as 'my

parents show they are proud of me' and 'my parents take time to help me decide things.'

Malecki and Demaray (2002) explored the psychometric properties of the CASSS

utilizing extant data from several recent studies as well as a sample of 280 6th to 8th grade

students and found items loading on four distinct factors as predicted, specifically parent,

teacher, classmate, and close friend. These factors were stable across different ethnicity

and age groups, indicating that the CASSS distinguishes between sources of perceived

social support. Regarding internal consistency reliability, the coefficient alpha for the

parent support subscale on level 2 was .89. Malecki and Demaray reported test-retest

analyses conducted with a subsample of 85 middle school students on level 2. An eight

week interval separated administrations. A correlation coefficient of .70 was reported for

the total scale with a range of .60 to .76 for subscales. The author of this dissertation

calculated Cronbach alpha values for the CASSS parent support subscale within the

current samples (i.e., each intervention condition and the total sample). The coefficient

alpha for the parent support subscale over the total sample ($n = 55$) was .95, with .95 for

the intervention condition ($n = 28$) and .93 for the control condition ($n = 27$). This

suggests high internal consistency, similar to levels reported by Malecki and Demaray.

Support for convergent validity for level 2 included a correlation of .70 between

total scores on the CASSS and the Social Support Scale for Children (Harter, 1985).

Notably, comparisons of similar subscales from these measures yielded a correlation of

.62 for parent support. Some evidence of divergent validity was reported in terms of

intercorrelations between subscales (as found to be measuring separate constructs) ranging from .35 to .57 for the level 2 form of the CASSS. Content-validity evidence was explored through importance ratings, in which participants indicated on a scale of 1 (*not important*) to 3 (*very important*) the value placed on having support described on each item. The range of importance placed on all items on level 2 CASSS was reported as 2.04 to 2.55, suggesting consistently high ratings of importance as indicative of level of meaning each item held for participants.

Self-Efficacy Questionnaire for Children (SEQ-C; Muris, 2001). The SEQ-C is a 21-item self-report measure comprised of three subscales of self-efficacy, including social self-efficacy, academic self-efficacy, and emotional self-efficacy. Each subscale has seven items scored on a 5-point Likert-like scale ranging from 1 (*not at all*) to 5 (*very well*). Total scores are derived from averaging ratings across domains. Only the social self-efficacy subscale was analyzed in the current study due to the need for a measure specifically of this construct (see Appendix F). Total score per subscale was derived by summing item responses. Example items from this subscale include 'How well can you express your opinions when other classmates disagree with you?' and 'How well can you tell a funny story to a group of young people?'

The psychometric properties of the SEQ-C were initially explored utilizing samples of 330 children aged 14 to 17 years old (Muris, 2001) and 596 youth aged 12-19 years old (Muris, 2002). Both studies found items loaded on three distinct factors as predicted, including social, academic, and emotional self-efficacy (accounting for 52.3% and 56.7% of the total variance across studies). The internal consistency reliability coefficient was reported as .88 for total score (with a range of .85 to .88 per subscale).

Particular to the current study, the coefficient alpha for the social self-efficacy subscale was .82 (Muris, 2002) and .85 (Muris, 2001). Suldo and Shaffer (2007) administered the SEQ-C to two different samples of middle and high school students. Results of factor analysis with both samples supported the three-factor model as described by Muris (2001, 2002), accounting for 100% and 99.31%, of the variance in each sample. However, two of the items were found to load equally on more than one factor. Internal consistency was reported as .73 and .74 for the social-self efficacy subscale on the 19-item solution per sample. The author of this dissertation calculated Cronbach alpha values for the SEQ-C social self-efficacy subscale within the current samples. The coefficient alpha for social self-efficacy subscale over the total sample was .79 (n =55), with .64 for the intervention condition (n =28) and .87 for the control condition (n =27). This suggests medium to high internal consistency, similar to that reported by Suldo and Shaffer considering total sample. The coefficient alpha within the intervention condition in the current study resembles Muris' finding.

Muris (2001) provided evidence of divergent validity via a significant negative correlation (r = - .40) between total self-efficacy score and depression as measured by the Children's Depression Inventory (CDI; Kovacs, 1981). Later research conducted by Suldo and Shaffer (2007) supported criterion-related validity in terms of a positive moderate correlation of all SEQ-C subscales with a measure of global life satisfaction (SLSS; Huebner, 1991), r = .35 to .46, and moderate correlations between the social self-efficacy subscale and life satisfaction domains of satisfaction with self, r = .45, and friends, r = .33. Additionally, a significant negative correlation between social self-

efficacy and internalizing psychopathology, $r = -.25$, was reported as evidence of divergent validity.

Measure of Expectancy Factor

Expectancy Items (EI; as modeled from Curry et al., 2006). The expectancy items (see Appendix D) utilized to measure participant expectancy for change as a result of immediate or delayed participation in the intervention condition (known as the wellness-promotion program) were placed on the bottom of the demographics page that participants were instructed to complete prior to completion of the other baseline measures. Students rated expectations to improve in happiness by the end of the current year if assigned to participate in the intervention (question 1) or assigned to the waitlist until the following year (question 2) on a Likert scale of 1 (*very much worse*) to 7 (*very much improved*). These questions were modeled from items administered in the Adolescents with Depression Study (TADS) investigation (Curry et al., 2006), a multi-site, federally-funded empirical study into predictors and moderators of treatment methods for depression in adolescents. Within TADS, participants (age range 12 to 17 years old) were provided a form with 1-item indicators for expectancy to improve depressive symptoms per each possible condition of the study (i.e., medication, CBT, combined medication and CBT) prior to randomization of participants into intervention conditions, which is akin to procedures utilized by Suldo and colleagues (2008; 2009) in which participants completed all self-report surveys (e.g., demographic form, baseline measures of SWB) prior to being randomized into an intervention condition. Although the TADS participants completed an item for each possible condition, only the indicator for the specific condition to which each participant was assigned was utilized in analyses.

Curry et al. recoded participants' expectancy reports for analyses to range from -3 (*very much worse*) to +3 (*very much improved*). The one-item nature of this index precludes an examination of reliability with regard to internal consistency. No research was reported by the TADS team with regard to validity of this index.

In order to explore the validity of the Expectancy Items in the current study, the author of this dissertation calculated the Pearson product-moment correlation coefficient between expectancy for change if currently invited to participate in the intervention (expectancy current) and if invited to participate at a later time (expectancy wait) within the entire sample ($N = 55$). Statistical significance of the intercorrelation was found ($p<.05$), occurring in the expected direction of a positive relationship between expectancy current and expectancy wait ($r = .30$). Therefore, if a participant expected to improve with current participation in the intervention, (s)he was also somewhat more likely to expect improvement if asked to wait and participate at a later time. However, the strength of the relationship is small, suggesting that although these two items are related, the degree of expectation differed depending upon anticipated timing of the intervention. Additionally, the mean scores on each expectancy item were calculated by intervention group and compared via independent *t*-tests. No differences between condition were found with regard to expectancy current ($p=.47$) and expectancy wait ($p=.58$), suggesting that the 1.27 raw score mean difference between participants' expectancy for change if assigned to the wait-list or intervention condition (see Table 3) was affected more by anticipated timing of the intervention rather than spurious characteristics of the subsamples.

Measure of Relationship Factor

Therapeutic Alliance Scales for Children (TASC; Shirk & Saiz, 1992). The TASC consists of two parallel forms, one form designed for child participants (see Appendix G) and one form designed for therapists (see Appendix H). Each form consists of 12 self-report items, of which 8 measure the child's positive or negative orientation to therapy through the perspectives of each the child and therapist (e.g., 'I like spending time with my counselor;' 'The child likes spending time with you, the counselor'). Positive orientation items comprised the therapeutic bond scale and negative orientation items comprised the negativity scale per form. The authors differentiated affective experience in therapy from the child's participation in therapeutic activities by including four items on a verbalization scale assessing collaboration between therapist and child on a therapeutic task (e.g., 'I work with my counselor on solving my problems;' 'The child works with you on solving his/her problems'). Each of the 12 items utilized a 4-point Likert-like scale ranging from 1 (*not like you*) to 4 (*very much like you*). Although a TASC total score was not utilized by the authors (who simply provided results on each of the subscales), a total score for the current study was derived by reverse scoring the five negatively worded items and summing all items across subscales. This method follows the description by Shirk and Saiz of therapeutic alliance as comprising high bond, low negativity, and high engagement in therapeutic tasks (i.e., verbalization).

Shirk and Saiz (1992) explored the psychometric properties of the TASC utilizing a sample of 62 children ranging in age from 7 to 12, who were referred for psychiatric in-patient treatment, and their respective therapists. On the child form, the internal consistency reliability coefficient was reported as .72 for the bond subscale, .74 for the

negativity subscale, and .67 for the verbalization subscale. On the therapist form, the

internal consistency reliability coefficient was reported as .88 for the bond subscale, .72

for the negativity subscale, and .87 for the verbalization subscale. Some evidence of

divergent validity was reported in terms of significant negative intercorrelations between

alliance subscales (as measuring the separate constructs of therapeutic bond and

negativity) on both the child form ($r = -.57$) and the therapist form ($r = -.50$). Shirk and

Saiz reported convergent validity as supported by significant moderate correlations

between child and therapist forms measuring the affective qualities of the therapeutic

relationship ($r = .42$ for bond and $r = .37$ for negativity) but significance was not found

regarding the verbalization subscale. Furthermore, concurrent evidence of validity

included that affective orientation was significantly related to level of participation in

therapeutic tasks (i.e., scores on the verbalization subscale); specifically, the greater

therapeutic bond ($r = .26$ child, $r = .45$ therapist) and lesser negativity ($r = -.49$ child, $r = -.34$ therapist) as rated on both forms were related to higher degrees of participation by

child clients.

The author of this dissertation calculated Cronbach alpha values for each of the

subscales and the TASC total alliance score for each the therapist and child versions,

within the current samples at time one (i.e., week three of the intervention) and time two

(i.e., week eight of the intervention) administrations. At time one, the coefficient alpha

for the TASC total alliance therapist form was .96. This suggests high internal

consistency. On the therapist form, $\alpha = .91$ for the bond subscale, .84 for the negativity

subscale, and .94 for the verbalization subscale, which reflect similar but higher internal

consistency than that reported by Shirk and Saiz. The coefficient alpha for the TASC

total alliance child form was .91. This suggests high internal consistency. On the child form, α =.92 for the bond subscale, .65 for the negativity subscale, and .79 for the verbalization subscale, demonstrating variability from alphas reported by Shirk and Saiz. Specifically, in the current study, higher consistency was found for bond and verbalization but lower consistency for negativity.

At time two, the coefficient alpha for the TASC total alliance therapist form was .90. This suggests high internal consistency similar to that found at time one administration. On the therapist form, α = .80 for the bond subscale, .59 for the negativity subscale, and .85 for the verbalization subscale, similar to the bond and verbalization alphas reported by Shirk and Saiz but with a notably lower alpha for negativity. Internal consistency values were not as high at time two as time one in the current study for these subscales. The coefficient alpha for the TASC total alliance child form was .87. This suggests high internal consistency similar to that found at time one administration. On the child form, α = .76 for the bond subscale, .72 for the negativity subscale, and .68 for the verbalization subscale, similar to that reported by Shirk and Saiz. Compared to time one administration, internal consistency was found to be lower for bond, higher for negativity, and lower for verbalization. Overall, subscale coefficient alphas ranged from medium to high internal consistency and total TASC coefficient alphas indicated high internal consistency in the current samples. The alliance scores analyzed in this study were calculated as a mean of 3rd and 8th sessions in line with the precedent set in prior research (Kazdin et al., 2005).

Measures of Subjective Well-Being (SWB)

       Students' Life Satisfaction Scale (SLSS; Huebner, 1991). The SLSS (see

Appendix I) is a 7-item self-report measure assessing global life satisfaction of youth.

Response format of items is a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6

(*strongly agree*), indicating degree of agreement to statements about one's life (e.g., 'My

life is going well,' 'I wish I had a different kind of life,' and 'My life is better than most

kids'). In order to derive a total score of life satisfaction, the two negatively worded

items are reverse scored and summed with the positively worded items. The total score is

then divided by the number of items to produce a mean score. Increasing scores indicate

higher levels of life satisfaction.

       In several studies, the SLSS was found to have high internal consistency with a

coefficient alpha = .82 and high test-retest reliability with a 1-2 week interval

(specifically, *r* = .74 and .68; Huebner, 1991; Terry & Huebner, 1995). Temporal

stability over a four week interval was determined as *r* = .64 by Gilman and Huebner

(1997). Moderate convergent validity was reported between the SLSS and the Piers-

Harris happiness subscale (Piers, 1984) and the Andrews and Withey Life Satisfaction

Scale (Andrews & Withey, 1976), specifically *r* = .34 to .62 (Huebner, 1991). Evidence

of convergent validity was also reported in terms of comparison between children's SLSS

scores and parent ratings of their children's happiness (*r* = .54; Gilman & Huebner,

1997). Life satisfaction has been explored in diverse samples of youth with this measure,

including children of varying ethnicity (Huebner, 1995) and those identified with learning

disabilities and emotional handicaps (Huebner & Alderman, 1993). The author of this

dissertation calculated Cronbach alpha values for the SLSS total score within the current

samples at time one (i.e., baseline) and time two (i.e., post-test) administrations. At time one, the coefficient alpha for the SLSS over the total sample was .89 ($n = 55$), with .86 for the intervention condition ($n = 28$) and .90 for the control condition ($n = 27$). This suggests high internal consistency, similar to that reported by Huebner. At time two, the coefficient alpha for the SLSS over the total sample was .92, with .89 for the intervention condition and .94 for the control condition. This suggests high internal consistency, similar to that found at time one administration in the current study.

Positive and Negative Affect Scale for Children (PANAS-C; Laurent, Catanzaro, Joiner, Rudolph, Potter, Lambert, Osborne, & Gathright, 1999). The PANAS-C (see Appendix J) was adapted from the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) to be appropriate for children in 4th to 8th grades. It is a measure of the frequency with which an individual experiences both emotional distress (e.g., negative mood such as fear, sadness, and anger) and emotional arousal (e.g., positive mood characterized by interest, engagement, and energy). The development of the PANAS-C included the addition of 10 emotion descriptors and modifications of existing items to appropriate grade-level readability and comprehension levels of targeted children (Laurent et al., 1999). The result was a 27-item measure consisting of a 12-item positive affect scale and a 15-item negative affect scale. Children are asked to rate 27 words that describe various emotions on a five-point Likert-like scale to indicate the extent to which they have experienced each emotion in the past few weeks, from 1 (*very slightly or not at all*) to 5 (*extremely*). Example items on the positive affect scale include 'interested,' 'cheerful,' 'excited,' and 'happy.' On the negative affect scale, sample items

include as 'miserable,' 'lonely,' 'guilty,' and 'sad.' Responses to items within the positive and negative affect scales are averaged in order to generate scores by scale.

Laurent et al. (1999) reported internal consistency reliability of the PANAS-C at a coefficient alpha of .92 for the negative affect scale and .89 for the positive affect scale, which was similar to internal consistency reported for the PANAS at a coefficient alpha of .87 for both scales (Watson et al., 1988). The two-factor model predicted based on the PANAS was supported by items loading on two the distinct factors of positive and negative affect within the PANAS-C. The significant negative correlation between the positive and negative subscales was reported as -.36, indicating they divergently measure opposing constructs. Evidence of convergent validity has been provided via strong correlations (i.e., r = .60 and .68) between the negative affect scale and the CDI and the State-Trait Anxiety Inventory for Children (STAIC; Spielberger & Gorsuch, 1973), respectively. Further, evidence of divergent validity was supported by negative correlations between the positive affect scale and the CDI (r = -.55) and the STAIC (r = -.30). The author of this dissertation calculated Cronbach alpha values for the PANAS-C negative and positive affect scales within the current samples at time one (i.e., baseline) and time two (i.e., post-test) administrations. At time one, the coefficient alpha for the negative affect scale over the total sample was .92, with .87 for the intervention condition and .95 for the control condition. The coefficient alpha for the positive affect scale over the total sample was .90, with .86 for the intervention condition and .92 for the control condition. These results suggest high internal consistency, similar to that reported by Laurent et al. At time two, the coefficient alpha for the negative affect scale over the total sample was .94, with .92 for the intervention condition and .96 for the control

condition. The coefficient alpha for the positive affect scale over the total sample was .92, with .91 for the intervention condition and .92 for the control condition. These values confirm high internal consistency, similar to that found at time one administration in the current study.

Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson, Huebner, & Valois, 2003). The BMSLSS (See Appendix K) is a brief form of the Multidimensional Students' Life Satisfaction Scale (MSLSS; Huebner, 1994), which was developed as a comprehensive measure of the five research-based domains (i.e., Family, Friends, School, Self, and Living Environment) that contribute to general life satisfaction in youth. The BMSLSS contains six items, of which five each represent one of the domains of life satisfaction and one represents global satisfaction with one's life overall. Example items include: 'I would describe my satisfaction with my family life as,' I would describe my satisfaction with my school experience as', and 'I would describe my satisfaction with my overall life as.' Each item is scored on a 7-point Likert-like scale ranging from 1 (*terrible*) to 7 (*delighted*). The five domain items are averaged to create a total life satisfaction score while the global life satisfaction question stands alone as a one-item indicator.

Seligson, Huebner, and Valois (2003) utilized two samples in examining the psychometric properties of the BMSLSS, including 221 middle school students and 46 high school students. In the larger sample, internal consistency was reported at a coefficient alpha of .75 for the total score and item to total correlations were reported to range from .65 to .73. Concurrent to administration of the BMSLSS, students completed previously validated measures of life satisfaction. Convergent evidence of validity

included strong relationships between total BMSLSS scores with MSLSS (r = .66) and

SLSS (r = .62) total scores. Support for construct validity was reported in terms of a

significant correlation with the PANAS-C, as positive and negative affect are

theoretically related to life satisfaction. Moderate correlation was reported with positive

affect (r =.43), and a negative correlation was reported with negative affect (r = -.27).

Evidence of validity from the internal structure was supported by moderate

intercorrelations among the domains on the BMSLSS ranging from .30 to .42, similar to

that of MSLSS. Results from a multitrait-multimethod matrix supported convergent

validity through significant correlations between the domains of the BMSLSS and

MSLSS, ranging from .47 to .60 with a mean of .53. In the smaller sample, the same

analysis method of convergent validity yielded significant coefficients ranging across

domains from .57 to .70 with a mean of .63. Correlation between total scores on the

BMSLSS and MSLSS was reported as .81.

The author of this dissertation calculated Cronbach alpha values for the BMSLSS

total score within the current samples. The coefficient alpha for the BMSLSS over the

current sample (n = 55) was .44, with .32 for the intervention condition (n = 28) and .50

for the control condition (n = 27). This suggests low to medium internal consistency,

dissimilar to that reported by Seligson et al., which indicated medium internal

consistency. A likely contributor to the discrepancy in values reported in the current

study is the restricted range of the sample; specifically, elimination of all students with

very high scores by virtue of the screening procedures. Most students report at least

moderately high levels of life satisfaction as is reflected in the sample investigated by

Seligson et al. However, students with life satisfaction at or above 6 on the 7-point scale

were eliminated in the current sample in order to compose a group of students who could potentially benefit from an SWB enhancing intervention. When examining the entire sample of screened sixth grade students ($N = 333$), the coefficient alpha for the 5-item total BMSLSS score was .72. This suggests satisfactory internal consistency within a typical sample of youth, similar to that reported by Seligson et al. and as predicted by the literature.

Procedures

All students with parent consent to participate reported to the media center in September 2007. Students who provided written assent to participate completed baseline measures of SWB (i.e., SLSS and PANAS-C), as well as a demographics survey and measures of perceived parent support (i.e., CASSS), social self-efficacy (i.e., SEQ-C), and expectancy for change (i.e., EI) based on impending participation in a wellness-promotion group. Immediately upon completion of baseline self-report measures, students were randomly assigned to either the intervention group or a delayed-intervention control group. Within the intervention group, participants were randomly assigned to 1 of 5 groups of approximately 7 students within each group. A measure of therapeutic alliance (i.e., TASC) was completed by the participants and group leaders following the third and eighth sessions. The participants assigned to the intervention condition received 10 weekly sessions of manualized group intervention aimed at increasing students' SWB as developed by the two primary group facilitators (see Appendix M). Students who completed the intervention ($n = 29$) participated in all sessions, either within the regularly scheduled group or through individual make-up sessions with group leaders.   During the week following the conclusion of the 10-week

intervention, all remaining participants assigned to either condition (i.e., intervention or

wait-list control) completed the packet of measures administered at baseline for a second

time. A summary of the time points at which each measure was completed by which

sample is provided in Table 2.

Table 2

Summary of Measures Completed by Time Point and Participants

Measure	Time Point		Participants
Demographic Survey	Baseline		Assented Students ($N = 67$)
Subjective Well-Being Scales			
BMSLSS	Screening		6th Grade Students ($N = 333$)
SLSS	Baseline	Post-Interv	Assented Students ($N = 56$)
PANAS-C	Baseline	Post-Interv	Assented Students ($N = 56$)
Client Factor Scales			
CASSS	Baseline		Assented Students ($N = 67$)
SEQ-C	Baseline		Assented Students ($N = 67$)
Expectancy Factor Scale			
Expectancy Items (EI)	Baseline		Assented Students ($N = 67$)
Relationship Factor Scales			
TASC-C (child)	3rd Session	8th Session	Intervention Group ($n = 29$)
TASC-T (therapist)	3rd Session	8th Session	Group Leaders ($n = 2$)

Note. Screening = Brief assessment of SWB in Aug. 2007; Baseline = pre-intervention
assessment of SWB, expectancy, and client factors in Sept. 2007; Post-Interv = post-
intervention assessment of SWB in December 2007.

Intervention development. The positive psychology intervention manual contains

evidence-based interventions compiled through (a) a published framework for increasing

happiness developed by a leader in the field of positive psychology (Seligman, 2002) and

(b) interventions that have worked to increase adults' happiness in the literature

developmentally modified for middle school students. These interventions include: "You

at your best" (Seligman et al., 2005), gratitude journaling (Emmons & McCullough,

2003), gratitude visit (Seligman et al., 2005), counting acts of kindness typically performed (Otake et al., 2006), performing acts of kindness (Lyubomirsky et al., 2004), using signature strengths in a new way (Seligman et al., 2005), savoring positive experiences (Meehan, Durlak, & Bryant, 1993), optimistic thinking (Seligman, 1990), and "best possible self" (King, 2001; Sheldon & Lyubomirsky, 2006). See chapter 2 for a description of these interventions and the research on effectiveness with adult samples. Procedures for each intervention are described in detail within the manual along with reference to the research-based underpinnings.

Based on a body of positive psychology research, Seligman (2002) asserted that people are capable of increasing their happiness levels into their upper ranges through intentional activities. He proposed a multidimensional view of increasing happiness, including attention to past, present, and future aspects of emotional life. Seligman suggested that feelings of satisfaction with the past can be increased through expressions of gratitude for positive events, such as journaling happenings for which one has been grateful or creating interpersonal expressions of gratitude. In terms of the present, Seligman discussed happiness levels as dependent on both pleasures (i.e., immediate, fading sensations) and gratifications (i.e., the enactment of personal strengths in meaningful ways). He suggested that people can improve lasting happiness by increasing gratifications through identifying their personal strengths and virtues, termed character strengths, and using them in new ways. Finally, Seligman suggested that happiness levels for the future could be increased through learned optimism, which is a cognitive-behavioral method of altering pessimistic modes of thought through disputations of negative attributions and development of an optimistic explanatory style, which includes

attributions of negative events as temporary, specific to situations, and related to external causes beyond one's complete control.

Research on SWB-enhancing interventions has aimed at factors identified as relevant to happiness during adulthood. An overview of the research on happiness interventions reveals positive support for several methods, including increasing daily acts of kindness (Lyubomirsky, Tkach, & Sheldon, 2004), goal attainment (Sheldon, Kasser, Smith, & Share, 2002), and practicing grateful thinking (Emmons & McCullough, 2003). However, these interventions are unable to provide support for lasting effects on happiness levels in and of themselves, nor provide a comprehensive framework. In contrast, research on strengths of character as a viable method for building happiness has provided evidence of lasting effects (Seligman, Steen, Park, & Peterson, 2005). In addition to Seligman's description of gratitude interventions, character strengths, and optimistic thinking, sections on acts of kindness (Lyubomirsky et al., 2004; Otake et al., 2006) and hope (King, 2001; Sheldon & Lyubomirsky, 2006; Snyder et al., 2005) were added into his framework in order to increase the comprehensiveness of the intervention according to the literature.

Intervention content and organization. The manual was organized into 10 sessions, with the first session as an introduction to the intervention format and purpose and the last session focused on termination (including a review of concepts and reflection on experience). Sessions 2 through 9 were organized into the three sections of Seligman's framework, including past, present, and future aspects of emotional life. The goal of sessions 2 and 3 was to create positive interpretations of past events. Gratitude journals were developed as a method of focusing student thoughts on things, people, and

events for which they are grateful. The intensity is high for the first week, in that

students are asked to journal daily. This is due to Emmons and McCullough's (2003)

finding that higher intensity lead to greater increases in happiness. Subsequent journaling

was completed on a once per week basis due to feasibility. Specifically, students were

asked to write five things for which they are grateful in each journal entry and to provide

a variety of responses across entries ("*include events, people, talents, or anything else*

you think of, whether it is large or small"). Additionally, the gratitude visit (Seligman et

al., 2005) was intended to increase the experience of gratitude by intensifying the

connection between thoughts, feelings, and actions. It consisted of an expression of

gratitude in a letter and delivery of the letter to someone who has been especially kind but

never properly thanked. Group leaders helped students to determine who in their lives

had been especially kind to them and choose one individual to whom they could enact a

face to face visit. Students were then assisted in writing one-page letters describing

reasons why they were grateful to that person.

Positive feelings about the present were the focus of sessions 4 through 7. The

primary purpose of these sessions was to facilitate engagement in activities that are

enjoyed through identifying, interpreting, and tapping into strengths. First, acts of

kindness were defined as behaviors that benefited others or made others happy, at the

cost of your time or effort (Lyubomirsky et al., 2004; Otake et al., 2006). Students were

asked to perform five acts of kindness during one designated day per week over at least

two weeks. Some examples of acts of kindness included walking the dog for parents,

helping sibling with homework, washing the dishes for mom, cleaning the car for dad,

helping the teacher clean up the classroom, and helping a friend with school assignment.

Next, students identified their character strengths and chose one strength to use in a new way each day for one week. Due to the complexity of some strengths (e.g., bravery, appreciation of beauty and art, perspective, prudence), some participants had challenges planning seven separate developmentally appropriate tasks. Therefore, students and group leaders brainstormed together as many unique ways to enact strengths as possible and students were asked to add in new ways they thought of during the week or to repeat one to two ways of performing the strength. Students were also asked to record their feelings after each use of their chosen signature strength in order to enhance the connection between thoughts, actions, and feelings of well-being, which is a method of savoring (Meehan, Durlak, & Bryant, 1993). The subsequent week included new uses of another signature strength with the addition of using strengths across life domains (i.e., family, friends, and school).

Finally, sessions 8 and 9 focused on development of a positive framework for explanation of current life events and expectation of future events. Seligman (1990) described a method of developing optimistic thinking called learned optimism. It is a cognitive-behavioral method for changing one's explanatory style in making attributions about events. An optimistic explanatory style includes attributions of permanency to positive life events (i.e., good events are viewed in terms of traits and abilities; "I made the goal because I'm talented in sports) and temporary attributions to negative life events (i.e., negative events are transient due to mood or effort; "I didn't study enough to get an A, so I'll have to try harder for the next test"). Optimists see the positive as universal (e.g., "I'm good at all of my classes because I'm smart") and the negative as specific (e.g., "Mr. Smith is an unfair teacher"). The final piece of explanatory style is

personalization, specifically optimists self-blame for positive events. Seligman's description was utilized to teach students how to increase use of optimistic thinking, through learning to restructure thoughts to be optimistic (using developmentally appropriate language) in session and student use of optimistic thinking one time each day for a week as homework. Specific forms were provided for students to guide them through this process in and out of session.

Activities designed to engender hope were in line with Snyder, Rand, and Sigmon's (2005) conceptualization of hope theory, in which hopeful thinking comprises both the ability to envision viable methods for goal attainment and belief in one's ability to utilize those methods in reaching specific goals. King (2001) found that writing about life goals in the form of an exercise described as one's "best possible self" (i.e., a version of the future self having accomplished desired life goals) was highly associated with increased happiness and decreased negative affect. "Best possible self" was modified by asking middle school students to write for five minutes about how they would achieve their life goals and then add new ideas each night for one week, encouraging them to think about specific ways in which they might accomplish goals. Examples of student goals included: Having a big house, becoming a doctor/lawyer/sports star, and having a spouse and children. Typical methods for achieving goals included working hard in school, going to college, and practicing athletics.

Intervention implementation. Two groups in the intervention condition were facilitated by the PI and three groups by the author of this dissertation. The PI has a doctorate in school psychology and is a licensed psychologist. At the time of the intervention, the author's highest degree was a Master's degree in clinical psychology.

Additionally, the author is a student in the school psychology doctoral program at USF and had received training in psychotherapeutic techniques for children and adolescents. Each group was co-facilitated by a USF school psychology doctoral student, with responsibilities including collection of data on treatment integrity and encouraging student participation in group activities. Treatment fidelity was monitored in part through completion of checklists (see Appendix L for a sample checklist, specifically the checklist developed for completion during the first session). Checklists were completed by a group co-facilitator, and consisted of intended session content that was checked as completed as it occurred in session. The co-facilitators informed the leader of any areas needing further attention prior to the end of the session and used cues to help the leaders pace activities within the allotted time, allowing for 100% fidelity. In order to ensure consistency of implementation between group leaders, leaders and co-facilitators collaborated weekly to plan for the next group session. After completing the first group session of each week, the PI communicated to the current author by phone conversation her impressions of student understanding and participation. The current author noted examples and methods used to facilitate learning by the PI to replicate with the three intervention groups she led later in the week.

Following intervention completion in December 2007, participants completed outcome measures of SWB (i.e., SLSS, PANAS-C). Although not relevant to the analyses planned to answer the research questions in the current study, parent support (i.e., CASSS) and social self-efficacy (i.e., SEQ-C) data were also collected at post-test. Students in the delayed-intervention control condition completed the same survey packet at this time but did not receive the intervention until the 2008 – 2009 school year.

Ethical Considerations

Several precautions were taken to protect the rights of participants in the current study. First, the parental consent form signed for each participant detailed potential risks as well as benefits of participation in the SWB-enhancing intervention. Contact information for the researchers was provided to address parental concerns. It was clearly stated that the parent's choice to allow participation or decline participation would not impact his/her child's relationship with the school or USF. Second, a student assent form was provided to students with a description of potential risks and benefits, indicating their right to choose or decline participation without repercussions from the school. Third, approval to conduct this intervention research was obtained from the Institutional Review Board (IRB) at both the USF and the Office of Assessment and Accountability at the participating school district. Documentation of intended intervention techniques, assessment measures, and precautions taken to protect human research participants was submitted prior to implementation of research. All measures utilized in this study have been examined previous research with youth and found to have satisfactory psychometric properties as well as present minimal risk.

Overview of Analyses

Preliminary analyses. Initial data analysis included examinations of the distribution of all variables, identification of potential outliers among each intervention condition, and computation of the initial mean and range of BMSLSS, SLSS, and PANAS-C scores by participants who ultimately completed each condition. This provided information specific to the similarity of participants across groups, differences on measures of target variables at the onset of intervention, and other potential sample

characteristics that could impact the meaningfulness of results. Additionally, a comparison of mean ratings of therapist-rated therapeutic alliance and child-rated therapeutic alliance was conducted between each group leader in order to determine if differences existed specific to therapist that may influence results of therapeutic alliance analyses overall (the second aim of the current study).

   Correlational/bivariate analyses. To determine the relationships amongst predictor variables (i.e., parent support, social self-efficacy, expectancy for change, perceived alliance, and baseline life satisfaction (LS), positive affect (PA), and negative affect (NA) and outcome variables (post-test LS, PA, and NA) correlation coefficients were calculated between each variable. Additional correlations were calculated with predictor variables and the screening measure of life satisfaction (BMSLSS). Parent support, social self-efficacy, and expectancy scores were utilized from pre-test (i.e., baseline). The alliance scores were calculated as a mean of 3rd and 8th sessions in line with the precedent set in prior research (Kazdin et al., 2005). The strength and direction of the relationship between two variables is described by the correlation coefficient with a range from -1 to +1. Statistical significance was determined at an alpha level of .05. Additional bivariate analyses included independent *t*-tests of relationships between the only dichotomous predictor variable (intervention condition) and SWB outcomes.

   Regression analyses. To determine which common factors and specific positive psychology intervention are most predictive of variance in SWB, data were subjected to two sets of multiple regression analyses. Both sets included a series of three multiple regression equations. In the first set of analyses, client variables (i.e., parent support and social self-efficacy), expectancy for change, and therapeutic intervention (coded as absent

or present) for both the intervention and control groups were analyzed in terms of each outcome variable for the purpose of addressing the first, second, and third research questions. Specifically, separate regression analyses were conducted for each component of SWB, including life satisfaction (LS), positive affect (PA), and negative affect (NA). In each regression equation, the client factors, expectancy factor, therapeutic technique participation, and baseline LS, PA, or NA were entered as predictor variables. These variables were entered simultaneously into a regression equation in order to determine the proportion of the variance in the dependent variable (i.e., post-test LS, PA, and NA) for which each predictor variable is uniquely accountable.

The second set of analyses utilized a dataset consisting only of the participants originally assigned to the intervention group, as the control group did not complete measures of therapeutic alliance due to the lack of relevance of that construct to the wait-list control condition. In this second set of analyses, the common factors of client variables (i.e., parent support and social self-efficacy), expectancy for change, and therapeutic alliance (i.e., child and therapist perspectives on alliance) were analyzed in terms of each outcome for the purpose of answering research questions four, five, and six. Importantly, child alliance total score and therapist alliance total score were entered as separate predictor variables as prior research demonstrates they each provide perspectives that contribute uniquely to understanding the quality of the relationship. Again, separate regression analyses were conducted for each outcome variable (i.e., post-test LS, PA, and NA) with client factors, expectancy factor, relationship factor, and either baseline LS, PA, or NA entered as predictor variables simultaneously. In both sets of

regression equations, the dependent variable was defined as the post-test administration of LS, PA, and NA assessments.

Therefore, the first set of regression analyses determined the extent to which the intervention condition accounted for the unique variance in indicators of SWB in comparison to that accounted for by two common factors of therapeutic change and what preliminarily existed from baseline (see first, second, and third research questions). Additionally, the second set of regression analyses contained a unique focus on therapeutic alliance and determined the extent to which three common factors (i.e., therapeutic alliance, expectancy for change, client factors) accounted for unique variance in youth SWB when exposed to a positive psychology intervention (see research questions four, five, and six). Statistical significance of beta weights (standardized regression coefficients) were determined at an alpha level of .05. Given a one-unit standard deviation change in the predictor variable, beta weights convey the predicted corresponding change in the dependent variable (i.e., post-test scores for the SLSS or PANAS-C PA and NA scales) while controlling for the influence of other predictor variables in the equation. Therefore, the size of beta weights conveys the degree of importance of each predictor variable.

Limitations of the Current Study

In order to protect the integrity of the data, several precautions were taken during data collection. First, measures in the survey packets were counterbalanced to control for order effects (aside from EI as they exist on the demographics page). Second, the research team was trained to answer students' questions uniformly to limit variance in administration. Additionally, the research team was on site during all data collection and

provided any needed support to participants. Confidentiality of responses during data collection was protected by providing adequate distance between participants as they completed one of multiple versions of the survey packet in which the order of measures was counterbalanced. Honest responding was also facilitated by assigning each participant a code number (in order to link responses at different points of data collection) and ensuring no identifying information (e.g., student names) was written directly on survey packets. Notably, no adverse events occurred during student data collection.

The author of the current dissertation took precautions when interpreting the results. Population validity entails appropriate generalization of results from sample to a larger population (Johnson & Christensen, 2004). The characteristics of participants limit the extent to which results can be generalized, which is accounted for within interpretation of study outcomes. In this particular sample, the majority of participants belonged to two ethnic groups and come from homes with married parents. Due to use of active consent procedures, students who agreed to participate in the wellness-promotion group and continued to completion of the group may differ from students who declined to participate in unknown ways.

Error was also considered in terms of the setting of the intervention. Ecological validity is the ability to generalize the results from one setting to another (Johnson & Christensen, 2004). Conclusions drawn from this study may only be appropriate to intervention taking place in a school environment. Further, this school is located within a middle- to high-SES community and may differ significantly from the experience of a low SES environment. Generalization to non-suburban, culturally diverse academic settings would likely violate ecological validity.

This study is limited in terms of a possible ceiling effect originating with the screening measure for determining students who might benefit from an intervention to increase SWB. Following the positive psychology literature, the current study considered all students as having the potential to improve levels of happiness. Therefore, minimal scores on the screening measure of life satisfaction, BMSLSS, were not sought to target students with 'deficient' SWB as might be considered within traditional mental health research. Consequently, students who simply reported sub-optimal levels of life satisfaction, defined as those with a mean BMSLSS score between 1 and 6 on a 7-point metric, were invited to participate in the wellness program. Although in-line with positive psychology, this decision created the possibility of skewed data. A ceiling effect may have been encountered that would present challenges with observing growth in participants' SWB given that many participants began the study with relatively high SWB (i.e., up to a score of 6 on the 7-point scale). Preliminary data analyses were conducted to determine mean and range of BMSLSS scores by intervention condition.

Additionally, the sample size of the current study is small (N=55), particularly in terms of analyses utilizing only the intervention group (n=28). This limited number of participants is not typical when performing multiple regression analyses, and may not be robust enough to detect significant findings in the event a relation actually exists. Specifically, the chance for a Type II error is high, considering limited power. In terms of the primary research aim, the whole sample is utilized (N=55) with five predictor variables (initial LS, PA, or NA, intervention participation, expectancy, social self-efficacy, and parent support) regressed on each of three outcome variables (post-test LS, PA, NA), yielding sufficient power to detect a medium to large effect according to Cohen

(1992) at an alpha of .05. In terms of the secondary research aim, only the intervention condition is utilized (n =28) with six predictor variables (initial LS, PA, or NA, expectancy, social self-efficacy, parent support, child rated therapeutic alliance, and therapist rated therapeutic alliance), which is a smaller sample than recommended for having sufficient power to detect even a large effect according to Cohen (1992) at a .05 alpha. Therefore, the current sample sizes may not provide sufficient power to detect statistically significant differences in the event that reliable between-group differences actually exist.

Finally, limitations were inherent in the school setting. Due to preferences of school administration and school policy requirements for student schedules, the researchers were given explicit directions with regard to the following aspects of design: specific time frame within the school day (i.e., elective period) during which the intervention could be implemented, members of the student body (i.e., sixth grade students) who could participate, and time line for completion (i.e., prior to winter break). Although the original intent for the sample of students was to span the entire middle school age and grade range, only sixth grade students had a common elective period. School administration was concerned that removal of students from different classes would disrupt their academics. The cognitive level of sixth grade students may have impacted their ability to understand higher-level concepts (e.g., optimistic thinking). Also, their newness to the school environment, including the greater independence, expectations, and academic rigor of middle school, may have impacted baseline and outcome ratings of SWB. Furthermore, students' heightened awareness of peer perception in the new environment may have enhanced a sense of group therapy stigma.

Chapter 4:

Results

Treatment of the Data

All data were entered during the spring of 2008 into a database by the current

author and other members of the USF positive psychology research team. In order to

check for data entry errors following completion of the database, data were reviewed for

scores out of range and research team members examined data entered for every tenth

participant to ensure accurate entry. On those protocols for which errors were found, data

entry of protocols entered immediately prior and immediately following were examined

for errors. This resulted in approximately 15% of the data having been checked for

accuracy. Of the protocols checked for data entry errors, over 99% of the items were

entered correctly. At the time of data checks, the appropriate item responses were

entered and errors deleted.

Preliminary Analyses

Means and standard deviations for the intervention and control conditions were

computed for initial administrations of the BMSLSS, life satisfaction as measured with

the SLSS, and both positive and negative affect scores from the PANAS-C for

participants who remained through the course of study, which are displayed in Table 3.

Table 3

Means and Standard Deviations of Variables by Intervention Groups at Pretest

Variable	Intervention Group		Control Group			Total Sample	
	M	*SD*	*M*	*SD*	*t*-value	*M*	*SD*
BMSLSS	5.18	0.68	5.18	0.86	-0.34	5.18	0.76
SLSS	3.71	1.02	4.49	1.13	-2.69*	4.09	1.14
PANAS-C							
Positive Affect	3.65	0.67	3.73	0.89	-0.97	3.69	0.78
Negative Affect	2.29	0.63	2.16	1.00	0.45	2.22	0.83
Expectancy Items	5.64	0.99	4.37	1.39	-	-	-
CASSS							
Parent Support	4.33	1.12	5.17	0.85	-2.96*	4.74	1.07
SEQ-C							
Social Self-Efficacy	24.21	4.23	26.44	5.66	-2.29*	25.31	5.06

Note. BMSLSS = Brief Multidimensional Students' Life Satisfaction Scale (score range of 1 to 7, with higher scores indicating higher life satisfaction); SLSS = Students' Life Satisfaction Scale (score range of 1 to 6, with higher scores indicating higher life satisfaction); PANAS-C = Positive and Negative Affect Scale for Children (score range of 1 to 5, with higher scores on the positive and negative affect scales indicating higher frequency of positive and negative affect respectively); Expectancy Items (score range of 1 to 7, with higher scores indicating greater expectations for improvement); CASSS = Child and Adolescent Social Support Scale (score range of 1 to 6, with higher scores indicating higher parent support); SEQ-C = Self-Efficacy Questionnaire for Children (score range of 7 to 35, with higher scores indicating higher social self-efficacy).
*$p<.05$.

In order to test between condition differences on measures of SWB, independent *t*-tests were utilized. With regard to scores on the BMSLSS, no differences between intervention conditions were found ($p = .74$). A significant difference between conditions was found in terms of life satisfaction as measured by the SLSS ($p<.05$), with participants in the control condition reporting higher baseline LS on average. No differences between condition were found with regard to positive affect ($p=.34$) and negative affect ($p=.66$). In order to determine univariate normality of SWB variables, box and whisker plots were examined, and skewness and kurtosis of each variable were explored. Within the

intervention condition at pretest, no variables for which values outside of the normal range of -2.00 to 2.00 were found. For the control condition at pretest, elevated levels of kurtosis were evidenced by two variables, specifically the positive affect subscale of the PANAS-C (kurtosis = 2.28) and BMSLSS (kurtosis = 2.17). Data were analyzed in order to detect univariate outliers by intervention condition. The decision rule for determining an outlier included standard scores greater than three on any outcome or predictor variable. Only one score met the criteria, in that a participant within the control condition reported positive affect beyond a standard score of negative three and was removed from the sample prior to further analyses.

Table 3 also provides the means and standard deviations of predictor variables by intervention group. However, therapeutic alliance is not included at this time due to this predictor variable only applying to the intervention condition. The distribution of the data for this variable is examined separately. Regarding expectancy items, the means and standard deviations provided in Table 3 reflect the one-item indicator relevant to the intervention condition for which each participant was randomly assigned. For example, if a participant was assigned to the intervention condition, only the response (s)he provided on the expectancy item specifically asking about expectations to improve if assigned to take part in the wellness-promotion program during the current year was included in analyses. This participant's response to the expectancy item asking about expectation to improve if assigned to wait and participate in the wellness-promotion program next year was not included in analyses. Therefore, a total sample mean and standard deviation could not be calculated for expectancy items. In order to test between condition differences on measures of these predictor variables, independent *t*-tests were

utilized (with the exception of the expectancy items, which were not compared since the nature of the item differed by condition). A significant difference between intervention conditions was found in terms of parent support ($p < .05$), with those in the control condition reporting higher parent support at baseline on average. Additionally, a significant difference between conditions was found with regard to social self-efficacy ($p < .05$). On average, the control condition reported higher social self-efficacy at baseline.

Within the intervention and control conditions at pretest, the distributions of values of client factors, social self-efficacy, and parent support, were within the normal range of -2.00 to 2.00 for skewness and kurtosis. Univariate outliers were not detected for these variables based on criteria as previously described. Within the intervention and control conditions at pretest, the values of expectancy items were within the normal range of -2.00 to 2.00 for skewness and kurtosis. Univariate outliers were not detected for these variables.

The means and standard deviations for therapeutic alliance as rated by participants (TASC-C) and therapists (TASC-T) are provided in Table 4 by intervention leader and group. These statistics utilized mean scores from TASC administration at time one (session 3) and time two (session 8). As can be seen in Table 4, between groups and between leaders, means within the intervention condition sample were similar. In order to test between group leader differences on measures of alliance, independent t-tests were

Table 4

Means and Standard Deviations of Therapeutic Alliance by Intervention Leader and Group

	Group Leader 1						Group Leader 2								Total Intervention Sample	
	Group 1		Group 2		Total		Group 3		Group 4		Group 5		Total			
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
TASC-C	33.33_a	4.96_a	36.92_a	6.69_a	35.13_b	5.92_b	39.88_c	8.98_c	37.50_a	7.53_a	40.25_c	7.92_c	40.50_e	6.72_e	37.19_g	6.98_g
TASC-T	38.75_a	6.37_a	41.08_a	6.67_a	39.92_b	6.33_b	43.10_d	5.32_d	41.58_a	5.18_a	35.30_d	7.78_d	40.09_f	6.65_f	40.02_h	6.40_h

Note. Missing child data for one participant in group 3 and one participant in group 5. TASC-C = Therapeutic Alliance Scales for Children, Child Form (score range of 12 to 48, with higher scores indicating higher child-rated alliance); TASC-T = Therapeutic Alliance Scales for Children, Therapist Form (score range of 12 to 48, with higher scores indicating higher therapist-rated alliance).
[a]$n = 6$. [b]$n = 12$. [c]$n = 4$. [d]$n = 5$. [e]$n = 14$. [f]$n = 16$. [g]$n = 26$. [h]$n = 28$.

utilized. No differences between group leader 1 and group leader 2 were found in terms of therapist-rated ($p =.94$) and child-rated ($p=.17$) therapeutic alliance. Therefore, lack of differentiation between therapists is not a threat to interpretation of analyses using the alliance variables (i.e., therapist-rated and child-rated) as aggregates across group leaders. Regarding the total intervention condition sample, no variables for which skewness or kurtosis values outside of the normal range were found. Univariate outliers were not detected for these variables.

Correlational/Bivariate Analyses

To determine bivariate relationships between and amongst predictor and outcome variables, Pearson product-moment correlation coefficients were calculated between parent support (baseline), social self-efficacy (baseline), expectancy for change if currently invited to participate in the intervention or if invited to participate at a later time (expectancy current and expectancy wait baseline), child-rated therapeutic alliance (mean of 3rd and 8th sessions), and therapist-rated therapeutic alliance (mean of 3rd and 8th sessions), as well as baseline and post-intervention levels of life satisfaction, negative affect, positive affect, and the SWB screening measure (BMSLSS). The intercorrelations of these variables are displayed in Table 5. Statistical significance was determined at a .05 alpha level. Due to removal of an outlier based on preliminary analyses, the total sample was equal to 54 participants, with 28 participants in the intervention condition and 26 participants in the control condition.

All significant correlations occurred in the expected directions. Significant correlations included a positive relationship between BMSLSS utilized as a screening of students' life satisfaction across multiple domains and global life satisfaction as measured

Table 5

Intercorrelations Among and Between Predictors and Outcome Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Screening (BMSLSS)	--	$.29_a$*	$.22_a$	$-.13_a$	$.18_b$	$.07_c$	$.21_a$	$.15_a$	$.24_c$	$.12_b$	$.19_a$	$.27_a$*	$-.09_a$
2. Baseline Life Satisfaction (SLSS)		--	$.48_a$*	$-.60_a$*	$.24_b$	$.19_c$	$.71_a$*	$.46_a$*	$.12_c$	$.14_b$	$.72_a$*	$.45_a$*	$-.49_a$*
3. Baseline Positive Affect (PANAS-C)			--	$-.34_a$*	$.10_b$	$.25_c$	$.42_a$*	$.68_a$*	$.10_c$	$.07_b$	$.35_a$*	$.56_a$*	$-.30_a$*
4. Baseline Negative Affect (PANAS-C)				--	$-.11_b$	$-.05_c$	$-.61_a$*	$-.44_a$*	$-.12_c$	$-.13_b$	$-.66_a$*	$-.36_a$*	$.70_a$*
5. Expectancy Current (EI)					--	--	$.11_b$	$-.04_b$	$.19_c$	$.36_b$	$.09_b$	$.26_b$	$.06_b$
6. Expectancy Wait (EI)						--	$-.10_c$	$.20_c$	--	--	$.06_c$	$.38_c$	$-.06_c$
7. Parent Support (CASSS)							--	$.44_a$*	$.11_c$	$.12_b$	$.54_a$*	$.42_a$*	$-.52_a$*
8. Social Self-Efficacy (SEQ-C)								--	$-.15_c$	$-.15_b$	$.33_a$*	$.43_a$*	$-.41_a$*
9. Child-Rated Alliance (TASC-C)									--	$.33_c$	$-.06_c$	$-.11_c$	$-.07_c$
10. Therapist-Rated Alliance (TASC-T)										--	$.34_b$	$.23_b$	$-.09_b$
11. Post-Test Life Satisfaction (SLSS)											--	$.66_a$*	$-.64_a$*
12. Post-Test Positive Affect (PANAS-C)												--	$-.42_a$*
13. Post-Test Negative Affect (PANAS-C)													--

Note. Missing data for child-rated alliance for two participants. Expectancy current data are only utilized within the intervention condition and expectancy wait data are only utilized within the control condition.
[a]$n = 54$. [b]$n = 28$. [c]$n = 26$.
*$p<.05$.

by the SLSS ($r = .29$). The BMSLSS was not found to correlate significantly with the other two components of SWB, positive and negative affect, nor did it have a significant relationship with any of the predictor variables. Initial global life satisfaction was found to have significant correlations with baseline positive and negative affect, with a positive ($r = .48$) and inverse ($r = -.60$) relationship, respectively. Also, initial levels of positive and negative affect were found to have a significant, negative relationship ($r = -.34$).

Further, baseline global life satisfaction yielded a strong positive relationship with parent support ($r = .71$) and a moderate positive relationship with social self-efficacy ($r = .46$). Similarly, baseline positive affect was found to have significant positive correlations with parent support ($r = .42$) and social self-efficacy ($r = .68$). Moderate to large, albeit inverse, relationships also emerged between baseline negative affect and parent support ($r = -.62$) and social self-efficacy ($r = -.44$). No significant bivariate relationships emerged between baseline levels of SWB and expectancy or relationship factor variables. Aside from a moderate positive correlation found between parent support and social self-efficacy ($r = .44$), no other predictor variables were found to have significant relationships with each other. Importantly, the large correlations that emerged between client factors (i.e., parent support and social self-efficacy) and baseline levels of SWB will likely hinder the ability of these individual predictors to demonstrate unique effects on outcome variables in later regression analyses. Although the sizable relationships are in line with prior research on correlates of life satisfaction in youth (literature that was used to guide the selection of these particular variables as client factors), the intercorrelations among variables does make it more challenging to identify unique effects of predictors.

In terms of relationships between each the screening measure and baseline levels of SWB variables with outcome levels of SWB variables, significant correlations included a positive relationship between BMSLSS and positive affect as measured at post-test ($r = .27$). The BMSLSS was not found to correlate significantly with the other two components of SWB, global life satisfaction and negative affect. Baseline global life satisfaction was found to have significant relationships with each of the outcome SWB components. Specifically, positive moderate to strong correlations were found with post-test global life satisfaction ($r = .72$, indicating very high stability over a 3-month period) and positive affect ($r = .45$) as well as an inverse, moderate correlation with negative affect ($r = -.49$). Additionally, baseline positive affect and baseline negative affect were each found to have significant correlations with outcome SWB component variables. Baseline positive affect was found to have positive relationships with post-test positive affect ($r = .56$, indicating high stability over a 3-month period) and global life satisfaction ($r = .35$) as well as an inverse relationship with negative affect ($r = -.30$). Furthermore, baseline negative affect was found to have a strong, positive relationship with post-test negative affect ($r = .70$, indicating very high stability over a 3-month period) as well as inverse relationships with positive affect ($r = -.36$) and global life satisfaction ($r = -.66$).

In terms of relationships between other predictor variables and the outcome variables, parent support and social self-efficacy were each found to have significant relationships with SWB outcomes. Parent support was found to have moderate, positive relationships with post-test positive affect ($r = .42$) and global life satisfaction ($r = .54$) as well as a moderate, inverse relationship with negative affect ($r = -.52$). Further, social self-efficacy was found to have moderate, positive relationships with post-test positive

affect (*r* = .43) and global life satisfaction (*r* = .33) as well as an inverse relationship with

negative affect (*r* = -.41).   Amongst outcome variables, post-test life satisfaction had a

large, positive relationship with post-test positive affect (*r* = .66) and was inversely

related to post-test negative affect (*r* = -.64).   Lastly, post-test positive affect and

negative affect were found to have an inverse, moderate relationship (*r* = -.42).   No

significant bivariate relationships emerged between post-test levels of SWB and

expectancy or relationship factor variables.

To examine the bivariate relationships between the only dichotomous predictor

variable (intervention condition) and SWB outcomes, SWB component scores at post-test

were examined by intervention condition and analyzed via independent *t*-tests. Table 6

displays the means and standard deviations for the intervention and control conditions on

post-test life satisfaction (as measured by the SLSS), and both positive and negative

affect post-test scores from the PANAS-C. A difference between conditions was not

found in terms of life satisfaction (*p*=.23). No differences between conditions were found

with regard to positive affect (*p*=.12) and negative affect (*p*=.30).

Table 6

Means and Standard Deviations of SWB Variables by Intervention Groups at Post-Test

	Intervention Group		Control Group			Total Sample	
Variable	*M*	*SD*	*M*	*SD*	*t*-value	*M*	*SD*
SLSS	3.98	1.18	4.40	1.34	-1.21	4.18	1.27
PANAS-C							
Positive Affect	3.78	0.81	4.11	0.71	-1.57	3.94	0.78
Negative Affect	2.30	0.86	2.03	1.03	1.04	2.17	0.94

Note. SLSS = Students' Life Satisfaction Scale (score range of 1 to 6, with higher scores indicating higher life satisfaction); PANAS-C = Positive and Negative Affect Scale for Children (score range of 1 to 5, with higher scores indicating higher frequency of positive and negative affect respectively).
*p<.05.

Regression Analyses

Analyses addressing research questions one, two, and three. Research question

one addresses the proportion of variance in post-test life satisfaction accounted for by the

predictor variables of initial LS, participation in a positive psychology intervention, client

expectancy for change, client perceived parent support, and client perceived social self-

efficacy. In order to investigate this question, LS scores at post-test were regressed on

the linear combination of social self-efficacy, parent support, expectancy, intervention

condition, and baseline life satisfaction values. An inspection of the studentized residuals

generated from the model suggested that the assumptions of normality, linearity, and

homoscedasticity were met. Using Cook's D, none of the studentized residuals suggested

that outliers were present (D<1.00). Additionally, an examination of the variance

inflation factor indicated that no multicollinearity was present (VIF<10).

The combination of these five predictor variables accounted for approximately

53% of observed variance in post-test LS, F (5, 48) = 11.03, p<.05, adjusted R^2 = .49,

which is statistically significant. As recommended by Cohen (1992), effect size was

estimated from R^2 and was determined to be large. The regression equation is Y_{LS} = 1.42

+ .004 social self-efficacy + .09 parent support - .08 expectancy - .39 intervention

condition + .79 baseline life satisfaction.

Beta weights (β) and squared semi-partial correlation coefficients (sr^2) were

reviewed to assess the relative importance of the five predictor variables to LS. Squared

semi-partial correlation coefficients describe the unique proportion of variance accounted

for by each predictor, beyond that accounted for by one another. Beta weights are

standardized regression coefficients. Given a one-unit standard deviation change in the

predictor variable, beta weights convey the predicted corresponding change in the

dependent variable while controlling for the influence of other predictor variables in the equation. Therefore, the size of beta weights conveys the degree of importance of each predictor variable. Beta weights and squared semi-partial correlation coefficients derived from the simultaneous multiple regression are presented in Table 7. Examination of tests of significance show that only baseline LS displayed a significant beta weight of .71 ($p<.05$). The squared semi-partial correlation between baseline LS and post-test LS was .22, while partialling variance that post-test LS shared with the other predictors ($r^2_{y(5.1234)}=.22$, $p<.05$). Therefore, baseline LS made a significant unique contribution to the prediction of post-test LS after controlling for the variance accounted for by social self-efficacy, parent support, expectancy, and intervention condition. Specifically, baseline LS explained 22% of the variance in post-test LS, in the direction of higher LS scores at baseline predicting higher LS scores at post-test. Of note, the squared semi-partial correlation between intervention condition and post-test LS was .02, while partialling variance that post-test LS shared with the other predictors ($r^2_{y(4.1235)}=.02$, $p=.21$). An examination of the direction of the beta weight suggested that higher LS scores at post-test were associated with membership in the intervention group, as coded with 1 = intervention group and 2 = waitlist control. However, the beta weight of -.16 associated with the intervention condition was not significant ($p=.21$), suggesting insufficient power to detect the emerging effect of intervention condition with regard to the unique variance explained in the outcome by this predictor. An examination of the squared semi-partial correlations associated with the other predictor variables suggested that differences in participants' post-test LS scores were not at all associated with unique

effects of baseline social self-efficacy scores (p=.89) or baseline parent support scores (p =.62), and minimally associated with baseline expectancy scores ($r^2_{y(3.1245)}$=.01, p=.47).

Table 7

Multiple Regression Model for Predicting Variance Accounted for in Post-Test Life Satisfaction across Intervention Condition (N = 54)

Variable	B	$SE\ B$	β	t-value	sr^2
INTERCEPT	1.42	1.04	--	1.36	--
Social Self-Efficacy	0.004	0.03	0.02	0.14	0.00
Parent Support	0.09	0.17	0.07	0.50	0.00
Expectancy	-0.08	0.11	-0.08	-0.73	0.01
Intervention Condition[a]	-0.39	0.31	-0.16	-1.27	0.02
Baseline Life Satisfaction	0.79	0.17	0.71	4.78*	0.22

Note. Model R^2 = 0.53. F (5, 48) = 11.03, p<.05, adjusted R^2 = .49.
[a]Coded as 1= intervention and 2 = waitlist control.
*p<.05.

Research question two addresses the proportion of variance in post-test PA accounted for by the predictor variables of initial PA, participation in a positive psychology intervention, client expectancy for change, client perceived parent support, and client perceived social self-efficacy. In order to investigate this question, PA scores at post-test were regressed on the linear combination of social self-efficacy, parent support, expectancy, intervention condition, and baseline PA values. An inspection of the studentized residuals generated from the model suggested that the assumptions of normality, linearity, and homoscedasticity were met. Using Cook's D, none of the studentized residuals suggested that outliers were present (D<1.00). Additionally, an examination of the variance inflation factor indicated that no multicollinearity was present (VIF<10).

The combination of these five predictor variables accounted for approximately 41% of observed variance in positive affect, F (5, 48) = 6.61, p<.05, adjusted R^2 = .35,

which is statistically significant. As recommended by Cohen (1992), effect size was estimated from R^2 and was determined to be large. The regression equation is $Y_{PA} = 0.24$ + .003 social self-efficacy + .15 parent support + .15 expectancy + .30 intervention condition + .45 baseline positive affect.

Beta weights (β) and squared semi-partial correlation (sr^2) coefficients were reviewed to assess the relative importance of the five predictor variables to PA and are presented in Table 8. Examination of tests of significance derived from the simultaneous multiple regression show that both baseline PA and expectancy displayed significant beta weights ($p<.05$). Baseline PA demonstrated somewhat larger beta weight at .41, while the beta weight for expectancy was .26. Specifically, higher PA scores at post-test were predicted by higher baseline PA scores and greater expectancy reports at baseline. The squared semi-partial correlation between baseline PA and post-test PA was .08, while partialling variance that post-test PA shared with the other predictors ($r^2_{y(5.1234)}$=.08, $p<.05$). Therefore, baseline PA made a significant unique contribution to the prediction of post-test PA after controlling for the variance accounted for by social self-efficacy, parent support, expectancy, and intervention condition. The squared semi-partial correlation between expectancy and post-test PA was .05, while partialling variance that post-test PA shared with the other predictors ($r^2_{y(3.1245)}$=.05, $p<.05$). Therefore, expectancy made a significant unique contribution to the prediction of post-test PA after controlling for the variance accounted for by the other predictor variables. Specifically, baseline PA explained eight percent and expectancy explained five percent of the variance in post-test PA, respectively.

Of note, the squared semi-partial correlation between parent support and post-test PA was .03, while partialling variance that post-test PA shared with the other predictors ($r^2_{y(2.1345)}$=.03, p=.13). An examination of the direction of the beta weight suggested that higher PA scores at post-test were associated with higher parent support scores at baseline. However, the beta weight of .21 associated with parent support was not significant (p=.13), suggesting insufficient power to detect the emerging effect of parent support with regard to the variance explained in the outcome by this predictor. Also of note, the squared semi-partial correlation between intervention condition and post-test PA was .02, while partialling variance that post-test PA shared with the other predictors ($r^2_{y(4.1235)}$=.02, p=.16). An examination of the direction of the beta weight suggested that higher PA scores at post-test were predicted by membership in the control group. However, the beta weight of .19 associated with the intervention condition was not significant (p=.16), suggesting insufficient power to detect the emerging effect of intervention condition with regard to the variance explained in the outcome by this predictor. An examination of the squared semi-partial correlation associated with the other predictor variable suggested that differences in participants' post-test PA scores were not at all associated with unique effects of social self-efficacy (p=.90).

Table 8

Multiple Regression Model for Predicting Variance Accounted for in Post-Test Positive Affect across Intervention Condition (N = 54)

Variable	*B*	*SE B*	β	*t*-value	sr^2
INTERCEPT	0.24	0.71	--	0.34	--
Social Self-Efficacy	0.003	0.03	0.02	0.12	0.00
Parent Support	0.15	0.10	0.21	1.55	0.03
Expectancy	0.15	0.08	0.26	2.03*	0.05
Intervention Condition	0.30	0.21	0.19	1.42	0.02
Baseline Positive Affect	0.45	0.18	0.41	2.56*	0.08

Note. Model $R^2 = 0.41$. $F (5, 48) = 6.61$, $p<.05$, adjusted $R^2 = 0.35$.
*$p<.05$.

Research question three addresses the proportion of variance in post-test NA accounted for by the predictor variables of initial NA, participation in a positive psychology intervention, client expectancy for change, client perceived parent support, and client perceived social self-efficacy. In order to investigate this question, NA scores at post-test were regressed on the linear combination of social self-efficacy, parent support, expectancy, intervention condition, and baseline NA values. An inspection of the studentized residuals generated from the model suggested that the assumptions of normality were not met (W<.05), indicating that data are not from a normally distributed population. Using Cook's D, none of the studentized residuals suggested that outliers were present (D<1.00). Additionally, an examination of the variance inflation factor indicated that no multicollinearity was present (VIF<10).

The combination of these five predictor variables accounted for approximately 52% of observed variance in post-test negative affect, $F (5, 48) = 10.27$, $p<.05$, adjusted $R^2 = .47$, which is statistically significant. As recommended by Cohen (1992), effect size was estimated from R^2 and was determined to be large. The regression equation is $Y_{NA} =$

1.42 - .02 social self-efficacy - .09 parent support + .04 expectancy - .03 intervention condition + .68 baseline negative affect.

Beta weights (β) and squared semi-partial correlation (sr^2) coefficients were reviewed to assess the relative importance of the five predictor variables to NA and are presented in Table 9. Examination of tests of significance derived from the simultaneous multiple regression show that only baseline NA displayed a significant beta weight of .60 ($p<.05$). The squared semi-partial correlation between baseline NA and post-test NA was .19, while partialling variance that post-test NA shared with the other predictors ($r^2_{y(5.1234)}$=.19, $p<.05$). Therefore, baseline NA made a significant unique contribution to the prediction of post-test NA after controlling for the variance accounted for by social self-efficacy, parent support, expectancy, and intervention condition. Specifically, baseline NA explained 19% of the variance in post-test NA, in the direction of higher NA scores at baseline predicting higher NA scores at post-test. An examination of the squared semi-partial correlations associated with the other predictor variables suggested that differences in participants' post-test negative affect scores were not at all associated with unique effects of intervention condition ($p=.91$), baseline expectancy scores ($p=.67$), or baseline parent support ($p=.49$), and minimally associated with social self-efficacy ($r^2_{y(1.2345)}$=.01, $p=.41$).

Table 9

Multiple Regression Model for Predicting Variance Accounted for in Post-Test Negative Affect across Intervention Condition (N = 54)

Variable	B	$SE\ B$	β	t-value	sr^2
INTERCEPT	1.42	1.11	--	1.27	--
Social Self-Efficacy	-0.02	0.02	-0.10	-0.83	0.01
Parent Support	-0.09	0.13	-0.10	-0.69	0.00
Expectancy	0.04	0.08	0.05	0.43	0.00
Intervention Condition	-0.03	0.24	-0.01	-0.12	0.00
Baseline Negative Affect	0.68	0.16	0.60	4.38*	0.19

Note. Model $R^2 = 0.52$. $F(5, 48) = 10.27$, $p<.05$, adjusted $R^2 = 0.47$.
*$p<.05$.

  Analyses addressing research questions four, five, and six. Research question four addresses the proportion of variance in post-test LS accounted for by the predictor variables of initial LS, client-rated therapeutic alliance, therapist-rated therapeutic alliance, client expectancy for change, client perceived parent support, and client perceived social self-efficacy within the subsample of participants originally assigned to the intervention condition. In order to investigate this question, LS scores at post-test were regressed on the linear combination of social self-efficacy, parent support, expectancy, client-rated therapeutic alliance, therapist-rated therapeutic alliance, and baseline life satisfaction values. An inspection of the studentized residuals generated from the model suggested that the assumptions of normality, linearity, and homoscedasticity were met. Using Cook's D, none of the studentized residuals suggested that outliers were present (D<1.00). Additionally, an examination of the variance inflation factor indicated that no multicollinearity was present (VIF<10).

  The combination of these six predictor variables accounted for approximately 48% of observed variance in life satisfaction, $F(6, 19) = 2.86$, $p<.05$, adjusted $R^2 = .31$,

which is statistically significant. As recommended by Cohen (1992), effect size was

estimated from R^2 and was determined to be large. The regression equation is $Y_{LS} = 2.44$

- .05 social self-efficacy + .15 parent support - .17 expectancy - .04 child-rated

therapeutic alliance + .06 therapist-rated therapeutic alliance + .63 baseline life

satisfaction.

Beta weights (β) and squared semi-partial correlation (sr^2) coefficients were

reviewed to assess the relative importance of the six predictor variables to LS and are

presented in Table 10. Examination of tests of significance derived from the

simultaneous multiple regression show that only baseline LS displayed a significant beta

weight of .55 ($p<.05$). The squared semi-partial correlation between baseline LS and

post-test LS was .13, while partialling variance that post-test LS shared with the other

predictors ($r^2_{y(6.12345)}=.13$, $p<.05$). Therefore, baseline LS made a significant unique

contribution to the prediction of post-test LS after controlling for the variance accounted

for by social self-efficacy, parent support, expectancy, and both alliance variables.

Specifically, baseline LS explained 13% of the variance in post-test LS, such that higher

LS scores at baseline predicted higher LS scores at post-test.

An examination of the squared semi-partial correlations associated with the other

predictor variables suggested that differences in the intervention group participants' post-

test LS scores appear at least minimally associated with several other predictor variables,

particularly child-rated and therapist-rated alliance. Specifically, the squared semi-partial

correlation between child-rated alliance and post-test LS was .05, while partialling

variance that post-test LS shared with the other predictors ($r^2_{y(4.12356)}=.05$, $p=.19$). An

examination of the direction of the beta weight suggested that higher LS scores at post-

test were predicted by lower child-rated alliance scores. However, the beta weight of -.24

associated with child-rated alliance was not significant ($p=.19$), suggesting insufficient

power to detect the emerging effect of child-rated alliance on the variance explained in

the outcome by this predictor. Also of note, the squared semi-partial correlation between

therapist-rated alliance and post-test LS was .08, while partialling variance that post-test

LS shared with the other predictors ($r^2_{y(5.12346)}=.08$, $p=.11$). An examination of the beta

weight direction suggested that higher LS scores at post-test were predicted by higher

therapist-rated alliance scores. However, the beta weight of .31 associated with therapist-

rated alliance was not significant ($p=.11$), suggesting insufficient power to detect the

emerging effect of therapist-rated alliance. Further, an examination of the squared semi-

partial correlations associated with the other predictor variables suggested that

differences in participants' post-test LS scores were not at all associated with unique

effects of baseline parent support scores ($p=.59$), and minimally associated with social

self-efficacy ($r^2_{y(1.23456)}=.03$, $p=.31$) and expectancy ($r^2_{y(3.12456)}=.02$, $p=.43$).

Table 10

Multiple Regression Model for Predicting Variance Accounted for in Post-Test Life Satisfaction within the Intervention Condition (n = 28)

Variable	B	$SE\ B$	β	t-value	sr^2
INTERCEPT	2.44	2.13	--	1.14	--
Social Self-Efficacy	-0.05	0.05	-0.19	-1.04	0.03
Parent Support	0.15	0.27	0.14	0.55	0.01
Expectancy	-0.17	0.22	-0.15	-0.81	0.02
Child Alliance	-0.04	0.03	-0.24	-1.35	0.05
Therapist Alliance	0.06	0.04	0.31	1.68	0.08
Baseline Life Satisfaction	0.63	0.29	0.55	2.18*	0.13

Note. Model $R^2 = 0.48$. $F\ (6, 19) = 2.86$, $p<.05$, adjusted $R^2 = 0.31$.
*$p<.05$.

Research question five addresses the proportion of variance in post-test PA accounted for by the predictor variables of initial PA, client-rated therapeutic alliance, therapist-rated therapeutic alliance, client expectancy for change, client perceived parent support, and client perceived social self-efficacy within the subsample of participants originally assigned to the intervention condition. In order to investigate this question, PA scores at post-test were regressed on the linear combination of social self-efficacy, parent support, expectancy, client-rated therapeutic alliance, therapist-rated therapeutic alliance, and baseline positive affect values. An inspection of the studentized residuals generated from the model suggested that the assumptions of normality, linearity, and homoscedasticity were met. Using Cook's D, none of the studentized residuals suggested that outliers were present (D<1.00). Additionally, an examination of the variance inflation factor indicated that no multicollinearity was present (VIF<10).

The combination of these six predictor variables accounted for approximately 61% of observed variance in post-test positive affect, $F(6, 19) = 5.05$, $p<.05$, adjusted $R^2 = .49$, which is statistically significant. As recommended by Cohen (1992), effect size was estimated from R^2 and was determined to be large. The regression equation is $Y_{PA} = 1.77 - .08$ social self-efficacy $+ .07$ parent support $+ .13$ expectancy $- .04$ child-rated therapeutic alliance $+ .01$ therapist-rated therapeutic alliance $+ 1.06$ baseline positive affect.

Beta weights (β) and squared semi-partial correlation (sr^2) coefficients were reviewed to assess the relative importance of the six predictor variables to PA and are presented in Table 11. Examination of tests of significance derived from the simultaneous multiple regression show that social self-efficacy, child-rated therapeutic

alliance, and baseline PA each displayed significant beta weights. Baseline PA

demonstrated a large beta weight at .84 ($p<.05$), while the beta weights for social self-

efficacy and child-rated therapeutic alliance were -.42 and -.34, respectively ($p<.05$).

Specifically, higher PA scores at post-test were predicted by higher baseline PA scores,

lower social self-efficacy reported at baseline, and lower child-rated alliance reports.

The squared semi-partial correlation between baseline PA and post-test PA was .29,

while partialling variance that post-test PA shared with the other predictors

($r^2_{y(6.12345)}$=.29, $p<.05$). Therefore, baseline PA made a significant unique contribution to

the prediction of post-test PA after controlling for the variance accounted for by social

self-efficacy, parent support, expectancy, and both alliance variables. The squared semi-

partial correlation between social self-efficacy and post-test PA was .09, while partialling

variance that post-test PA shared with the other predictors ($r^2_{y(1.23456)}$=.09, $p<.05$).

Therefore, social self-efficacy made a significant unique contribution to the prediction of

post-test PA after controlling for the variance accounted for by the rest of the predictor

variables. The squared semi-partial correlation between child-rated therapeutic alliance

and post-test PA was .10, while partialling variance that post-test PA shared with the

other predictors ($r^2_{y(4.12356)}$=.10, $p<.05$). Therefore, child-rated therapeutic alliance made

a significant unique contribution to the prediction of post-test PA after controlling for the

variance accounted for by the rest of the predictor variables. Baseline PA explained 29%,

social self-efficacy explained nine percent, and child-rated therapeutic alliance explained

10% of the variance in post-test PA, respectively. An examination of the squared semi-

partial correlations associated with the other predictor variables suggested that

differences in participants' post-test PA scores were minimally associated with unique

effects of baseline parent support (p=.59), therapist-rated alliance (p=.53), and baseline

expectancy reports (p=.33).

Table 11

Multiple Regression Model for Predicting Variance Accounted for in Post-Test Positive Affect within the Intervention Condition (n = 28)

Variable	B	$SE\ B$	β	t-value	sr^2
INTERCEPT	1.77	1.25	--	1.41	--
Social Self-Efficacy	-0.08	0.04	-0.42	-2.15*	0.09
Parent Support	0.07	0.13	0.10	0.55	0.01
Expectancy	0.13	0.12	0.15	1.01	0.02
Child Alliance	-0.04	0.02	-0.34	-2.17*	0.10
Therapist Alliance	0.01	0.02	0.10	0.64	0.01
Baseline Positive Affect	1.06	0.28	0.84	3.81*	0.29

Note. Model $R^2 = 0.61$. $F(6, 19) = 5.05$, $p<.05$, adjusted $R^2 = 0.49$.
*$p<.05$.

Research question six addresses the proportion of variance in post-test NA

accounted for by the predictor variables of initial NA, client-rated therapeutic alliance,

therapist-rated therapeutic alliance, client expectancy for change, client perceived parent

support, and client perceived social self-efficacy within the subsample of participants

originally assigned to the intervention condition. In order to investigate this question,

NA scores at post-test were regressed on the linear combination of social self-efficacy,

parent support, expectancy, client-rated therapeutic alliance, therapist-rated therapeutic

alliance, and baseline negative affect values. An inspection of the studentized residuals

generated from the model suggested that the assumptions of normality, linearity, and

homoscedasticity were met. Using Cook's D, none of the studentized residuals suggested

that outliers were present (D<1.00). Additionally, an examination of the variance

inflation factor indicated that no multicollinearity was present (VIF<10).

The combination of these six predictor variables accounted for approximately 48% of observed variance in post-test negative affect, F (6, 19) = 2.94, p<.05, adjusted R^2 =.32, which is statistically significant. Although the difference between R^2 and adjusted R^2 is typically small, it can increase when dealing with multiple independent variables. As recommended by Cohen (1992), effect size was estimated from R^2 and was determined to be large. The regression equation is Y_{NA} = 2.82 - .05 social self-efficacy - .14 parent support + .14 expectancy - .01 child-rated therapeutic alliance - .01 therapist-rated therapeutic alliance + .53 baseline negative affect.

Beta weights (β) and squared semi-partial correlation (sr^2) coefficients were reviewed to assess the relative importance of the six predictor variables to NA and are presented in Table 12. Examination of tests of significance derived from the simultaneous multiple regression show that none of the predictor variables displayed significant beta weights. Therefore, none of the variables made a significant unique contribution to the prediction of post-test NA. However, the squared semi-partial correlation between baseline NA and post-test NA was .09, while partialling variance that post-test NA shared with the other predictors ($r^2_{y(6.12345)}$=.09, p=.09). Although not a significant unique contribution to the prediction of post-test NA, the trend suggests that baseline NA likely contributes a notable proportion of variance. An examination of the squared semi-partial correlations associated with the other predictor variables suggested that differences in the intervention group participants' post-test NA scores appear at least minimally associated with several other predictor variables, particularly social self-efficacy. Specifically, the squared semi-partial correlation between social self-efficacy and post-test NA was .06, while partialling variance that post-test NA shared with the

other predictors ($r^2_{y(1.23456)}$=.06, p=.17). An examination of the direction of the beta

weight suggested that lower NA scores at post-test were predicted by higher social self-

efficacy scores. However, the beta weight of -.27 associated with social self-efficacy was

not significant (p=.17), suggesting insufficient power to detect the emerging effect of

social self-efficacy with regard to the variance explained in the outcome by this predictor.

Further, an examination of the squared semi-partial correlations associated with the other

predictor variables suggested that differences in participants' post-test NA scores were

not at all associated with unique effects of child-rated alliance scores (p=.78) and

therapist-rated alliance scores (p=.75); however, minimally associated with parent

support ($r^2_{y(2.13456)}$=.02, p=.42) and expectancy ($r^2_{y(3.12456)}$=.02, p=.37).

Table 12

Multiple Regression Model for Predicting Variance Accounted for in Post-Test Negative Affect within the Intervention Condition (n = 28)

Variable	B	$SE\ B$	β	t-value	sr^2
INTERCEPT	2.82	2.12	--	1.33	--
Social Self-Efficacy	-0.05	0.04	-0.27	-1.44	0.06
Parent Support	-0.14	0.17	-0.18	-0.82	0.02
Expectancy	0.14	0.15	0.16	0.92	0.02
Child Alliance	-0.01	0.02	-0.05	-0.29	0.00
Therapist Alliance	-0.01	0.03	-0.06	-0.32	0.00
Baseline Negative Affect	0.53	0.30	0.40	1.78	0.09

Note. Model $R^2 = 0.48$. $F(6, 19) = 2.94$, $p<.05$, adjusted $R^2 = 0.32$.
*$p<.05$.

Summary of Findings

Overall, the two sets of regression analyses found that the strongest predictors of

SWB outcome variables included baseline levels of LS, PA, and NA, regardless of

examination across the sample or solely within the intervention condition. In terms of

PA, expectancy, child-rated therapeutic alliance, and social self-efficacy were found to have statistically significant predictive value, with the latter two variables only showing influence among students exposed to the positive psychology intervention. Other data trends offer insight into possible emerging effects regarding specific predictors and SWB component variables. The study results by research question are discussed in terms of implications and limitations within the next chapter.

Chapter 5:

Discussion

Summary of the Study

The purpose of the current study was to investigate the amount of variance in post-test scores of youth SWB components (i.e., life satisfaction, positive affect, and negative affect) predicted by the common factors of therapeutic change and a positive psychology intervention. Suldo et al. (2008; 2009) found a statistically significant increase in life satisfaction (LS) within a group of middle school students who participated in a manualized positive psychology intervention in comparison to a wait-list control. Data trends indicated increased positive affect (PA) among students in both intervention and control conditions, and decreased negative affect (NA) at post-test among one of the groups (the control condition). Notably, both intervention and control conditions evidenced increased mean positive affect and reduced mean negative affect at follow-up. Utilizing this sample of participants, the current study intended to investigate common factors of therapeutic change that may have contributed to the variance in post-test levels of LS, PA, and NA. A review of the literature found that the common factors of change (i.e., client expectancy for change, client factors, and therapeutic alliance) have been found to differentially impact the contributions of intervention technique on treatment outcomes (Murphy, 1999). However, such outcomes investigated historically

focused on indicators of psychopathology versus wellness. The primary aim of the current study was to better understand which factors of (a) a specific manualized intervention (b) youth expectancy for change, and (c) two specific client factors found to correlate heavily in the literature with SWB in youth (i.e., parental support and social self-efficacy) contribute to the post-test variance in SWB observed in previous study as reported by Suldo et al. (2008; 2009). A secondary aim of the current study was to explore the contribution of therapeutic alliance to the variance in SWB observed within the subsample of youth who participated in the positive psychology intervention as studied by Suldo and colleagues (2008; 2009).

This chapter summarizes results of the current study and specifically addresses notable findings (i.e., variance accounted for in post-test PA beyond baseline levels of PA), delineates the significance of current findings, identifies limitations of the study, and discusses implications for future research regarding therapeutic factors that may influence levels of SWB in youth. Importantly, all findings from this investigation should be considered within the context of the restrictions on study design that resulted from the requests made by the partnering public school. It is likely that results would differ in a sample with a range of age groups (e.g., sixth through eighth grade students), who had the opportunity to adjust to the transition from elementary to middle school prior to participating in self-change activities, and who had the flexibility of participating in preferred electives as well as the wellness promotion group. Therefore, the current findings are both a reflection on intervention technique and common factors of therapy as well as environmental contingencies.

Examination of Results: Findings from Bivariate Analyses

Results included several significant relationships between predictor variables. Although limited in strength, a positive relationship (*r* = .29) emerged between BMSLSS scores (when administered as a screening measure) and SLSS scores (when administered as a baseline measure of global life satisfaction). This relationship was expected as these measures are designed to assess similar constructs. The direction of this relationship is consistent with prior research (Seligson et al., 2003); however, a much stronger concurrent relationship has been indicated. It is likely that the result of screening students for sub-optimal levels of LS attenuated these correlations due to elimination of participants with high LS. The attenuated correlation could also be attributed to temporal fluctuations in life satisfaction, as the BMSLSS and baseline SLSS were administered approximately four weeks apart. These rationales could also be applied to the lack of significant correlation between BMSLSS and baseline PA and NA. Although theorized to correlate due to their relationship as components of SWB, this relationship was not found in current samples (aside from a positive relationship between BMSLSS and post-test PA), likely due to restriction in scores on the BMSLSS as a result of the screening process that dictated which students would be administered the affect measure.

Baseline SWB component variables were found to have moderate correlations with each other. Positive relationships were found between LS and PA, as well as inverse relationships between NA and each LS and PA. These relationships support the conceptual definition of SWB as comprising high life satisfaction and positive affect as well as low negative affect (Diener, 1994). Additionally, these relationships were replicated in terms of post-test SWB components' moderate to strong relationships with

each other, as well as with moderate to strong correlations found between baseline and outcome SWB variables. Importantly, baseline levels of PA, NA, and LS were each significantly related to outcome measures of PA, NA, and LS, respectively, with higher levels at baseline associated with higher levels at post-test.

The relationship between components of SWB and client factors is of particular interest in this study. As discussed, prior research has found a strong relationship between parent support (e.g., Suldo & Huebner, 2004a) and between social self-efficacy (e.g., Fogle et al., 2002) and LS in youth. The strong positive relationship between baseline LS and parent support was replicated in the current study ($r = .71$) as was the moderate positive relationship with social self-efficacy ($r = .46$). Although not a causal relationship, these correlations indicate that early adolescents with higher social self-efficacy and parent support are more likely to also report higher LS. Due to the relationship between LS and affective components of SWB, it could be theorized that similar relationships exits between these client factors and PA and NA. In the current sample, positive affect had strong, positive correlations with parent support ($r = .42$) and social self-efficacy ($r = .68$). Interestingly, global life perceptions appear more highly related to parent support while temporary positive mood appears more highly related to self-perceptions of efficacy in peer relationships. Strong, inverse relationships were also found between negative affect and parent support ($r = -.62$) and social self-efficacy ($r = -.44$). These moderate to high correlations are in expected directions and support a relationship between SWB components and these two client factors.

Furthermore, a moderate positive relationship was found between parent support and social self-efficacy ($r = .44$). These were the only predictor variables found to have a

significant relationship with each other outside of associations amongst baseline SWB variables. Due to studies in the literature describing strong relationships between each social self-efficacy and parent support with LS, it is reasonable that these client variables would have a similarly positive relationship with each other. However, such a relationship may indicate shared variance within LS, reducing the likelihood that unique variance in post-test SWB would be accounted for by either factor individually.

Although the two client factors investigated in the current study were found to have relationships with baseline SWB, the expectancy and relationship factor variables were not found to have such relationships. This is to be expected as literature on common factors of therapeutic change is based on subjects having participated in therapy. No prior research has indicated a pre-existing relationship among these factors. Correlations between therapeutic alliance and SWB were computed within the intervention sample at baseline. The lack of relationship indicates that initial level of PA, NA, and LS is not likely to have influenced subsequent ratings of alliance. Further, level of SWB is not likely to have influenced expectancy ratings at baseline (prior to knowledge of intervention condition assignment).

Importantly, both client factors were found to have moderate relationships in expected directions with each of the SWB outcome variables. These relationships are to be expected based on prior discussion. The current study is the first longitudinal investigation of parent support and social self-efficacy in relation to subsequent SWB. This is notable, as the relationship of these variables with SWB was found to be stable over the course of a three month time period. Conversely, no significant relationships were found between the relationship factor and expectancy factor variables and SWB

outcomes, indicating that at the bivariate level, these predictors were unrelated to post-test SWB among the subsample of participants in the intervention condition and all participants, respectively.

The mean differences in SWB between intervention conditions at pretest showed a significant difference in terms of life satisfaction, such that participants in the control condition reported higher baseline LS on average. At post-test, no difference was found in LS between these groups. Considering the higher levels of LS found at pretest in the control condition, it appears that participants in the intervention condition increased self-report of LS over time (as reported by Suldo et al., 2008; 2009), eventually to levels similar to those observed among participants in the control condition. At both pretest and post-test, no differences were found between intervention condition in terms of positive and negative affect. In sum, despite use of random assignment to condition (and BMSLSS screening indicating no difference between groups), participants in the intervention condition began the study with lower life satisfaction; on the other hand, the groups were statistically similar with regard to affect. After completion of the intervention, the previously observed group differences in LS were no longer apparent, due primarily to gains in LS among students who took part in the intervention and to a lesser extent to slight declines in LS observed among youth in the control condition. At the bivariate level, intervention condition appears to have a relationship with LS.

Examination of Results: Findings from Regression Analyses

The primary aim of the current study was to investigate the common factors of therapeutic change and implementation of a positive psychology intervention in relation to post-test SWB across a sample of 54 middle school students. Overall, results indicate

that baseline levels of SWB components were the strongest predictors of post-test scores, beyond that accounted for by commonality amongst predictor variables. Regarding research questions one and three, regression analyses determined that participation in a positive psychology intervention, the client variables of parent support and social self-efficacy, and expectancy for change did not account for statistically significant amount of unique variance in post-test LS or NA in comparison to what preliminarily existed at baseline with regard to LS or NA, respectively. However, in regard to research question two, expectancy for change was found to make a significant contribution to the variance in post-test PA in addition to that accounted for by baseline PA. In effect, five percent of the variance in post-test PA is positively associated with expectancy. That is, greater expectancy for change at baseline predicted greater PA at post-test.

Effect of positive psychology intervention on post-test SWB. Findings are in contrast to the first three hypotheses of this investigation. Based on prior research and theory, it was hypothesized that significant unique variance in post-test SWB would be accounted for by participation in a manualized positive psychology intervention. Prior research has shown increases in SWB when youth participate in intentional activity based interventions, such as expression of gratitude (Froh et al., 2008) and positive psychotherapy (PPT; Rashid & Anjum, 2008). Further, intentional activity based intervention that has been found effective with adult samples were utilized in the current study as modified for developmental level of participants. In contrast to the interventions conducted within prior research, the positive psychology intervention utilized in the current study did not focus on one area of intervention (e.g., gratitude, character strengths, optimistic thinking), but used a combination of effective interventions found in

the literature (e.g., Emmons & McCullough, 2003; Seligman, 1990; Seligman et al., 2005). Prior research with the database analyzed in the current study that examined the effect of the intervention alone (without considering the effect of client variables, expectancy, and alliance) on SWB found that participation in the intervention was associated with a significant increase in life satisfaction, but not changes in affect (Suldo et al., 2008; 2009). The fact that the current study failed to replicate the significant effect of intervention on life satisfaction can reflect either (a) differences in the data analytic strategies used in the two studies, or (b) weak effects of the intervention.

Regarding the first explanation, shared variance between the intervention condition as a predictor and common factor variables as predictors was not considered in the analysis of variance in prior examination of this dataset (Suldo et al., 2008; 2009). Even though the shared variance between intervention condition and baseline LS was accounted for in prior analyses, the shared variance between the intervention condition and common factor variables (specifically, the finding that students randomly assigned to the intervention condition happened to report diminished levels of perceived parent support and social self-efficacy at baseline as compared to youth randomly assigned to the control condition) in current analyses further reduced the likelihood that intervention could exert a unique effect. However, the data trend indicated that participation in the intervention condition likely accounts for two percent of the variance in post-test LS beyond that of baseline LS and other predictor variables. Due to insufficient power related to a limited sample size, the emerging effect of the intervention condition was not statistically significant in the current study. Therefore, a mild effect of intervention participation on LS is probable, but not robust. No data support a positive effect of

intervention condition on the other two components of SWB. It could be theorized that the global appraisal of life satisfaction is particularly sensitive to the current intervention due to the development of the intervention manual based on interventions specifically designed to create lasting impact on SWB, thereby targeting life satisfaction as the most stable component of SWB. The bulk of the literature has explored intentional activities aimed at changing attitudes, beliefs, and thinking processes (e.g., grateful thinking, optimistic thinking, hopeful thinking), which are lifestyle changes impacting a longitudinal view of one's life in a positive framework. Considering the basis of the intervention manual rooted in the literature, it is reasonable that LS as a cognitive appraisal of life overall would be more susceptible to change than temporary mood states.

The second explanation is supported by the null effect of intervention on positive affect and negative affect in the current study and prior research (Suldo et al., 2008; 2009) and the current study's inability to detect a significant effect of intervention condition on post-test life satisfaction (as well as the trend that emerged in the current analyses for a negative effect of intervention on participant positive affect, although this phenomena should be viewed with great caution as this trend was not supported in earlier analyses with this dataset). Although interventions were unified through a comprehensive framework (Seligman, 2002), it is possible that pure influence of specific intervention techniques was diluted by the weekly change of topic within sessions. Additionally, participant follow-through with intervention activities outside of sessions was not closely monitored in the current study. It was based on good faith report from participants. In contrast, Froh et al. asked students to complete gratitude journals while in the classroom under teacher supervision. Interventions conducted with adult samples

typically required daily to weekly activity (e.g., journaling, enacting of strengths, acts of kindness) as in studies previously described (Emmons & McCullough, 2003; Lyubomirsky et al., 2005; Seligman et al., 2005). It is possible that adults who sought out intervention (e.g., visited website for increasing happiness) or who were offered college credit for participation were more diligent in performing tasks as instructed due to immediate gains. Also, it must be considered that the task demands of interventions originally designed for adults were not as easily relatable for middle school age youth and may not have been naturally reinforcing. In concert, time spent in the intervention setting during the school day may have been counterproductive in the sense of loss of time in desired elective courses (e.g., physical education) or social stigma of group therapy experienced. Similarly, Rashid and Anjum (2008) found that although happiness and well-being increased on a researcher developed measure, early adolescents' report of LS did not increase as a result of group positive psychotherapy. Perhaps group therapy approaches for this age range are not likely to produce robust effects on LS. Additionally, the type of outcome measures used to assess SWB may not have tapped changes in happiness resulting from the intervention as would a measure specifically designed to be sensitive to this intervention's effects. As Rashid and Anjum found changes in happiness with a researcher developed measure, a measure of happiness regarding past, present, and future aspects of emotional life in accord with the design of the intervention may have produced differing results than that of global estimations of life overall (life satisfaction as measured by the SLSS) and various positive and negative feeling states out of context (frequency of positive and negative affect as measured by the PANAS-C).

Effects of common factors of change on post-test SWB. Although the hypothesized relationship based on prior research did not find significance for the positive psychology intervention utilized, the lack of statistically significant impact of intervention on post-test SWB could be considered in terms of theory on common factors of change as an expected outcome. As described by Lambert (1992) and Wampold (2001), the literature base does not support any specific type of therapy or intervention as more or less effective than another. By contrast, type of evidence-based technique was implicated as less important to outcome than the common factors of change present in all therapeutic contexts (i.e., client factors, expectancy, therapeutic relationship). In this viewpoint, the positive psychology wellness focused results of the current study could be construed as similar to traditional pathology related intervention outcomes. However, it would stand to reason under this assumption that participation in the intervention condition should have resulted in statistically significant shared variance with post-test SWB due to the common factors of therapeutic change in effect as a result of participants experiencing a therapeutic context. However, that was not the case in the current results.

Regarding influence of specific common factor predictors, it was hypothesized that significant variance in post-test SWB would be accounted for by client expectancy for change. Although a notable portion of post-test PA variance was found to be positively related to expectancy (5%), this was not found within the other components of SWB. The literature on common factors of therapeutic change examined traditional psychotherapeutic outcomes, creating an estimate that 15% of the variance in outcomes is associated with the client's expectations (Lambert, 1992; Murphy, 1999). Findings of the current study indicated both support and detraction from this assumption. As previously

mentioned, the combination of common factors experienced within the intervention condition did not result in a statistically significant amount of variance within post-test scores as expected based on the literature. Furthermore, bearing out those individual common factors also did not produce expected results. Expectancy was not found to be related to variance in post-test LS or NA scores beyond that accounted for by baseline levels but notably so for PA. The only study found in the literature which examined SWB as an outcome when exploring common factors as predictors found expectancy to share limited variance with SWB (Magyar-Moe, 2004). However, the current study found that expectancy accounted for a sizeable, significant value at 5% versus the nonsignificant amount reported by Magyar-Moe (<1%). Notably, Magyar-Moe did not describe methods to control for baseline SWB in her study; therefore, the amount of variance that could be explained by predictors was not reduced by pre-existing levels of the outcomes variables. Consequently, comparison with her findings should be made with caution. Further investigation is warranted to explore the difference expectancy plays in traditional versus wellness outcomes.

Considering the significant relationship found between expectancy as a predictor and exclusively post-test PA as an outcome, it is possible that PA levels were more susceptible to expectations versus that of LS due to the immediate nature of PA. By definition PA is situationally bound emotion in the present (Diener, 1994), thereby likely to be impacted by expectations in the present about current activities. On the other hand, LS is a global judgment of one's life on the whole, which is considered stable over time (Diener, 1994). Appraisals of specific situations (i.e., benefits from a wellness promotion program) may be more likely to influence resulting PA while long-term effects may not

be immediately perceived in one's judgment of life overall. However, NA, which is also situationally bound emotion in the present, may not have been influenced by expectations due to the way in which the wellness-promotion program was presented to participants. When participants rated expectations prior to intervention condition assignment, they based expectations for changes in happiness on the description of the program by researchers as a way to increase well-being (i.e., "feel happier"). No statements were made regarding the potential of the program to reduce negative emotional states. See the Student Assent Form (Appendix B) for a description of the intervention as presented to participants. Therefore, the way in which expectations were primed for increased well-being may be related to the type of outcome (i.e., specific component of SWB) that was influenced.

Lastly, within the first aim of the current study, it was hypothesized that the largest amount of variance in post-test SWB would be accounted for by client factors. The literature on common factors of therapeutic change estimated that 40% of the influence in outcomes is associated with the client's personal qualities and resources (Lambert, 1992; Murphy, 1999). In general, this expectation did not bear out in the current study. Prior research found that parent support (Suldo & Huebner, 2004a) and social self-efficacy (Fogle et al., 2002) are highly correlated with LS. The current study also found moderate to high correlations between these variables and both baseline and post-test SWB. However, initial levels of parent support and social self-efficacy did not account for variance at post-test in SWB (i.e., post-test levels of SWB after baseline levels of SWB were considered). The discrepancy between prior findings and current findings may be a function of SWB as an outcome in comparison to traditional outcomes.

The current study was the first to investigate these particular client factors as predictors of SWB as a therapeutic outcome. Further investigation is warranted to explore the difference between the importance of parent support and social self-efficacy to SWB in prior research and their role as client factors in a therapeutic context.

However, the data trend indicated that parent support likely accounts for three percent of the variance in post-test PA beyond that of baseline PA and other predictor variables. Due to insufficient power related to a limited sample size, the emerging effect of parent support was not statistically significant. Therefore, a mild, positive effect of parent support on PA is probable, but not indicated in the other two components of SWB. This finding may be related to the impact of parent-child relationships on current mood at the time of assessment. Or, the current results may simply suggest that high initial levels of parent support and social self-efficacy, although concurrently associated with high life satisfaction, may not facilitate additional growth in life satisfaction scores. Another factor to be considered is the lack of parent involvement in the intervention. The current study did not provide parents with copies of the intervention manual, did not include sessions for parents, and did not provide parents with detailed descriptions of techniques utilized within the intervention (e.g., how to encourage optimistic thinking, use of character strengths, gratitude journaling). Prior research has indicated that type of parenting and parent-child relationships are related to youth LS (Demo & Acock, 1996; Flouri & Buchanan, 2002; Grossman & Rowat, 1995; Suldo & Huebner, 2004a). Therefore, the impact of parent support as a client factor of youth may be more salient with parent involvement within the therapeutic context.

The secondary aim of the current study was to investigate the contribution of the common factor of therapeutic alliance to observed change in SWB from baseline to post-test within the sample of 28 middle school students who participated in a positive psychology intervention. Overall, results indicate that baseline levels of LS and PA were the strongest predictors of post-test LS and PA, beyond that accounted for by commonality among other predictor variables. Although not statistically significant, the data trend within NA similarly indicated baseline NA as likely to positively contribute nine percent of the variance in post-test NA. Regarding research question four, regression analyses determined that therapeutic alliance as rated by the therapist and as rated by the client, the client variables of parent support and social self-efficacy, and expectancy for change did not account for unique variance in LS in comparison to what preliminarily existed from baseline. However, the data trends indicated that child-rated and therapist-rated alliance likely account for five percent and eight percent, respectively, of the variance in post-test LS beyond that of baseline LS and other predictor variables. Therefore, a mild, positive effect of therapist-rated alliance and a mild, inverse effect of child-rated alliance on LS are probable. Due to insufficient power related to a limited sample size, the emerging effects of these relationship factors were not statistically significant.

In regard to research question five, social self-efficacy and child-rated therapeutic alliance were found to make significant, inverse contributions to the variance in post-test PA in addition to that accounted for by baseline PA. In effect, nine percent of the variance in post-test PA is associated with social self-efficacy and ten percent with child-rated therapeutic alliance. That is, lower ratings of alliance by clients and lower reported

social self-efficacy were related to higher PA at post-test. In terms of research question six, no significant predictors were found with regard to post-test NA. However, the data trend indicated that social self-efficacy likely accounts for six percent of the variance in post-test NA beyond that of baseline NA and other predictor variables. Therefore, a mild, inverse effect of social self-efficacy on NA is probable. Due to insufficient power related to a limited sample size, the emerging effect of this client variable was not statistically significant.

Current findings are in contrast to the fourth hypothesis of this investigation. Based on prior research and theory, it was hypothesized that child-rated therapeutic alliance and client factors would account for sizable variance in post-test SWB. Similar to findings regarding the entire sample, the client factor of parent support was not found to significantly relate to post-test SWB. However, social self-efficacy was found to account for a small amount of variance in PA at post-test and data trends indicated likely contribution to NA. Notably, the relationship found between social self-efficacy and post-test PA is counterintuitive and in contrast to the bivariate relationship that was indicated in the correlational analyses. Specifically, lower social self-efficacy ratings at baseline predicted higher post-test PA. It is possible that social self-efficacy was found to have a significant influence on post-test PA within the subsample that participated in the intervention versus the overall sample due to the social context of group therapy. As participants were encouraged to work together, assist one another in defining positive qualities (e.g., character strengths), and contribute to a collaborative environment, those with initially low levels of social self-efficacy may have experienced improved self-appraisal of ability to successfully navigate the social environment. Positive experience

under the social demands of group therapy by those who initially rated themselves low on social self-efficacy may have influenced estimations of positive emotion within that situationally bound context to a greater extent than participants typically accustomed to successful peer interaction. Additionally, the data trend within post-test NA suggests that those with initially high levels of social self-efficacy were more likely to report low NA at post-test. This trend is likely due to greater confidence within the social context of group therapy lending to a lower likelihood of frustration, self-doubt, and other plausible negative reactions.

Further research in terms of common factors of therapeutic change is warranted in terms of the potential influence of social self-efficacy as a client factor specifically regarding youth group therapy outcomes.   A review of the literature on group interventions aimed at increasing youth SWB did not find robust effects. Regarding study of positive affect as an outcome of gratitude-focused group intervention, Froh et al. (2009) found no difference in comparison of affect between control and intervention groups at post-test when groups were examined as a whole. However, within the intervention condition, those participants with initial low levels of PA reported gains in PA at post-test and follow-up whereas those with initial high levels of PA experienced a ceiling effect. Similar to the finding in the current study of limited social self-efficacy at baseline predicting higher PA at post-test, initial levels of predictor variables influenced outcomes differentially for participants in a group therapy context. Further, Rashid and Anjum (2008) did not find a significant increase in LS as a result of group positive psychotherapy within a sample of middle school students. Taken together with the current finding of nonsignificant but evident effect of the intervention condition on LS,

the literature may indicate a mild or minimal but not robust effect of group therapy approaches on youth SWB.

Child-rated therapeutic alliance was found to have significant relation to post-test PA and a likely relation to LS, but not on NA, nor in the direction anticipated regarding post-test PA and LS. It was hypothesized that if the client felt high bond, low negativity, and highly participated with the therapist (alliance as defined by Shirk & Saiz, 1992), then (s)he may be more likely to feel positively toward the experience of the intervention, thereby accounting for variance in SWB at post-test. The findings that child-rated therapeutic alliance was inversely related to PA and LS were unexpected and difficult to understand. Theoretically, if a child experienced low alliance (in effect, low bond, high negativity, and low participation), it would be reasonable to expect greater scores on NA instead of PA at post-test, relationships that did not emerge in the current study. One possible explanation is that the TASC-C as a measure of therapeutic alliance was not appropriate to the wellness-promotion context of the current study. Specifically, the wording of the TASC-C is problem-oriented, in that participants were asked to rate "working on solving problems" with "my counselor" as opposed to involvement in happiness-related activities with the group leader in order to enhance wellness. Due to this discrepancy between group focus/presentation with the alliance measure, participants may not have had the opportunity to accurately rate their experience. Perhaps those participants who did not consider themselves to have "problems" may have rated their participation and engagement as low despite actual involvement in SWB enhancing activities and positive feelings toward the group leader. Further, the problem-focused nature of the TASC-C may have resonated with participants who were already

experiencing low levels of LS and PA, thereby presenting a skewed link between alliance and SWB outcomes.

This unanticipated finding is in need of further study prior to drawing definitive conclusions about what could be an artifact of the current sample. Interestingly, one could have surmised that positively rated therapeutic alliance would support child investment in intervention activities, thereby resulting in greater influence of participation in the intervention condition in post-test SWB over the whole sample. However, this was not the case. Further research could explore how therapeutic alliance ratings impact degree of involvement in positive psychology intervention with youth and how that relates to wellness based outcomes. In particular, development of a more appropriate measure of alliance for assessing involvement in a wellness focused intervention is an important area of needed research highlighted by the current study. Instead of using the language of "problems," measures such as the TASC-C could be modified to reflect positive intentional activities. Also, a measure of alliance could be developed that specifically addresses the group therapy context. The lack of group context on the TASC-C may not have provided participants with an authentic measure of their true experience as a participant with peers (not having an individualized experience with the group leader as is assumed in a general measure of therapeutic alliance).

Lastly, therapeutic alliance as rated by the therapists did not have statistically significant relation to post-test SWB component scores. However, a data trend indicated probable positive effect of therapist-rated alliance on post-test LS. Perhaps, a positive relationship perceived by the therapists was conveyed through subtle communication (e.g., body language, tone, attention level) from therapist to client, creating an

environment in which the child's relationship with a significant adult (i.e., group leader) was strengthened. Consequently, the child may have been more likely to appraise environmental circumstances with greater satisfaction.

Prior research indicated that each therapist and child ratings of alliance provide unique perspectives to the relationship (Kazdin et al., 2005). However, client perceived alliance has been found be more predictive of therapeutic change (Hawley & Garland, 2008). The current study supports this finding to a limited degree. Child-rated alliance had a significant, sizable influence on PA and likely has a notable influence on LS. In terms of the only study in the literature to have investigated common factors of therapeutic change with regard to SWB as a therapeutic outcome, Magyar-Moe (2004) found that client-rated alliance accounted for 2.5% of the variance in SWB, with the direction of effect indicating that higher ratings of alliance were related to higher SWB. Current findings indicated five percent of the variance in LS and 10% of the variance in PA , although inverse effects, were accounted for by child-rated alliance, which is a notable variability. The assertions in the literature indicated 30% of therapeutic change is associated with therapeutic relationship (Lambert, 1992; Murphy, 1999). Further study would be useful in order to ascertain if these findings are a function of SWB as a therapeutic outcome vs. pathology as a therapeutic outcome. Additionally, it could be hypothesized that rating of alliance by clients was impacted by the group therapy context, as the participants may not have felt as connected on an individual level with therapists or the intervention. Prior research has largely utilized the one-on-one therapeutic relationship in study (Hawley & Garland, 2008). Further, Liber et al. (2010) found greater change at post-test within an individual vs. group context of therapeutic change.

In the individualized condition, stronger youth rated alliance was related to stronger youth adherence to treatment, which is similar to the suggestion of the current study that degree of intervention participation may have been a factor in the limited influence found overall by the intervention condition on SWB outcomes. Additionally, baseline levels of PA and LS overshadowed the variance accounted for by alliance and other common factors of change, which may suggest that these factors have a limited influence on wellness outcomes in comparison to unknown factors not accounted for by the current investigation.

Limitations of the Current Study

The current section describes limitations as a result of study design, first describing a potential SWB ceiling effect due to the screening process for participant recruitment and the nature of LS, followed by a discussion of study power due to small sample size and limitations of the school setting. Additionally, limitations of measures chosen to collect data on predictor variables are addressed. Further, limitations due to chance are discussed in terms of significantly higher baseline LS, parent support, and social self-efficacy found at pretest within the control condition. Lastly, limitations regarding generalizability of results based on characteristics of the sample and intervention setting are discussed.

An examination of the mean BMSLSS scores found similar high levels of life satisfaction across conditions prior to study implementation. Many participants had limited room for growth due to initial high levels, creating a ceiling effect. It is likely that this effect limited potential for increases due to either intervention efforts or common factors of therapeutic change. Therefore, results may have differed within a sample of

participants with lower initial levels of LS. This was the case found by Froh et al. (2009), in that participants with low baseline levels of PA were found to make gains in PA at post-test after participating in a gratitude intervention in comparison to those with high levels at baseline who did not evidence significant gains.

The effect sizes for each of the regressions were found to be large. Limited power to detect differences increases the chance for Type II error. Considering this, it is possible that between-group differences exist but could not have been detected at a statistically significant level due to the power of analyses being limited by sample size. This phenomenon is reflected in evident data trends as described, in which predictors were found to account for unique variance in post-test SWB at a statistically nonsignificant level. If a larger sample size was utilized, increased power to find likely effects would have shown the importance of several predictor variables as specified in this discussion.

Due to the intervention setting within a public school, specific restrictions were placed on recruitment of participants, time frame of intervention, time line of intervention, and level of importance in comparison to other activities within the school environment. As previously stated, concern for disruption of student schedules and academic courses prevented flexibility in timing of the intervention and range of sample available for recruitment. Although school administration did not actively deter sixth grade students from participating in the wellness promotion group, they also did not encourage participation. Perhaps if school leadership had presented the wellness-promotion program as an opportunity for students, it may have been received more openly by students. Further, students may not have perceived the group intervention as a priority in comparison to daily courses due to the lack of attention from administration

and teachers. Should this intervention be replicated within a public school, it is recommended that researchers encourage active participation by school staff, ownership of the intervention as a part of the school instead of a temporary university venture, and pre-plan intervention activity within the school schedule in order to afford opportunity for participation across grade levels.

A limitation that may have impacted study results and implications concerns the measures used for therapeutic alliance and expectancy. Regarding use of the TASC-C as a measure of child-rated alliance, the problem-oriented language of this measure may have altered participants' interpretations of item content. As a result, they may not have accurately reported their engagement in the intervention and with the group leader. Due to the lack of availability in the literature of a measure designed to assess therapeutic alliance within a *wellness promotion* intervention *group* therapy context, the current researcher utilized one of the few general measures of alliance for children that is available at this time. Findings of this study may have been more in line with hypotheses regarding the relation of alliance to SWB had the language of the measure been altered to match intervention context. Further, expectancy was measured through 1-item indicators, which diminishes the psychometric strength of the resulting data. Certainty regarding validity and reliability of the EI could not be ascertained, although correlational data suggested expected direction of the data. Therefore, the measure may not have accurately provided a picture of participant expectations for change.

A significant difference between intervention and control conditions was found in terms of life satisfaction as measured by the SLSS at pretest ($p < .05$), with participants in the control condition reporting higher baseline LS on average. Therefore, the baseline

level of LS within the control condition may have provided undue influence on the overall LS outcome assessment. Notably, the means for each group on baseline LS were moderate to high, also indicating potential ceiling effects. This is not uncommon based on the literature in terms of children's typically high ratings of LS (Seligson et al., 2003). Additionally, a significant difference between intervention conditions was found in terms of each parent support and social self-efficacy ($p < .05$), with those in the control condition having reported higher levels of these client factors on average. In terms of analyses utilizing the entire sample, differential levels at pretest may have impacted the extent to which these variables were accounted for in SWB outcomes.

Lastly, this study is limited in terms of population validity and ecological validity. Due to the demographic characteristics of the current sample, it is likely that implications may only be generalized to youth in the cultural majority, raised in two parent homes, and living within a middle to high SES community. Furthermore, conclusions regarding the intervention may only be generalizable to a school setting, as another environment may introduce variables unaccounted for within the current study.

Significance of the Study and Suggestions for Further Research

Although the intervention condition and common factor predictors were limited in evidencing statistically significant proportions of variance in SWB, further research is indicated in terms of data trends. As previously discussed, the literature is limited in studies of SWB as a therapeutic outcome. Although predictors of change in LS and NA did not exceed conventional levels of probability set to indicate statistical significance, this study found some interesting results in terms of data trends as well as statistically significant predictors of PA. In particular, expectancy for change was found to account

for a proportion of the variance in PA across the intervention and control conditions. As stated, the focus of the study on increasing "wellness" and "happiness" as presented to the participants may have primed expectations for positive emotion in the present or a lack of such change if not currently participating in the wellness program. Therefore, this study has opened an area of research concerning the difference between the impact of expectations on immediate outcomes (e.g., positive affect) versus long-term global estimations of outcomes (e.g., life satisfaction).

Additionally, within the intervention condition only, social self-efficacy and client-rated therapeutic alliance were found to inversely account for variance within PA and likely effect of social self-efficacy within NA. These findings highlight the potential influence of social self-efficacy as a client factor specifically regarding youth group therapy outcomes. Further research may investigate social self-efficacy as a client factor of youth, comparing between varying baseline levels of social self-efficacy and measuring growth in social self-efficacy over the course of group intervention. Also, the impact of this client factor of youth on varying wellness and pathology outcomes would be an important area of study. Although child-rated alliance did have a significant relation to PA (and likely relation to LS), it was in an unexpected direction related to outcomes found in the literature. As stated, it could be hypothesized that rating of alliance by clients was limited by the group therapy context, as the participants may not have felt as connected on an individual level with therapists, and the problem-focused language of the alliance measure, that being inconsistent with the intervention as wellness promotion. The current study highlights the need for research on child perceived alliance across therapeutic formats in terms of wellness outcomes and measures, particularly with

an eye toward potential influences on alliance effects and accurately capturing perceptions of alliance within a positive psychology context. Ways in which therapist-rated alliance may predict outcomes, particularly in terms of LS, is another direction of research indicated by the current study.

Furthermore, the strong to moderate correlations found within the overall sample between each social self-efficacy and parent support with each indicator of SWB at baseline and outcome suggest the need for further study. It is probable that the large amount of variance accounted for by baseline levels of SWB overshadowed the potential unique influence of these client factors, which may come to light in future investigations. In particular, the limited sample size in the intervention condition restricted power to detect effects (such as the probable relation of parent support to PA). Further study in a larger sample may find greater relation of common factors, particularly client factors, to SWB outcomes. Overall, the current study provided some unique findings in terms of one wellness indicator, that of positive affect, and common factors of therapeutic change, as well as indications for further research.

Due to the limited power in analyses and ceiling effects of the screening process, it is probable that the impact of the intervention condition on SWB was not fully ascertained. Data trends indicate the likelihood of the intervention accounting for unique variance in LS, in the direction of gains in life satisfaction among youth who participated in the wellness-promotion intervention. Future research may consider replication of intervention implementation within a larger sample of participants, particularly examining a sample with lower initial levels of SWB, and utilizing a researcher developed measure of happiness that specifically targets potential changes due to the

activities and emphasis within the current intervention (i.e., measuring changes in past, present, and future aspects of emotional life). Further, the positive psychology intervention developed was a comprehensive system of intentional activities. Taken together, evidence was not found that these activities accounted for variance in SWB at post-test. However, further study is indicated in terms of the potential factors that differ between effectiveness of positive psychology interventions with adults and youth. Specific tasks within the intervention manual could be studied in terms of developmental appropriateness, interest level and investment for youth, and saturation of activity. Perhaps, specific pieces of the intervention manual would be found to have greater influence on youth SWB in isolation or in smaller combinations and with increased supervision of practice activities to ensure student follow-through. Additionally, parent involvement in the intervention is a component to consider for future research. If parents are educated about the benefit of intervention activities and participate with adolescents in the home environment, adolescents may perceive an increased level of support, engage in a greater degree of practice with activities, and demonstrate increased investment. Intentional activity as methods of improving SWB is a budding area of research, particularly concerning youth, which may benefit from future examination of activity as described within the current intervention manual.

Although significant findings were limited, the current study entered an area of pioneering research. Taking steps away from mental health framed as lack of pathology and investigating indicators of wellness, this study explored a multitude of factors that may influence complete mental health. Directions for further research were indicated, regarding both development of specific intervention aimed at increasing SWB as well as

potential common therapeutic factor influences. As in the literature, implications of this study include the impact of intervention technique with accompanying common factors in the therapeutic context on outcomes. Differential effect of common factors may be related to the intervention utility. As further studies akin to this investigation are conducted, a clearer and broader understanding of methods to increase SWB will likely be developed with the potential to impact the lives of youth.

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Appendices

Appendix A: Parent Consent Form

Dear Parent or Caregiver:

Last year, investigators from the University of South Florida (USF) found a strong relationship between X Middle School students' happiness and their academic achievement. Students who reported the highest satisfaction with their lives and the least emotional distress earned the highest FCAT scores and best school grades. Because of these findings, we are conducting a follow-up project to determine how to make students happier.   A few weeks ago, we screened 6th grade students with a brief self-report survey of life satisfaction to identify students who may benefit from a wellness-promotion program. This letter provides information about the study we will conduct to determine the effect of the wellness-promotion program on students' psychological wellness and subsequent school performance.

✓ Who We Are: The research team consists of Shannon Suldo, Ph.D., a professor in the School Psychology Program at the USF, and doctoral students in the USF College of Education. We are planning the study in cooperation with the administration of X to make sure that the study provides information that will be useful to the school.

✓ Why We are Requesting Your Child's Participation: This study is being conducted as part of a project entitled, "Increasing Happiness in Middle School Students." Your child is being asked to participate in this project because of his or her responses on the screening measure of life satisfaction. Your child's responses indicated that he or she is less than completely satisfied with life. This is not an immediate cause for alarm; most adolescents are less than delighted with their daily experiences. Your child is eligible to take part in the wellness-promotion program described below that is intended to increase students' happiness.

✓ Why Your Child Should Participate: Your child may experience an increase in happiness resulting from participation in the wellness-promotion program. In addition to a personal benefit, research support for the effectiveness of activities to increase happiness may enable other children in the future to participate in such wellness-promotion programs. Group-level results of the study will be shared with the guidance counselors, teachers, and administrators at X in order to increase their knowledge of activities that promote psychological wellness in students. Please note neither you nor your child will be paid for your child's participation in the wellness-promotion program. However, children will receive a pre-paid movie pass each time they are asked to complete questionnaires (brief surveys) about their current wellness. In addition, all students who return this parent permission form will be placed into a drawing for one of several $25 gift cards to a local store.

✓ What Participation Requires: Children with permission to participate in the study will be randomly assigned to participate in one of two groups. Group A will begin the wellness-promotion program later this school year. Group B will be given the opportunity to participate in the wellness-promotion program next school year at X. The wellness-promotion program will consist of 10 weekly meetings in which members of the research team will get together with small groups of students during their elective period. Each meeting will last approximately 1 hour. Meetings will consist of lessons about ways of thinking and behaving that are related to feelings of happiness and satisfaction with life, activities to demonstrate the content taught in the lessons, and instructions for homework that will reinforce the content taught in the meetings. To allow us to assess changes in students' well-being throughout the school year, all students in Groups A and B will be asked to complete several paper-and-pencil questionnaires on three occasions this school year. These

Appendix A (Continued)

surveys will ask about your child's thoughts, behaviors, and attitudes towards life, as well as current wellness and symptoms of emotional distress. Completion of surveys is expected to take your child between 45 and 60 minutes on each occasion; we will administer the surveys during your child's elective period. Another part of participation involves a review of your child's school records. Under the supervision of school administrators, we will retrieve the following information about your child: grade point average, FCAT scores, attendance, and history of discipline referrals. In total, participation during the 2007 – 2008 school year will take about 13 hours of time for students in Group A and 3 hours for students in Group B.

✓ Please Note: Your decision to allow your child to participate in this research study must be completely voluntary. You are free to allow your child to participate in this research study or to withdraw him or her at any time. Your decision to participate, not to participate, or to withdraw participation at any point during the study will in no way affect your child's student status, his or her grades, or your relationship with X, USF, or any other party.

✓ Confidentiality of Your Child's Responses: There is minimal risk to your child for participating in this research. Your child's privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, the USF Institutional Review Board and its staff, and other individuals acting on behalf of USF may inspect the records from this research project, but we will not share your child's individual responses to the questionnaires nor his or her comments during the group meetings with school system personnel or anyone other than us and our research assistants. Please note that we cannot guarantee that what your child says during the group meetings will not be repeated by other students who participate in the same group. Your child's completed questionnaires will be assigned a code number to protect the confidentiality of his or her responses. Only we will have access to the locked file cabinet stored at USF that will contain: 1) all records linking code numbers to participants' names, and 2) all information gathered from school records. All records from the study (completed surveys, activity sheets completed during the group meetings, information from school records) will be destroyed in four years. Please note that although your child's specific responses and comments will not be shared with school staff, if your child indicates that he or she intends to harm him or herself or someone else, or if your child's responses on specific surveys indicate extreme emotional distress, we will contact district mental health counselors to ensure your child's safety as well as the safety of others.

✓ What We'll Do With Your Child's Responses: We plan to use the information from this study to inform educators and psychologists about activities that foster feelings of happiness in youth, and educate others about the link between happiness and school success. The results of this study may be published. However, the data obtained from your child will be combined with data from other people in the publication. The published results will not include your child's name or any other information that would in any way personally identify your child.

✓ Questions? If you have any questions about this research study, please contact Dr. Suldo at (813) 974-2223. If you have questions about your child's rights as a person who is taking part in a research study, you may contact a member of the Division of Research Compliance of the USF at (813) 974-9343.

Appendix A (Continued)

✓ <u>Want Your Child to Participate?</u> To permit your child to participate in the study, please complete the attached consent form and have your child turn it in to his or her homeroom teacher.

Sincerely,

Shannon Suldo, Ph.D.
Assistant Professor of School Psychology
Department of Psychological and Social Foundations

Consent for Child to Take Part in this Research Study
I freely give my permission to let my child take part in this study. I understand that this is research. I have received a copy of this letter and consent form for my records.

_____   _____
Printed name of child   Grade level of child

_____   _____   _____
Signature of parent   Printed name of parent   Date
of child taking part in the study

Statement of Person Obtaining Informed Consent
I certify that participants have been provided with an informed consent form that has been approved by the University of South Florida's Institutional Review Board and that explains the nature, demands, risks, and benefits involved in participating in this study. I further certify that a phone number has been provided in the event of additional questions.

_____   _____
Signature of person obtaining consent   Printed name of person obtaining consent

_____
Date

Appendix B: Student Assent Form

Hello!

This letter explains a research study that we would like you to take part in. Our goal in conducting the study is to determine the effect of a wellness-promotion program on students' mental health and school achievement.

- ✓ <u>Who We Are</u>: The research team is led by Shannon Suldo, Ph.D., a professor in the School Psychology Program at the University of South Florida (USF). Several doctoral students in the USF College of Education are also on the team. We are working with your principal and guidance counselors to make sure this study will be helpful to your school.

- ✓ <u>Why We are Asking You to Take Part in the Study</u>: This study is part of a project called, "Increasing Happiness in Middle School Students." You are being asked to take part because of your responses on the screening measure of life satisfaction that you completed at school. Since you reported that you were less than completely satisfied with your life, you may be asked to take part in a wellness-promotion program intended to increase your happiness.

- ✓ <u>Why You Should Take Part in the Study:</u> Taking part in the study may help you feel happier. Also, you may help make it possible for other children in the future to take part in similar wellness-promotion programs. In addition, results from the study will be shared with teachers and guidance counselors at your school in order to help them know more about activities that make students happy. While students will not be paid for taking part in the wellness-promotion program, you will receive a pre-paid movie pass each time you are asked to complete brief surveys about your wellness. In addition, all students who returned the parent permission form will be placed into a drawing for one of several $25 gift cards to a local store.

- ✓ <u>What Will Happen if You're in the Study</u>:   If you choose to take part in the study, we will assign you to one of two groups. The first group will start the wellness-promotion program later this school year. The second group can take part in the wellness-promotion program next school year. The wellness-promotion program will last for 10 weeks. Each week, we will get together with small groups of students during elective periods. During the meetings, we will teach ways to think and act that are related to feeling happy. We will also assign homework that will help students practice what we teach during the meetings. At three times during the year, all students in both groups will be asked to fill out several surveys. These surveys will ask about your thoughts, behaviors, and attitudes towards life. It will take between 45 and 60 minutes to finish the surveys each time. If you choose to take part in the study, we will also look at some of your school records- grades, discipline records, attendance, and FCAT scores.   All together, during the 2007 – 2008 school year, taking part in the study will take about 13 hours of time for students in the first group and 3 hours for students in the second group.

Appendix B (Continued)

✓ <u>Please Note</u>: Your involvement in this study is voluntary (your choice). By signing this form, you are agreeing to take part in this study. Your decision to take part, not to take part, or to stop taking part in the study at any time will not affect your student status or your grades; you will not be punished in any way. If you choose not to take part, it will not affect your relationship with X, USF, or anyone else.

✓ <u>Privacy of your Involvement</u>: Your privacy and research records will be kept confidential (private, secret) to the extent of the law. People approved to do research at USF, people who work with the Department of Health and Human Services, the USF Institutional Review Board, and its staff, and other individuals acting on behalf of USF may look at the records from this research project. However, neither your responses to the surveys nor the things said during the group meetings will be shared with people in the school system or anyone other than us and our research assistants. Please note that we cannot make sure that what students say during the group meetings will not be repeated by other students who are in the same group. Your surveys will be given a code number to protect the confidentiality of your responses. Only we will have the ability to open the locked file cabinet stored at USF that will contain: 1) all records linking code numbers to names, and 2) all information gathered from school records. All records from the study (completed surveys, activity sheets completed during the group meetings, information from school records) will be destroyed in four years. Please note that although your specific responses and comments will not be shared with school staff, if you say or write that you may harm yourself or someone else, or if your responses on specific surveys indicate extreme emotional distress, we will contact district mental health counselors to make sure everyone is safe.

✓ <u>What We'll Do With Your Responses</u>: We plan to use the information from this study to let others know how to increase students' happiness. The results of this study may be published. However, your responses will be combined with other students' responses in the publication. The published results will not include your name or any other information that would identify you.

✓ <u>Questions?</u> If you have any questions about this research study, please raise your hand now or at any point during the study. Also, you may contact us at (813) 974-2223 (Dr. Suldo). If you have questions about your rights as a person who is taking part in a research study, contact a member of the Division of Research Compliance of the USF at (813) 974-9343.

Thank you for taking the time to take part in this study.

Sincerely,

Shannon Suldo, Ph.D.
Assistant Professor of School Psychology
Department of Psychological and Social Foundations

Appendix B (Continued)

Assent to Take Part in this Research Study

I give my permission to take part in this study. I understand that this is research. I have received a copy of this letter and assent form.

_____   _____

Signature of child taking part in the study   Printed name of child

_____

Date

Statement of Person Obtaining Assent

I certify that participants have been provided with an assent form that has been approved by the University of South Florida's Institutional Review Board and that explains the nature, demands, risks, and benefits involved in participating in this study. I further certify that a phone number has been provided in the event of additional questions.

_____   _____

Signature of person obtaining assent   Printed name of person obtaining assent

_____

Date

Appendix C: Parent Information Letter

Dear Parent or Caregiver:

Last year, investigators from the University of South Florida (USF) found a strong relationship between X Middle School students' happiness and their academic achievement. Students who reported the highest satisfaction with their lives and the least emotional distress earned the highest FCAT scores and best school grades. Because of these findings, we are conducting a follow-up project to determine how to make students happier. The first step in the project involves screening all 6th grade students using a brief self-report survey of life satisfaction to identify students who may benefit from a wellness-promotion program. This letter provides information about the screening process.

✓ Who We Are: The research team consists of Shannon Suldo, Ph.D., a professor in the School Psychology Program at USF, and doctoral students in the USF College of Education. We are planning the study in cooperation with the administration of X to make sure that the study provides information that will be useful to the school.

✓ Why We are Requesting Your Child's Participation: This study is being conducted as part of a project entitled, "Increasing Happiness in Middle School Students." Your child is being asked to participate in this project because he or she is a 6th grade student at X. Please note neither you nor your child will be paid for completing the screening measure of life satisfaction.

✓ Why Your Child Should Participate: We need to know more about what leads to happiness during the teenage years! Gathering information on all 6th grade students' life satisfaction will enable us to identify students who are less than completely satisfied with their lives. Later this semester, a random sample of these students will be invited to participate in a wellness-promotion program intended to increase their happiness. If this pertains to your child, you will receive a second letter from us that describes the wellness-promotion program in more detail and requests your written permission for your child to participate.

✓ What Participation in the Screening Requires: Your child will be asked to complete a six-item survey that measures his or her life satisfaction. This survey will ask about your child's happiness with his or her school, friends, family, neighborhood, self, and life in general. It will take your child 5 - 10 minutes to complete the survey. We will personally administer the survey at X, during regular school hours, to large groups of students during one class period at the beginning of this school year.

✓ Confidentiality of Your Child's Responses: There is minimal risk to your child for participating in this research. Your child's privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, the USF Institutional Review Board and its staff, and other individuals acting on behalf of USF may inspect the records from this research project, but we will not share your child's individual responses to

Appendix C (Continued)

the survey with school system personnel or anyone other than us and our research assistants. Your child's completed survey will be assigned a code number to protect the confidentiality of his or her responses. Only we will have access to the locked file cabinet stored at USF that will contain all records linking code numbers to participants' names. Records will be destroyed in four years.

✓ <u>Please Note</u>: Your decision to allow your child to participate in this research study must be completely voluntary. You are free to allow your child to participate in this research study or to withdraw him or her at any time. Your decision to participate, not to participate, or to withdraw participation at any point during the study will in no way affect your child's student status, his or her grades, or your relationship with X, USF, or any other party.

✓ <u>What We'll Do With Your Child's Responses</u>: We plan to use the information from this study to identify students who may benefit from participation in a wellness-promotion program.

✓ <u>Questions or Concerns?</u> If you have any questions about this research study, please contact Dr. Suldo at (813) 974-2223. If you do not want your child to complete the screening measure, call Dr. Suldo and provide the first and last name of your child-this will exclude your child from the screening process. Please note that children who do not take part in the screener will not be eligible to participate in the wellness program.   If you have questions about your child's rights as a person who is taking part in a research study, you may contact a member of the Division of Research Compliance of the USF at (813) 974-9343.

Sincerely,

Shannon Suldo, Ph.D.
Assistant Professor of School Psychology

Appendix D: Demographics Form and Expectancy Items (adapted from Curry et al., 2006)

ID # _____ Fall 2007

Birthdate -_____-_____-_____
           (month)   (day)   (year)

PLEASE READ EACH QUESTION AND CIRCLE **ONE** ANSWER PER QUESTION:

1. My gender is: Boy   Girl

2. Do you receive free or reduced lunch?   Yes   No

3. My race/ethnic identity is:

a. American Indian or Alaska Native	e. Native Hawaiian or Other Pacific Islander
b. Asian	f. White
c. Black or African American	g. Multi-racial (please specify):_____
d. Hispanic or Latino	h. Other (please specify):_____

4. My biological parents are:

a. Married	d. Never married
b. Divorced	e. Never married but living together
c. Separated	f. Widowed

5. I live with my:

a. Mother and Father	e. Father and Stepmother
b. Mother only	f. Grandparent(s)
c. Father only	g. Other relative:_____
d. Mother and Stepfather	h. Other:_____

	Very Much Worse	Worse	Slightly Worse	The Same	Slightly Improved	Improved	Very Much Improved
1. How much do you expect to improve your happiness by the end of this year if you are assigned to take part in the wellness-promotion program <u>this year</u>?	1	2	3	4	5	6	7
2. How much do you expect to improve your happiness by the end of this year if you are assigned to <u>wait</u> and take part in the wellness-promotion program <u>next year</u>?	1	2	3	4	5	6	7

Appendix E: Child and Adolescent Social Support Scale (CASSS; Malecki & Demaray, 2002) Parent Support Subscale

On this page, please respond to sentences about some form of <u>support</u> or <u>help</u> that you might get from your parent. Read each sentence carefully and respond to them honestly. **Rate <u>how often</u> you receive the support described**. Do not skip any sentences. Thank you!

My Parent(s)	Never	Almost Never	Some of the Time	Most of the Time	Almost Always	Always
1 … show they are proud of me.	1	2	3	4	5	6
2 … understand me.	1	2	3	4	5	6
3 … listen to me when I need to talk.	1	2	3	4	5	6
4 … make suggestions when I don't know what to do.	1	2	3	4	5	6
5 … give me good advice.	1	2	3	4	5	6
6 … help me solve problems by giving me information.	1	2	3	4	5	6
7 … tell me I did a good job when I do something well.	1	2	3	4	5	6
8 … nicely tell me when I make mistakes.	1	2	3	4	5	6
9 … reward me when I've done something well.	1	2	3	4	5	6
10 … help me practice my activities.	1	2	3	4	5	6
11 … take time to help me decide things.	1	2	3	4	5	6
12 … get me many of the things I need.	1	2	3	4	5	6

Appendix F: Self-Efficacy Questionnaire for Children (SEQ-C; Muris, 2001) Social Self-Efficacy Subscale

Please rate your answers to the following questions that ask how well (good) you think you can do things. Read each question, then circle a number from (**1**) to (**5**) where (**1**) indicates "**Not at All"** and (**5**) indicates **"Very Well."**

		Not at All	Rarely	Sometimes	Fairly Well	Very Well
1.	How well can you express your opinions when other classmates disagree with you?	1	2	3	4	5
2.	How well can you become friends with other young people?	1	2	3	4	5
3.	How well can you have a chat with an unfamiliar person?	1	2	3	4	5
4.	How well can you get along with your classmates while working together?	1	2	3	4	5
5.	How well can you tell other young people that they are doing something that you don't like?	1	2	3	4	5
6.	How well can you tell a funny story to a group of young people?	1	2	3	4	5
7.	How well are you able to remain friends with other young people?	1	2	3	4	5

Appendix G: Therapeutic Alliance Scales for Children, Child Form (TASC-C; Shirk & Saiz, 1992)

Code # _____
Date: _____ _____

Instructions: We are going to read some sentences about meeting with your counselor. After reading the sentence, you decide how much the sentence is like you. Let's try this example:

I do activities with my counselor when we meet together.

Would you say that is:

1	**2**	**3**	**4**
Not Like You	A Little Like You	Mostly Like You	Very Much Like You

Here are the rest; remember there are no right or wrong answers, just how you feel

		Not Like You	A Little Like You	Mostly Like You	Very Much Like You
	1. I like spending time with my counselor.	1	2	3	4
*	**2.** I find it hard to work with my counselor on solving problems in my life.	1	2	3	4
	3. I feel like my counselor is on my side and tries to help me.	1	2	3	4
	4. I work with my counselor on solving my problems.	1	2	3	4
*	**5.** When I'm with my counselor, I want the meetings to end quickly.	1	2	3	4
	6. I look forward to meeting with my counselor.	1	2	3	4
*	**7.** I feel like my counselor spends too much time working on my problems.	1	2	3	4
*	**8.** I'd rather do other things than meet with my counselor.	1	2	3	4
	9. I use my time with my counselor to make changes in my life.	1	2	3	4
	10. I like my counselor.	1	2	3	4
*	**11.** I would rather not work on my problems with my counselor.	1	2	3	4
	12. I think my counselor and I work well together on dealing with my problems.	1	2	3	4

* Reverse scored items

Appendix H: Therapeutic Alliance Scales for Children, Therapist Form (TASC-T; Shirk & Saiz, 1992)

Counselor: _____
Client/Student: _____
Date: _____ ____

Instructions: Please rate your client's current presentation in treatment on the following scales. Circle the number corresponding to your rating for each item.

		Not Like My Client	A Little Like My Client	Mostly Like My Client	Very Much Like My Client
	1. The child likes spending time with you, the counselor.	1	2	3	4
*	**2.** The child finds it hard to work with you on solving problems in his/her life.	1	2	3	4
	3. The child considers you to be an ally.	1	2	3	4
	4. The child works with you on solving his/her problems.	1	2	3	4
*	**5.** The child appears eager to have sessions end.	1	2	3	4
	6. The child looks forward to counseling sessions.	1	2	3	4
*	**7.** The child feels that you spend too much time focusing on his/her problems/issues.	1	2	3	4
*	**8.** The child is resistant to coming to counseling.	1	2	3	4
	9. The child uses his/her time with you to make changes in his/her life.	1	2	3	4
	10. The child expresses positive emotion toward you, the counselor.	1	2	3	4
*	**11.** The child would rather not work on problems/issues in counseling.	1	2	3	4
	12. The child is able to work well with you on dealing with his/her problems/issues.	1	2	3	4

* Reverse scored items

Appendix I: Students' Life Satisfaction Scale (Huebner, 1991)

We would like to know what thoughts about life you've had <u>during the past several weeks</u>. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with life. In answering each statement, circle a number from (**1**) to (**6**) where (**1**) indicates you **strongly disagree** with the statement and (**6**) indicates you **strongly agree** with the statement.

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
	1. My life is going well	1	2	3	4	5	6
	2. My life is just right	1	2	3	4	5	6
*	*3.* I would like to change many things in my life	1	2	3	4	5	6
*	*4.* I wish I had a different kind of life	1	2	3	4	5	6
	5. I have a good life	1	2	3	4	5	6
	6. I have what I want in life	1	2	3	4	5	6
	7. My life is better than most kids'	1	2	3	4	5	6

* Reverse scored items

Appendix J: Positive and Negative Affect Scale for Children (PANAS-C; Laurent et al., 1999)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the appropriate answer next to that word. Indicate to what extent you have felt this way during <u>the past few weeks</u>.

	Feeling or emotion:	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
1.	Interested	1	2	3	4	5
2.	Sad	1	2	3	4	5
3.	Frightened	1	2	3	4	5
4.	Excited	1	2	3	4	5
5.	Ashamed	1	2	3	4	5
6.	Upset	1	2	3	4	5
7.	Happy	1	2	3	4	5
8.	Strong	1	2	3	4	5
9.	Nervous	1	2	3	4	5
10.	Guilty	1	2	3	4	5
11.	Energetic	1	2	3	4	5
12.	Scared	1	2	3	4	5
13.	Calm	1	2	3	4	5
14.	Miserable	1	2	3	4	5
15.	Jittery	1	2	3	4	5
16.	Cheerful	1	2	3	4	5
17.	Active	1	2	3	4	5
18.	Proud	1	2	3	4	5
19.	Afraid	1	2	3	4	5
20.	Joyful	1	2	3	4	5
21.	Lonely	1	2	3	4	5
22.	Mad	1	2	3	4	5
23.	Disgusted	1	2	3	4	5
24.	Delighted	1	2	3	4	5
25.	Blue	1	2	3	4	5
26.	Gloomy	1	2	3	4	5
27.	Lively	1	2	3	4	5

Appendix K: Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson, Huebner, & Valois, 2003)

Student Name: _____

Homeroom Teacher: _____

Instructions: We would like to know what thoughts about life you've had <u>during the past several weeks</u>. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with life. In answering each statement, circle a number from (1) to (7) where (1) indicates you feel terrible about that area of life and (7) indicates you are delighted with that area of life.

	Terrible	Unhappy	Mostly Dissatisfied	Mixed (About Equally Satisfied and Dissatisfied)	Mostly Satisfied	Pleased	Delighted
1. I would describe my satisfaction with my family life as:	1	2	3	4	5	6	7
2. I would describe my satisfaction with my friendships as:	1	2	3	4	5	6	7
3. I would describe my satisfaction with my school experience as:	1	2	3	4	5	6	7
4. I would describe my satisfaction with myself as:	1	2	3	4	5	6	7
5. I would describe my satisfaction with where I live as:	1	2	3	4	5	6	7
6. I would describe my satisfaction with my overall life as:	1	2	3	4	5	6	7

Appendix L: Sample Treatment Integrity Check Form

Date: _____
Leader: _____
Co-Leader: _____
Group #:   _____

Subjective Well-Being Intervention Program

Treatment Integrity Check

Session # 1

	Session Activity	Completed?	
1.	You at Your Best activity: students write their personal stories	Yes	No
2.	Students share their You at Your Best stories	Yes	No
3.	Discuss strengths students' displayed in their stories	Yes	No
4.	Discuss purpose of group (to increase students' happiness)	Yes	No
5.	Discuss what determines happiness	Yes	No
6.	Comprehension Check: What Determines Happiness worksheet	Yes	No
7.	Discuss confidentiality	Yes	No
8.	Comprehension Check: Definition of confidentiality	Yes	No
9.	Discuss incentives available for completing group homework	Yes	No
10.	Assign homework (read and reflect on You at Your Best Stories)	Yes	No

Appendix M: Positive Psychology Intervention Manual

Subjective Well-Being Intervention Program

Procedures Manual

Wellness-Promotion Groups with 6th Grade Children

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Fall 2007

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Introduction

The traditional focus of psychological interventions has been on the amelioration of disorders. However, there has been a movement in the psychological field, known as positive psychology, which has shifted from the traditional disease model to strengths and wellness promotion. In the spring of 2006, Suldo and colleagues completed an empirical study in which approximately 400 middle school students completed surveys about their mental health status (both mental illness *and* subjective well-being (SWB) - that is, happiness) and functioning in several important domains of life, including academic achievement (perceived competence in learning; GPA and FCAT scores were also yielded from school records). A central purpose of the study was to understand the extent to which students' levels of mental illness (in line with the traditional disease-oriented focus of psychology) and subjective well-being (in line with the focus of positive psychology) related to their academic functioning.

Results included the following findings: (1) approximately 13% of the students did not display symptoms of mental illness but yet still reported low SWB (a group we called "vulnerable youth"), and (2) between-group differences emerged on many indicators of educational functioning (e.g., scores on statewide standardized achievement test, attitudes towards schooling); specifically, the "complete mental health youth" (no symptoms of mental illness *and* average to high SWB) scored significantly better than the vulnerable youth, suggesting that it's not sufficient to be free of mental illness (Suldo & Shaffer, in press). Instead, being satisfied with one's life and experiencing a preponderance of positive emotions (i.e., high SWB) is associated with maximum academic functioning.

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Happiness is a blanket term often used in ordinary language when referring to an emotional state. Seligman (2002) operationalized happiness as including positive emotion, engagement with life, and having meaning in life. Researchers have identified factors that determine levels of happiness, including set point, life circumstances, and intentional activity (Lyubomirsky, Sheldon, & Schkade, 2005). Happiness is set within a chronic range that is stable over time and linked to one's genetics. A person's set point is the expected happiness value within their range, reflecting intrapersonal, temperamental, and affective personality traits (Lyubomirsky et al., 2005). Circumstances are incidental but relatively stable facts of an individual's life (i.e., region you live in, age, gender, personal history, occupational status). Finally, intentional activity includes varied actions and thoughts in one's daily life, such as amount of exercise, looking at things in a positive light, and setting goals (Lyubomirsky, et al., 2005).

Although positive psychology has a relatively young history, research in happiness has begun to look beyond the topography and demographic correlates to viable methods of intervention. To date, research on happiness interventions has aimed at factors in adulthood. An overview of the research on happiness interventions reveals positive support for several methods, including increasing daily acts of kindness (Lyubomirsky, Tkach, & Sheldon, 2004), goal attainment (Sheldon, Kasser, Smith, & Share, 2002), and practicing grateful thinking (Emmons & McCullough, 2003). However, these interventions are unable to neither provide support for lasting effects on happiness levels in and of themselves nor provide a comprehensive framework. In contrast, research on strengths of character as a viable method for building happiness has provided evidence of lasting effects (Seligman, Steen, Park, & Peterson, 2005).

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Seligman (2002) asserted that people are capable of increasing their happiness levels into the upper range of their set points through intentional activities. He proposed a multidimensional view of increasing happiness, including attention to past, present, and future aspects of emotional life. Seligman suggested that feelings of satisfaction with the past can be increased through expressions of gratitude for positive events. Based on the research of Emmons and McCullough (2003), Seligman suggested increasing happiness through expressions of gratitude, such as journaling happenings for which one has been grateful or interpersonal expressions of gratitude. In terms of the present, Seligman discussed happiness levels as dependent on both pleasures (i.e., immediate, fading sensations) and gratifications (i.e., the enactment of personal strengths in meaningful ways). He suggested that people can improve lasting happiness by increasing gratifications through identifying their personal strengths and virtues, termed character strengths, and using them in new ways. Published research by Seligman and colleagues (2005) has supported this claim. In an internet-based study, 577 adults participated in one of five activities designed to increase happiness as well as one placebo control group. Happiness levels were found to significantly increase in both the group that completed gratitude visits (i.e., delivered a letter of gratitude to an influential person in their life) and the group that used their character strengths in a new way. Finally, Seligman suggested that happiness levels for the future could be increased through learned optimism, which is a cognitive-behavioral method of changing pessimistic modes of thought through disputations of negative attributions based on evidence in every day life. Seligman (1990) stated that people develop explanatory styles for interpreting the world by the age of seven. A pessimistic explanatory style includes attributions of negative

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events as permanent, pervasive across life domains, and caused by personal factors. This type of style increases risk for internalizing disorders, such as depression, decreases success, and decreases physical health. On the other hand, an optimistic explanatory style includes attributions of negative events as temporary, specific to situations, and related to external causes. This style increases ability to cope with trauma as well as generates positive emotions (Seligman, 1990).

Seligman's (2002) framework for increasing happiness has provided a base from which the current intervention was developed. Within his work, important recommendations for improving optimal well-being in childhood and throughout life are provided. The current intervention is a product of the developmentally appropriate modification of both Seligman's recommendations and empirically supported adult focused interventions aimed at increasing well-being and positive outcomes. It is structured in three phases, including past, present, and future aspects of emotional well-being. In addition to Seligman's description of gratitude interventions and character strengths, sections on acts of kindness, savoring, and hope were added into his framework in order to increase the comprehensiveness of the intervention according to the literature. Furthermore, learned optimism is a complex skill that would require more time than could be provided for this intervention. Consequently, a scaled down version of his principals has been included under optimistic thinking. Specific interventions will be included within these phases.

Due to the evidence that an absence of mental illness is not sufficient for optimal mental health functioning, the current intervention was developed to act as both an enhancement and prevention for vulnerable youth. It is designed to increase student

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happiness, which is related to more desirable academic, social, and physical health

outcomes (Suldo & Shaffer, in press). In effect, an enhancement of life satisfaction and

the factors with which it is correlated may work as protective factors against the

occurrence of such negative outcomes as school failure.

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Therapist's Guide to Use of Manual

The intent of this manual is to provide guidance to therapists in implementing positive psychology interventions within a comprehensive framework. All activities are clearly defined for the therapist. However, the therapist will need to provide examples from personal experience and make modifications as necessary to accommodate student needs.

Aside from the introduction and termination sessions, each of the sessions are categorized into phases (i.e., happiness in the past, present, and future). Each phase is described prior to presentation of specific session outlines. Please read these descriptions carefully as they orient the therapist to the nature and goals of each phase.

The session outlines within each phase provide an overview of the goals, procedures, and materials needed. Detailed descriptions of intervention activities follow with a rationale for how activities relate to the topic of the session. Directions for therapists to complete activities with students are single spaced in bulleted lists. Sub-bullets indicate examples. It is important for therapists to become familiar with this material before beginning the intervention. Within particular activities, wording of instructions and/or explanations of concepts is important to clarity. When verbatim instructions are required, they are printed in *italics*.

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Session 1: Introduction to Intervention

Overview

Goals

- Establish a supportive group environment.

- Increase awareness of subjective well-being.

Session Procedures

    A. Get to Know You exercise: You at Your Best

    B. Group Discussion: What does it mean to be happy? Why is that

        important?

    C. Clarify Purpose of Group and Confidentiality

    D. Homework: You at Your Best

Materials Needed

- Binder to hold documents provided and created throughout the program

- Folder in which students can transport group homework assignments

- Whiteboard or easel

- What Determines Happiness? Graph (see Appendix)

- Student worksheet: What Determines Happiness? (see Appendix)

- Student worksheet: Confidentiality (see Appendix)

Session 1 Procedures Defined

A. Get to Know You exercise: You at Your Best

This exercise has been found by Seligman et al. (2005) to provide an initial

boost of happiness and immediate increase to set point levels within a sample

of adults. These researchers have indicated that the "You at Your Best"

exercise is likely a good introductory exercise for more effective, long-lasting

interventions due to its potential to amplify effects.

> ➢ <u>You at Your Best</u>
> - Initiate by saying: *Before we talk about why we're all here in this group, I'd like to do an activity to help us get to know each other.*
> - Provide students with a plain sheet of lined paper
> - Ask them to write about a time when they were at their best
>   - doing something really well
>   - going above and beyond for someone else
>   - displaying a talent
>   - creating something
> - Once completed, ask them to take a few minutes to reflect on the story
>   - remember the feelings of that day
>   - identify the personal strengths they displayed in the story
>   - think about the time, effort, and creativity that comprised such an accomplishment
> - Ask students to share their story with the group and one or two reflections
> - As the group leader, you should initiate reflections on group members stories with identifications or reaffirmations of strengths within the story
> - Encourage group members to reflect on the positives of each others' stories
>   - something they admired or liked in the story
>   - a quality they share with the presenter
> - Make a photocopy of the stories. File the original You at Your Best paper in the permanent group binder, and place the original in a folder in which the student can keep their group homework assignments.

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B. Group Discussion: What does it mean to be happy? Why is that

important?

Begin by asking students: *What do you think this group is all about?*

➢ Once answers are received, state that the group is about happiness.

Pose these questions to the group and facilitate a brief discussion:

➢ *What does happiness mean to you?*

➢ *Why is happiness important to you?*

➢ *What do you do to increase your own happiness?*

No specific answers are necessary. Simply facilitate students'

thoughts and discussions on these topics. Participate in the discussion

as well with examples from your own life in order to develop a

relationship with the group.

C. Clarify Purpose of Group and Confidentiality

Discuss the set point of happiness and how people have the power to change

where they spend their time in their emotional range, at the lower versus upper

ends.

➢ Purpose of Group
  • Describe this concept with the aid of the "What Determines
    Happiness?" graph in the appendix (developed from the research
    of Lyubomirsky et al., 2005).
  • Use the following script verbatim to explain this concept:

    *Look at the graph "What Determines Happiness?" Happiness is
    made up of three things: a genetic or biological set point, purposeful
    activity, and life circumstances. Set point is the biggest cause of
    happiness and it is controlled by our genetics. We all have a range of
    ability to be happy based on what we're born with. Let's use the ruler
    and pretend that people can be happy on a scale of 1-6. Some*

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people's ranges are naturally high, so even when they are at their lowest happy level, they may seem a lot happier than other people. In that case, their range could be 4-6. However, some people's ranges are lower, so they don't seem happy that often. They may have a range of 0-2. A person's set point is the level of happiness they usually have within their range. For example, a person could have a range of 3-5 but are usually at a 4 level of happiness.   It is a good thing that genetics isn't the only thing that makes up happiness, or else we wouldn't be able to get any happier. Changes in life circumstances and purposeful ways of thinking and acting help us to move our level of happiness within our ranges. Circumstances are facts of life, such as the state you live in, your age, how much money you have, and the school you go to. These are things that we usually can't change or can't do so very easily. The key to increasing happiness within our ranges is purposeful activity; in other words, what you choose to do or think. Purposeful activity includes the things you do, the way you think, your attitudes, and your goals.   Everyone has the opportunity to increase their level of happiness through purposeful activities and that's what we'll be talking about in group. The purpose of this group is to increase your happiness by talking about good attitudes, feelings, thoughts, and activities from your past, present, and future. We'll meet one time each week, for ten weeks, in this room, at this time. During our meetings, we'll learn how to make our purposeful activities (those things we choose to do and think about) more in line with activities that people feel happier with their lives.   Do you have any questions?

- Comprehension Check: Ask the students to fill in the blanks that correspond to the 3 determinants of happiness. File the worksheet in the students' binders.

➢ Confidentiality
  - Discuss with students their ideas of what confidentiality means
  - Ask them if they have heard the word before and how they would define it for this group (e.g., confidential = private or secret)
  - Compile their ideas into a confidentiality definition on a whiteboard Make sure that it includes the following components:
    o Respect for others' privacy outside of group
    o Times when the group leader will have to break confidentiality (e.g., danger to self, danger to others, student is in danger)
    o Any other concerns students express

- Comprehension Check: Ask all students to write the definition on the worksheet (see Appendix); file in binder

D. Homework: You at Your Best

Discuss with the group specific incentives that will be provided weekly for completion of group homework (for instance, school supplies, stickers, etc.). For each night this week, ask the students to read their story and reflect on identified strengths. They can add more details and length to the story if they would like. A brief discussion in the next session will touch on student follow through with homework and resulting feelings of happiness.

E. Administer the CES

Appendix M (Continued)

Overview of Sessions 2-3: Positive Emotions about the Past

According to Seligman (2002), positive emotions about the past include serenity, pride, fulfillment, contentment, and satisfaction. Positive and negative emotions related to the past are driven by thoughts and interpretations of past events, actions, and relationships. When one dwells on past events that (s)he has interpreted negatively, negative emotion is perseverated. Mood returns within its set range when it is not the focus of thoughts. Therefore, focusing thoughts on positive interpretations of past events can hold emotion in the upper range of its set point. Gratitude works to increase life satisfaction because it amplifies the intensity and frequency of positive memories. Within sessions 2 and 3, increasing gratitude is used as a method for bringing positive emotion about the past into focus. Session 2 introduces gratitude and gratitude journaling. Session 3 opens discussion of those journals, introduces enactment of gratitude through visits, and makes the connection between thoughts, feelings, and actions.

Session 2: Introduction to Gratitude

Overview

Goals

- Explore students' current levels of gratitude.

- Define gratitude and how it can impact happiness.

- Learn a method of using gratitude to create a focus on positive interpretations

  of past events.

Session Procedures

    A. Review Homework: You at Your Best

    B. Rate Your Own Gratitude

    C. Why may Gratitude be Important?

    D. Gratitude Journals

    E. Homework: Gratitude Journals

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Whiteboard or easel

- Small squares of paper for students to note self-identified ratings

- Notebooks/journals with blank cover to be inserted in individuals' binders for

  group

- Pens, pencils, markers, etc. (or other colorful supplies to decorate journals)

Appendix M (Continued)

Session 2 Procedures Defined

A. Review Homework: You at Your Best

Ask students how often they read their "You at Your Best" stories. If students

did not comply with the daily requirement, stress the importance of daily

effort for changes in happiness to occur. Provide a small tangible reward

(e.g., pencil, sticker) for homework completion

- Ask students to share any new reflections that they had over the week
- Ask students to share if they felt any difference in happiness since the prior session

B. Rate Your Own Gratitude

Pose this question to the group:

➢ *What is gratitude?*
  - Facilitate a brief discussion on what students think constitutes gratitude

➢ Rate Your Own Gratitude
  - Tell the students: *We are going to rate our own level of gratitude.*
  - Draw a number line from 0-10 on a whiteboard and state the following: *Think about how often you have felt grateful in the past few month. On a scale from 0 to 10 with 0 being never grateful, 5 being sometimes grateful, and 10 being always grateful, rate your gratitude.*
  - Have students write their ratings on a piece of paper and fold it over
  - Circle the room and have each student share their number and the reason they have chosen it

C. Why may Gratitude be Important?

Pose these questions to the group:

➢ *Why is it important or not important to have gratitude in your life?*

➢ *Do you think being grateful can increase happiness? Why or why not?*

- Discuss how <u>gratitude helps us focus our emotions on the positive parts of our pasts as related to school, friendships, and in family life</u>
- Group leader provide a personal example of a time in which you've felt grateful and how that refocused your attention on a positive experience

D. Gratitude Journals

Emmons and McCullough (2003) found that daily attention to grateful thoughts significantly and noticeably increased positive affect and life satisfaction. In that vein, gratitude journals are a method of focusing student thoughts on things, people, and events for which they are grateful. The intensity is high for the first week, in that students are asked to journal daily. This is due to Emmons and McCullough's finding that higher intensity lead to greater increases in happiness. Subsequent journaling will be recommended on a once per week basis.

- ➢ Create Gratitude Journal
  - Provide each student with a plain cover journal or notebook
  - Ask them to use the writing/art materials to design a cover that shows something positive about their history
    - o Something they have done, was given to them, part of a family event, or any other kind of experience valued as positive
    - o It could be done entirely as a picture or can incorporate writing and drawing/symbols

- ➢ Gratitude Journaling
  - Once the journal have be completed, give the following instructions verbatim:

  I want you to take five minutes, think about your day, and write down five things in your life that you are grateful for, including both small and large things, events, people, talents, or anything else you think of. Some examples may include: generosity of my friends, my teacher giving me extra help, family dinner, your favorite band/singer,

Appendix M (Continued)

etc. [You may provide examples relevant to your students that you are aware of].

- Help students complete an initial entry during group
  - o Allow students 5 minutes to list 5 things for which they are currently grateful
  - o Explain that a variety of responses is acceptable and expected
  - o Prompt each student to share 1 – 2 of their responses with the group after the independent writing time is over

E. Homework: Gratitude Journals

For each night this week, ask the students to complete gratitude journals:

> *For each night this week, I want you to set aside five minutes before you go to sleep. At that time, think about your day and write down five things in your life that you are grateful for, just like we did here today in your journals. Remember that you can include events, people, talents, or anything else you think of, whether it is large or small. Also, you can repeat some things if they are really important to you. But also try to think of different ones as well.*

Remind students that they will never be asked to share all of their responses, but to be sure that they are comfortable with sharing 2-3 of the responses they record during the week in group next week. Send them home with the decorated notebooks contained in their homework folders, but not the permanent binders to be held by the group leaders. Remind them of the incentives they can receive the following group contingent on homework completion and return of the gratitude journal.

Session 3: Gratitude Visits

Overview

Goals

- Explore students' experiences with gratitude journals.

- Make the connection between thoughts and feelings.

- Learn to incorporate actions of gratitude.

Session Procedures

    A. Review Homework: Gratitude Journals

    B. Gratitude Visit

    C. Thoughts about the Past

    D. Homework: Gratitude Visits and/or Journals

    E. Administer the TASC-C. Group leaders complete TASC-T for each

       student.

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Gratitude Visit Planning Form (see Appendix)

- Access to computer lab or letter stationary

- Letter size envelopes

- What Determines Happiness? Graph (see Appendix)

- TASC-C and TASC-T (see Appendix)

Appendix M (Continued)

Session 3 Procedures Defined

A. Review Homework: Gratitude Journals

Discuss with the students when and how they completed the journals; stress

the importance of journaling if necessary. Provide tangible reward for

completion.

- Have the students pick 2-3 things for which they recorded being grateful to share with the group
- Discuss the significance of gratitude for these things in terms of positive feelings about the past
- Ask students to express any changes in feelings of gratitude or happiness

B. Gratitude Visit

Seligman and colleagues (2005) described a study in which several

interventions based on positive psychology theories were implemented via

online registration. Completion of a gratitude visit was one of the three

intervention exercises that resulted in positive changes in happiness through a

one month follow-up. The current exercise is based on their study and

intended to increase the experience of gratitude by intensifying the connection

between thoughts, feelings, and actions.

➢ Gratitude Visit
- Introduce the gratitude visit by using the following verbatim script:

  We all have people in our lives who have helped us in some way. This helping can be part of someone's job, like a teacher or parent, or help that someone gives without being required to. Even when people's kindness or help is provided as part of their job, the help can be important because of the way they did it or how it benefited us so much. Sometimes other people's kindness towards us goes unnoticed or unrecognized.

- As the group leader, begin by providing some examples of people who were particularly kind or helpful to you during childhood that were never properly thanked
- Instruct students to write a list of people who had been especially kind to them but may not have been properly thanked (use Gratitude Visit Planning Form)
- Ask students to share at least one story about how one person has helped them
- Explain: *"gratitude visits" are when you express this gratitude in a one-page letter and deliver the letter to the person who has been especially kind to you*
- Help students identify someone from their list of people to whom they are grateful that they could meet in person to deliver such a letter
- Assist students in composing a one-page letter that described the reason(s) why they are grateful to this person (access to computers may be secured in advance of the session if the group prefers to type)
- Assist students in planning a day and time during which they will read the letter aloud to the person (use Gratitude Visit Planning Form). Emphasize to students that they must read slowly with expression and eye contact during a face-to-face visit. Warn students that they should not reveal the reason why they want to meet with the person; instead, simply make plans to spend time with the person

C. **Thoughts about the Past**

Discuss the connection between their thoughts of the past and current affect.

- ➢ How has gratitude refocused thoughts and changed feelings?
  - Review the "What Determines Happiness?" graph and discuss how grateful thinking is a purposeful activity
    - o Doing things like gratitude journaling and visits refocuses thoughts on the positive parts of your past, which increases positive attitudes about your history and your life (brings you into the upper range of your set point-use ruler)
    - o It can even help you feel more confident in your goals because you recognized people in your life who are there to help you

Appendix M (Continued)

D. Homework: Gratitude Visits and/or Journals

Instruct students to enact their gratitude visit. Note: in situations in which this

is impossible (student does not have means to meet with someone to whom

they're grateful, or cannot identify a person), instruct students to continue

working on your gratitude journals as done the previous week. Ask all

students to complete at least one gratitude journal entry at some point during

the week before the next session.

E. Administer the TASC-C. Group leader complete TASC-T for each

student.

Appendix M (Continued)

Overview of Sessions 4-7: Positive emotions within the Present

According to Seligman (2002), positive emotions within the present include joy, zest, ecstasy, calm, pleasure, ebullience, and flow. Typically, these are the emotions that people refer to when they discuss happiness. There are two distinct types of present positive emotions, including pleasures (i.e., raw sensory feelings) and gratifications (i.e., full engagement or absorption in activities that are enjoyed through thinking, interpreting, and tapping into strengths and virtues). Since pleasures are fleeting, momentary, and of short duration, the focus in this intervention is on increasing gratifications, which are more highly related to long-term happiness outcomes. Gratifications are not easy to come by as are pleasures. They require identification and development of character strengths, challenging those strengths, and absorbing oneself into strength-related activities. In session 4, we begin by focusing on the character strength of kindness due to its strong relationship with increases in subjective well-being as found in the literature (Lyubomirsky et al., 2004; Otake, Shimai, Tanaka-Matsumi, Otsui, & Fredrickson, 2006).   Within sessions 5-7, students are taught about their signature character strengths and how they can be utilized to achieve increased gratifications. Sessions 5 and 6 are focused on the identification of signature character strengths and how they may be used in new and unique ways. Session 7 provides an opportunity for students to discuss their experiences with using their signature strengths in a new way, and teaches them how to savor positive emotions, such as those that may result from using one's signatures strengths (Bryant & Veroff, 2007).

Session 4: Acts of Kindness

Overview

Goals

- Discuss how kindness is considered a moral virtue, or strength of character, in

  general terms and how it may relate to happiness.

- Explore students' estimations of how often they spontaneously perform acts of

  kindness.

- Learn a method using kindness as a focus on positive interpretations of

  present events.

Session Procedures

> A. Review Homework: Gratitude Visits and/or Journals
>
> B. Discuss Kindness as a Virtue Related to Happiness
>
> C. Student Estimations of Acts of Kindness
>
> D. Homework: Performing Acts of Kindness

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Whiteboard or easel

- Performing Acts of Kindness Record Form (see Appendix)

Session 4 Procedures Defined

A. Review Homework: Gratitude Visits and/or Journals

Discuss with the students their experiences during the gratitude visits.

Provide tangible rewards for completion.

- Ask the students: *How did the recipients of the visit respond? How did they feel following the visit?*

For students who continued to complete gratitude journals:

- Have the students pick 1 entry to share with the group
- Brief reflections on happiness feelings may be discussed

B. Discuss Kindness as a Virtue Related to Happiness

Lyubomirsky and colleagues (2005) discussed acts of kindness as a method

for temporarily boosting moods and lending to long-lasting well-being

through satisfying basic human needs of relatedness. Park, Peterson, and

Seligman (2004) defined kindness as a virtue, or character strength, which can

be utilized in impacting level of happiness. Otake and colleagues (2006)

found a positive relationship between happiness and motivation to perform,

enactment of, and recognition of kind behaviors. The following discussion is

based on the work of these researchers.

- ➢ Ask students what they think of when someone is called a kind person? What specifically is that person doing?
  - On a whiteboard, create a list of behaviors as students define them
  - Be sure that the end conclusion of the list is that acts of kindness are behaviors that benefit other people or make others happy, typically at the cost of your time and effort
  - Say to the students: *When a person consistently performs these behaviors, we say they are kind, or they possess the virtue of kindness. A virtue, also called strength of character, is a moral strength that people do by choice. We'll talk more about character*

strengths next week. For today, how do you think using this particular virtue, that is kindness, can impact someone's happiness?

➢ Discuss how kindness can help us to focus our emotions on the positive parts of our present lives. Examples:
- o Creating a positive view of others and the community
- o Increased cooperation
- o Awareness of your own good fortune
- o Seeing yourself as helpful
- o Increased confidence and optimism about being able to help others
- o Getting others to know and like us
- o Receipt of appreciation and gratitude
- o Others reciprocating kindness and friendship to you

C. Student Estimations of Acts of Kindness

In their 2006 study, Otake et al. found that happiness could be increased

through a counting of the acts of kindness that a person typically performs

over one week's time. For the present purposes, the basis of this study is used

in this preparatory exercise for enacting kindness for homework.

➢ As the group leader, begin by providing some examples of acts of kindness that you have performed recently, focusing mainly on the past week.
- • Make sure that you provide a wide range of acts of kindness that are authentic to you but also relatable to the group
- • Give yourself a loose estimate of the amount of kind acts you perform in a week (e.g., 3-5, 4-6, or 7-10)
➢ Ask the students to think about the people in their lives such as family, friends, and teachers
- • Have them provide a few examples of kind acts they observed by these significant figures in their lives during the past week
- • Have them provide a weekly estimate of these observed kind acts
➢ Have students provide some examples of acts of kindness that they have performed in the past week. If it is too difficult for students to think of acts of kindness limited to this time frame, have students think back to the past 2 or 3 weeks.
- • Have students give themselves a weekly estimate

Appendix M (Continued)

- It is important to create a climate of openness and nonjudgmental attitudes since kindness was described as a moral virtue and it can be interpreted as negative, or even shameful, if a student states low amounts of kind acts
  - o Preface the exercise with a statement that all people vary in the amount of kind acts they perform, which is not a reflection on the quality of their moral character. As will be examined in the following session, moral strengths come in many forms. People are stronger in different areas than others.

D. Homework: Performing Acts of Kindness

Lyubomirsky and colleagues (2004) found that people who performed 5 acts

of kindness in one day each week for 6 weeks showed a significant increase in

well-being. Utilizing their format, instruct students in performing acts of

kindness:

- ➢ Acts of Kindness
  - Ask students to perform 5 acts of kindness during one designated day over the next week
  - Remind students that the acts of kindness, as discussed, are behaviors that benefit other people or make others happy, typically at the cost of your time and effort
  - Have the group brainstorm some ideas of the acts of kindness they might like to perform
  - Provide them with the "Acts of Kindness Record Form" to jot down the acts they perform
  - Have students decide on a date to perform the acts before ending session
  - Inform students that they will be asked to share 2-3 acts of kindness performed with the group and related feelings

Appendix M (Continued)

Session 5: Introduction to Character Strengths

Overview

Goals

- Define character strengths and virtues.

- Discuss character strengths and virtues related to happiness in the present.

- Students identify perceived strengths.

- Reinforce acts of kindness.

Session Procedures

    A. Review Homework: Performing Acts of Kindness

    B. Discuss Character Strengths and Virtues

    C. Students Identify Perceived Strengths

    D. Relationship of Character Strengths to Happiness in the Present

    E. Homework: Continue Acts of Kindness

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Whiteboard or easel

- Lined paper

- Classification of 24 Character Strengths (see Appendix)

- Performing Acts of Kindness Record Form (see Appendix)

Session 5 Procedures Defined

A. Review Homework: Performing Acts of Kindness

Discuss with the students how well they were able to complete all five acts of

kindness during the week. Provide tangible rewards for completion.

➢ Have the students pick 2-3 acts of kindness to share with the group
➢ Discuss the significance of acts of kindness in terms of positive feelings
   about the present, ensuring that the acts performed benefited someone
   else at the cost of the student's time and/or effort
➢ Inform students that their homework for this week will be to continue
   doing acts of kindness in the same manner.

B. Discuss Character Strengths and Virtues

Park, Peterson, and Seligman (2004) defined character strengths as "traits that

reflect thoughts, feelings, and behaviors" (p. 603). These strengths are

identifiable but related and used voluntarily in differing degrees by

individuals. Strengths are dispositions to act that require judgment and enable

people to thrive. On this basis, conduct the following discussion.

➢ Ask students: *How would you define a character strength or virtue of a*
   person?
   • Encourage an active discussion of the meanings of these words
   • Be sure to discuss that character strengths are moral strengths done by
     choice, which is different from talents: *Talents are qualities that you*
     are born with but may be improved somewhat by purposeful actions
     (e.g., perfect pitch in your singing voice, rhythm in dance, running
     speed). However, character strengths are moral virtues that are built-
     up and used by choice (integrity, kindness, fairness, originality)
   • Have leader and co-leader provide examples of their own talents vs.
     moral strengths.

➢ Share with students the "Classification of 24 Character Strengths" sheet.
   Interactively discuss the meanings of each of the 24 identified strengths by
   having each student read one of the character strength definitions and
   saying what that means to them; ensure that students understand meanings
   by clarifying definitions as necessary. The leader should describe each
   category before students read and discuss the strengths that comprise

them. This will give the character strengths context and clarify that the categories are more general, not character strengths in themselves. A round robin method should be used to ensure each student has several turns to define and discuss character strengths.

C. Students Identify Perceived Strengths

➢ Have students generate ideas as to what they think their top 5 character strengths may include:
   - Ask students to think back to the "You at Your Best" activity they did during the first week of group and have them reread their stories to themselves
   - As the group leader, briefly summarize the You at Your Best story you shared earlier in order to then identify some character strengths and virtues (consistent with the terminology used in the "Classification of 24 Character Strengths") of your own that you demonstrated in that story
   - Ask students to identify character strengths they believe they have, possibly in the context of the strengths they showed during their You at Your Best stories, by choosing from the "Classification of 24 Character Strengths" sheet.
     o Have each student write down their own identified strengths on a piece of lined paper
     o Ask students to share the strengths they chose for themselves and write them out on the white board
     o Have the group look at strengths shared by different group members

D. Relationship of Character Strengths to Happiness in the Present

➢ Discuss how using character strengths may relate to happiness in the present
   - Have students provide their ideas and list them on the white board. The leader and co-leader should ensure that the following are also discussed:
     o Focus on current efforts
     o Engaging in a challenges that build on abilities and skills
     o Concentration
     o Absorption in a task where time flies by
     o Creating and working on clear goals
     o Immediate feedback from others and yourself
     o Sense of self-control
   - Emphasize that good feelings resulting from use of character strengths are due to the choice and effort in using them

Appendix M (Continued)

- o Provide this example: *A cashier undercharges you for your order.
  Although you think that the items are overpriced and you really
  want to keep the extra money, you tell the cashier that you owe
  more than he stated. You feel good about yourself afterward
  because you chose to exercise your character strength of honesty.*
- o Ask students to pick one of the strengths they listed for themselves
  and explain to the group how it may take effort to use it
- Be sure to collect each student's list of self-identified strengths as they
  will be needed for the next session
- Inform students that the group will use an online survey to identify
  their character strengths in the next session and will compare the
  strengths they chose for themselves with the survey results.

E. Homework: Continue Acts of Kindness

Ask students to continue performing acts of kindness as completed during the

previous week. Remind them that changes in happiness occur with repeated

used of exercises such as performing acts of kindness. If needed, remind

students of the components of this exercise:

- ➢ Acts of Kindness
  - Ask students to perform 5 acts of kindness during one designated
    day over the next week
  - Remind students that the acts of kindness, as discussed, are
    behaviors that benefit other people or make others happy, typically
    at the cost of your time and effort
  - Provide them with the "Acts of Kindness Record Form" to jot down
    the acts of kindness they intend to perform
  - Have students decide on a date to perform the acts before ending
    session
  - Inform students that they will be asked to share 2-3 acts of kindness
    performed with the group and related feelings

Session 6: Assessment of Signature Character Strengths

Overview

Goals

- Objectively identify students' signature strengths

- Discuss students' individual signature character strengths.

- Explore new ways to use one signature strength

- Develop individual plan for use of one signature strength.

Session Procedures

A. Review Homework: Continue Acts of Kindness

B. Assessment of Signature Strengths

C. Discuss Expected vs. Objectively Assessed Signature Strengths

D. Homework: Use Signature Strength in New Ways

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Blackboard, whiteboard, or easel and appropriate writing utensil

- Extra copies of the "Classification of 24 Character Strengths" sheet (see

  Appendix)

- Students' handwritten lists of self-identified strengths created previously

- Lined paper

- Access to computer lab and the internet: www.authentichappiness.org

- New Uses of My First Signature Strength record form (see Appendix)

  - Extra copies of Acts of Kindness record form (see Appendix)

Appendix M (Continued)

Session 6 Procedures Defined

A. Review Homework: Continuing Acts of Kindness

As in the previous session, discuss with the students how well they were able

to complete all five acts of kindness during the week. Provide tangible

rewards for completion.

> ➢ Have the students pick 1-2 acts of kindness to share with the group
> ➢ Discuss the significance of acts of kindness in terms of positive feelings
>   about the present (emphasis if needed on benefit to others at cost of
>   student's time and/or effort)
> ➢ Encourage students to continue completing activities that increase their
>   happiness: either acts of kindness (i.e., 5 acts of kindness in one day) or
>   making entries in their gratitude journals (i.e., 5 things they are grateful
>   for in one entry). Inform students that today's homework will include
>   two parts; one part is for them to chose between continuing acts of
>   kindness or their gratitude journal- remind them either activity is to be
>   completed in a single day.

B. Assessment of Signature Strengths

The Values in Action Inventory of Strengths for Youth (VIA-Youth) was

developed by Park and Peterson in 2006 as an extension of their original adult

version. The purpose of this assessment is to identify individual adolescents'

personal ranking of the 24 character strengths with particular emphasis on

their top 5 strengths, known as signature character strengths. Seligman (2002)

discussed how use of one's signature strengths is a viable method of

increasing happiness in the present.

> ➢ VIA-Youth
>   • Before beginning, you will need to register on the website in order to
>   access the survey. It is recommended that you do this prior to the
>   session. During session, the group leader will be able to logon
>   multiple child users on separate computers all under the group
>   leader's account/logon.

Appendix M (Continued)

- Begin by explaining to students that researchers have developed a method for people to rank their character strengths through a survey. The top five strengths are called *signature character strengths*
- Explain to students the use of the internet site designed to help define their signature strengths, specifically www.authentichappiness.org
  - o Once on the website, scroll down and click on the link VIA Strength Survey for Children
  - o Follow the online instructions for entering the survey
  - o Go over the instructions for completing the questions provided online as a group
- Have each student individually complete the survey

C. Discuss Expected vs. Objectively Assessed Signature Strengths

As individual students complete the online survey, print out their top 5 signature character strengths. If a printer is not available, have students circle their signature strengths on their "Classification of 24 Character Strengths" sheet and number them from 1-5 as indicated by the website feedback. Provide students with the print-out (or individualized "Classification of 24 Character Strengths" sheet) and their hand written lists of self-identified strengths. On an individual and/or small group level (depending on students' rate of survey completion), discuss the following topics:

- ➢ *How are your signature strengths from the online survey the same or different from the strengths you wrote about yourself before we went online?*

- ➢ *What were your reactions to your signature strengths?*

  - Explore surprise, expected, happy, disappointed, and curious reactions

➢ *Sometimes the computer generated strengths don't feel like they are a good fit. That's okay; you just don't concentrate on using them. Instead, think about how you use the strengths that do fit you. The ones that fit may just feel right, may be exciting to use, may help you to do well in new activities, may be something you enjoy doing, may be something that gets you pumped up, or something you want to try using in different ways.*

- Example of Leadership as a signature strength: You may be the kind of person who thinks that being a leader is something you can do well, you get excited about the chance to lead groups in class work, in sports, or on trips, or you may already be a leader on your football team but you also want to be student government present and lead a food drive at school for Thanksgiving. Being a leader just feels like it is right for you.

- *Are there any strengths that you feel just don't fit you? Why?*
  o Examples of ways strengths may not fit:
    o Strength doesn't feel "like me"
    o Not comfortable using the strength
    o Can't think of examples of situations they could use the strength
  o Assist the students cross off from their printout any strengths that don't seem to fit, as these are not signature strengths

➢ *Which of your signature strengths do you use often?*

➢ *Can you think of ways you have used your signature strengths recently?*
  - Have students pick one strength they would like to work on this week and give an example of one way they already use that strength.

D. Homework: Use Signature Strength in New Ways

Continue on an individual and/or small group basis with students:

- Part 1: Ask each student to use their chosen signature strength in new ways each day of the upcoming week. Brainstorm ideas of new ways they could use their strength and have the student write down their chosen ways on the "New Uses of My First Signature Strength" record

form. Ask them to write down the feelings they had after they used their strength each day. If they think of different ways to use the strength during the week, ask them to note on their form how they used it Encourage students to try a different way to use the character strength if they encounter obstacles with the plan on their record form. **Make copies of the students VIA-Youth results and handwritten lists of strengths as well as their "New Uses of My First Signature Strength" record form for their permanent folders.**

- Part 2: Ask students to choose whether they will continue doing acts of kindness or completing their gratitude journal. Make a notation of each student's choice to check in with next session. Provide "Acts of Kindness" record form as needed.

Session 7: Use of Signature Strengths in New Ways

Overview

Goals

- Review students' use of their signature strengths in new ways and discuss related feelings.

- Problem-solve obstacles that limited students use of character strengths in new ways.

- Explore/plan new uses of signature strengths across life domains.

- Present simple methods of savoring to expand positive experiences with use of signature strengths.

Session Procedures

  A. Review Homework: Use Signature Strength in New Ways

  B. Explore/Plan uses of Signature Strengths in New Ways across Life Domains

  C. Savor the Experience

  D. Homework: Use Signature Strength in New Ways with Savoring

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Blackboard, whiteboard, or easel and appropriate writing utensil

- Extra copies of Classification of 24 Character Strengths sheet (see Appendix)

- New Uses of My Second Signature Strength record form (see Appendix)

Appendix M (Continued)

Session 7 Procedures Defined

A. Review Homework: Signature Strength in New Ways

<u>Part 1</u>:   Ask students how well they were able to complete either acts of

kindness (i.e., 5 acts of kindness in 1 day) or their gratitude journal (i.e., 5

things they are grateful for in entry). Group leaders should check homework

completion. Have students share either one kind act or grateful item. If

students did not comply with the daily requirement, stress the importance of

daily effort for changes in happiness to occur. Provide tangible reward for

completion.

<u>Part 2</u>: Discuss with students how well they were able to use their signature

strength in new ways each day.

- Have students share with the group their signature strengths from the
  online survey and how well that matched up to the ones they wrote for
  themselves (students can refer to the copies of their VIA-Youth results
  and hand written lists of strengths in their permanent folders if needed)
- Ask students to get into pairs and interview their partner about the
  signature strength they chose to enact for homework. Have each
  partner talk about two examples of new ways they used their chosen
  signature strength during last week and reflect on their feelings related
  to use of strengths. The partners will then report to the group.
  Facilitate encouragement over use of strengths.
- Ask students if they had any difficulties that made it hard to use their
  strength; Problem solve with the group in terms of how those obstacles
  could be addressed or avoided

B. Explore/Plan uses of Signature Strengths in New Ways across Life

   Domains

Seligman and colleagues (2005) reported that participants who used their

signature strengths in new ways showed significant increases in happiness

above other positive psychology interventions and with a longer duration,

Appendix M (Continued)

including an intervention in which participants simply identified and used

signature strengths in the same ways but with increase frequency. It was

hypothesized that the increased effort in creating new ways to utilize signature

strengths may be related to the lasting impact on happiness. Considering their

findings, pose this question to the group:

➢ *In which ways do you currently use your signature strengths?*
  • Prompt them pick two strengths (different than the one they worked on for homework) and think of examples in school, friendships, and/or with family
  • Ensure that each student has an opportunity to respond
  • Inform students that researchers have found that use of character strengths in new ways is a good way to increase happiness in the present (emphasis on not just using strengths more but in new and different ways than ever before)

➢ Domains of Life

According to Seligman (2002), it is important to lasting happiness that

signature strengths be used across life domains. Since his book was

designed for adults, those domains included work, love, and raising

children. For the current purposes, the life domains of adolescents include

school, friendships, and family.

  • Explain to students that there are three important areas of life for students their age, including school, friendship, and family. In order to use character strengths in new ways to effectively increase happiness, they must be utilized in each area of life.
    o Provide this example: *A student who's signature strength is creativity can use it in school by joining the art club or organizing the layout of the school newspaper, in friendship by thinking of new activities friends can do together, and in family by coming up with new ways to save family memories, such as in a scrapbook.*
  • Ask students to decide on a signature strength that they would like to work on this week (which may not be the same as last week's homework)

Appendix M (Continued)

- Provide students with lined paper and ask them to work independently in making a list of ways they may use this signature strength that are different from or unique to prior usage. As students work, group leaders should make sure that the activities they are listing are manageable and concrete. For instance, if a student's character strength is "fairness," maybe she can intervene when she sees a younger or smaller sibling getting taken advantage of by an older relative. Such a plan is more feasible than joining the student council between groups.
- As students finish, write the life domain categories on the white board.
- Tell the students that you will need two volunteers to share their lists with the group.
- Individually, have her/him state the signature strength and ways in which (s)he has thought about using it differently.
- As the student states each way to use his strength, the group leader should ask the group what category of life domain the activity would go under and write it under such heading on the whiteboard. Then, ask the group to brainstorm other ideas for use of this strength and write them on the whiteboard under appropriate life domain.
- Have the volunteer student write down ideas that are appealing to him/her on the "New Uses of My Second Signature Strength" record form, making sure to note life domain and use. Tell students they do not have to write in the days just yet.
- Ask the volunteer student if they think there might be any obstacles that would make it hard for him/her to use their strength this week. Problem solve with the group in terms of how those obstacles could be addressed or avoided
- Be sure to clarify any suggestions that may stray from the content of the signature strength and guide students to more targeted suggestions. Copies of the "Classification of 24 Character Strengths" sheet should be made available to help students remember the meanings of the strengths.
- After demonstrating with the second volunteer, put the students into two small groups. One student volunteer who has already prepared his/her record form should be in each group. Each group will help members complete their "New Uses of My Second Signature Strength" record form by going through their prepared lists of uses of strengths and determining domains as well as brainstorming other ideas and problem solving potential obstacles. A group co-leader should facilitate each small group.
- Once each student in the small group has prepared their record form, tell students to write in days this week they think they can do each of the ways to use their strengths. The days do not have to be in order, but each day of the week should be designated for use of strength.

Appendix M (Continued)

- Make a copy of each students "New Uses of My Second Signature Strength" record form

C. Savor the Experience

Bryant and Veroff (2007) defined savoring as <u>attending to, appreciating, and enhancing the positive qualities of one's life</u>. Adolescents' perceived abilities to savor positive events are empirically distinct from their abilities to cope with negative events (Meehan, Durlak, & Bryant, 1993). In middle school students, savoring is linked to higher self-esteem, positive affect, and life satisfaction (Cafasso, 1994; 1998).

➢ <u>Define Savoring and Relate to the Present</u>

- *Savoring is the term for when you pay attention to, appreciate, and boost your <u>positive</u> experiences in the present. When you savor, you pay extra close attention to things that you are enjoying now, such as when you pay attention to the taste of a favorite meal, the notes in a favorite song, or a job well done.*
- Ask: *What are some things that you think would be worth savoring?*
  - Prompt for preferred foods, vacations, activities, events, friendships, TV shows, etc.
- *Savoring makes us happier by stretching out the positive feelings of those activities, foods, events, etc., to last longer in the present. When you savor, you slow down time by purposefully focusing on the good experience before moving onto something else. Instead of going fast into future stuff, you stay and enjoy the present moment.*

➢ <u>Ways to Savor</u>
- *We can make the good feelings we have when using our signature strengths last longer by savoring.*
- Tell students that there are two easy ways to savor that take very little time
  - <u>Share the experience with someone else</u>: You could tell a friend or family member about how you used your strength and how it felt to use it

Appendix M (Continued)

- o Tell students they already used this way to savor when we went over homework and they interviewed each other; they shared their experiences
- o Ask students if they remembered their good feelings from using their strength when talking to their partner
  - o <u>Absorb yourself</u>: Take a minute to close your eyes and think about your experience and the good feelings you had; you could even congratulate yourself on a job well done
    - o Tell students: *Let's all practice absorbing ourselves now. Think about one of the ways you used your strength for homework. How did it feel? How did others react? Was it something you could congratulate yourself on?*
    - o Have everyone close their eyes for a minute to reflect. Then, tell students how good you feel after reflecting on a use of your strengths. Explain the good feelings connected to the actions you did. Have one or two volunteers talk about their reflections.

D. Homework: Use Signature Strength in New Ways with Savoring

- <u>Part 1</u>: Ask students to use their chosen <u>signature strength</u> in new ways each day of the upcoming week <u>across life domains as was prepared on their "New Uses of My Second Signature Strength" record form</u>. Ask them to write down the feelings they had after they used their strength each day on their form and how they savored the experience (e.g., who talked to or when thought about it). If they think of different ways to use the strength during the week, ask them to note on their form how they used it. Encourage students to enact a different route for using character strengths if they encountered obstacles with the first plan.

- <u>Part 2</u>: Ask students to choose whether they will continue doing acts of kindness or completing their gratitude journal. Make a notation of each student's choice to check in with next session. Provide "Acts of Kindness" record form as needed.

Appendix M (Continued)

Overview of Sessions 8-9: Positive emotions about the Future

According to Seligman (2002), positive emotions about the future include faith, trust, confidence, hope, and optimism. Optimism and hope can be built-up in people to act as buffers against negative life events. This phase of the intervention focuses on shifting awareness toward an optimistic explanatory style, the way in which attributions are made about events, as well as increasing a perspective of hope. An optimistic explanatory style includes attributions of permanency to positive life events (i.e., good events are viewed in terms of traits and abilities; "I made the goal because I'm talented in sports) and temporary attributions to negative life events (i.e., negative events are transient due to mood or effort; "I didn't study enough to get an A, so I'll have to try harder for the next test"). Optimists see the positive as universal (e.g., "I'm good at all of my classes because I'm smart") and the negative as specific (e.g., "Mr. Smith is an unfair teacher"). The final piece of explanatory style is personalization, specifically optimists self-blame for positive events. In effect, the optimistic style leads to resilience (i.e., negative events are temporary and specific).   Snyder, Rand, and Sigmon (2005) discuss hope theory in terms of "belief that one can find pathways to desired goals and become motivated to use those pathways" (p. 257). Therefore, this combination includes optimism in terms of an explanation of life events and an expectation of future events in addition to hope in terms of an expectation of and motivation for goal accomplishment. Session 8 will introduce optimistic thinking in terms of this explanatory style while session 9 provides methods for increasing a hopeful perspective.

Session 8: Optimistic Thinking

Overview

Goals

- Discuss feelings related to use of signature strengths and use of savoring.

- Introduce optimistic thinking.

- Discuss the value of optimism in happiness as related to the future.

- Learn methods for increasing optimistic thinking.

Session Procedures

> **A.** Review Homework: Use Signature Strength in New Ways with Savoring
>
> **B.** Rate Your Own Optimism
>
> **C.** How Can You Think More Optimistically?
>
> **D.** What is the Value of Optimism?
>
> **E.** Homework: Optimistic Thinking
>
> **F.** Administer the TASC-C. Group leaders complete TASC-T per student.

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Uses of My Third Signature Strength record form (see Appendix)

- Lined paper

- Examples of Optimistic Thinking reference sheet (see Appendix)

- My Optimistic Thoughts record form (see Appendix)

- Blackboard, whiteboard, or easel and appropriate writing utensil

- TASC-C and TASC-T forms (see Appendix)

Appendix M (Continued)

Session 8 Procedures Defined

A. Review Homework: Signature Strength in a New Way with Savoring

Part 1: Discuss with students how well they were able to use their strengths in

new ways each day; stress the importance of daily effort if necessary. Provide

tangible reward for completion.

➢ Character Strengths and Savoring
- Ask each student to provide 1-2 examples of ways they used their chosen signature strength in new ways during last week
- Encourage reflection on their feelings related to use of strengths
- Ask students in which ways did they savor the experience and how that may have enhanced positive feelings
- Facilitate group discussion and encouragement over each other's use of strengths and savoring
- Discuss any obstacles that may have occurred and problem solve with the group in terms of how those obstacles could be addressed or avoided
- Have each student verbalize a different signature strength in which they will independently complete the "Uses of My Third Signature Strength" record form during this week.

 Part 2: Ask students how well they were able to complete either acts of

kindness (i.e., 5 acts of kindness in 1 day) or their gratitude journal (i.e., 5

things they are grateful for in one entry). Group leaders should check

homework completion. Have students share either one kind act or grateful

item.

B. Rate Your Own Optimism

➢ *What is optimism?*
- Introduce optimism by stating: *We've all had people tell us to think more optimistically, to smile, or to be positive. What does thinking optimistically mean to you?*
- Facilitate a brief discussion on what students think about optimism and write ideas on the whiteboard.

Appendix M (Continued)

- ➢ Rate Your Own Optimism
  - Tell the students: *We are going to rate our own level of optimism.*
  - Draw a number line from 0-10 on a whiteboard and state the following: *Think about how often you have been optimistic in the past few months. On a scale from 0 to 10 with 0 being never optimistic, 5 being sometimes optimistic, and 10 being always optimistic, rate your optimism.*
  - Have students write their ratings on a piece of paper and pass it to the group leader. Group leader will circle each of the numbers indicated by the group on the number line and discuss the overall group range.
  - Then circle the room and have each student share their number and the reason they have chosen it

C. How Can You Think More Optimistically?

Seligman (1990) described a method of developing optimistic thinking called learned optimism. It is a cognitive-behavioral method for changing one's explanatory style in making attributions about events. Due to the time and space constraints of the current intervention, Seligman's work on optimism has been modified. The focus of this activity is on using his description of an optimistic explanatory style (as provided in the overview) to increase optimistic thinking whereas a pessimistic explanatory style is not discussed. The object of this activity is to teach students how to increase use of optimistic thinking, not to change their existing explanatory style.

- ➢ Optimistic Thinking
  - Begin by stating: *Everyone can learn to think more optimistically, even those who already rated themselves highly.*
  - Provide the following explanation using the "Examples of Optimistic Thinking" reference sheet: *On your examples sheet, optimistic thinking is broken into two categories, the way you look at good events and the way you look at bad events.*

Appendix M (Continued)

> *Thinking optimistically means:*
> - *Thinking about <u>good things</u> in your life as being <u>permanent,</u> such as being caused by your traits and abilities. Look at the good events column under permanent.*
>   - *You might say, "I made the goal because I'm talented in sports." A talent is a permanent ability.*
> - *Also, you would see <u>bad events as temporary</u>, only lasting as long as your mood or effort. Look at the bad events column under temporary.*
>   - *That would be like saying, "Even Beckham would have missed that one; I'll probably make the next goal I try for." The missed goal was a one time thing.*
> - *Also, optimists see <u>good events as widespread</u>, that is happening throughout life Look at the good events column under widespread.*
>   - *That would be like thinking, "I'm good at all of my classes because I'm smart." Being smart is something that will always be a part of you and will be a part of everything you do.*
> - *Optimists see <u>negative events as specific</u> to certain areas of life Look at the bad events column under specific.*
>   - *You may think, "I'm not good at math because Mr. Smith is an unfair teacher." Mr. Smith is only one of your teachers, a specific person. When you work with different teachers, you could do better at math.*
> - *Optimists <u>take credit for causing good events</u> in their lives but <u>blame other sources for bad events.</u>*
>   - *Look at the good events column under take credit. An optimist would think "I won the contest because of my effort and talent in creative writing." You won the contest because of your hard work and talent, not something other people did.*
>   - *Look at the bad events column under blame other sources. An optimist would think, "I lost the contest because I needed better materials to prepare myself." You lost the contest because of poor materials, not because you didn't try hard.*

> - <u>Practice Thinking Optimistically</u>
>   - Complete the practice section of the "Examples of Optimistic Thinking" reference sheet
>   - Help students to identify events as good or bad and develop optimistic thoughts corresponding to events
>   - Instruct students in the following way:

Appendix M (Continued)

> *First, read the event and then decide if it is a good or bad situation. If it is a good situation, write an optimistic thought that is permanent, widespread, or takes credit. If it is a bad situation, write an optimistic thought that is temporary, specific, or blames another source.* (Point to "Examples of Optimistic Thinking" reference sheet as providing explanation).
>
> *Let's do the first one together.*
> - *Is this a good or bad situation? It's a good event. Write good underneath the event.*
> - *What's something permanent that I can say about it?*
> - *What about widespread?*
> - *Taking credit?*
> - *Complete the rest on your own and then we'll discuss. (*Be sure that students use this format for all of the answers).

- Examples of corresponding optimistic thoughts include (in order of appearance on the "Examples of Optimistic Thinking" reference sheet)
  - This is a good event:
    - Permanent: I was invited because I am a fun person.
    - Widespread: I was invited because I am always cheerful.
    - Taking credit: I was invited because I helped come up with ideas for the theme of the party.
  - This is a bad event:
    - Temporary: She probably isn't feeling well and will call me as soon as she is better.
    - Specific: My other friends have called me back, so if there is a problem, it is just between the two of us.
    - Blame other sources: She has been under a lot of stress with having trouble in school and her parents arguing, it probably doesn't have to do with me.
  - This is a good event:
    - Permanent: My parents increased my allowance because I have shown that I am a responsible person.
    - Widespread: My parents have increased my allowance because they trust me to be responsible in school, at home, and with my friends.
    - Taking credit: It was because I made the effort to show them how responsible I can be that my parents decided to increase my allowance.
  - This is a good event:
    - Permanent: My science group did well because we are smart, hardworking students.
    - Widespread: I always do well on my class projects because I work well in groups.

- - ▪ Taking credit: I had a large part in why our group did well because I organized our project and acted as the group leader.
  - o This is a bad event:
    - ▪ Temporary: I did poorly on my assignment because I only had a little bit of time to work on it. I will plan more time for the next assignment and will do much better.
    - ▪ Specific: This was a very difficult assignment, not like most of my school work. I usually do really well.
    - ▪ Blame other sources: I didn't have enough time for this project because of other responsibilities, which distracted me from doing my best.

D. What is the Value of optimism?

Pose these questions to the group:

- ➢ *Do you think it is valuable to be optimistic?*

- ➢ *Do you think being an optimist can increase happiness? Why or why not?*

- ➢ *How can being optimistic help you in school? In friendships? In family life?*

- ➢ *How is optimism related to your happiness about the future?*

  - • Cover resilience in the discussion. It can be described in the following way:
    Optimistic thinking leads to <u>resilience:</u> feeling like you can face any bad situation and come out okay.
    - • *Because of resilience, you are more likely to try when things get hard.*
    - • *A person who doesn't think optimistically may instead feel <u>helpless</u> and give up <u>easily</u>, which means missing out in possible success.*
    - • *However, a resilient person keeps trying until they accomplish what they want in life.*
    - • *Remember, we discussed increasing happiness through purposeful activities. Optimistic thinking is one form of purposeful activity (in this case, <u>a purposeful attitude</u>) and it can help you get involved in other kinds of activities as well.*

Appendix M (Continued)

E. Homework: Optimistic Thinking

- <u>Part 1</u>: Ask students to intentionally <u>use optimistic thinking one time each day</u> until the next session. Have them note the situation and their optimistic thought on their "My Optimistic Thoughts" form. To ensure they understand the format, complete the first line together:

- ➢ <u>My Optimistic Thoughts</u>
  - o Have 2 or 3 students volunteer a situation from their day (or yesterday)
  - o Ask the student describe the situation and then briefly write it under the situation category
  - o Then ask the student to decide if it was a good or bad event and fill in that column accordingly.
  - o Ask the student how the situation could be thought of more optimistically
  - o If the student has difficulty, ask the group for assistance
  - o <u>Reminder Note: If the situation is negative, the optimistic thought must be temporary, specific, and/or blaming another source. If it is positive, the thought must be permanent, widespread, and/or taking credit for oneself.</u>

- <u>Part 2</u>: Use chosen signature strength in a new way each day and complete the "Uses of My Third Signature Strength" record form. Help students brainstorm ways to use their strengths and note ideas on their record form as time allows.

F. Administer the TASC-C. Group leader complete TASC-T for each student.

Session 9: Hope

Overview

Goals

- Discuss student use of optimistic thinking and creating a snowball effect.

- Discuss what hope means to the group.

- Introduce hope as goal-directed.

- Collaborate on how hope can be utilized to increase happiness about the

  future.

Session Procedures

    A. Review Homework: Optimistic Thinking

    B. Rate Your Own Hope

    C. Discussion of Hope

    D. Writing activity: Best Possible Self in the Future

    E. Homework: Best Possible Self in the Future

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Blackboard, whiteboard, or easel and appropriate writing utensil

- Extra copies of Examples of Optimistic Thinking reference sheet (see

  Appendix)

- Extra copies of Acts of Kindness record from (see Appendix)

- Extra copies of My Optimistic Thoughts record form (see Appendix)

- Uses of My Fourth Signature Strength record form (see Appendix)

Appendix M (Continued)

Session 9 Procedures Defined

A. Review Homework: Optimistic Thinking

<u>Part1</u>: Discuss with the students when and how they completed their "My

Optimistic Thoughts" form; stress the importance of daily efforts if necessary.

Provide tangible reward for completion.

- Begin by asking the group how they felt using optimistic thinking
  - Did it produce any positive feelings about situations?
  - Was it difficult to do?
  - Anything they liked or did not like about completing the activity?
- Have volunteers read some of their situations (approximately 2) and their corresponding optimistic thoughts. <u>Reminder Note: If the situation is negative, the optimistic thought must be temporary, specific, and/or blaming another source. If it is positive, the thought must be permanent, widespread, and/or taking credit for oneself.</u>
  - If the student does not follow this format, review the examples on the "Examples of Optimistic Thinking" reference sheet and assist with rewriting the optimistic thought. Group members may provide assistance.
- In order to demonstrate versatility of optimistic thinking, ask the group to think of a different way the situation could be thought of optimistically for 2-3 student responses.
  - For example, if the event was positive and the student wrote a permanent optimistic thought, challenge students to think of a widespread or taking credit optimistic thought for the same situation.
- Once each student has had an opportunity to participate, explain the snowball effect of optimistic thinking:

  The great thing about optimistic thinking is that it has a snowball effect. Have you ever heard of a snowball effect? When snowballs roll, they pick up more snow and get bigger. When people start practicing optimistic thinking, it starts to take over how they think. At first, it takes work trying to come up with optimistic thoughts. You have to really think about the situation. But soon it becomes natural and easy. So, keep working on those optimistic thoughts and see if you can get it to snowball.

<u>Part 2</u>: Ask students how well they were able to complete using their

signature strength in new ways. Have students provide 1-2 examples of ways

Appendix M (Continued)

they used their strength and related feelings. Did savoring stretch out those

positive feelings? Where there any problems that the group could help with?

B. Rate Your Own Hope

Pose this question to the group:

➢ *What is hope?*
  • Facilitate a brief discussion on what students think constitutes hope
  • Do not define hope at this time, simply allow students to provide their own opinions and write their ideas on the whiteboard to refer back. Hope will be defined in the next section

➢ Rate Your Own Hope
  • Tell the students: *We are going to rate our own level of hope.*
  • Draw a number line from 0-10 on a whiteboard and state the following: *Think about how often you have felt hope in the past few month. On a scale from 0 to 10 with 0 being never hopeful, 5 being sometimes hopeful, and 10 being always hopeful, rate your level of hope.*
  • Have students write their ratings on a piece of paper and fold it over
  • Then circle the room and have each student share their number and the reason they have chosen it

C. Discussion of Hope

Snyder and colleagues (2005) discussed the development of their hope theory

in terms of hopeful thinking comprising both the ability to envision viable

methods for goal attainment and belief in one's ability to utilize those methods

in reaching specific goals. The following discussion is based on their work.

Present discussion questions to the group and ensure the topics below the

questions are a part of the conversation:

➢ *A few moments ago, we discussed the question "What is hope?" Now that we have shared our ideas, I'm going to tell you how psychologists have defined hope:*

Having hope means believing that you can become motivated and find ways to meet your goals. This is like telling yourself, "I'll find a way to get this done or make this happen!" When an obstacle gets in your way, having hope means believing you can find another way to meet your needs and coming up with ideas on what those other ways might be. When you are hopeful, you believe that you can reach your goals because you have the ability and can get the resources – you are motivated. You might say to yourself "Nothing can stop me!" For example, if you want to play basketball but you don't make the school team, then you may organize a recreational team in your neighborhood so that you can play and practice somewhere besides school. Or, if you want to make a new friend and the first person you ask to go to the movies says "no," then you identify another classmate and try a different approach.

➢ *Thinking about hope like this, how can it be important or not important in your life? In school? In friendships? With family?*
- School:
  - Motivation to do well, work harder, be more successful
  - Find different ways to meet goals (e.g., better grades, meeting deadlines, meeting criteria for college)
  - Stress impacts you less
- Athletics:
  - Greater performance because get "psyched" that you can win, compete, or make it to the end
  - Confidence in your abilities
  - Willingness to practice harder because you believe it will help you win
- Physical Health:
  - Motivation and goals to find ways to keep healthy or reduce illness when sick (e.g., eating nutritiously, drinking lots of water, regular medical check-ups, or taking medications, avoiding infections, following doctor's orders specifically)
  - Help to cope with being sick or being hurt
  - Focus on recuperating or improving condition
- Emotions:
  - Good feelings about yourself (self-esteem) and beliefs that you can do well (self-efficacy) because you are motivated and believe you can find ways to meet your goals
  - Develop strategies to deal with stress and are motivated to use them because you believe one way will work
  - More likely to problem-solve when difficult situations occur
- Social Relationships:
  - Make friendships

       o Work and maintain positive relationships with family and friends

➢ *How do you think hope could impact people's happiness about their future?*
- Discuss how hope can help us focus on positive goals for our futures and prevent feelings of helplessness through the belief that there are ways to meet those goals
- Tie in with optimism:

Hope works like optimistic thinking about the future, in that people see the things they do now as leading to future benefits across life domains (widespread across school, friends, and family parts of life) and that are lasting (or permanent parts of the future). On the other hand, misfortunes or problems are seen as temporary and limited to a particular situation, thereby minimizing impact on the future. When thinking that way, people are more likely to believe there are ways to meet goals and more motivated to work toward those positive future goals.

D. Writing activity: Best Possible Self in the Future

King (2001) found that writing about life goals in the form of an exercise know as one's "best possible self" was highly associated with increased happiness and decreased negative affect. Additionally, results of a study by Sheldon and Lyubomirsky (2006) suggested that envisioning one's best possible self (i.e., a version of the future self having accomplished desired goals) is potentially beneficial to maintaining increased positive affect. Since this exercise consists of writing about desired goals, paths taken to achieve such goals, and motivation involved in future success, it fits well with hope theory. In this section, writing about one's best possible self in the future is used as a concrete method of practicing hopeful thinking.

Appendix M (Continued)

➢ <u>Best Possible Self in the Future</u>
  • Talk with students about how they have the ability to change their levels of hope by practicing using hopeful thinking about their futures. Introduce the activity in this way:

  I would like you to think about your life in the future. Take a few minutes to imagine that everything has gone as well as it possibly could. You have worked hard and succeeded at accomplishing all of your life goals. After a two minute pause, state: *Now write about what you imagined* (adapted from King, 2001).

  • Provide lined paper.
  • Allow 5 minutes for them to write their thoughts and then ask the students to share what they have written so far with the group
  • Encourage students to provide more detail in describing how they will meet their goals
  • Make copies of what they have written thus far and return original to students

E. Homework: Best Possible Self in the Future

  • <u>Part 1</u>: Instruct the students to continue writing about their best possible selves in the future. Ask them to review their stories each night and add new thoughts and ideas or make revisions to what they have already written. <u>Encourage students to think about ways in which they could achieve the goals they imagined in their futures.</u>

  • <u>Part 2</u>: Ask students to either continue gratitude journals, acts of kindness, using signature strengths in new ways, or optimistic thinking, whichever activity individual students have found to be most personally meaningful. Provide corresponding record forms as needed.

Session 10: Termination

Overview

Goals

- Review framework for increasing personal happiness.

- Review activities and exercises learned in the group.

- Encourage a personal reflection.

- Gather student feedback on exercises perceived to be most helpful and

  activities they plan to continue.

Session Procedures

    A. Review Homework: Best Possible Self in the Future

    B. Review of Happiness Framework

    C. Personal Reflection: Progress During Group

    D. Wrap-up and Solicit Student Feedback

Materials Needed

- Tangible rewards for homework completion (stickers, pencils, etc.)

- Blackboard, whiteboard, or easel and appropriate writing utensil

- What Determines Happiness? Graph (see Appendix)

- Happiness Flow Chart (see Appendix)

- Wellness-Promotion Summary Sheet (see Appendix)

- Certificate of Completion (see Appendix)

Appendix M (Continued)

Session 10 Procedures Defined

A. Review Homework: "Best Possible Self in the Future" form

<u>Part 1</u>: Have students take a moment and reread their "Best Possible Self in

the Future" writing activity and reflect on their feelings, strengths, qualities,

accomplishments, and so forth. Then, ask students to share their stories with

the group along with one or two reflections. Provide tangible reward for

completion.

- Ask students to share their stories with examples of domains of life in which they envisioned their best possible future selves (e.g., School, Athletics, Physical Health, Emotions, Social Relationships)
- Ask what changes/additions occurred since last session
- Encourage a reflection on which goals in life seem most important to students and what ways they can go about achieving those goals
- Ask if students felt any different about themselves after thinking about their future in a positive manner
- Ask if they feel more motivated to work on future goals
- As the group leader, you should initiate reflections on group members' stories with identifications or reaffirmations of motivations and goal orientation within the story
- Encourage group members to reflect on the positives of each others' stories
  - Something they admired or liked in the story
  - Goals they share with the presenter
  - Other ideas for ways of achieving goals
- Once each student has had a turn, ask students how this activity has impacted their hope for the future, if at all

<u>Part 2</u>: Ask students to share 1-2 examples of the activity they chose to do for

the second part of homework (e.g., gratitude journal, acts of kindness,

character strengths, or optimistic thinking) and talk about why they chose that

activity. Group leaders and members should provide feedback on student

examples and preferred choice of activities.

Appendix M (Continued)

B. Review of the Happiness Framework

Review that happiness can be best increased through the purposeful activities

that we do each day (show "What Determines Happiness Graph?"), and that

happiness is thought to result from positive interpretations of one's past

experiences, present behaviors, and positive views of the future using the

"Happiness Flow Chart." Then, review exercises used to increase happiness

within these areas of life:

➢ Group Review and Reflection
  - State: *In the past 10 weeks, we have completed multiple exercises that were designed to improve happiness by changing the activities (thoughts and behaviors) that we do on purpose.* [reference the What Determines Happiness graph]
  - *The exercises we have done during the group have helped you learn how to purposefully create positive thoughts about your past experiences, how to act in positive ways that use your strengths in the present, and how to create positive thoughts about your future.* [reference the Happiness Flow Chart]
  - *Which exercises are meant to promote positive feelings about one's past?*
    o Gratitude journaling
    o Gratitude visits
  - *How did gratitude improve your satisfaction with your past?*
  - *Which exercises are intended to promote positive emotions in the present?*
    o Acts of kindness
    o Using signature character strengths in new ways
    o Savoring positive experiences when using character strengths
  - *How did these activities improve your satisfaction with your present?*
  - *Which exercises are meant to improve your view of the future?*
    o Optimistic thinking
    o Hope (best possible self in future)
  - *How did these exercises improve your feelings about the future?*

➢ Application to Future Situations; Summarize Activities
  - Distribute the "Wellness-Promotion Program Summary Sheet". To promote application of learned material to future situations, ask the

students to identify situations/times in which in would be a good idea to use the activities to increase positive thoughts about past, present, and future in their own future lives (i.e., upon completion of the group).

- o For instance, in addition to practicing grateful thinking at all times, they may want to enact a gratitude visit or complete a gratitude journal at times they are feeling regret or disappointment with their life circumstances. They may want to do acts of kindness, use strengths in new ways, or savor when they catch themselves feeling "blah" about their daily experiences. When they catch themselves feeling hopeless about their future, they should prompt themselves to practice hopeful and/or optimistic thinking.
- o After students identify perceived emotions that cue them to increase positive thoughts about a specific time period (past, present, and future), ask students to read aloud the definition of activities that correspond to this period (use round robin format).
  - ▪ Note: Students should record their character strengths in their summary sheet during the discussion of planning to improve daily experiences.

- *Which activities do you plan to continue in the future?*
  - o *Why that particular activity?*

C. Personal Reflection: Progress During Group

It is important to have the students think through and reflect on their personal

growth during the intervention. Provide them with the following instructions.

- ➢ Personal Reflection
  - Say to the students: *Take a few minutes to think of the ways you have changed over the past ten weeks.* Allow 2-3 minutes for students to reflect.
  Pose these questions to the group:
  - *How have your feelings about your life changed?*
  - Follow-up prompts for topics not addressed to general question on life change:
    - o *Any changes in happiness?*
    - o *What about your feelings about yourself?*
    - o *People in your life?*
    - o *Your past?*
    - o *Your future?*

D. Wrap-up and Solicit Student feedback

Provide students with the "Certificate of Completion" and express

appreciation for their continued efforts over the weeks. Instruct students to

write down their thoughts about their satisfaction with the group before

leaving.

Appendix M (Continued)

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Appendix

What Determines Happiness?

- Purposeful Activity
- Life Circumstances
- Genetic Set Point

40%

50%

10%
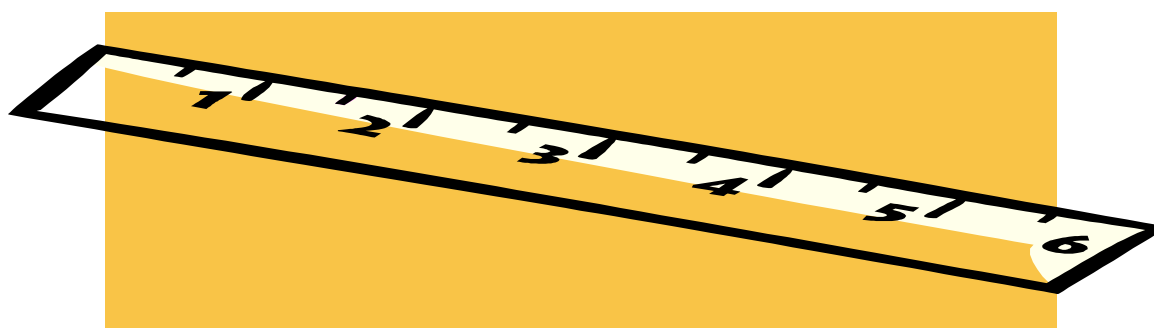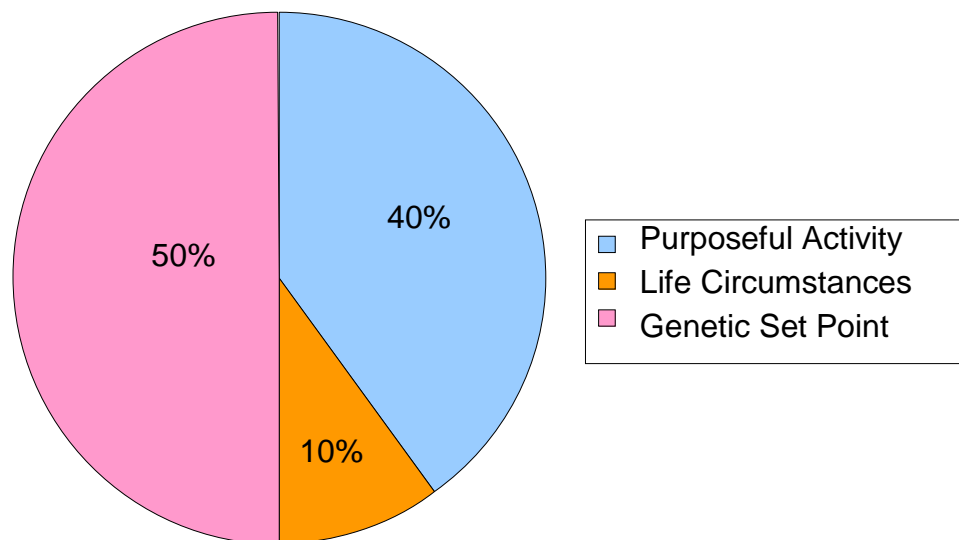
Student's Copy for Binder

What Determines Happiness?
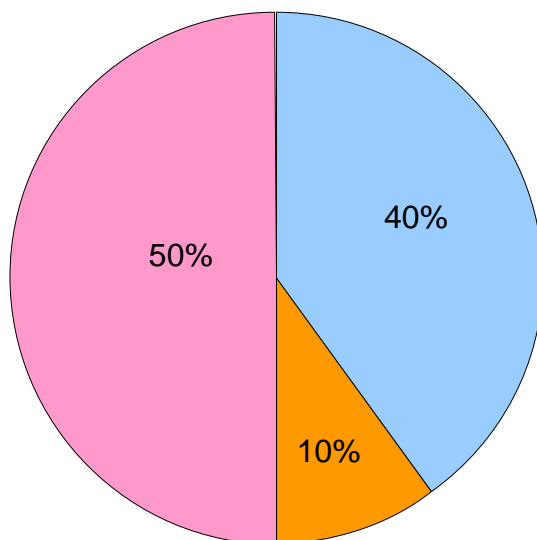
What is the Purpose of this Wellness-Promotion Group?

1. During our weekly group meetings, which of the three areas that determine happiness are we going to focus on in order to improve our happiness? _____

2. How many times each week are we going to meet?

_____

3. How many weeks will we meet? _____

Student's Copy for Binder

What is Confidentiality?

_____

_____

_____

_____

How Will I Keep what Students Say in this Group Confidential?

_____

_____

_____

_____

Appendix M (Continued)

Gratitude Visit Planning Form

People who have been especially kind or helpful to me:

1. _____

2. _____

3. _____

4. _____

5. _____

Person I will make a gratitude visit to: _____

Date: _____   Time: _____

   **Reminder: Tell the person that you want to make plans to spend time

with them. Don't tell them about your gratitude letter before the visit. To have

the gratitude visit work really well, remember to read your letter out loud to the

person. Read slowly with expression and make eye contact.

Appendix M (Continued)

Performing Acts of Kindness Record Form

Acts of Kindness	Day of the Week: _____ Date: _____

Appendix M (Continued)

Classification of 24 Character Strengths

1. **Wisdom and knowledge**—cognitive strengths in the acquisition and use of knowledge

_ *Creativity:*   Thinking of novel and productive ways to do things
_ *Curiosity:*   Taking an interest in all of ongoing experience
_ *Love of learning:*   Mastering new skills, topics, and bodies of knowledge
_ *Open-mindedness:*   Thinking things through and examining them from all sides
_ *Perspective:*   Being able to provide wise counsel to others

2. **Courage**—emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal

_ *Authenticity:*   Speaking the truth and presenting oneself in a genuine way
_ *Bravery:*   Not shrinking from threat, challenge, difficulty, or pain
_ *Persistence:*   Finishing what one starts
_ *Zest:*   Approaching life with excitement and energy

3. **Humanity**—interpersonal strengths that involve ''tending and befriending'' others

_ *Kindness:*   Doing favors and good deeds for others
_ *Love:*   Valuing close relations with others
_ *Social intelligence:* Being aware of the motives and feelings of self and others

4. **Justice**—civic strengths that underlie healthy community life

_ *Fairness:*   Treating all people the same according to notions of fairness and justice
_ *Leadership:*   Organizing group activities and seeing that they happen
_ *Teamwork:*   Working well as member of a group or team

5. **Temperance**—strengths that protect against excess

_ *Forgiveness:*   Forgiving those who have done wrong
_ *Modesty:*   Letting one's accomplishments speak for themselves
_ *Prudence:*   Being careful about one's choices; not saying or doing things that might later be regretted
_ *Self-regulation:* Regulating what one feels and does

6. **Transcendence**—strengths that forge connections to the larger universe and provide meaning

_ *Appreciation of*   Noticing and appreciating beauty, excellence, and/or skilled performance
beauty & excellence: in all domains of life
_ *Gratitude:*   Being aware of and thankful for the good things that happen
_ *Hope:*   Expecting the best and working to achieve it
_ *Humor:*   Liking to laugh and tease; bringing smiles to other people
_ *Religiousness:* Having coherent beliefs about the higher purpose and meaning of life

Appendix M (Continued)

New Uses of My First Signature Strength

Signature Strength:		
Day of the Week	**New Use**	**Feelings**

Appendix M (Continued)

New Uses of My Second Signature Strength

Signature Strength:			
Day of the Week	**Life Domain**	**New Use**	**Feelings**
			Savor:
			Savor:
			Savor:
			Savor:
			Savor:
			Savor:

**Remember to Savor: Make your good feelings last by telling someone about using your strength or taking a minute to close your eyes and think about the experience.

Appendix M (Continued)

New Uses of My Third Signature Strength

Signature Strength:			
Day of the Week	**Life Domain**	**New Use**	**Feelings**
			Savor:
			Savor:
			Savor:
			Savor:
			Savor:
			Savor:

**Remember to Savor: Make your good feelings last by telling someone about using your strength or taking a minute to close your eyes and think about the experience.

New Uses of My Fourth Signature Strength

Signature Strength:			
Day of the Week	**Life Domain**	**New Use**	**Feelings**
			Savor:
			Savor:
			Savor:
			Savor:
			Savor:
			Savor:

**Remember to Savor: Make your good feelings last by telling someone about using your strength or taking a minute to close your eyes and think about the experience.

Appendix M (Continued)

Examples of Optimistic Thinking

| Examples		Practice	
Good Events	**Bad Events**		
Permanent	*Temporary*	**Event**	**Optimistic Thought**
I made the goal because I'm talented in sports.	Even Beckham would have missed that one- I'll probably make the next goal I try for.	I was invited to the biggest party of the year.	
Widespread	*Specific*	My good friend hasn't called me back in days.	
I'm good at all of my classes because I'm smart.	I'm not good at math because Mr. Smith is an unfair teacher.	My parents increased my allowance.	
Take Credit	*Blame Other Sources*	My teacher said my science group did the best in the class.	
I won the contest because of my effort and talent in creative writing.	I lost the contest because I needed better materials to prepare myself.	I had to finish a giant assignment in three days and I got a C- on it.	

Appendix M (Continued)

My Optimistic Thoughts

Date	Situation	Good or Bad Event	Optimistic Thought*

*Optimistic thoughts for good events are widespread, permanent, and take credit. Optimistic thoughts for bad events

are temporary, specific, and blame other sources.

Appendix M (Continued)

Happiness Flow Chart
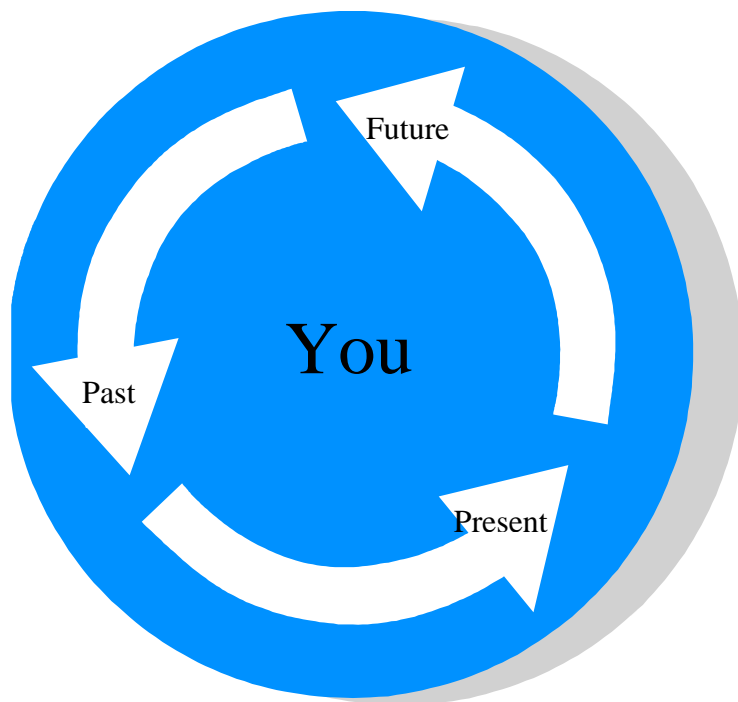
Appendix M (Continued)

Date:_____

Name:_____

Wellness-Promotion Program Summary Sheet

When I want to feel more positive about my <u>past</u>:
- Gratitude journal
  - o 5 things I'm grateful for, write down 1 time each week
- Gratitude visit
  - o Write a letter of thanks to someone who has been kind to me; read the letter to the person

When I want to feel more positive about my <u>daily life</u>:
- Do acts of kindness
  - o 5 kind acts for other people in one day
- Use my signature character strengths

  - o _____
    _____
  - o _____
    _____
  - o _____

- Savor your successes
  - o Tell someone about it or absorb yourself (take a few minutes to focus on it)

When I want to feel more positive about my <u>future</u>:
- Optimistic thinking
  - o View good situations as permanent, widespread, and take credit for it
  - o View bad situations as temporary, specific, and blame other sources
- Hopeful thinking
  - o Focus on goals and ways to achieve those goals

Appendix M (Continued)

Your Thoughts on the USF Wellness-Promotion Program

1. What do you feel are some of the most important things you learned in the program?

    _____
    _____
    _____

2. What did you like <u>best</u> about the program?

    _____
    _____
    _____

3. What did you like <u>least</u> about the program?

    _____
    _____
    _____

4. Which activities that you learned in the meetings are you likely to continue to do on your own?

    ____"Me at my best" writing   ____Gratitude journal
    ____Gratitude visit   ____Acts of kindness
    ____Savoring   ____ Using my signature strengths in new ways
    ____Optimistic thinking   ____"Best possible self in the future" writing
    ____None

5. What suggestions do you have to improve the program?

    _____
    _____
    _____
    _____

6. Any additional comments?

    _____
    _____
    _____
    _____

Certificate of Completion

Congratulations to

_____

for successfully completing the USF wellness-promotion program.

It has been a pleasure having you participate in group.