Investigating the Impact of the FAVA Well-Being Protocol on Perceived Stress and Psychological Well-Being With At-Promise High School Students

Renee L. Fensom
Old Dominion University, reneefensom@gmail.com

Follow this and additional works at: https://digitalcommons.odu.edu/chs_etds

Part of the Counseling Commons, and the Mental and Social Health Commons

Recommended Citation
Fensom, Renee L.. "Investigating the Impact of the FAVA Well-Being Protocol on Perceived Stress and Psychological Well-Being With At-Promise High School Students" (2020). Doctor of Philosophy (PhD), Dissertation, Counseling and Human Services, Old Dominion University, DOI: 10.25777/427t-z066
https://digitalcommons.odu.edu/chs_etds/121

This Dissertation is brought to you for free and open access by the Counseling & Human Services at ODU Digital Commons. It has been accepted for inclusion in Counseling & Human Services Theses & Dissertations by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.
INVESTIGATING THE IMPACT OF THE FAVA WELL-BEING PROTOCOL ON PERCEIVED STRESS AND PSYCHOLOGICAL WELL-BEING WITH AT-PROMISE HIGH SCHOOL STUDENTS

by

Renee L. Fensom

B.A. August 1999, Virginia Commonwealth University
M.A. May 2001, Hampton University
Ed.S. May 2014 Old Dominion University

A Dissertation Submitted to the Faculty of Old Dominion University in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

COUNSELOR EDUCATION AND SUPERVISION

OLD DOMINION UNIVERSITY
August 2020

Approved by:

Christopher A. Sink (Chair and Methodologist)
Emily C. Goodman-Scott (Member)
Karen Sanzo (Member)
ABSTRACT

INVESTIGATING THE IMPACT OF THE FAVA WELL-BEING PROTOCOL ON PERCEIVED STRESS AND PSYCHOLOGICAL WELL-BEING WITH AT-PROMISE HIGH SCHOOL STUDENTS

Renee L. Fensom
Old Dominion University, 2019
Chair: Dr. Christopher Sink

An elevation in stress levels can be caused by many contributing factors, which can ultimately interfere with the learning of young people. Fortunately, an increase in well-being can help promote resilience, creating a buffer to stress. Therefore, the current study investigated the influence of a positive psychology intervention aimed at lowering perceived stress and increasing well-being among at-promise students. The theoretical framework for this study was based on Ryff's Model of Psychological Well-Being (PWB). The specific intervention used was the Well-being Therapy School Protocol developed by Fava and associates, based off of Carol Ryff’s Model of PWB (Fava, 2016). Well-Being therapy is fairly new and only a few studies have studied the effectiveness in school settings. Those studies took place with international samples and yielded positive results with students. The current study took place in the Southeastern part of the United States, with a high proportion of economically marginalized, African-American students that attended a high school with chronic attendance issues. The intervention was delivered through classroom lessons led by a professional school counselor, who serves a critical role.
in teaching mindsets and behaviors (ASCA, 2014). Participants completed two questionnaires: the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) and the 18-item Psychological Well-Being Scale (Ryff, 1989). Descriptive statistics and 2-way mixed factorial ANOVAs were conducted to answer each research question. In addition, one-way ANOVAs were used to seek improvements in perceived stress of female students. The results indicated an increase in overall well-being, as well as increases in environmental mastery and personal growth. There were no significant decreases in overall perceived stress for the combined participants. However, female students reported a significant decrease in perceived stress over time. The results of this study suggest Ryff's Theory of Psychological Well-Being and the WBSP appears to be a useful framework that can be added to the professional school counselor’s intervention toolbox. Implications for school counseling practice and recommendations for future research are later discussed.

*Keywords:* at-promise, stress, well-being, adolescents
Copyright, 2020, by Renee L. Fensom, All Rights Reserved.
This dissertation is dedicated to my loving sons, Nathan Lamont Guynn Jr. and Justin Lloyd Guynn.
ACKNOWLEDGMENTS

I am forever grateful to the many people that have supported and encouraged me throughout this dissertation. First, I would like to thank my committee members. Dr. Christopher Sink, as my chair you have patiently given so much of yourself as you guided and supported me. I am lucky to have such an amazing mentor! I am filled with gratitude for your commitment to stay by my side until I completed this journey. Dr. Emily Goodman-Scott and Dr. Karen Sanzo your expertise, supportive feedback, and encouragement allowed me to develop not only academically, but also professionally.

Secondly, as a part-time student, I could not have asked for a better cohort that continued to motivate and inspire me even after they graduated. I deeply cherish the friendships and forever relationships we have developed. Jill Parramore, Sandy-Ann Griffith, Mike Kalkbrenner, T’Airra Belcher, Sonja Lund, and George Wilson, I cannot thank you enough for your support in these last few months.

Lastly, I am truly fortunate to have a positive circle of friends, family, and colleagues who have wrapped their arms around me with love and support. I want to express my sincere gratitude and appreciation to Christopher Scott who was instrumental in this journey. Furthermore, I cannot thank my loved ones enough for keeping me grounded and balanced throughout this process. Without you, this would not have been possible.
# TABLE OF CONTENTS

| LIST OF TABLES | viii |
| LIST OF FIGURES | ix |
| Purpose of the Study | 6 |
| Research Questions | 7 |
| Definition of Key Terms | 7 |
| CHAPTER II: LITERATURE REVIEW | 10 |
| Stress | 10 |
| Overview of Positive Psychology | 18 |
| Subjective Well-being | 19 |
| Elements of Positive Education | 26 |
| Roles of Professional School Counselors | 34 |
| Purpose and Significance | 42 |
| CHAPTER III: METHODOLOGY | 44 |
| Participants, Sampling, and Setting | 44 |
| Research Design | 45 |
| Research Aim and Questions | 47 |
| Instrumentation | 48 |
| Procedures | 50 |
| Well-being School Protocol Intervention | 52 |
| Statistical Analyses | 57 |
| CHAPTER IV: RESULTS | 59 |
| Data Cleaning and Preliminary Analyses | 59 |
| Primary Analyses | 65 |
| Summary of Findings | 86 |
| CHAPTER V: DISCUSSION | 88 |
| Discussion of Findings | 89 |
| Implications for Professional School Counselors | 113 |
| Implications for Ryff’s Theory of Psychological Well-Being | 118 |
| Limitations | 121 |
| Future Research | 123 |
| Overall Summary and Conclusions | 125 |
| REFERENCES | 127 |
| APPENDICES | 163 |
| Appendix A: Power Analysis | 163 |
| Appendix B: Administrative Information Letter | 164 |
| Appendix C: Student Assent Form | 165 |
| Appendix D: Informed Consent | 166 |
| Appendix E: Parent-Information Sheet/ Opt-out form | 169 |
| Appendix F: Well-Being School Protocol (WBSP) | 172 |
| Appendix G: Perceived Stress Scale | 180 |
Appendix H: Ryff’s Scales of Psychological Well-Being (PWB) • 18-item format..........181
VITA .................................................................184
LIST OF TABLES

Table

1. Perceived Stress Scores to Determine Group Designation ................................................. 60
2. Descriptive Statistics for Perceived Stress (PS) and Psychological Well-Being (PWB) Scale ........................................................................................................................................................................ 62
3. P-Values from the Shapiro-Wilk Test of Normality at Time 1 ............................................. 63
4. Psychological Well-Being and Perceived Stress Scale Scores for Gender at Time .......... 64
5. Treatment Time Table ........................................................................................................ 65
6. Descriptive Statistics of Total PWB Mean Scores Measured at Time 1, Time 2, and Time 3 .................................................................................................................................................................................... 67
7. Descriptive Statistics of Perceived Stress Mean Scores at Time 1, Time 2, and Time 3 ........................................................................................................................................................................ 81
8. Descriptive Statistics for Females on the Perceived Stress and Psychological Well-Being Scores ............................................................................................................................................................. 83
9. Descriptive Statistics of Mean Perceived Stress and Psychological Well-Being Scores for Males.................................................................................................................................................................................. 85
LIST OF FIGURES

Figures

1. Overview of positive psychology and connections to well-being theory and intervention .....25

2. Sampling Scheme .................................................................................................................. 46

3. Quasi-experimental wait-list control design............................................................................47

4. Psychological well-being (PWB) scores for the intervention and the wait-list control group at
time 1, time 2, and time 3........................................................................................................68

5. Psychological Well-Being (PWB) scores (n = 21) for each dimension at time 1, time 2, and
time 3. ........................................................................................................................................70

6. Intervention and wait-list control group mean scores of environmental mastery from time 1,
time 2, and time 3. .......................................................................................................................71

7. Self-acceptance mean scores from the intervention and wait-list control group from time 1,
time 2, and time 3. .......................................................................................................................72

8. Positive relationship mean scores of the intervention and wait-list control group between time
1, time 2, and time 3 ....................................................................................................................73

9. Mean scores of purpose reported by the intervention and wait-list control group at time 1, time
2, and time 3 ................................................................................................................................74

10. Mean scores of the intervention and wait-list control group in personal growth from time 1,
time 2, and time 3. .......................................................................................................................76

11. Autonomy scores reported for the intervention and wait-list control group at time 1, time 2,
and time 3. ....................................................................................................................................77
12. Perceived stress mean scores for the intervention and wait-list control groups at time 1, time 2, and time 3. ..............................................................80

13. Mean scores of perceived stress reported by females at time 1, time 2, and time 3. ..........83

14. PWB Mean scores at time 1, time 2, and time 3, reported by females. .........................84

15. Mean PWB scores reported by males at time 1, time 2, and time 3...............................85

16. Mean perceived stress scores reported by males at time 1, time 2, and time 3...............86
CHAPTER I: INTRODUCTION

This chapter provides an overview of the study's problem, purpose, and research questions, and defines key terms used throughout the narrative.

Statement of the Problem

Multiple factors affect the mental health and resilience of at-promise students. It is well documented that adolescence is a developmental time where many potential stressors can negatively impact psychological well-being, including socio-emotional pressures, cultural and ethnic discrimination, environmental and familial obstacles, and academic/educational challenges. Perhaps one of the most damaging factors for children and youth is poverty or economic disadvantage (Hughes & Tucker, 2018). The latest report from the US Census Bureau (2019) indicated the national poverty rate is 11.8%, with 38.1 million people living in poverty. The highest poverty rates were for female head of household (24%), Blacks (20.8%), and those living in the south (13.6%). Also, 27.5 million people are living without health insurance (U.S. Census Bureau, 2019). Economic disadvantage affects the majority of school-age youth, with 52% of the nation’s children receiving free or reduced lunch (Walsh & Theodorakakis, 2017). Furthermore, race continues to be closely linked with economic disparities in the United States, with African American, Hispanic, and Native American children three times more likely to experience poverty than their White peers (Walsh & Theodorakakis, 2017). Black families disproportionately live in neighborhoods with heavy concentrations of low-income families in comparison to other ethnic groups (Garo, Allen-Handy, & Lewis, 2018).
The communities of which marginalized children are raised adds another set of problems. Many youth in the United States will grow up exposed to pervasive violence and come of age in a context of inequality (Eichas, Meca, Montgomery, & Kurtines, 2017). In addition, students of color represent an inordinate number of people living in these communities (Lardier, Garcia-Reid, & Reid, 2018). African American and low-income children are more likely to be exposed to frightening or threatening experiences than other children (Morsy & Rothstein, 2019). The stressors these young people experience are relatively different than those experienced by dominant and privileged groups (Christmas & Khanlou, 2018). Marginalized youth are oftentimes exposed to uncontrollable stressors such as community violence, financial strains, gangs, academics, physical abuse, evictions, and separation from guardians (Coyle & Vera, 2013).

The academic or educational environment poses considerable stressors for at-promise students. Some academic-related stressors include teacher quality, school resources, attendance, and discipline. More than half of public schools across the United States do not provide sufficient conditions to learn and work (Mihaly, Dubowitz, Richardson, & Gonazalez, 2018). For instance, disadvantaged students are more likely to be taught by lesser qualified teachers than their privileged peers (Goldhaber, Lavery, & Theobald, 2015). Negative relationships with teachers and perceived discrimination are additional threats to the well-being and academic outcomes of at-promise students (Banerjee, 2016). Working conditions are correlated with the attendance of teachers and students. Poor working conditions and a lack of resources are some of the major motivators for teacher resignations and contribute to student truancy (Carver-Thomas & Darling-Hammond, 2017; Jacob & Lovett, 2017).
Furthermore, fears of falling behind and fulfilling parental and teacher expectations can be burdensome (Kaur & Paur, 2017; Lal, 2014). The combined magnitude of these stressors can take their toll on high school student’s psychological well-being.

Statistics consistently suggest adolescents need mental health support. A focus on adolescent mental health is crucial in the development and promotion of healthy adult mental health. The U.S. Department of Health and Human Services (2017) indicated that adolescents have a 1 in 5 chance of developing a serious mental health condition and less than half of those individuals will receive consistent mental health treatment. According to a recent study, 25 to 45% of US adolescents have some kind of mental disorder (March-Llanes, Marqués-Feixa, Mezquita, Fañanás, & Moya-Higueras, 2017). The National Institute in Mental Health (2019) reported even greater estimates, with approximately 49.5% of adolescents having some kind of mental disorder and 22% being severe.

It is important to recognize a strong connection exists between mental health and stress. High levels of continued stress can alter the brain, leading to depression and severe anxiety (Garber & Weersing, 2010; March-Llanes et al., 2017). Rates of depression are ten times more common, with the first episode occurring in adolescence (Adler, 2017). Depression is not only prevalent during adolescence; it is also the leading cause of diseases in 10 to 24-year-olds often taking a recurrent, chronic, and episodic course (Calear, Werner-Seidler, Torok, & Christensen, 2018).

Adolescence falls in between childhood and adulthood, with more demanding social roles (March-Llanes et al., 2017). It can be a confusing and frustrating time for students when they are expected to increase their adult roles but also behave as a subservient child.
The influence of stress on mental health and well-being at this developmental stage is paramount. The last two years of high school are the most stressful as students prepare for their post-secondary plans (Khanna & Ojha, 2015). Research analyzing the subjective well-being among youth indicated that there is a 9% drop in perceptions of flourishing between middle school and high school students (Keyes, 2009). Addressing adolescent stress is crucial, especially because of the detrimental, long-term health effects.

In test-driven, often under-resourced high schools, marginalized students regularly lack the supports needed for non-academic issues (Eva & Thayer, 2017). Prolonged stress can affect a student’s memory and sleep patterns, jeopardizing learning, academic performance, as well as behavioral issues (Tarabochia, 2013). As student’s social and emotional needs are addressed, they are more available to learn (Iachini, Brown, Ball, Gibson, & Lize, 2015). School-based prevention programs can help students who are at risk of developing depressive symptoms due to external stressors or internal vulnerabilities (Calear et al., 2018). Professional school counselors provide prevention and intervention lessons to meet the developmental needs of students (ASCA, 2012). Through school counseling core curriculum, lessons on attitudes, behaviors, and skills are implemented to provide emotional, career, and academic support (ASCA, 2012, 2014). Integrating well-being school programs into the established ASCA Student Standards for secondary students can provide a roadmap to the reduction of stress (Tarabochia, 2013).

Stress levels are not only high for secondary students, but for their school counselors as well. Secondary school counselors have a higher rate of burnout and job dissatisfaction compared to elementary and middle school counselors (Camelford & Ebrahim, 2017). The
overextension school counselors experience is due in part to the high student to counselor ratios (Mullen & Gutierrez, 2016). ASCA recommends a student to counselor ratio of 250:1, and yet, the national average is 482:1 (NACAC, 2018). Delivering the school counseling curriculum in the classroom setting is an effective and efficient strategy to reach more students at once (Buchanan, Mynatt, & Woodside, 2017). There is evidence that prevention programs in at-promise schools are beneficial for teenagers in promoting mental health (Eva & Thayer, 2017). Therefore, professional school counselors could benefit from evidence-based, established programs with measurable results in a short period of time.

Positive psychology interventions (PPI) in schools are largely effective in improving student well-being (Shankland & Rosset, 2017; Suldo, Savage, & Mercer, 2014). The significant benefits of improving academic and social functioning are greatly outweighed by the minimal risk of increasing well-being (Rashid et al., 2013). “At-promise” students, rather than students at-risk, need additional support to maintain or enhance their psychological well-being. Suldo, Thalji-Raitano, Kiefer, and Ferron (2016) argued that a focus should be on at-promise students to ensure everyone can experience increased emotional and academic success. Comprehensive school counseling programs (CSCP) are designed, in part, to safeguard students from falling through the educational cracks. A strong mental health background and educational preparation to work with diverse populations allows school counselors, at least in principle, to meet the needs of all students through effective program delivery (ASCA, 2012; Camelford & Ebrahim, 2017).
Purpose of the Study

The purpose of this study was to investigate whether an established PPI, the Well-being School Protocol (WBSP) based on Ryff’s (1989) Model of Well-being, targeting at-promise high school students, would lead to increased perceptions of psychological well-being and a reduction in perceived stress. Although students are experiencing significant stress, adults are typically oblivious (Khanna & Ojha, 2015). Children respond to stressful events by a fight or flight reaction, or by their own agency in adaptation (Rahiem, Krauss, Rahim, 2018). In the 1970s research was initiated to understand the question of what makes some individuals succeed despite their challenging circumstances (Luthar, 2015). Interventions based on this research and related sources, especially those that promote resilience, showed that skills learned in the process could help prevent or ameliorate long-term problems (Masten & Barnes, 2018). The findings suggested that resilient youth were able to seek social support from the right person, cultivate optimism and self-esteem, had faith and a sense of meaning, displayed prosocial behavior (helping others and themselves), knew their strengths, were able to set future goals, and had a role model (Masten & Barnes, 2018).

Many of the protective factors that increase resilience are included in Ryff’s (1989) Model of Well-Being and the associated Well-being School Protocol (WBSP). WBSP is generally delivered in classroom settings where social-emotional scaffolding is provided along with a supportive space for participants to grow. Findings from PPI efficacy studies indicate that they are associated with decreased health problems later in life (Boullier & Blair, 2018). By using this program, it is hoped that at-promise students can improve their
short and long-term well-being by enhancing those protective/resiliency factors that mitigate the negative effects of psychological risks.

**Research Questions**

To investigate this proposition the following research questions (RQ) were posed:

1. Will overall psychological well-being improve after the implementation of the Well-being School Protocol (WBSP) for at-promise high school students?

2. What dimensions of psychological well-being (self-acceptance, purpose in life, autonomy, environmental mastery, personal growth, and positive relationships) are most improved after the implementation of the WBSP?

3. Will perceived stress decrease after the implementation of the WBSP program for at-promise high school students?

**Definition of Key Terms**

**At-promise students** – These are marginalized or disenfranchised students at-promise for academic and future success rather than at risk of failure (Boykin, 2000). This terminology is used in the document because there is an expectation of a positive future, better outcomes, and successful expectations. This term is used in place of the negatively loaded idea of students at-risk. Traditional investigations of economically disadvantaged and ethnic minority youth are from a deficit perspective, generally having only nominal effects on reducing health and educational disparities (Henderson, DeCuir-Gunby, & Gill, 2016). In other words, “at-risk-ness” has negative conations (i.e., problematizes marginalized youth) in various sectors of the public sphere, whereas “at-promise” reframes the conversation of
youth with potential contextual challenges into a strengths-based perspective (Swadener, 2012).

**Subjective well-being** (SWB) - Subjective well-being is comprised of affective and cognitive elements and terms such as happiness, thriving, and flourishing are used interchangeably to describe the concept (Butler & Kern, 2016). The affective element focuses on emotions (hedonic perspective), while the cognitive element focuses on the good life (Butler & Kern, 2016). The interchangeable terms (psychological and eudaimonic well-being) are used to describe the cognitive facet of SWB (Li, 2014). Veenhoven (2008) simply described subjective well-being as consistently feeling good and assessing life positively. In other words, it is described as life satisfaction, purpose in life, and daily emotional experiences (Banu & Yashoda, 2018). It should be noted that psychological and subjective well-being are used interchangeably in the document.

**Stress** - Stress is described as a taxing relationship between individuals and their environment that is endangering to their well-being (Lazarus & Folkman, 1984). Stress can have an impact on lifelong learning, self-regulation, memory, and executive functioning. It can also increase the risk of physical illness and mental health issues (Walsh & Thoedorakakis, 2017). Chronic, long-term stress is characterized as having a prolonged activation of the stress response system, without having relationships to serve as a buffer (Walsh & Thoedorakakis, 2017). In students, stress can ultimately take the form of psychiatric symptoms such as depression, anxiety, and hyperactivity (March-Llanes, Feixa, Mezquita, Fananas, & Moya-Higueras, 2017).
**Resilience** - This term is applied to individuals who are able to maintain a healthy life and flourish, despite experiencing challenges or adversity (Morrish, Rickard, Chin, & Vella-Brodrick, 2018). Resilience is also the ability to gather key resources to maintain well-being (Christmas & Kxonlou, 2018). It is considered a factor associated with healthy human development and is characterized by not only drawing from individual resources, but from protective factors emanating from the family and community (Christmas & Knonlou, 2018).

**Growth Mindset** - A growth mindset, as opposed to a fixed one, is related to the belief that intellectual abilities or personality can be increased or developed (Schroder et al., 2017). Individuals with this mindset are highly motivated to seek challenging opportunities, learn from their mistakes, and accept failure in an effort to increase their abilities and reach higher levels of achievement (Jach, Sun, Loton, Chin, & Waters, 2018). In addition, students with a growth mindset tend to earn better grades than those with a fixed mindset (Claro, Paunesku, & Dweck, 2016). A growth mindset allows individuals to adjust favorably to setbacks in responses to challenges (Schroder et al., 2017).

The following chapter provides a review of the literature related to the study’s research problem, purpose, and questions.
CHAPTER II: LITERATURE REVIEW

This chapter reviews the literature addressing the variety of stressors at-promise students may experience. These include adolescent development, socioeconomic and environmental, and school-related stress. Later in the chapter, the background and related constructs related to positive psychology and subjective well-being are reviewed. Finally, the connections between subjective well-being, resilience, mindsets, and perceived stress are discussed.

Stress

Adolescent Development Stress

Depending on the culture, adolescence is a transitional period between childhood and adulthood generally between 10 to 22 years of age (Crone & Konijn, 2018). While not always the case, this developmental stage can be a turbulent time period for young people (Zohar, Zwir, Wang, Cloninger, & Anokhin, 2019). Characterized by Erikson's stage of identity vs. role confusion, adolescents will experiment with different behaviors, attitudes, and values until they find something compatible with their developing sense of self (Eva & Thayer, 2017; Zohar et al., 2019). If there are difficulties meeting the challenges during this critical phase, there can be a long-lasting impact on well-being, with 75% of mental disorders presenting before age 25 (Morrish et al., 2018). During this stage of life, parental influence will decrease and peer acceptance becomes more important (Crone & Konijn, 2018). Minor to substantial changes in personality also occurs over this time. The previous years may have been marked with an obedient and benevolent child, replaced during this stage by a more challenging, self-centered, and impulsive teen. This period is explained by maturity either being halted or
reversed (Zohar et al., 2019). In summary, teenagers will experience significant changes across psychological, social, academic, and vocational domains as they transition to adulthood (Morrish et al., 2018).

Adolescents can experience a multitude of stressors and many are out of their control. As highlighted in chapter 1, stress is caused by several sources such as school, financial, family or environmental problems (Lal, 2014). High stress can be produced from adverse life events or toxic stress. Adverse life events such as the death of a parent, divorce, and romantic breakups have been found to increase the development of psychiatric symptoms (March-Llanes et al., 2017). Additionally, some events that produce toxic stress are: psychological, physical and sexual abuse, incarceration of a family member, witnessing domestic violence, homelessness, placement in foster care, house fires, burglary, and seriously ill family members (Morsy & Rothstein, 2019). When events are sustained or frequent, frightening or threatening, and lack protective factors, toxic stress is generated (Morsy & Rothstein, 2019). The effect of stressful life events is compounded when they are constantly accumulating (March-Llanes et al., 2017). Students who experience severe, negative life events within a 12-month timeframe, experienced changes to the brain, increasing the chance of developing depression and emotional disorders (March-Llanes et al., 2017).

Continued toxic stress not only impacts the aforementioned systems but also alters the brain, predisposing individuals to early death (Boullier & Blair, 2018). While adolescents are experiencing changes in cognitive and socio-development, the structure and function of the brain are also continuing to change (Crone & Konijn, 2018). There are significant adaptations in white matter, grey matter, and neurons during adolescence. The changes in
the brain impact behavioral control, delayed gratification, social understanding and communication (Crone & Konijin, 2018). The ability to self-regulate is influenced by childhood adversity and stress, due to changes in brain development (Eva & Thayer, 2017). Perceptions of Adverse Childhood Experiences (ACE) are commonly reported by youth with approximately 64% of the population experiencing at least one. A recent study reports that individuals who experienced six or more ACE’s are more likely to die 20 years sooner than those with no ACE (Boullier & Blair, 2018). Toxic stress is a liability in children’s development to learn and grow in a robust manner (Walsh & Theodorakakis, 2017). Fortunately, childhood and adolescent developmental periods are good times to interrupt a child’s poor health trajectory (Nurius, Prince, & Rocha, 2015).

Stress not only impacts the brain development of adolescents but can also affect their physiological functioning. People who have experienced four or more ACE’s are more likely to develop health problems, cancer, heart disease, diabetes, mental health, and risky behaviors (Boullier & Blair, 2018). In addition, stress is related to the lung functioning of asthmatics. These health impairments are caused by an inflammation of cells, which affects the neurological, immune, and endocrine systems to function appropriately (Boullier & Blair, 2018; Camelford & Ebrahim, 2017). Health issues can also be a result of stress hormones, norepinephrine and epinephrine, which are associated with the destruction of cellular matrices (Maykel, deLeyer-Tiarks, & Bray, 2018).

**Socioeconomic and Environmental Stress**

The impact of socioeconomic and environmental risk factors on mental health is higher in urban settings (Townley, Brusilovskiy, & Salzer, 2017). Poverty and unsafe
neighborhoods are examples of these challenges. Those living in poverty may experience a multitude of stressors due to a lack of financial resources. For example, at-promise students may arrive to school without school supplies or their basic needs being met, in comparison to their fiscally stable peers (Maykel, deLeyer-Tiarks, & Bray, 2018). It is hardly surprising that academic success is affected by students with unmet needs. In fact, grade point average (GPA) is moderately correlated with poverty. As poverty levels increase, student GPA decreases (Banerjee, 2016).

Young people growing up in socioeconomic and environmentally strained conditions are exposed to developmental risks, including substance abuse and community violence (Lardier et al., 2018). Although toxic stress is harmful to everyone, youth from marginalized communities may face additional challenges (Eva & Thayer, 2017). Erikson’s developmental stage, identity exploration, is influenced and molded by the environment (Ross, Powell, & Henriksen, 2016). At-promise high school students in the USA are more likely to witness crime or violence, generally leading to mental health problems. Students who knew someone that was murdered or witnessed a stabbing were twice as likely to report suicidal ideations and were three to four times more likely to attempt suicide (Ketumarn, 2010).

The physical appearance of communities can also impact feelings of stress. When environmental factors such as noise, litter, vandalism, deteriorated homes, and conflict with neighbors are compounded, feelings of disorder can exacerbate the toxic stress response (Morsy & Rothstein, 2019). Furthermore, students of color represent a disproportionate number of people living in these communities (Lardier et al., 2018). Not surprisingly, persons
living in urban environments are considered to be at a greater risk for depression and psychological distress (Ketumarn, 2010).

**School-Related Stress**

In addition to the physical environment students live in, the school environment can pose additional stressors. For example, truancy post-secondary plans, and minority stress are a few challenges experienced by at-promise students. Theory associated with the latter stressor suggests those who identify with an oppressed minority status and/or those who belong to a less privileged class or socioeconomic group will experience more stress than peers belonging to a privileged group (Maykel, DeLeyer-Tiarks, & Bray, 2018). When disadvantages are accumulated, mental and physical health suffers, and receiving help to buffer these stressors becomes more difficult (Nurius, Prince, & Rocha, 2015). Adolescents who belong to more than one minority group will experience even more stress than their peers (Maykel et al., 2018).

Sources of marginalization, as well as social and material inequalities can be forms of everyday life for at-promise students (Nurius, Prince, & Rocha, 2015). In the academic setting, minority stress can be experienced through bullying or harassment, potential discrimination from student and school staff, or exclusion from activities (Maykel et al., 2018). Negative relationships with teachers and perceived discrimination are critical risk factors for academic outcomes (Banerjee, 2016). For example, Black students are penalized more frequently, and for longer durations for the same infractions as their White peers (Morsy & Rothstein, 2019). Minority stress can contribute to academic stress by placing
students at a social and structural disadvantage within the school system (Maykel et al., 2018).

The school environment can have a severe and negative impact on overall well-being as well (Maykel et al., 2018). Deficient supplies and materials, as well as dirty physical conditions, are contributors of stress for students by, reducing possibilities for maximum learning and engagement (Hudley, 2013). In addition, interpersonal relationships between students and teachers can significantly impact student academic stress, since they are essential to creating a space of acceptance and feeling safe (Maykel et al., 2018). Historically, low-income students of color have experienced high teacher turnovers (Carver-Thomas & Darling-Hammond, 2017). With a 70% teacher turnover rate, forming teacher-student relationships may be more difficult for students of color (Carver-Thomas & Darling-Hammond, 2017).

Truancy is another challenge among at-promise students. According to Jacob and Lovett (2017), unlike learners from the majority culture, absenteeism among Black students and economically disadvantaged students is a common phenomenon. Poor facility conditions, low-quality teachers, and bullying are related to truancy. Furthermore, teenage motherhood and repeating grades due to low academic performance, contribute to absenteeism (Jacob & Lovett, 2017). When low-income students miss school, it is more difficult for them to get back on track academically in comparison to youth who come from middle or high-income families (Mize & Kliwer, 2017). Therefore, the effects of truancy can be detrimental to the academic success of at-promise students.
The senior year of high school adds another level of stress for students (Paolini, 2019). The majority of concerns are associated with college and career plans after high school (Infantolino, 2017). A study by Infantolino (2017) suggests students may be stressed by feeling rushed to make a college or career decision after graduation. Students also wished they had more time with their school counselor, guidance on scholarships and financial aid, career exploration opportunities, and college information. Needless to say, college and career planning can become overwhelming during the senior year. Relatedly, Barnett (2016) conveys at-promise students are significantly underprepared as they transition out of high school. First-generation students, who are often students of color and from low-income backgrounds, experience unique challenges when matriculating to college (Hébert, 2018). The family’s inexperience with the college application process, meeting deadlines, applying for scholarships, and applying for financial aid creates another level of stress for first-generation college-bound students (Hébert, 2018).

For students who are not planning to go to college, career planning is essential and affects student’s confidence about their desired goals (Xiao, Newman, & Chu, 2018). There are many students who will not take the traditional route to a four-year college, so discussions surrounding the military, two-year colleges, and directly joining the workplace need to be provided and supported (Perry, 2017). Xiao et al., (2018) declared person variables such as gender, race, ethnicity, and social class can affect access to resources, mentors, or potential employment. Therefore, students may stress about the availability of jobs and opportunities for them after graduation (Infantolino, 2017).
As with other forms of stress, if students are unable to cope with academic and social-emotional stress, there can be serious psychological and health consequences (Kaur & Singh Paur, 2017). The academic environment can become an overwhelming place, especially if students do not have the tools to cope (Maykel et al., 2018). Moreover, high school should be a place where an emphasis is also placed on social and emotional skills, which are predictors of college success (Barnett, 2016). Assets gained from peers, family, and schools can buffer the impact of cumulative disadvantage on a student’s well-being (Nurius, Prince, & Rocha, 2015). Role models and mentors serve as much needed resources, essential in the positive outcome of at-promise students (Banerjee, 2016). For instance, access to school-based career coaches is tied to an increase in career planning (Xiao et al., 2018). In addition, when students have positive adult connections, they feel more encouraged, knowing they have someone to advocate for them and able to provide different perspectives to their worldview when needed (Perry, 2017). Furthermore, positive relationships with family members, friends, and adults contribute to a greater sense of well-being and are associated with effective, post-secondary career planning (Xiao et al., 2018).

In conclusion, several stressors within the school environment can lead to toxic stress (Morsy & Rothstein, 2019). Positive student perceptions of the school environment are correlated with better student mental health, which in turn is also associated with positive educational outcomes (Mihaly et al., 2018). Protections from toxic stress can be enhanced through a quality/positive school climate, one where there are healthy teacher-student relationships, the development of self-regulation skills is encouraged, and emotional support
to students is provided (Morsy & Rothstein, 2019). In the next section, connections to positive psychology are summarized.

**Overview of Positive Psychology**

The traditional approaches to psychological health were based on the disease or medical model, where the notion of “being healthy” was defined by the absence of distress or a disorder (Park & Peterson, 2008). In contrast, positive psychology is the scientific study of the conditions and experiences needed for optimal functioning (Putwain, Gallard, & Beaumont, 2019). This psychological view does not dismiss disorders and distress but calls for balance in the field. Psychologists must equally consider human goodness, excellence, and thriving in their theories and research (Park & Peterson, 2008; Uyanik, Shogren, & Blanck, 2017). Said differently, rather than study what makes people unhealthy, positive psychologists tend to investigate what is going right in their lives throughout the entire lifespan (White & Murray, 2015).

Furthermore, positive psychologists identify and study character strengths, happiness, and well-being in relation to healthy human functioning (Umucu et al., 2019). Positive psychology can also help decrease the stigma related to seeking professional help. For example, using positively termed goals such as increasing happiness and well-being are perceived more favorably from diverse individuals, families, and the community when pursuing support (Umucu et al., 2019).

In terms of key figures in the positive psychology movement, Martin Seligman is considered to be one of the founding thinkers (Pluskota, 2014). Seligman’s Well-being Theory proposes optimal functioning occurs when the two views of well-being (hedonic and
eudaimonic) are present at the same time (Forgeard, Jayawickreme, Kern, & Seligman, 2011; Seligman, 2011; Umucu et al., 2019). In addition, his well-being theory consists of five elements, described as the PERMA Model of Flourishing (Kern, Waters, Adler, & White, 2015; Seligman, 2011). As outlined further in a following section, the five original elements of the PERMA framework are: positive emotion, engagement, relationships, meaning, and accomplishment (Butler & Kern, 2016; Seligman, 2011). The intent of this model is to help people reach eudaimonia, namely, a flourishing life (White & Murray, 2015). Flourishing is defined as the optimal state of functioning across multiple psychosocial domains, where a person is feeling good and doing good (Butler & Kern, 2016; Morrish, Rickard, Chin, Vella-Broderick, et al., 2018). The original PERMA model has been extended to include positive health and resilience as the final addition to the model (Morrish et al., 2018).

**Subjective Well-being**

Subjective or psychological well-being (SWB), a well studied construct in positive psychology, draws from two overlapping streams of happiness (hedonic and eudaimonic) that are measured differently (Keyes, 2009; Maddux, 2018). Hedonic well-being is described as the feelings of happiness or positive emotions (Keyes, 2009). More specifically, a person with hedonic happiness tends to experience more pleasure than pain and enjoys life (Maddux, 2018). However, there is some criticism that hedonic well-being can appear as a superficial, feel-good approach to positive psychology (Kern et al., 2015). Consequently, in recent years there has been a greater emphasis on eudaimonic well-being (Kern et al., 2015).

Research in the eudaimonic view describes this form of happiness as psychological and social well-being (Keyes, 2009). This type of well-being is comprised of fulfilling one's
true nature (Umucu et al., 2019) and is described as the feeling one has about the quality of how her life is functioning (Keyes, 2009). The idea that well-being is only measured by how happy a person views his life is challenged by the concept of eudaimonic well-being, which takes a deeper look into the talents and abilities a person has to improve not only her life but others around her/him (Maddux, 2018).

Furthermore, eudaimonic well-being is based on Aristotle’s view that happiness was related to striving towards positive functioning and excellence. Aristotle referred to eudaimonia as achieving the best within us as the "good life" (Maddux, 2018). It focuses on the development of becoming a fully functioning person (Keyes, 2009). Although having a happy and meaningful life are two different aspects of subjective well-being, they correlate highly, suggesting the views of the “good life” are not all that different (Maddux, 2018). Veenhoven (2008) combined the two views of subjective well-being together by simply explaining, high subjective well-being occurs when someone is satisfied with their life and experiences joy more frequently than sad emotions. The goal of increased SWB is to help people thrive across multiple areas of their life (Kern et al., 2015). It is a complex, multidimensional construct of optimal functioning and experience (Umucu et al., 2019). Becoming a positive functioning person is more than not being depressed, but being healthy, optimistic, vibrant, compassionate, intellectually curious, and hopeful about the future (Kern et al., 2015). High well-being occurs when someone is satisfied with their life and experiences joy more frequently than sad emotions (Veenhoven, 2008). The multifaceted theories of Seligman’s PERMA Model and Carol Ryff’s Model of Psychological Well-being are described in more detail below.
Subjective Well-being, Stress, and Resilience

Previous studies found that mental well-being was inversely related to perceived stress (Teh, Archer, Chang, & Chen, 2015). Analysis from the Teh et al. (2015) study indicated mental well-being mediates the relationship between perceived stress and perceived health. Perceived stress can be a predictor to satisfaction with life, since students who report low levels of perceived stress also report higher levels of life satisfaction (Samaha & Hawi, 2016). It is important to note, resilience is characterized by higher well-being and lower levels of perceived stress (Parks et al., 2018).

SWB and resilience have a bidirectional relationship. The promotion of resilience is significant because it helps to prevent maladaptive behaviors in economically disadvantaged ethnic minorities (EDEM) (Henderson et al., 2016). Cultivating resilience involves teaching students cognitive reappraisal and emotional regulation (Morrish et. al, 2018). Resilience provides a level of competence an individual will attain when dealing with stressful situations (Hussain & Thakur, 2019). The degree of resilience plays a role in reducing or increasing the level of stress student’s experience (Hussain & Thakur, 2019). Students with higher levels of resilience will experience lower levels of academic stress (Hussain & Thakur, 2019). Furthermore, resilience protects from trait anxiety and depressive symptoms in the face of adversity (Hussain & Thakur, 2019). In fact, the most recent edition to the PERMA model is positive health, which partially refers to the engagement in sustainable behaviors to promote resilience (Morrish et. al, 2018).

The PERMA Model
After Seligman (2011) highlighted the importance of positive psychology, he later developed a model for well-being as mentioned above. His framework defined flourishing in five components of the PERMA model (Kern et al., 2015; Seligman, 2011). Positive emotions, the first element, are described as central to emotional well-being (Morrish et al., 2018). Examples of positive emotions are feeling happiness, hope, joy, pleasure, rapture, and contentment (Umucu et al., 2019).

The second element, engagement, involves flow (i.e., being fully immersed or absorbed in an activity), challenging one’s self, working in a satisfying job or actively involved in fulfilling hobbies (Kern et al., 2015). Engagement is positively associated with improvements in self-esteem, prosocial behavior, positive affect, and life satisfaction (Morrish et al., 2018).

Positive relationships, the third element, refer to feelings of being cared about and establishing trusting connections with others (Umucu et al., 2019). Positive relationships are promoted in PPIs through activities that involve cooperation, compassion, kindness, and positive communication (Morrish et al., 2018).

The fourth component focuses on a sense of meaning, defined as having direction in life, value in life, being able to connect to something greater than oneself, and having a sense of purpose in their actions (Butler & Kern, 2016). Overall, meaning provides a sense that one’s life matters and is linked to better physical health, lower mortality, and higher life satisfaction (Butler & Kern, 2016).

Lastly, accomplishment is described as obtaining achievement through self-discipline and persistent drive (Umucu et al., 2019). A sense of accomplishment can be achieved
through multiple paths (e.g., academic pursuits, social relations, emotionality, physicality, spirituality). By experiencing a sense of accomplishment, people can nurture themselves with the positive feelings associated with achievement (Morrish et al., 2018).

For sake of clarity, while the elements of happiness and well-being are thoroughly described through Martin Seligman’s (2011) PERMA model, he was not the first to bring attention to positive psychology and well-being. Earlier attempts to plainly define well-being were made in 1958 when Marie Jahoda developed a theory that included six dimensions of well-being for mental health, with the last dimension involving one’s outlook on life and resistance to stress (Fava, 2016). Jahoda’s last dimension provided a base to define resilience as a resistance to stress, by being flexible and having an outlook on life to guide feelings and actions (Fava & Bech, 2016).

**Ryff’s Model of Psychological Well-being**

Carol Ryff’s notion of psychological well-being, in contrast to the PERMA Model, is a synthesis of concepts originating from a variety of sources, including Erikson’s psychosocial stages, Bühler’s basic life tendencies, Neugarten’s personality change, Maslow’s self-actualization, Allport’s maturity, Rogers fully functioning person, Jung’s individuation, and Jahoda’s positive psychological health (Li, 2014). As a result, Ryff determined there were six contributing factors of psychological well-being, creating clear definition of this construct (Fava & Bech, 2016; Ryff, 1989). First, self-acceptance is described as having a positive attitude about oneself and one’s past. It is also characterized as accepting unpleasant aspects of oneself. Second, positive relations with others are explained as being able to care, empathize, cooperate, and compromise with others to develop “warm, trusting interpersonal...
relationships” (Keyes, 2009, p. 11). Third, autonomy is described as being self-determined, independent, and aware of one’s values. These characteristics allow the person to make his own decisions, confidently going against the grain of societal guidelines if needed. Fourth, environmental mastery includes recognizing potential situations or opportunities where personal needs can be benefited. It also includes managing and controlling daily activities. Fifth, purpose in life consists of objectives, goals, and direction to fulfill their meaning in life. Personal growth is the final dimension. It consists of working on skills, abilities, and opportunities to grow developmentally. Personal growth also entails being open to different experiences and challenges.

Ryff continued her research and developed the Psychological Well-being Scales (PWB) (Fava, 2016). Giovanni Fava contributed to the work of Carol Ryff and Marie Jahoda by creating Well-being Therapy (WBT) that encompasses specific techniques to enhance SWB (Fava, 2016; Fava & Ruini, 2003). Since the development of WBT, research has been conducted to confirm whether it is an evidenced-based treatment (Ruini et al., 2009; Tomba et al. 2010; Xu, Wu, Yu, & Li, 2019). By interconnecting Ryff’s model of well-being, an actual treatment intervention, WBT, and a measurement of PWB, brings a comprehensive approach to the construct of psychological well-being. An overview regarding the previously discussed information on positive psychology can be found in Figure 1.
Positive Psychology

The study of flourishing and optimal functioning, in other words, a person being and doing their best (Park & Peterson, 2008; Uyanik, Shogren, & Blanck, 2017).

Martin Seligman is a leading founder of positive psychology who proposes optimal functioning occurs when the two views of subjective well-being (hedonic and eudaimonic) are present at the same time (Seligman & Csikszentmihalyi, 2000; Umucu et al., 2019).

There are 3 pillars of concentration: positive emotions, positive traits, positive institutions (Seligman, & Csikszentmihalyi, 2000).

Seligman created the PERMA Theory of Well-Being (5 elements) in 2011 (Butler & Kern, 2016; Seligman, 2011)

Carol Ryff created the Model of Psychological Well-Being (Ryff, 1989) and 6 dimensions of positive functioning
• Created the Psychological Well-Being Scales

G. Fava developed Well-Being Therapy and the Well-Being School Protocol based off of Ryff’s Model of Well-Being (Fava & Ruini, 2003; Ruini, Belaise, Brombin, Caffo, & Fava, 2006)

Figure 1. Overview of positive psychology and connections to well-being theory and intervention.
Elements of Positive Education

As mentioned before, the goal of positive psychology is to increase well-being and position people to flourish, rather than simply existing (Alzina & Paniello, 2017). Three pillars of positive psychology as alluded above in Figure 1, are positive institutions, such as schools, positive emotions and positive traits (Martín, 2017; Seligman & Csikszentmihalyi, 2000). The emergence of well-being as a dimension of positive psychology is not only dependent on the individual, but also of the communal system (Henderson, DeCuir-Gunby, & Gill, 2016). Schools are a large part of this communal, macro-system.

Positive education describes how positive psychology is applied to education at the institutional level (White & Murray, 2015). Specifically, positive education is described as evidence-based interventions and programs from positive psychology principles, that promotes well-being and academic achievement (Noble & McGrath, 2015; White & Murray, 2015). It includes a focus on social-emotional skills, positive emotions, positive relationships, positive purpose, and strengths and behaviors to enhance well-being and resilience (Noble & McGrath, 2015). Children and adolescents spend the majority of their daytime hours in school, creating a strong influence in their lives (Martín, 2017). Schools can create a positive and safe learning environment to support adolescent development and facilitate mindsets, necessary for adult well-being and happiness (Noble & McGrath, 2015; Verhoeven, Poorthuis, & Volman, 2019).

Schools serve an essential role in supporting the socio-ecological development of adolescents. The adolescent stage of identity exploration is a useful time to focus on the development of becoming a fully functioning person (Kern et al., 2015). Positive human
interactions and social skills are developed throughout the school years (Ruini et al., 2009). Identity development may take courage, due to risks and possible discomfort when new experiences take place (Verhoeven et al., 2019). Meaningful activities in a supportive classroom environment can nurture the identity development of adolescents (Verhoeven et al., 2019). Research confirms identity exploration is a strong predictor of several well-being dimensions (Karas, Klym & Cieciuch, 2013). In fact, a clear and stable identity can produce more resilient individuals (Verhoeven et al., 2019). When students feel safe to make mistakes due to a positive classroom climate, they are more likely to take risks and chances, because of their newly gained self-confidence (Verhoeven et al., 2019).

In a positive classroom environment, students will learn to accept others as they are (Verhoeven et al., 2019). In fact, perceptions of relationships with school staff and school connectedness can predict the emotional health of adolescents (Morrish et al., 2018). School can provide a network of support and a sense of belonging, leading to increased motivation and well-being (Schroder et al., 2017). The effect of these relational ties reorients the social ecology of this population of students from “at-risk” to “at-promise” (Henderson et al., 2016). For instance, students who feel a sense of belonging and connection are more likely to graduate from high school (Noble & McGrath, 2015).

**Positive Emotions and Traits**

Positive emotions, a pillar of positive psychology, affect how a person thinks and operates in the world (Fredrickson, 2013). Positive emotions are signals of optimal well-being (Fredrickson, 2001). According to the broaden-and-build theory, positive emotions enable a person to see a wider view of opportunities and build long-lasting resources (Cohn,
Fredrickson, Brown, Mikels, & Conway, 2009; Fredrickson, 2001). For instance, positive emotions enable individuals to be more creative and flexible with their thoughts, being able to see new solutions to interpersonal problems, make decisions, and respond to others with more care and generosity (Van Cappelleni, Rice, Catalino, & Fredrickson, 2018). Positive emotions also increase resiliency through the help of coping strategies and increasing intellectual resources (Hussain & Thakur, 2019). In addition, positive emotions can enhance social bonds, motivation for personal growth, and achievement motivation (Fredrickson, 2013). At the institutional level, self-efficacy and academic engagement are increased when levels of positive emotions are higher (Oriol-Granado, Mendoza-Lira, Covarrubias-Apablaza, Molina-Lopez, 2017). There is supporting evidence that an increase in learning occurs when students are experiencing higher levels of well-being, which include positive emotions (Orio-Granado et al., 2017; Seligman et al., 2009). In addition, students with higher SWB score better on statewide achievement tests than those with lower SWB (Suldo & Shafer, 2008).

Undoubtedly, there is an immense benefit in cultivating positive emotions and it is a worthwhile agenda to promote in the school setting.

Positive traits, the final pillar of positive psychology, can protect against stress and trauma, mental health issues, and negative life events (Parks & Peterson, 2009; Rashid et al., 2013; Seligman & Csikszentmihalyi, 2000). Some positive individual traits (character strengths and virtues) include: courage, perseverance, the capacity to love, thinks of the future, forgiveness, and interpersonal skills (Azina & Paniello, 2017; Seligman & Csikszentmihalyi, 2000). Park, Peterson, and Seligman (2004) identified 24 personal character strengths from six virtues. Character strengths are morally accepted traits related
to well-being, life satisfaction and academic achievement (Park & Peterson, 2009; Rashid et al., 2013). At the institutional level, schools can promote citizenship, responsibility, and tolerance (Seligman & Csikszentmihalyi, 2000). Using a strength-based approach, character strengths can be developed within the context of positive education (Park & Peterson, 2009). When students are taught how to develop their character traits, they learn that self-improvement is an ongoing mission (Hardgrove & Lenowitz, 2019).

**Growth Mindset**

Mindset is a useful construct to consider when it comes to well-being, academic achievement, coping, and resilience (Frydenberg, 2018). This concept refers to the beliefs of whether attributes such as personality or intelligence are changeable (Schroder et al., 2017). A young person's beliefs about the world can influence her psychological and academic trajectories (Jach et al., 2018). A person can believe that attributes are either stable (fixed mindset) or malleable (growth mindset) (Jach et al., 2018). Mindsets will often determine responses to different situations and can give rise to different motivations, goals, and behaviors (Schroder et al., 2017).

Mindset is a strong predictor of academic success, despite the socio-economic status of at-promise students (Claro et al., 2016). According to a national study, students from disadvantaged backgrounds were twice as likely to have a fixed mindset when compared to higher-income students. At this point, it is not understood why lower-income students are more likely to endorse a fixed mindset (Claro et al., 2016). Persons with a fixed mindset are concerned with their performance and afraid of failure so much that they will avoid situations to circumvent feeling helpless (Jach et al., 2018). Students with a fixed mindset
thrive when they appear smart or talented (Schroder et al., 2017). In contrast, students with a growth mindset are more likely to be challenged, learn from their mistakes, and accept failure, ultimately reaching higher levels of achievement than those with a fixed mindset (Jach et al., 2018). In addition, researchers have concluded that students with a growth mindset performed just as well as those from advantaged backgrounds (Claro et al., 2016). Evidence from this study supports the notion that schools should promote a growth mindset for students, encouraging them to take risks, challenge themselves, and learn from their mistakes (Maykel et al., 2018).

Growth mindsets are also associated with emotion-regulation strategies and cognitive reappraisal (Schroder et al., 2017). For instance, if a student is not successful in a given task, encouraging the student to reappraise the difficult situation as a learning opportunity will foster a growth mindset, helping the student persevere and maintain a sense of hope (Morrish et al., 2018). Individuals with a growth mindset can facilitate positive accomplishments through the belief that talent and ability can be developed over time (Frydenberg, 2018; Morrish et al., 2018). A growth mindset allows students to bounce back from stressful situations, which is also associated with resilience (Noble & McGrath, 2014). Similar to the concept of growth mindset, resilience is demonstrated by taking calculated risks and seeking new experiences (Noble & McGrath, 2014). Due to the impact growth mindset has on resilience, it is no surprise that mindset is positively associated with well-being (Frydenberg, 2018). Therefore, regardless of external factors, a growth mindset can help level the playing field for all students. The key elements of positive education can be mobilized to actively influence students within the school environment.
Positive Psychology School Interventions

Growing evidence suggests positive psychology interventions (PPIs) in schools can reduce mental illness and improve well-being in adolescents (Morrish et al., 2018; Seligman, 2018). School-based intervention and prevention programs are popular avenues to reach a large group of young people in one setting (Morrish et al., 2018). There are several validated well-being programs implemented in schools around the world. These include US programs (Smart Strengths, Penn Resiliency Program, and Strath Haven Positive Psychology Curriculum), Geelong Grammar School and Bounce Back in Australia, and the Happy Classroom in Spain (Martín, 2017). Some of these are summarized below.

According to Seligman, Ernst, Ghillham, Reivich, and Linkins (2009), the most popular researched program to prevent depression in adolescents is The Penn Resiliency Program (PRP). Research results suggest completion of the PRP can prevent depression, anxiety, and adjustment disorder, with effects often lasting over 2 years (Gillham, Hamilton, Freres, Patton, & Gallop, 2006). In addition, adolescents who partake in the PRP and well-being programs are less likely to have a mental health diagnosis (Seligman, 2018). Most believe prevention methods should be done as early as preschool age (Ketumarn, 2010). However, preventive programs with teenagers have been beneficial in improving mental health as well (Ketumarn, 2010; Seligman, 2018). In addition, there are other PPIs that have measured for the reduction of perceived stress in adolescents. For example, after the implementation of a mindfulness intervention, Learning to BREATHE, results showed self-compassion is a potential buffer and pathway to reduce perceived stress (Bluth, Roberson, & Gaylord, 2015). Another study that incorporated The Well-being Game, involved participants documenting
their activities to promote well-being. After using the game, players exhibited lower stress levels, higher well-being scores, and a greater awareness for well-being promotion than the non-players (Tolks et al., 2019). Binfet (2017) studied students who participated in a canine therapy group. After three, twenty-minute sessions, the students showed a significant decrease in perceived stress (Binfet, 2017). The following intervention has been used to promote well-being and reduce distress in students.

**Fava’s Well-being Therapy (WBT).** Fava and his team of researchers created an educationally-based modification to Well-Being Therapy called the Well-Being School Protocol (WBSP; Fava, 2016). WBT includes an ultimate goal to lead clients toward a balanced, optimal level of functioning through the dimensions of PWB (Ruini & Fava, 2012). Well-being therapy is aligned with Carol Ryff’s framework discussed above. Specifically, WBT includes guided interventions that are composed of psychotherapeutic strategies to increase PWB and resilience (Fava, Cosci, Guidi, & Tomba, 2017). Features include self-observation of PWB, and what thoughts or behaviors get in the way of lasting feelings of PWB (Fava, 2016). The number of sessions can range from 8-20, lasting 45-60 minutes. Only 4-6 sessions are needed when WBT is combined with cognitive-behavioral therapy, such as in the WBSP (Fava et al., 2017).

There are three documented Italian school-based studies using the WBSP conducted by the program developers (Weiss, Westerhof, & Bohlmeijer, 2016). Two WBSP studies were conducted in middle schools (participant mean ages: 13.1 and 11.4, respectively) and one study included high school students (grades 9 and 10. The high school sample consisted of 227 students with a mean age of 14.40. Moreover, the adolescents were described as more
vulnerable to mood and anxiety disorders (Fava, 2016). The students were randomly assigned to either an attention placebo or the WBSP protocol. The results of this study found a decrease in anxiety along with an increase in personal growth of students assigned to the WBSP protocol (Ruini et al., 2009).

In addition, a five session, two-hour intervention of WBT was used with a sample of Chinese medical students with a mean age of 19.49 (Xu et al., 2019). Based on the prior studies with middle and high school students in Italy mentioned above, the researchers selected WBT to promote psychological well-being and decrease distress of college freshmen (Xu et al., 2019). Although the application was in an educational setting, the researchers used the original WBT intervention, rather than the modified format. Therefore, students had daily journal assignments to monitor their moments of well-being, with subsequent assignments leading to identifying negative automatic thoughts and behaviors, and learning how to cognitively restructure negative thoughts and behavioral strategies to increase well-being (Fava, 2016). Nevertheless, this study aligned with the prior WBSP studies resulting in improvements in psychological well-being and a reduction in anxiety and depressive symptoms (Xu et al., 2019).

These investigations showed that the WBSP is an adaptable and affordable PPI intervention for schools. Each study yielded promising results. The intervention includes specific objectives with activities that can be tailored to the school culture. Although the WBSP has not been used widely, it is a validated, established program of specific strategies useful in promoting psychological well-being in academic settings (Ruini et al, 2009; Fava,
2016). Seemingly, there were positive results in different education settings and the original WBT can be used or the WBSP.

In summary, there are many advantages of using PPIs with adolescents in a high school setting. For example, since students are more developed cognitively, they are better able to understand some of the deeper concepts. PPIs benefits increase with age due to wisdom, emotional regulation, and self-control (Sin & Lyubomirsky, 2009). Second PPIs are feasible and simple to implement. In addition, they are not expensive and usually can be implemented without any additional resources. The long-term results suggest happier teenagers will earn more money than unhappy teenagers, and PPI are equally effective for people rewarding with varying ethnic and racial backgrounds (Adler, 2017). Positive psychology promotes awareness of individual strengths to mobilize personal and professional success (Martín, 2017). Overall, PPIs are cost-effective, easy to implement, and can be financially beneficial for young people and the community. In the next section, the key roles school counselors play as “positive” educators and mental health professionals are summarized.

**Roles of Professional School Counselors**

School counselors are at a minimum, master's level, state-certified professionals who adopt a holistic perspective, looking beyond students’ GPAs, test scores, and discipline records (ASCA, 2019; Sink, 2016). In this role, they serve as positive change agents in the development of successful students (Bozkurt, 2014; Martinez, Dye, & Gonzalez, 2017). Specifically, they draw upon the framework of the American School Counselor Association's National Model. Furthermore, ASCA’s Mindsets and Behaviors (2014) provide structured
standards that focus on the knowledge, skills, and attitudes related to student accomplishment and growth, serving as a guide to student mastery of key developmental standards. The standards include three domains targeting student competence in social and emotional development, college and career readiness, and academic success (ASCA, 2014). The Mindsets and Behaviors are supported by research as beneficial standards that can help generate positive relationships, academic success, and school performance (Sparks, 2014).

In addition to serving all students, school counselors are expected to help close the achievement gap for at-promise students (ASCA, 2012). ASCA dually targets the mindsets and behaviors of students and school counselors. Some examples of mindsets or beliefs school counselors should possess are: every student can learn and be successful; collaboration is valuable, comprehensive school programs are effective; and school counselors are educational leaders (ASCA, 2019). A strong belief in their leadership role is necessary because school counselors must confidently advocate for students by creating healthy learning environments (Bozkurt, 2014).

The behavior segment of ASCA’s Mindsets and Behaviors describes the actions of school counselors to successfully run a comprehensive school counseling program. According to Bozkurt (2014), school counselors are leaders who collaborate with stakeholders, including students. In addition, school counselors plan and assess activities, as well as provide direct and indirect services to develop positive, strength-based climates (ASCA, 2019). Another mission of school counselors is to reach larger numbers of students by focusing on prevention through a proactive role (Bozkurt, 2014). For example, best practice includes school counselors mindfully selecting evidence-based interventions for
their CSCP (Bozkurt, 2014). It is expected that school counselors understand how the environment can influence student success and possible opportunities (ASCA, 2019). Therefore, school counselors must be culturally sensitive and consider contextual factors that form a student’s reality, as they simultaneously promote positive development (Bozkurt, 2014; Martinez et al., 2017).

As alluded to above and reinforced by Sparks (2014), school counselors cultivate mindsets and behaviors (e.g., self-discipline and goal setting) related to social-emotional learning (SEL), a significant component of positive education. SEL skill development and related programs are well-known in today’s schools (O’Conner & Cameron, 2017; Hamilton, Doss, & Steiner, 2019). In a recent study of over 3,500 principals in the United States, outcomes indicated 72% of them rated social-emotional skills as a top priority. Additionally, principals and teachers believed the time spent on SEL is well worth it and supports their instructional goals (Hamilton et al., 2019). SEL programs provide a framework to develop social and emotional competencies, which are linked to academic growth, positive identity development, and future success (Lottman et al., 2017; Nathanson, Rivers, Flynn, & Brackett, 2016; West, Pier, Frick, Hough, et al., 2018). Different from other positive psychology interventions, SEL focuses on the skills needed for adequate behavior and emotional self-control (Tolan, Ross, Arkin, Godine, & Clark, 2016). In sum, PPIs focus on the promotion of positive emotions, whereas SEL focuses on the prevention of negative behaviors (Tolan et al., 2016). However, researchers confirm SEL can assist in reducing emotional and behavioral problems among school children (Trach, Lee, & Hymel, 2018). SEL is delivered either through the classroom or the community by using a variety of curricula, positive behavior systems,
and trauma-informed practices (Hamilton et al., 2019). It is important to recognize that even though SEL and other PPIs differ in their agenda, they overlap and are complementary to one another (Tolan et al., 2016).

School counselors also fulfill a major role as a systems change agent establishing positive environments to support student success (ASCA, 2019). Similar to SEL, multi-tiered systemic systems of support (MTSS) have a goal of promoting positive environments and positive skills by focusing on the prevention of problems, including behavior, that could get in the way of student learning (Cook, Frye, Slemrod et al., 2015; Hamilton et al., 2019; Lottman et al, 2017). Like SEL, MTSS are widely evidence-based interventions, that are most considered by school districts in the promotion of student mental health (Cook et al., 2015). It is, therefore, no surprise that school-based mental health providers have adopted and use an MTSS framework (Doll, 2019).

Response to intervention (RTI) and positive behavioral interventions and supports (PBIS) are two common MTSS programs implemented in public schools over the last ten years (Ziomek-Daigle, Goodman-Scott, Cavin, & Donohue, 2016). RTI was developed as a response to the 2004 Individuals with Disabilities Education Act (IDEA) that changed regulations on the eligibility requirements for special education services (Dougherty Stahl, 2016). The change included the inability to recommend students for special education services based on the discrepancy model of differences between IQ and achievement skills (Dougherty Stahl, 2016). The advancement of RTI has grown to further include social interventions (Ziomek-Daigle et al., 2016). PBIS is also a preventive intervention but focuses on positive reinforcements to encourage positive behavior choices (Ziomek-Daigle et al.,
In common with RTI, PBIS is a culturally responsive framework that promotes a safe climate and can be beneficial to at-promise schools (Goodman-Scott et al., 2018).

There are three tiers associated with MTSS equating to the magnitude of the intervention and student needs. The tiered interventions increase in intensity for students who are unresponsive to the lower level tiers (Doll, 2019). In Tier 1, interventions have a broader scope that can be completed in school-wide activities or through evidence-based interventions and practices in the classroom (Ziomek-Daigle et al., 2016). For example, SEL skills would be taught through the curricula in the classroom at Tier 1 (NEA, 2018). In addition, Tier 1 typically includes all students and is initiated as a result of minor warning signs that an intervention is warranted (Sink, 2016). School counselors generally collect data or perform universal screenings at Tier 1 to determine schoolwide needs (Sink, 2016). Although not common, universal screening assessments can be used to identify internalized symptoms of students (Doll, 2019). According to Ziomek-Daigle et al., (2016), 80% of students are categorized as Tier 1. As students need increase, they are either placed at Tier 2 or 3, and the interventions become more targeted and individualized. Tier 2 interventions include specific skill training and practice for students (NEA, 2018). To further support students, school counselors may provide progress monitoring, individual counseling, small groups, or evidence-based classroom lessons (Sink, 2016). According to Goodman-Scott, Hayes, and Cholewa (2018), about 15% of the student population requires Tier 2 interventions and about 5% require Tier 3 interventions. Tier 3 includes even greater individualized interventions, and students may need additional resources and support
outside of the school setting (Sink, 2016). By providing support at each tier, it is apparent school counselors are integral stakeholders in MTSS (Goodman-Scott et al., 2018).

In summary, MTSS is a universal program in schools to promote academic, social, and emotional support as well as prevent mental health problems in all students (Cook et al., 2015). Although teachers have been geared to lead SEL interventions in their classrooms, a study reported 98% of teachers do not feel comfortable recognizing and understanding mental health disorders, and 96% lacked strategies in working with students who displayed externalizing problems (Trach et al., 2018). In order for MTSS to be successful, staff with a background in mental health and a clear understanding of student’s internalizing symptoms, which are associated with mood and anxiety disorders, is needed (Doll, 2019; March-Llanes et al., 2017). School counselors have the advantage of knowing and building relationships with students over a few years, along with the ability to provide background knowledge of student issues (Goodman-Scott et al., 2018). In addition, school counselors use data, provided from MTSS to run an effective CSCP, supporting the mission of schools (Goodman-Scott et al., 2018).

School counselors must also be skilled in several areas, including multicultural competence, the design and implementation of evidence-based interventions, and group dynamics (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016; Ohrt, Blalock, & Limberg, 2016; Sink, 2016). Multicultural competency is vital to the counseling relationship and predicts an increase in client satisfaction (Farook, 2018). According to Rodgers and Furcron (2019), there is a great need for school counselors to implement services related to student’s racial identity, heritage, and culture. Multicultural counseling and social justice
competencies are important in developing a positive quality of life for at-promise students (Wilson, Pitt, Raheem, Acklin, & Wilson, 2017). Therefore, school counselors must continuously strengthen their multicultural and social justice competence (MSJCC) by focusing on attitudes and beliefs, knowledge, skills, and actions to further develop counselor self-awareness, client worldview, client-counselor relationships, and interventions to work with diverse populations (Ratts et al., 2016).

The socio-ecological context is taken into account when counseling and advocacy interventions are planned (Ratts et al., 2016; Rodgers & Furcron, 2019). For that reason, school counselors thoughtfully plan interventions for students, while considering their life experiences in and out of school (Martinez et al., 2017). For instance, at the interpersonal level, counselors can help at-promise students build relationships with others, help develop communication skills to discuss issues of oppression, reach out for sources of support, and plan culturally sensitive, evidence-based interventions (Ratts et al., 2016). Although MSJCC is a response to the quality of life in diverse individuals, there are still concerns regarding the degree of actual application (Wilson et al., 2017). For instance, despite the implementations of MTSS, there are still disproportionate numbers of minorities represented in special education programs due to the lack of culturally competent staff (Gomez-Najarro, 2019). However, through advocacy, school counselors can use their training to bring multicultural awareness of the relationship between diversity and education for students.

School counselors have the unique position of having access to the entire school population and serve a fundamental role in the education of primary and secondary students (Cicco, 2018). In addition, school counselors are competent in providing individual, small
group, and core curriculum counseling (Cicco, 2018). As with all interventions, core curriculum, better known as large group or classroom guidance, should be preventive and developmental (ASCA, 2012). Along with having a mental health background, school counselors are specially trained in group facilitation as well as classroom management (Ohrt et al., 2016). Being aware of the group process, dynamics, and stages that may occur are all useful skills school counselors use while conducting classroom guidance lessons (Ohrt et al., 2016). Providing large group guidance lessons enables the classroom to become a cohesive and safe place for students to explore strengths, social relationships, support systems, and choices to increase personal and academic gains (Bjornestad, Mims, & Mims, 2016).

In summary, school counselors are professionally skilled change agents, who assume multiple roles, such as leaders, collaborators, and advocates. It is important for school counselors to align their CSCP to the vision and mission of the school. In order to avoid an overload of prevention programs in the school system, adopting an integrative approach is advantageous (Cook et al., 2015). Since well-being education remains mostly hidden in the curriculum (Martín, 2017), school counselors can integrate PPI's with the current SEL and/or MTSS programs at their schools. PPI interventions combine traditional academic curriculum with evidence-based skills to enhance well-being (Morrish et al., 2018). Combining components of current school initiatives with PPI's can create opportunities for school counselors to empower students to lead fulfilling lives, producing healthy communities filled with happiness (Adler, 2017). Psychological well-being is anchored in how individuals navigate their way through life’s difficulties (Ryff, 2014), and school counselors are highly trained staff to help them along the way.
Purpose and Significance

While preparing for life after graduation, high school seniors experience elevated levels of stress impacting their mental health (Infantolino, 2017). Before students continue to the next phase of their lives, it is important for them to have the coping skills and mindsets to deal with life’s challenges. The purpose of this research study was to examine the impact a PPI could have on at-promise high school students. Specifically, the study evaluated the application of the Well-Being School Protocol, with school counselor led, classroom lessons, delivered to students in grade 12. Built around Ryff’s model of psychological well-being, this study aimed to determine if the WBSP could help increase the overall well-being of at-promise students. In addition, the study aimed to determine which PWB dimensions were most improved after the implementation of the WBSP. This would allow stakeholders to understand the influence PPIs can have on the various components of PWB. Finally, because of the link between subjective well-being and perceived stress, this study sought to determine if a reduction of perceived stress occurred after the implementation of the WBSP. This study was intended to advocate for the promotion of subjective well-being in at-promise youth, providing insight and tools to guide them towards a positive trajectory in their future. This study also highlights the importance of delivering school counselor-led interventions with secondary students. Because school counselors are instrumental in the educational setting, this study provides an evidence-based resource to assist at-promise students.

The current quasi-experimental study addressed the gap in well-being and stress reduction interventions targeting senior high school, at-promise students. As discussed previously, stress can impact an individual’s quality of life (Nielsen et al., 2016). However,
subjective well-being is comprised of several dimensions to help combat the effects of chronic stress and serves as a protective role in the relationship between stress and health (Teh et al., 2015). Although there is a strong evidence base for PPI’s in education, there is not a lot of information about the efficacy of these interventions in complex school environments (Slemp et al., 2017). Therefore, integration and greater application of well-being education in school counseling programs is needed. The environment and demographics of at-promise students are compelling reasons to acknowledge their levels of perceived stress. Consequently, school counselors must consider students emotional experience during their senior year, and provide the means for them to learn and develop skills adaptable to the outside world (Infantolino, 2017; Martín, 2017). Therefore, targeting at-promise populations to promote future success by implementing appropriate interventions is crucial (Perry, 2017). ASCA (2012) recommends 15% to 25% of high school counselor time, be spent in classroom guidance (core curriculum). Unfortunately, there is a shortage of school counselors nationwide, especially serving at-promise students, causing difficulty to implement and sustain interventions (McCallops et al., 2019). Nevertheless, evidence-based, large group classroom interventions may be a short-term solution. In the next section, the research methods along with the research questions are introduced.
CHAPTER III: METHODOLOGY

A comprehensive summary of the research methodology is provided in this chapter. It includes information on participant selection, research design, research questions, measures, ethics and fidelity, the intervention, and statistical analyses.

Participants, Sampling, and Setting

Students, aged 16-19 years, in 12th grade government classes were solicited to participate in the classroom intervention. Specifically, the sampling frame was full-time, volunteer students attending a single public high school in the southeast region of the United States. Non-probability or convenience sampling was used from upper grade level courses to participate in the intervention. Classes were randomly assigned to either the intervention group or the wait-list comparison group, increasing the likelihood that a causal inference about the effects of the intervention could be made. It is important to note that 20.71% of the students attending the participating school were defined as chronically absent (Virginia Department of Education, 2019). This reality influenced the final sample size. The sampling of participants is shown in Figure 2.

According to the online G*Power: Statistical Power Analysis tool, a sample size of 12 participants was needed per group to obtain a reasonable effect size (Faul, Erdfelder, Buchner, & Lang, 2009). The input values were set in accordance with Creswell’s (2014) suggestions to determine sample size (alpha = .05, power = .80, and effect size = .50). Ultimately, the goal was to obtain 30 total participants for the study, 15 per group (intervention and comparison).
The research context was a public high school with over 60% of its population receiving free or reduced lunch (VDOE, 2020). There were approximately 168 students enrolled in 12th grade government classes. According to the 2018-19 State of Virginia's Department of Education's school quality profile, 91.1% of students graduate, 58% of the student body was economically disadvantaged, and the racial and ethnic composition was 69.4% (African American), 17.8% (White), 6.5% (two or more races), and 5.3% (Hispanic) (Virginia Department of Education, 2019).

**Research Design**

A quasi-experimental, pretest-posttest wait-list control design (Balderson et al., 2016) was used to compare the influence of the WBSP on two groups (classes) of high school students (see Figure 3). To reiterate, convenience sampling was utilized with intact groups that the researcher had direct access to. The samples attended similar government classes and served as comparison and intervention groups. According to Trochim (2006) non-equivalent group designs are most commonly used in educational research. The dependent variables were student self-ratings on perceived stress and psychological well-being measures. The independent variables were the treatment condition (WBSP intervention group and the wait-list control group) and time (repeated measures). The wait-list control group received the treatment after the intervention group.
Figure 2. Sampling scheme.
Figure 3. Quasi-experimental wait-list control design.

**Research Aim and Questions**

The fundamental objective of this study was to determine whether a positive psychology intervention will improve the subjective (psychological) well-being and decrease the perceived stress levels of high school students. Three major research questions guided this study:

1. Will overall psychological well-being, measured by the Psychological Well-Being (PWB) scale (Ryff, 1989), improve after the implementation of the Well-being School Protocol (WBSP) for at-promise high school students?

2. What dimensions of psychological well-being (self-acceptance, purpose in life, autonomy, environmental mastery, personal growth, and positive relationships),
measured by the Psychological Well-Being (PWB) scale (Ryff, 1989), are most improved after the implementation of the WBSP?

3. Will perceived stress, measured by the Perceived Stress Scale 10-item version (PSS-10) (Cohen et al., 1994), decrease after the implementation of the WBSP program for at-promise high school students?

**Instrumentation**

The Perceived Stress Scale (PSS) developed by Cohen (Cohen et al., 1983) and Ryff’s (1989) Scales of Psychological Well-Being (PWB) were the two instruments used in this study, with the latter measure deployed as an outcome variable in WBSP studies (Fava, 2016). Both questionnaires included items with a Likert scale response format. The PSS and the PWB have been widely used with adolescents in the US and internationally. Specifics on each measure are provided below.

**Perceived Stress Scale (PSS).** The PSS is a 10-item self-rating instrument measuring participant appraisal of their lives in terms of being stressful (Cohen, 1994). The PSS has been translated into 25 different languages (Taylor, 2015). Higher PSS scores are related to depressive symptoms due to stressful life events, ability to quit smoking, and control of blood sugar among diabetics (Cohen, 1994). This scale is not situation specific, but more of a general measure of stress at a given moment (Cohen, 1994). The questions consider how individuals have felt and their thoughts in the last month. Respondents circle how often they have felt a certain way on a Likert scale (0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often). Scores are calculated by reverse scoring the four positive statements and then finding the sum of all 10 items (Cohen, 1994). The total score ranges from 0 to 40.
The norm groups are provided by gender, age, and race based on 2,387 US respondents. On average, females score higher than males, 18-29 years-old respondents tend to score higher than the other age groups, and African Americans score higher than other races. According to Cohen (1994), the measure has adequate internal consistency (Cronbach's alpha coefficient = .79).

It is suggested that the PSS be used with those with at least a junior high school education (Cohen, 1994). In a study with participants 13-18 years of age, convergent validity was .73 and construct reliability was .79 for the PSS (Abdollahi, Carlbring, Khanbani, & Ghahfarokhi, 2016). Eva and Thayer (2017) conducted a mindfulness intervention using the PSS with marginalized junior and high school students. Additional studies indicated that the PSS is a reliable and valid instrument with adolescents (Ghofranipour, Saffari, Mahmoudi, & Montazeri, 2013; González-Hernández, Gómez-López, Alarcón-García, & Muñoz-Villena, 2018; Preyde et al., 2018).

**Ryff's Scales for Psychological Well-being (PWB; 1989).** This 42-item instrument is a self-rating instrument used to measure the six areas of psychological well-being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 2014). Mentioned earlier, psychological well-being is often used interchangeably with subjective well-being. Psychological well-being is also referred to as eudaimonia in the literature review. The goal of eudaimonia or psychological well-being is to become a fully functioning person who feels good about their quality of life (Keyes, 2009).

Specifically, the PWB scale comes in a 42, 30, 18, and 3 item versions and has been translated into more than 30 different countries (Ryff, 2014). Each subscale or dimension on
the 42-item measure consists of 7 items and participants are asked to rate themselves on a 6-point Likert scale, where 1 reflects low agreement and 6 indicates strong agreement. A high score for each individual section indicates students have a mastery of that area in their lives. In addition, the mean scores are used to calculate a total psychological well-being score (Ruini et al., 2009).

The PWB scales have been used in several countries with adolescents to make recommendations for psychological support (Hailegiorgis et al., 2018). In a study of 10- to 14-year-old adolescents, the Cronbach’s alpha was .86 for total well-being and ranged from .62 to .76 for the individual dimensions (Hailegiorgis et al., 2018). In the development of the PWB scales, Ryff (1989) tested the instrument for validity and reliability. Internal consistency alphas for the six dimensions ranged from .86 - .93. Test-retest reliability ranged from .81 - .85 for each of the dimensions. She also compared several other studies measuring positive functioning to the PWB scales, with correlations ranging from .25 - .73. These findings provide initial evidence for the measure's validity (Ryff, 1989). In addition, a shortened version of the scale with 30 items was developed demonstrating acceptable levels of internal consistency and factorial validity with adolescents (Fernandes, Vasconcelos-Raposo, & Teixeira, 2010). Carol Ryff granted the researcher permission to use the PWB scales (C. Ryff, personal communication, October 3, 2018).

**Procedures**

**Recruitment.** Precautions were taken to protect student rights. The investigator/school counselor met with the building principal and the deputy superintendent to describe the WBSP and goals for implementation. After approval from the participating
school district was complete, final approval from Old Dominion University’s Institutional Review Board (IRB) was obtained.

Next, an overview of the purpose, goals, and topics was shared with students in their classes. In addition, the researcher/school counselor discussed there were no repercussions if they chose not to participate. The researcher also expressed, participation was voluntary and they could withdraw from the study at any time. Finally, the limits of confidentiality were discussed and students had an opportunity to ask questions for further clarification. Based on the student’s age, either a permission form or an assent form was completed. On these forms, students were given a choice to participate or not.

Communication with parents was completed via email and by letters sent home. Information sent home was similar to the information shared with students in their classrooms. Parents had the opportunity to decide if their children would participate by completing an opt-out form or by sending a note to the school counseling office.

**Ethics and Fidelity.** Several items are addressed in this section to promote ethical behavior and fidelity. The first topic considers the multiple roles of the researcher, who is also the school counselor employed at the school. This duality can create perceptions of a power imbalance with students. In addition, the researcher directly benefited academically from the implementation of this study. To reduce perceptions of a power imbalance, it was reiterated to students they do not have to participate and there was no penalty for quitting.

Three components of intervention fidelity were used to limit internal and external threats to fidelity (Gearing et al., 2011). First, the intervention was designed from an established model with desired goals. The activities to achieve the goals, ASCA Mindsets and
Behavior standards, as well as state learning standards were included in the lesson plan. The balance between implementation fidelity and the adaptation to school needs and resources were taken into consideration (Leadbeater et al., 2018). The original study held six, two-hour sessions once a week (Ruini et al., 2009). Due to the transient nature of the student population studied, testing schedules, and teacher curriculums, the planned intervention met twice a week over three weeks for 30-45 minutes. The second component of implementation fidelity, monitoring intervention delivery, ensured the objectives of the WBSP were executed effectively. To ensure the objectives were taught, an intervention checklist was used and student attendance was recorded after each lesson. The final component was treatment receipt, defined as the participants understanding and using the new skills during the lesson (Gearing et al., 2009). Pre-and post-tests were useful measures to check for intervention effectiveness.

Lastly, to protect confidentiality identifying information was not shared with anyone other than the research team. Hard copies of the surveys were kept private in a locked file cabinet and files were kept on a password protected flash drive.

**Baseline.** Per the school district’s policy, the only demographic information that could be collected directly from students was age, gender, and grade level. Scores from the Perceived Stress Scale and Ryff’s (1989) Psychological Well-Being Scale were also collected and scored prior to the intervention.

**Well-being School Protocol Intervention**

During the intervention, students received the WBSP intervention through classroom guidance lessons with the professional school counselor. The intervention for this study was
the six sessions of the WBSP (Ruini et al., 2009). The six session topics were: recognizing and expressing different emotions, a focus on the relationship between thoughts and emotions, identifying negative and helpful thoughts, positive relations and self-acceptance, autonomy and purpose in life, and happiness and emotional well-being (Ruini et al., 2009).

There were two objectives for the first session. Initially, it was important for students to have fun and be comfortable with one another. An icebreaker was used, with a series of questions such as “Would you rather be able to stop time or fly?”. Next, students were given name cards during this session. The “importance of a name” was discussed by asking how do you feel when someone knows your name? Students were then asked to make a cross on their name cards and write down the names of everyone around them. If they did not know each other, they were challenged to introduce themselves to one another. Afterwards, the focus shifted to the recognition and expression of emotions and how they influence behavior (Ruini et al., 2009). Discussion questions were used to engage the students. Some of the questions were: What is a feeling or emotion? How do you know if someone is feeling a certain way? How do you normally express your emotions? What happens when you express your emotions beginning with “you”? After the discussion the students were given an emoji chart with several emotions to review. They were asked which emotions are commonly used when they are expressing themselves? Students then were taught how to use “I feel statements.” Afterwards, they selected an emoji emotion out of a bowl and used an “I feel” statement to express the emotion. Students were then asked to recognize their feelings throughout the week and practice “I feel” statements.
The second meeting began with a review of the prior session where students shared instances where they practiced “I feel” statements. The objective of the second session was to recognize the relationship between thoughts and emotions, according to the cognitive therapy model (Ruini et al., 2009). Students learned to observe daily situations and realized the connection between the interpretation of the events and the emotions felt (Ruini et al., 2009). Some of the discussion questions were: Have you ever thought about something in a negative way, and that wasn't the case? What feelings did you have as a result? What kind of things happened to your body? An example of a daily situation was shared with the students (i.e., I called my boyfriend, and he didn’t answer or call me back). Students wrote down different daily situations they have experienced with their friends, family, or school. Next, they were asked what they thought and feel about the situation. Afterwards, as a group the students discovered other ways to think about the situation, and what feelings would be experienced. Throughout the week, students were asked to record their daily situations, and write down initial thoughts, feelings, and alternate thoughts and emotions.

Cognitive restructuring, based on the CBT model, was the focus of the third session. Students identified negative and positive thoughts based on examples from their daily lives. In addition, they recognized their cognitive errors and rephrased the negative interpretations to more positive interpretations (Ruini et al., 2009). The essential questions were: Have you thought about something negatively? Who has more negative than positive thoughts? The group leader gave an example of a positive and negative thought. An explanation of different types of thoughts (catastrophizing, zooming in on the negative, it’s not fair, I can’t) was shared with the students. Students wrote a negative thought they have
encountered in relation to a course, person, classmate, teacher, or an upcoming event. Next, they wadded the papers up and had a snowball fight. When the group leader called time, the students picked up the closest snowball. Each student read the snowball aloud and the class brainstormed different ways to interpret the thought. Throughout the week students were asked to record their daily situations, write down their initial thoughts, feelings, and alternate thoughts and feelings.

The remaining three sessions included the six dimensions founded on Ryff’s model of well-being: autonomy, environmental mastery, positive interpersonal relationships, personal growth, purpose in life and self-acceptance. Positive interpersonal relationships and self-acceptance were addressed in the fourth session (Ruini et al., 2009). During this session students recognized positive characteristics of themselves and others by paying each other compliments. Some of the discussion questions were: What do you do when you receive a compliment? How does it feel? How often do you give compliments? Do you think compliments catches people off guard? Throughout this session students were given time to write down positive traits about themselves. Next, they wrote a compliment about another person in the group on the same card? Before sharing, the students processed if this was easy or difficult. They also discussed how other people’s opinions might affect them. Students then shared their compliment cards. Afterwards students discussed how was it for them to receive unexpected compliments and how the material related to improving friendships. Throughout the week, students were asked to give compliments and notice when they received compliments.
Purpose in life and autonomy were the foci of the fifth session. The discussion questions for this session were: What do you think of when you hear the words autonomy and purpose in life? After the discussion, students listed their greatest strengths and shared when they became aware of their strengths. They were also asked, “Has anyone else ever told you had this strength?” Since the perception of skills and abilities (autonomy), along with objectives to be reached in the future (purpose in life) was the focus of this session, the activity included creating a horoscope of social activities, school, sports, and leisure time in the future. Finally, students were asked how can their strengths help achieve their goals?

The final session was based on happiness and well-being notions (Ruini et al., 2009). Students were invited to share positive moments or experiences in their lives that made them happy. The discussion questions were: How often do you think of your great memories? What do you feel when you think about them? Next, students completed the provided worksheet to list their positive moments. Students were asked: What are some moments when thinking about your memories may be helpful? How do you store your memories? Next, students will be asked to identify daily positive moments they can reflect on. Students were taught that the way our brains are wired, we can remember upsetting memories or events much easier than happier moments. A discussion on the importance of recalling positive memories was discussed as well as noticing the small daily positive memories.

**Post-intervention.** Upon completion of the program, all students, including the wait-list control group, took the Perceived Stress Scale and Ryff's (1989) Psychological Well-being Scale again. The baseline scores were compared to the post intervention scores. Students also met with the school counselor to informally share their experiences about the WBSP. A
brief overview of all lessons was discussed. Next, the students were asked which lessons were most beneficial to them. They were also asked what they liked about the classroom guidance lessons, their biggest takeaways, and suggestions to enhance future lessons.

Statistical Analyses

In checking for data set parametric characteristics, boxplots, kurtosis and skewness of the outcome variables, as well as other descriptive statistics (mean, standard deviation, etc.) were evaluated for the intervention and wait list control groups at the pre-intervention and post-intervention points. Researchers suggest that the Shapiro-Wilk test is the best choice in testing for normality and for sample sizes less than 50 (Ghasemi & Zahediasl, 2012). Using the assumption of equal variance within groups, a t-test was used to reveal if there are statistically significant differences in perceived stress (measured by the PSS) and psychological well-being (measured by the PWB scales) between both intervention groups. Two independent samples t-test were conducted to evaluate if there were statistically significant differences of psychological well-being and perceived stress between the intervention and wait list control group.

To examine potential differences between the wait-list control group and the intervention group means, a two-way mixed factorial ANOVA was used. Specifically, when there are two or more independent variables in which one is a repeated measures (time) variable and the other is a between-group variable, a two-way mixed factorial ANOVA is fitting (Field, 2013). Using this statistical analysis allowed the researcher to explore potential mean group and time main effects as well as the group by time interaction effect. Eta square
was used as the estimate of the effect size. The analyses are presented more fully in chapter 4.
CHAPTER IV: RESULTS

The purpose of this study was to investigate whether a positive psychology intervention (WBSP) contributes to decreasing perceived stress and increasing psychological well-being in at-promise high school students. This study also attempted, in part, to improve awareness of the needs and roles of professional school counselors related to this population. This chapter will report on the results gathered from the current study. Data cleaning procedures and other preliminary analyses, research questions, and outcomes are summarized.

Data Cleaning and Preliminary Analyses

A number of preliminary steps were taken to prepare the data set for inferential statistical analyses. First, participating student information was transferred from paper surveys into a SPSS (version 26) spreadsheet. Next, the dataset was reviewed for accuracy and missing values. Out of three classes with a total enrollment of 74 students, 46 were given the Perceived Stress Scale (PSS) and there were no missing responses in the initial collection of the PSS data. The remaining students were absent from class. Third, the PSS data set was used to determine which two groups out of Class 1, Class 2, and Class 3 would receive the intervention first. Table 1 shows the means for each of the three classes. Two classes were chosen based off of the mean scores that were most similar. The smallest mean difference ($M = 1.9$) was between Class 1 and Class 2. Fourth, after participants were selected for the intervention, a working data file in SPSS was created with only the treatment groups (intervention and wait-list control). It was determined by a flip of a coin which of the classes would begin the intervention first. As a result, Class 1 became the intervention group and
Class 2 was identified as the wait-list control group. To reiterate, both groups received the WBSP intervention but in a different order.

**Table 1**

Perceived Stress Scores to Determine Group Designation

<table>
<thead>
<tr>
<th>Group</th>
<th>M (SD)</th>
<th>n</th>
<th>Kurtosis</th>
<th>Skew</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1 (Intervention)</td>
<td>22.10 (7.81)</td>
<td>10</td>
<td>-1.346</td>
<td>.344</td>
</tr>
<tr>
<td>Class 2 (Wait-list control)</td>
<td>24.00 (8.73)</td>
<td>16</td>
<td>-.249</td>
<td>-.562</td>
</tr>
<tr>
<td>Class 3</td>
<td>18.80 (7.25)</td>
<td>20</td>
<td>-.309</td>
<td>-.236</td>
</tr>
<tr>
<td>Total</td>
<td>21.33 (8.08)</td>
<td>46</td>
<td>-.628</td>
<td>-.105</td>
</tr>
</tbody>
</table>

The dataset was further scrutinized and relevant variables were examined for possible code and statistical assumption violations, as well as for outliers through the use of SPSS Frequencies, Explore, and Independent Samples t-test statistical procedures. With the exception of gender, there were no missing responses for the data collected. Students who did not complete the gender question were searched for within the school district’s Student Information System database to obtain their gender.

The enrollment of Class 1 and Class 2 combined was initially 48 students. No students and parents chose to opt-out of the study. However, three students either moved or went to an alternative learning site. Although there were 45 students who were exposed to the WBSP, data were not collected on all of them. The majority of students were not present for all 6 WBSP sessions, resulting in sample size variations for each analysis.
In summary, a total of 45 students received the intervention, 26 (57.8%) male and 19 (42.2%) female, with a mean age of 17.47 ($SD = .59$). There were a total of 18 students enrolled in Class 1 (intervention; 13 male [72.2%]; 5 female [27.8%], with a mean age of 17.28 [$SD = .57$]). There was total of 27 students enrolled in Class 2 (wait-list control group; 13 male [48.1%]; 14 females [51.9%], with a mean age of 17.59 [$SD = .57$]). The school district’s guidelines did not permit the researcher to collect any specific demographic information from students, other than gender and age. It was suggested to use the general demographic information reported to the state (see Chapter 3).

After the data were entered into SPSS, several new variables were created to prepare for descriptive statistics and later analyses. Total score variables were created for PSS and PWB at each time point. In addition, variables were created for each PWB dimension at each time point. Descriptive statistics, shown in Table 2, for the intervention and wait list control group were evaluated to determine if the data were parametric in nature (e.g., means, $SD$s, kurtosis, scenes, outliers, etc.). Due to an outlier, the skew and kurtosis indices for the intervention group’s PSS were less than ideal.
Table 2

Descriptive Statistics for Perceived Stress (PS) and Psychological Well-Being (PWB) Scales Pre-Intervention (Time 1)

<table>
<thead>
<tr>
<th>Condition</th>
<th>n</th>
<th>PSS M (SD)</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>PWB M (SD)</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>13</td>
<td>22.08 (5.24)</td>
<td>-1.27</td>
<td>2.14</td>
<td>71.46 (10.68)</td>
<td>.61</td>
<td>.82</td>
</tr>
<tr>
<td>Wait-list</td>
<td>17</td>
<td>24.12 (8.44)</td>
<td>.002</td>
<td>-.52</td>
<td>68.47 (13.02)</td>
<td>.37</td>
<td>.28</td>
</tr>
</tbody>
</table>

Two independent samples t-tests were computed to determine if there was a statistical difference between the PSS and PWB means at Time 1 (pre-intervention test) for the waitlist and intervention groups. Specifically, the treatment condition (class 1 = intervention; class 2 = waitlist) was the grouping variable, while the test or outcome variables were total PWB and PSS scores, both measured at Time 1. The only major outlier was a student from the intervention group, who reported the lowest stress score ($M = 9$), and the highest psychological well-being score ($M = 95$).

The normality of the data set was examined using accepted statistical procedures. First, according to Levene’s test, the homogeneity of variance for groups was not violated for the PSS scores, $F(1,28) = 3.74, p = .063$. In addition, the psychological well-being scores between treatment conditions did not violate the homogeneity of variance (Levene’s test, $F[1,28] = .61, p = .44$). Second, the Shapiro-Wilk test was used to evaluate the normality assumption when the sample sizes are relatively small (< 50). The PSS and PWB scores at
Time 1 for both classes were examined. The significance levels (p-values) of the Shapiro-Wilk test were greater than .05 for all variables, indicating they were, for the most part, normally distributed. The Shapiro-Wilk p-values are shown in Table 3. Therefore, the assumption for normality was met for the PSS and PWB scores among both classes. Third, since ANOVAs were used, the independence of cases assumption had to be met. Since there was a random selection of groups to the treatment conditions, it was deemed that independence between cases prerequisite was appropriately met. In short, the following assumptions for ANOVA analyses were achieved: homogeneity of variance, normality, and independence of cases (Gamst, Myers, & Guarino, 2008).

**Table 3**

*P-Values from the Shapiro-Wilk Test of Normality at Time 1*

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 Perceived Stress</td>
<td>Intervention (Class 1)</td>
<td>.135</td>
</tr>
<tr>
<td></td>
<td>Wait-list (Class 2)</td>
<td>.961</td>
</tr>
<tr>
<td>Time 1 Psych.Well-Being</td>
<td>Intervention (Class 1)</td>
<td>.964</td>
</tr>
<tr>
<td></td>
<td>Wait-list (Class 2)</td>
<td>.980</td>
</tr>
</tbody>
</table>

A comparison of gender scores for PSS and PWB was computed at Time 1 using an ANOVA. The PSS scores can range from 0 - 40, with the larger numbers representing higher levels of perceived stress. The results indicate a statistically significant difference in stress levels between males and females, $F (1, 28) = 9.73, p = .004$. Female stress scores were higher than male stress scores. The results did not indicate a statistically significant gender
difference for PWB score, $F (1,28) = 2.33, p = .139$. Gender scores (means and standard deviations) at Time 1 for both dependent measures can be found in Table 4.

**Table 4**

*Psychological Well-Being and Perceived Stress Scale Scores for Gender at Time 1*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Gender</th>
<th>n</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWB</td>
<td>Male</td>
<td>16</td>
<td>72.82 (14.32)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>14</td>
<td>66.29 (7.62)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>30</td>
<td>69.77 (11.96)</td>
</tr>
<tr>
<td>PSS</td>
<td>Male</td>
<td>16</td>
<td>19.88 (5.82)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>14</td>
<td>27.07 (6.82)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>30</td>
<td>23.23 (7.19)</td>
</tr>
</tbody>
</table>

Table 5 outlines when the pre and post-tests were given for the intervention and the waitlist control group. The WBSP was presented from Time 1 to Time 2 for the intervention group and from Time 2 to Time 3 for the wait-list control group.
Table 5

*Treatment Time Table*

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention (1)</td>
<td>*Pre-Test</td>
<td>Post-Test</td>
<td>Follow-Up</td>
</tr>
<tr>
<td>Wait list (2)</td>
<td>Pre Pre-Test</td>
<td>*Pre-Test</td>
<td>Post-Test</td>
</tr>
</tbody>
</table>

*Note.* The asterisks represent the WBSP start time for each group.

**Primary Analyses**

To reiterate, a two-way mixed factorial ANOVA was used to analyze each research question in this study. When there is a combination of a repeated-measures (also called within-subjects effect) independent variable and a between-group (or between-subjects effect) independent variable, the two-way mixed factorial ANOVA is an appropriate analysis (Field, 2016). In this study, the repeated-measures independent variable was time and the between-group independent variable was group. The dependent variable varied for each research question. In short, the two-way mixed factorial ANOVA allowed the researcher to determine if there was a main effect for the within-subjects variable (time), between-subjects variable (group), and if an interaction effect between the time and group variables existed.

For each repeated measures ANOVA, the researcher also evaluated the results of the Mauchly's test to determine whether the sphericity assumption had been violated. Sphericity addresses the condition in which the variances of the differences between all combinations of related groups (levels) are equal. Testing for sphericity assumption in repeated measures
designs is similar to examining the homogeneity of variances assumption when conducting a between-subjects ANOVA (i.e., Levene’s test). Second, as mentioned above, the researcher examined the within-subjects effect (time), followed by the between-subjects effect (group), and finally the interaction effect between time and group to determine if the results were significant at the .05 alpha level. Finally, eta squared for each significant result was calculated as an estimate of the effect size. The following section will discuss the analyses and results associated with each research question.

**Research Question (RQ) 1**

RQ 1 was: Will overall psychological well-being improve after the implementation of the Well-being School Protocol (WBSP) for at promise high school students? The key variables were: IVs = Group (waitlist, intervention) and Time (repeated levels); DVs = PWB scale scores.

To respond to this RQ, a two-way mixed factorial ANOVA was used to analyze if the WBSP had an effect on overall psychological well-being (PWB) over time. The participants were evaluated between groups and as one combined group. Explicitly, the between-subjects variable was group with two levels (intervention and waitlist control) and the dependent measure was PWB total score collected at Time 1, Time 2, and Time 3 (the within-subjects/repeated measures variable). An interaction effect between time and group on the well-being measure was also evaluated. In summary, participants’ total PWB scores at Time 1, Time 2, and Time 3 were analyzed as a whole and for each group.

Results were as follows. First, the Mauchly’s test suggested that the assumption of sphericity was not violated, \( \chi^2 (2) = .88, p > .05 \). Second, there was a significant main effect
for time on overall PWB scores, $F(2, 38) = 4.59, p = .016, \eta^2 = .05$. A post hoc test using the Bonferroni correction showed a significant difference occurred between Time 1 and Time 3, $p = .05$. Third, the main effect for group was non-significant $F(1, 19) = .26, p = .616$. Finally, the results did not support an interaction effect between time and group on psychological well-being scores, $F(2, 38) = 1.77, p = .184$. In summary, exposure to the WBSP overtime seemed to have a significant effect on student PWB scores as a whole.

Table 6 displays the descriptive statistics for the intervention group, wait-list control group, and the groups combined (total). Figure 4 displays the rise in psychological well-being scores for each group. In particular, the figure reveals that the wait-list control PWB scores improved over time (from Time 1 to Time 3), whereas the intervention group scores, not unexpectedly, only improved from Time 1 to Time 2. The slopes for both groups from Time 1 to Time 2 were similar. It should be noted that an increase in scores is desirable. Scores can range from 18 – 108. The intervention group received the WBSP between times 1 and 2. The wait-list control group received the WBSP between time 2 and 3.

Table 6

<table>
<thead>
<tr>
<th>Time</th>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intervention</td>
<td>70.67</td>
<td>12.33</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Wait-list control</td>
<td>69.50</td>
<td>14.76</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>70.00</td>
<td>13.45</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>Intervention</td>
<td>73.67</td>
<td>14.79</td>
<td>9</td>
</tr>
</tbody>
</table>
Figure 4. *Psychological well-being (PWB)* scores for the intervention and the wait-list control group at time 1, time 2, and time 3.

**Research Question (RQ) 2**
RQ 2 was: What dimensions of psychological well-being (self-acceptance, purpose in life, autonomy, environmental mastery, personal growth, and positive relationships) are most improved after the implementation of the WBSP? The key variables were: IVs = Group (waitlist, intervention) and Time (repeated levels); DVs = PWB dimension scores.

To respond to this RQ, a two way-mixed factorial ANOVA was used to analyze potential changes in each PWB dimension due to exposure of the WBSP. The researcher investigated how the six PWB dimension scores changed over time and if there was an interaction effect between group and time on each of the PWB measures. The within-subjects variable was time (time 1, 2, and 3). The between-subjects variable was group (intervention and waitlist control). The score range for each dimension was 0 - 18. Descriptive statistics provided in Figure 5 show the trends in mean scores for environmental mastery, self-acceptance, positive relationships, purpose, growth, and autonomy at Time 1, Time 2, and Time 3 among the combined groups. There seemed to be a continuous increase for environmental mastery, self-acceptance, growth, and autonomy at each time point. There was a decline at Time 3 in the PWB dimension of positive relationships and purpose. Each PWB dimension was analyzed further using inferential statistics.
Mauchly’s test suggested there was not a violation of sphericity assumption, $\chi^2 (2) = .75, p = .079$. The results showed a significant main effect for time on environmental mastery scores, $F(2, 38) = 5.63, p = .007, \eta^2 = .04$. The Bonferroni corrected post hoc test revealed that environmental mastery significantly changed between Time 1 and Time 2 ($p = .03$) and between Time 1 and Time 3 ($p = .008$). There was not a significant main effect for group, $F(1, 19) = .018, p = .894$, nor for the interaction effect (time X group), $F(2, 38) = .56, p = .574$. Overall, environmental mastery scores increased for the combined group. Figure 6 gives a visual representation of how each group positively increased in environmental mastery.
between Time 1 and Time 2. After the intervention group completed the WBSP, environmental mastery leveled out. The wait–list control group continued in a positive direction while being exposed to the WBSP.

![Estimated Marginal Means of Env. Mastery](image)

**Figure 6.** Intervention and wait-list control group mean scores of environmental mastery from time 1, time 2, and time 3.

**Self-acceptance.** The PWB self-acceptance results indicated that the sphericity assumption was met, $x^2 (2) = .83, p = .195$. The main effect of time on self-acceptance scores was nonsignificant, $F (2,38) = 3.16, p > .05, p = .054$. The Bonferroni corrected post hoc test showed that self-acceptance ratings did not change significantly between any specific time points ($p > .05$). The analysis failed to reveal a significant group main effect, $F (1, 19) = .523, p = .478$, nor an interaction effect between group and time, $F (2, 38) = 1.36, p = .270$. 
In general, self-acceptance improved for the participants after exposure to the WBSP, however the trend was not statistically significant. The intervention group increased slightly in self-acceptance from the completion of the WBSP to the follow-up testing. The wait-list control group increased somewhat in self-acceptance ratings overall. As seen in Figure 7, the intervention group initially experienced a decline in self-acceptance, followed by an increase from Time 2 to Time 3 (follow-up). The wait-list control group increased in self-acceptance continuously from Time 1 to Time 3.

![Estimated Marginal Means of Self-Accept](image)

*Figure 7. Self-acceptance mean scores from the intervention and wait-list control group from time 1, time 2, and time 3.*

**Positive relationships.** The third dimension of PWB analyzed was positive relationships. The results did not suggest a violation of sphericity assumption, \( x^2 (2) = .84, p \)
= .214. The findings also did not provide evidence of a significant change in positive relationship scores over time, $F(2, 40) = 2.02, p = .171$. The Bonferroni corrected post hoc test reiterated that positive relationships did not change between any specific time points ($p > .05$). The results did not support a main effect for group, $F(1, 19) = .007, p > .05, p = .936$, nor an interaction effect (time X group), $F(2, 38) = .090, p = .914$. As presented in Figure 8, the intervention group had continual growth in personal relationship scores over time, while the wait-list control group experienced a decline in participant ratings after the completion of the WBSP. Again the marginally positive trend from Time 1 to Time 2 was not statistically significant.

![Estimated Marginal Means of Pos.Relationships](image)

Figure 8. *Positive relationship mean scores of the intervention and wait-list control group between time 1, time 2, and time 3.*
**Purpose.** The results for the purpose dimension did not suggest a violation of sphericity assumption, $\chi^2(2) = .89, p > .05, p = .358$. Furthermore, the results did not indicate a significant change in purpose over time $F(2, 38) = .22, p > .05, p = .80$. The Bonferroni corrected post hoc test reinforced the overall ANOVA findings, namely, purpose scores did not change significantly between any specific time points ($p > .05$). The results did not support a main effect for group, $F(1, 19) = .097, p > .05, p = .758$, nor an interaction effect, $F(2, 38) = .310, p > .05, p = .735$. As revealed in Figure 9, the intervention group began with elevated purpose scores. Throughout the WBSP, the intervention group experienced a continuous reduction in purpose scores. The wait-list control group experienced an increase, followed by a sharp decline in purpose scores.

![Estimated Marginal Means of Purpose](image)

*Figure 9. Mean scores of purpose reported by the intervention and wait-list control group at time 1, time 2, and time 3.*
**Personal growth.** The personal growth dimension data produced a non-significant sphericity value, $x^2 (2) = .94, p > .05, p = .595$. ANOVA results suggested a significant change in respondents' personal growth scores over time, $F(2, 38) = 3.30, p < .05, p = .048), \eta^2 = .04$. The Bonferroni corrected post hoc test showed a significant mean difference between Time 1 and Time 3 ($p = .025$). The findings did not support a main effect for group, $F(1, 19) = .73, p = .404$, nor an interaction effect between time and group, $F(2, 38) = 3.05, p = .059$.

As a whole, personal growth scores increased over time. The changes for personal growth ratings for each group are reported in Figure 10. Immediately following the completion of the WBSP, the intervention group reported higher levels of personal growth. However, there was a decline in personal growth scores at the follow-up testing. The wait-list control group experienced an overall increase in personal growth over time.
Figure 10. Mean scores of the intervention and wait-list control group in personal growth from time 1, time 2, and time 3.

Autonomy. The final PWB dimension examined was autonomy. The data violated the sphericity assumption, $\chi^2 (2) = .61, p < .05, p = .012$. Additionally, the results did not suggest a significant change in autonomy over time using the Greenhouse-Geisser correction, $F (2, 38) = 2.812, p > .05, p = .092$. A nonsignificant Bonferroni corrected post hoc test underscored this finding. Using the Greenhouse-Geisser correction, there was not a between-subjects main effect, $F (1, 19) = 1.31, p = .266$, nor an interaction effect, $F (2, 38) = 3.104, p = .056$. As displayed in Figure 11, the intervention group reported an increase in autonomy immediately following the WBSP. However, it was followed by a decline at follow-up (Time
3). The wait-list control group experienced a slight increase in scores prior to the intervention, followed by a relatively sharp increase in autonomy ratings measured immediately following the WBSP (Time 3).

![Estimated Marginal Means of Autonomy](chart)

**Figure 11.** Autonomy scores reported for the intervention and wait-list control group at time 1, time 2, and time 3.

Overall, there were significant increases in student ratings across environmental mastery, and personal growth (see Figure 5 above). Although non-significant, there were increases in self-acceptance for both groups after being exposed to the WBSP intervention. There was not a main group effect or a group by time interaction effect for any of the PWB dimensions. Immediately following the WBSP, both groups reported an increase in personal
growth, autonomy, and environmental mastery. The mean score trends for purpose were very different than the other PWB dimensions. The scores were reported much higher at time 1 with a decline throughout the WBSP.

**Research Question (RQ) 3**

RQ 3 was: Will perceived stress decrease after the implementation of the WBSP program for at-promise high school students? The key variables were: IVs = Group (waitlist, intervention) and Time (repeated levels); DVs = PSS scores.

In response to this RQ, a two-way mixed factorial ANOVA was used to analyze if exposure to the WBSP generated a stress reducing effect over time. Students were evaluated as a combined group and separately (intervention and wait-list control) on the PSS measure at time 1, time 2, and time 3. Specifically, the analysis determined whether there were significant differences over time with both groups combined and between groups on PSS. Also, the group by time interaction was tested. The between-subjects variable was group with two levels (intervention and waitlist control) and the within-subjects variable was time (with 3 levels: Time 1, Time 2, and Time 3).

The following are the results from the analysis. First, the Mauchly’s test suggested a violation of the sphericity assumption, \( x^2 (2) = .58, p < .05 \). In addition, the results did not support a significant main effect of overall stress changing over time with the Greenhouse-Geisser correction, \( F (1.41, 26.75) = 1.61, p = .219 \). When evaluating PSS scores between groups, the analysis revealed a nonsignificant main effect, \( F (1, 19) = .01, p = .909 \). Lastly, the results did not support an interaction effect on stress scores with the Greenhouse-Geisser correction, \( F (1.41, 26.75) = 2.11, p = .152 \). Table 7 provides the descriptive statistics for
each group reported at Time 1, Time 2, and Time 3. Pairwise comparisons suggested that the wait-list control group experienced a significant difference in scores at Time 1 and Time 3 ($p = .026$). There were no other significant differences in mean scores for either group at any time points.

According to Figure 12, both groups experienced a decline in perceived stress immediately following the WBSP. The wait-list control PSS scores lowered over time (Time 1 to Time 3). The intervention group's scores decreased immediately after exposure to the WBSP (Time 2), but increased at follow-up (Time 3). Neither group had a significant change in PSS after the exposure to the WBSP. In addition, when evaluating all of the participants as a whole, there was not a significant reduction in stress after exposure to the WBSP either. It should be noted that a decrease in scores was desirable and the intervention group received the WBSP between Time 1 and Time 2. The wait-list control group received the WBSP between time 2 and 3.
Figure 12. Perceived stress mean scores for the intervention and wait-list control groups at time 1, time 2, and time 3.
Table 7

*Descriptive Statistics of Perceived Stress Mean Scores at Time 1, Time 2, and Time 3*

<table>
<thead>
<tr>
<th>Time</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intervention</td>
<td>22.56</td>
<td>5.61</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Wait-list control</td>
<td>24.33</td>
<td>9.62</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>23.57</td>
<td>8.02</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>Intervention</td>
<td>20.78</td>
<td>6.87</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Wait-list control</td>
<td>23.67</td>
<td>12.01</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>22.43</td>
<td>10.02</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>Intervention</td>
<td>22.22</td>
<td>4.94</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Wait-list control</td>
<td>18.83</td>
<td>11.88</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20.29</td>
<td>9.50</td>
<td>21</td>
</tr>
</tbody>
</table>

*Note.* Total represents the combined mean scores of Perceived Stress for the intervention and wait-list control groups.

**Follow-up Gender Analysis**

Prior to computing the ANOVAs, a pre-analysis (see above) revealed that females scored significantly higher on the PSS than males at time 1. Therefore, the researcher wanted to determine if there were any changes in PSS and PWB scores among females throughout the intervention. The mean scores reported by females for PSS and PWB at each time point are shown in Table 8. Higher PSS scores were not preferred. Higher levels of PWB were indicative of better psychological well-being.
A one-way repeated measures ANOVA was used to examine the PSS and PWB scores of females only. There was not a violation of sphericity assumption, $\chi^2 (2) = .49, p = .08$. The results indicate a significant change in PSS occurred, $F(2, 16) = 3.64, p = .05, \eta^2 = .06$. Although the Bonferroni post hoc test did not show specifically where the changes occurred, the largest mean difference occurred between time 1 and 3 ($M = -4.89$). The decline in PSS scores can be viewed in Figure 13.

An evaluation of female PWB scores was completed next. The sphericity assumption was met, $\chi^2 (2) = .92, p > .05, p = .752$. The results indicated a nonsignificant change occurred between well-being of females over time $F(2, 16) = 2.60, p = .105$. Figure 14 gives a visual representation of the increase in PWB as reported by females.
### Table 8

**Descriptive Statistics for Females on the Perceived Stress and Psychological Well-Being Scores**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Stress</td>
<td>1</td>
<td>28.00</td>
<td>7.76</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>26.67</td>
<td>8.38</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>23.11</td>
<td>9.74</td>
<td>9</td>
</tr>
<tr>
<td>PWB</td>
<td>1</td>
<td>66.89</td>
<td>8.21</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>73.67</td>
<td>11.74</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>74.89</td>
<td>10.90</td>
<td>9</td>
</tr>
</tbody>
</table>

*Note.* Each measure was taken at Time 1, Time 2, and Time 3.

---

**Figure 13.** Mean scores of perceived stress reported by females at time 1, time 2, and time 3.
Figure 14. PWB Mean scores at time 1, time 2, and time 3, reported by females.

After analyzing females, the researcher decided to test for significant differences in male scores over time using an ANOVA with repeated measures. Table 9 below shows the mean scores reported by males for both measures over time. There was a violation of sphericity for PSS ($\chi^2[2] = .483, p = .026$) and PWB ($\chi^2[2] = .45, p = .018$). Using the Greenhouse-Geisser correction, the results did not indicate a significant change in male PSS scores over time, $F(1.32, 14.50) = .33, p = .637$. However, Figure 16 shows a steady decline in PSS scores for male students. Although Figure 15 shows a positive increase occurred in male PWB scores, the Greenhouse-Geisser correction did not indicate a significant score change over time, $F(1.29, 14.16) = 2.92, p = .075$. 
Table 9

Descriptive Statistics of Mean Perceived Stress and Psychological Well-Being Scores for Males

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Stress</td>
<td>1</td>
<td>20.25</td>
<td>6.72</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>19.25</td>
<td>10.28</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>18.17</td>
<td>9.15</td>
<td>12</td>
</tr>
<tr>
<td>PWB</td>
<td>1</td>
<td>72.33</td>
<td>16.32</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>75.42</td>
<td>15.70</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>80.50</td>
<td>17.28</td>
<td>12</td>
</tr>
</tbody>
</table>

*Note.* Each measure was taken at Time 1, Time 2, and Time 3.

*Figure 15.* Mean PWB scores reported by males at time 1, time 2, and time 3.
Summary of Findings

In less than three weeks, high school at-promise students with a mean age of 17.47 received six lessons from the Well-Being School Protocol. The intervention, facilitated by the school counselor/researcher, lasted between 30 to 45 minutes every other day. Both the intervention and wait-list control groups received the WBPS and were compared to one another using inferential statistics. There were no significant group differences on either PSS or PWB. In addition, there were no significant interaction (group by time) effects for either of the two outcome variables. However, as summarized below, there were some statistically significant findings when the student data were aggregated into a single group.

First, students in both groups reported an overall significant increase in psychological well-being (PWB). Specifically, the PWB dimensions of environmental mastery and personal
growth revealed statistically significant increases. Although not statistically significant, there was a modest increase in autonomy and self-acceptance scores. Effect sizes were relatively small. Interestingly, the purpose dimension score trend was unclear across time points for both groups.

As a whole, the results did not support a significant decrease over time in stress scores. However, there was a steady decline of perceived stress ratings across groups. Before the study began, there were significant gender differences in perceived stress. Female stress scores were much higher than males. This information prompted the researcher to seek specific reductions in stress levels for females following the WBSP. After analyzing female PSS data, the findings suggested a significant reduction in their stress scores. In conclusion, the WBSP seems to have a small, yet positive effect on students’ overall PWB and PSS scores. The following chapter includes possible explanations and further discussion of these findings.
CHAPTER V: DISCUSSION

As students graduate from high school, it is vital for them to be equipped with tools to become a positive functioning person. Improving subjective well-being of at-promise students may lead to mentally and physiologically healthy adults. Ryff’s Model of Psychological Well-Being includes 6 dimensions (autonomy, personal growth, environmental mastery, purpose in life, positive relations, and self-acceptance). An increase in well-being can enable students to flourish in school. Therefore, improving “impaired” dimensions can increase in psychological well-being. This notion paved the way for interventions to enhance PWB, such as Fava’s Well-Being Therapy, which is based on Ryff’s multidimensional theory of PWB (Moeenizadeh & Salagame, 2010). The rationale behind Well-being Therapy is that once a person learns to create positive and helpful thoughts, psychological well-being would be enhanced, resilience would increase, and distress would decrease (Moeenizadeh & Salagame, 2010).

The purpose of the present study was to examine if the Well-Being School Protocol, a modified version of Well-Being Therapy adaptable for school settings (Fava, 2016), could help decrease perceived stress and increase subjective well-being among at-promise, high school seniors. A quasi-experimental design was used with the participants of two classes, who were randomly assigned to either the intervention group or the wait-list control group. All students received the intervention in this study, which included 6 sessions of the WBSP over three weeks. The researcher, who was also the school counselor, facilitated all sessions. Providing classroom or large group lessons is a duty of school counselors. Even though a lot of information is provided to seniors during their final year of high school in regards to
graduation, college, and career planning, attention to personal and social needs are usually provided on an individual basis. Some students may not be able to obtain mental health supports once they graduate. Therefore, the promotion of subjective well-being in a broader context was needed. The research questions guided the examination of how the Well-Being School Protocol influenced participants’ overall psychological well-being, individual dimensions of PWB, and perceived stress.

In this chapter, the most salient findings of the study are summarized and discussed in the context of the current literature. Afterwards, implications for professional school counselors are shared, followed by, limitations of the study. Finally, suggestions for future research are explored.

**Discussion of Findings**

A discussion of the findings is shared after a few contextual factors are noted. Additional limitations are discussed later in this chapter. First, the researcher is also the school counselor of the studied population. Therefore, the school counselor was familiar with the majority of the students since they enrolled as freshmen. In addition, the school counselor shares the same racial identity as the majority of the students, African American. The racial composition of the student population is 67.9% (African American), 17.4% (White), 7.5% two or more races, and 5.3% (Hispanic) (VDOE, 2019). Over 60% of the student population receives free or reduced lunch (VDOE, 2019). Lastly, 20% of the student population is considered chronically absent (VDOE, 2019), which effected data collection. One class received data from 9 students across the three time points, while the other class received data from 12 students across three time points. Therefore, the loss of post-
intervention data due to attendance and truancy issues could have had a large effect on this study's findings.

**Overall Psychological Well-Being**

The goal of the first research question was to determine if the WBSP resulted in an overall increase in psychological well-being. To determine if the WBSP had an effect on overall PWB a two-way mixed factorial ANOVA was used. Overall PWB was tallied by adding the total score, including reverse scoring of some items on the 18-question Ryff’s PWB scale. Scores can range from 18-108. The results suggest that learning about and using psychological well-being practices influenced the students' levels of well-being, with higher scores indicating higher PWB. PWB scores were collected three times throughout the study and were analyzed as a whole and for each class. There was a significant effect for time on the overall PWB scores. There were no significant differences in PWB scores between the conditions (intervention group and wait-list control group) at any of the time points. Both groups received the WBSP intervention. In addition, there was not an interaction effect between time and group. However, when the scores were combined of both groups, overall PWB significantly increased between pre-intervention to post-intervention on the Ryff’s Psychological Well-Being Scale.

Relevant to this study, several school-based interventions yielded significant increases in well-being among adolescent youth (Flay & Allred, 2010; Gigantesco et al., 2015; Lombas et al., 2019; Malkoç & Aslan, 2018; Manicavasagar et al., 2014; Nathanson et al., 2016; Rose, Hawes, & Hunt, 2014; Sánchez-Hernández, Méndez, Ato, & Garber, 2019; Shoshani & Steinmetz, 2014; Putwain, Gallard, & Beaumont, 2019; Wong, Kady, Metwon,
Perhaps, most noteworthy is an original study by researchers who created the WBSP, whose sample included Italian high school students with a mean age of 14.4 (Ruini et al., 2009). The intervention consisted of 6, 2-hr sessions that met once a week. The results of the study showed an increase in total PWB and a decrease in distress, with an effect size of $d = .17$ (Ruini et al., 2009). A longer study that included 20, 1-hr classroom sessions that focused on how to cope with stress showed significant increases in PWB (Gigantesco et al., 2015). This sample’s mean age was 15.2, and the study had an effect size of $g = .09$ (Gigantesco et al., 2015). Another study by Malkoç and Aslon (2018) with university students in Instanbul had the closest mean age, 18.75, to the current study’s participants. The well-being intervention lasted for 11 weeks with 1.5 to 2-hour sessions. The program included topics on self-awareness, negative thoughts, problem-solving, positive emotions, stress management, and healthy relationships (Malkoç & Aslon, 2018). After the study was complete, the participants reported an increase in subjective well-being that lasted through data collection at follow-up (Malkoç & Aslon, 2018).

Additionally, there are a few related positive psychology, school-based intervention studies whose population included at-promise students (Duncan et al., 2017; Shoshani & Steinmetz, 2014). These results are consistent with those found in the current study. The effectiveness of a PPI used with minority students from predominantly low-income and urban backgrounds in Chicago was evaluated in a longitudinal study (Duncan et al., 2017). At the end of the study, students who received the Positive Action program scored significantly higher in social-emotional and character development and lower in misconduct (Duncan et al., 2017). Another germane study by Shoshani and Steinmetz (2014) used an intervention
for one year, and saw growth in well-being and decreases in general distress, anxiety, and depressive symptoms of a sample of Israeli 7th to 9th grade students, living in poverty and/or from single-parent households. A third study by Xu et al. (2019) included Chinese college freshman that had a difficult time adjusting to medical school and were exhibiting emotional distress. After receiving Well-being Therapy for 5 weekly, 2-hr sessions, the medical students reported increases in PWB on the Ryff scales. Despite shorter intervention durations than the compared studies, the findings of the current study appeared to be congruent with several other studies in the improvement of psychological well-being. In sum, results from the current study supported previous findings that well-being interventions can improve the subjective (psychological) well-being of at-promise students.

In contrast to this study, several school-based programs did not yield positive outcomes to increase subjective well-being (Dray et al, 2017; Kindt, Kleinjan, Janssens & Scholte, 2014; Van der Gucht, Griffith, Hellemans, Bostaele, Pascal-Claes, & Raes, 2017). Two of the above-mentioned programs were focused on improving the resiliency of at-promise students (Dray et al., 2017; Kindt, Kleinjan, Janssens & Scholte, 2014). One of the interventions included 16 strategies such as rewards and recognitions, and anti-bullying strategies implemented over 3 years (Dray et al., 2017). The program was developed to increase the resilience of Australian students age 12-16 from low SES, disadvantaged backgrounds (Dray et al., 2017). However, the program was ineffective (Dray et al., 2017). Another study adapted from the Penn Resiliency program was conducted with a sample of students from the Netherlands (Kindt et al., 2014). This study involved a sample of 1,343 students with a mean age of 13.42 who received 16 weekly lessons led by the classroom
teacher (Kindt et al., 2014). However, the results of the study did not show any significant effects of the program (Kindt et al., 2014). Interestingly, all of the interventions mentioned who lacked significant outcomes were led by classroom teachers, rather than a trained mental health professional. The teachers did receive some support such as 2 to 4 day trainings, or support from trained staff (Dray et al., 2017; Kindt et al., 2014; Van der Gucht et al., 2017). Nathanson et al. (2016) used an emotional intelligence program with students and realized the more training the teachers received, the greater the student outcomes. In addition, Pössel, Smith, and Alexander (2018) mentioned their program was more effective when delivered by staff with a mental health background, rather than the classroom teacher. This further suggests the importance of professional school counselors, who have extensive training in mental health and group facilitation, be involved in the implementation of well-being programs.

**Psychological Well-Being Dimensions**

The purpose of the second research question was to determine which aspects of Ryff’s multidimensional model of psychological well-being would increase as a result of the WBSP. It is important to note there were no differences between the two classes at any of the three time points, for any of the 6 dimensions of PWB. However, after combining the groups, there were significant increases in environmental mastery and personal growth. The PWB dimensions, autonomy and self-acceptance, showed some improvement, but they were not statistically significant. Also, there were no significant increases in the areas of purpose and positive relationships. The results of the 6 six dimensions of Ryff’s PWB (environmental
mastery, self-acceptance, personal growth, autonomy, purpose, and positive relationships) are discussed separately below.

**Environmental mastery.** A person with high scores in environmental mastery means that they have an enhanced sense of control, awareness of possible opportunities and will make choices based on their personal views of life and values (Moeenizadeh & Salagame, 2010). A significant growth from pre- to post-test in environmental mastery occurred in the present study, resulting in a significant main effect for time. The intervention group seemed to maintain their increased levels of environmental mastery at follow-up. There was not a significant main effect between the classes or an interaction effect between time and group. When the classes (groups) were combined, the effect size was ($\eta^2 = .04$), suggesting the WBSP had a small effect on the outcomes. Even if students do not have control over their environments, the growth in environmental mastery implies the WBSP can help them learn to interpret and cope with their situations differently.

The current study supported the findings of other studies. For example, the study by Gigantesco, et al. (2015) included Italian students with a mean age of 15.2, who completed classroom lessons on skills to reduce stress and increase coping. The skills were modeled after an emotional intelligence and 6-step problem-solving intervention. The program was developed specifically for secondary schools to improve psychological well-being, self-efficacy, and satisfaction with life (Gigantesco et al., 2015). After the program was completed, students exhibited growth in several PWB dimensions including significant increases in environmental mastery with a post-test effect size of $g = .01$ (Gigantesco et al., 2015). Another school-based study with teenage high school girls in Kurdistan who received...
a multicomponent PPI for 1.5 hours over 10 weeks showed significant improvements in environmental mastery as well as the other 5 dimensions of PWB in comparison to a control group who received no intervention (Yaghoobi & Maghadam, 2019). This research suggests that PPI’s can have a profound effect on PWB, especially when compared to students who do not receive any intervention.

An additional study showed significant improvements in environmental mastery after receiving Well-being Therapy. The study included a clinical sample of Iranian subjects, with a mean age of 24.37 who was diagnosed with dysthymia (Moeenizadeh & Salagame, 2010). Sufferers of dysthymia experience low mood, changes in appetite and sleep, lack of concentration, fatigue, and feelings of hopelessness (Moeenizadeh & Salagame, 2010). Half of the sample received cognitive behavioral therapy, while others received the WBT as their treatment. The WBT group resulted in higher scores of PWB in the area of environmental mastery and several other dimensions of PWB (Moeenizadeh & Salagame, 2010). The results of this study indicated the intervention group had an increase in environmental mastery and was more likely to make choices and decisions rather than feeling hopeless.

**Self-acceptance.** The ability to accept ourselves as who we are, including the good and the bad was well received by the participants of the current study. The current study resulted in a slightly non-significant increase in self-acceptance over time ($p = .054$). Gains in both groups occurred by the collection of the final assessments. The intervention group, who received the WBSP first, experienced a temporary decline in self-acceptance with an increase at follow-up. As expected, the wait-list group’s scores continued to increase at post-test. Self-acceptance scores did not change significantly between any of the three time points. In
addition, the results did not indicate a significant difference between groups nor a group \times time interaction.

There are several school-based PPI interventions that reported significant changes in self-acceptance (Gigantesco et al., 2015; Ruini et al., 2006; Sánchez-Hernández et al., 2019; Shoshani & Steinmetz, 2014; Yaghoobi & Maghadam, 2019). The earliest use of the WBSP was by Ruini et al., (2006) who conducted a pilot study with a sample of 111 Italian students. The purpose of the study was to improve student’s PWB based on the 6 dimensions. Students were either assigned to a CBT or WBT group for 4-2hr sessions that met biweekly. This study included middle school students with no known mental issues or particular stressors. However, the students of the WBT group only reported an increase in one PWB dimension, self-acceptance, after the completion of the program. The authors suggest there may have been a larger impact if the program was longer than 4 sessions. Similar results emerged from a study by Shoshani and Steinmetz (2014). Self-perception indicators, self-esteem, and self-efficacy, increased significantly in the intervention group that was comprised of at-promise, middle school students in Israel (Shoshani & Steinmetz, 2014). Finally, in a study that included 9 Italian high schools with 20 weekly sessions, a significant increase in self-acceptance \((p = .0015)\) was reported with an effect size of \(g = .03\) (Gigantesco et al., 2015). The multicomponent intervention included mental health discussions from a positive viewpoint. For instance, topics included the promotion and maintenance of mental health, recognizing signs of mental health, and de-stigmatizing mental illness (Gigantesco et al., 2015). The discussion of mental health issues was not a part of the current study and may have been a useful addition to strengthen self-acceptance.
**Personal growth.** Being open to new or challenging experiences may allow a person to grow developmentally. In the current study, students exhibited a significant increase in the PWB dimension, personal growth, over time with a small to medium effect size, $\eta^2 = .04$. The findings did not support a significant difference between the groups nor an interaction effect between time and group. The first group (intervention group) seemed to experience an increase in personal growth immediately following the intervention. However, at follow-up their scores declined. On the other hand, the wait-list control group reported a sharp increase in personal growth following the intervention. Overall, the personal growth scores increased for both groups after receiving the WBSP.

Findings from the current study are reinforced by related conclusions that PPI's can increase personal growth (Cheng, Hasche, Huang, & Su, 2015; Ruini et al., 2009; Yaghoobi & Moghadam, 2019). Another original study using the WBSP with 9th and 10th-grade Italian students, with a mean age of 14.4 received the WBSP for 6, 2 hour sessions. Different from the pilot study including middle students, the PWB dimension, personal growth, significantly increased in the intervention group of high school students (Ruini et al., 2009). The comparison group received games, discussions, and relaxation techniques, and both interventions were facilitated by clinical psychologists (Ruini et al., 2009). The effect size in personal growth was $d=.30$ and the changes continued at follow-up (Ruini et al., 2009). The authors suggest the WBSP is preventive because the sample did not have any present mental or physical issues that could have impacted the results (Ruini et al., 2009). The current study’s findings are also consistent with a prior study on Chinese college students, ages 18 to 23, who participated in a 9-week psycho-educational intervention group focused on
improving psychological well-being and meaning in life (Cheng et al., 2015). Specialists with a psychology background led the sessions. The groups were small and separated by gender, 8 male and 9 female, but the results were tallied together. Personal growth showed significant improvements at post-intervention and during follow-up. Special attention was also placed on group dynamics. The students completed a survey on their experience concerning the group’s atmosphere, process, and content. The participants reported they were satisfied with the group dynamics.

The current study supported prior research that an increase in personal growth can occur after the implementation of a PPI. The results also suggested that during late adolescence, students can learn the importance of challenging themselves, and being open to new experiences. Although both groups of the current study reported increases in personal growth from pre- to post-test, the first class had a noticeable decline at follow-up. This may suggest, continued reinforcement to challenge and further guide personal growth is needed.

**Autonomy.** Self-regulated and self-determined behavior motivated by personal values and goals describes autonomy. After an initial increase in autonomy at post-test, the intervention group reported a decline in scores. However, the waitlist control group experienced a sharp increase in reported autonomy after the WBSP. The PWB scores in autonomy were not statistically significant over time. In addition, there were no significant differences between groups or an interaction effect between group and time. Although non-significant, both of the classes reported increases at post-test, suggesting the WBSP had some influence on the ability to make independent choices and decisions.
The non-significant results are comparable to other school-based PPI studies that did not observe a significant growth in autonomy (Gigantesco, Del Re, Cascavilla, et al., 2015; Ruini, Belaise, Brombin, Cafoo, & Fava, 2006; Ruini et al., 2009). In the study of Gigantesco et al., (2015), the focus was on decision-making and the improvement of emotional intelligence. There were no significant changes in autonomy within the intervention group. In addition, a pilot study of middle school students using the WBSP was researched (Ruini et al., 2006). The students met for 4 two-hour sessions bi-weekly. Similar to Gigantesco et al., (2015) the intervention did not include a specific discussion on autonomy and there were no significant changes in autonomy scores. The mean score in autonomy before the intervention was $M = 1.67$ and post-intervention it was similar, $M = 1.79$ (Ruini et al., 2006).

Studies of Ruini et al. (2006, 2009) used the WBSP with both middle and high school students. A sample of 227 students was included in the high school study (Ruini et al., 2009). Some students received the WBSP while others received an attention placebo protocol. Both groups participated in 6, two-hour sessions held once a week. The 5th session of the WBSP included a focus on autonomy where group discussions on students’ self-perceived views of their skills and abilities took place. Although significant change did not occur, there was a small increase in autonomy after exposure to the WBSP ($M = 12.19$ to $13.05$; Ruini et al., 2009). A small increase occurred at post-test, followed by a decline in autonomy at follow-up reported by the attention-placebo group (Ruini et al., 2009).

Similar to Ruini et al. (2009), the current study held a class discussion about what autonomy means and its importance in attaining personal goals. Although the scores in autonomy did not suggest significant changes, the current study did result in an increase in
autonomy after exposure to the WBSP ($M = 12.52$ to $14.33$). Discussion topics in the current study included peer pressure and making positive choices based on what is best for them.

Significant improvements in autonomy occurred in several other studies including samples from schools, clinical samples of adolescents and adults, and adults from marginalized populations. Several researchers found significant improvements in autonomy after the implementation of school-based PPIs (Holt, Smedegaard, Pawlowski, Skovgaard, & Christiansen, 2019; Oriol-Granado et al., 2017; Tomba, 2010; Yaghoobi & Moghadam, 2019). Holt et al. (2019) studied a Danish sample of students ages 12-13 in a physical education class. The goal of the study was to change from a competitive climate to a more inclusive climate focused on mastery and learning. The program was based on Self-Determination Theory and included physical education, classroom activities, and breaks (Holt et al., 2019). The change in climate created an inclusive environment that increased student’s autonomy and competence, important to the well-being of school children (Holt et al., 2019). Another study of Italian middle school students, with a mean age of 11.44, participated in a classroom intervention that used the WBSP aimed at promoting PWB and removing distress (Tomba, Belaise, Ottolini, et al., 2010). As mentioned earlier, the 5th session of the WBSP includes a discussion on autonomy. In Tomba et al. 2010, two other PWB dimensions were included in the 5th session as well. The students were assessed three times, pre-intervention, post-intervention, and at a 6-month follow-up (Tomba et al., 2010). The results showed a significant increase in autonomy and a decrease in distress occurred within the WBT group (Tomba et al., 2010).
In addition, clinical samples that included adolescents showed improvements in autonomy (Albieri, Visani, Offidani, Ottolini, & Ruini, 2009; Moeenizadeh & Salagame, 2010). A pilot study using WBT in a sample of children ages 8 to 11, that suffered from a range of clinical disorders was effective in reducing symptoms while improving competencies and skills (Albieri et al., 2009). One of the cases described in the study was of a 9-year-old boy diagnosed with major depressive disorder and seemed isolated (Albieri et al., 2009). After treatment, his mood improved and his teachers reported an improvement in autonomy (Albieri et al., 2009). Even though the child still had depressive symptoms at follow-up, there was a decrease in somatic symptoms (Albieri et al., 2009). Another study was conducted with an adolescent and adult Iranian sample, with a mean age of 24.27, who suffered from depression (Moeenizadeh & Salagame, 2010). The study compared Cognitive Behavioral Therapy (CBT) to Well-being Therapy (WBT) to see which intervention would result in better results in treating depression. A significant increase in well-being resulted after the treatment of WBT. Four PWB dimensions significantly improved, including autonomy. The authors suggest that after treatment, the clients were able to make independent choices and able to resist peer pressure. Furthermore, they were able to view themselves based on their values and manage behavior from within (Moeenizadeh & Salagame, 2010).

An improvement in autonomy also occurred in two other interventions with samples from marginalized (at-promise) populations and emerging adults (Koudenburg, Jetten, & Dingle, 2017; Reupert, Maybery, Bartholomew, Cuff, Foster, Matar, & Pettenuzzo, 2019). A longitudinal study that included a sample of marginalized adults hypothesized that participation in social activities could foster a sense of autonomy (Koudenberg et al., 2017).
The sample was described as vulnerable and isolated individuals that may be experiencing homelessness, substance abuse, mental health challenges, or from cultural and diverse communities (Koudenberg et al., 2017). The participants were involved in recreational group activities from the community center, such as sewing, yoga, and art. The results of the study revealed an increase in autonomy and self-efficacy occurred after the interventions (Koudenberg et al., 2017). The researchers explained that by contributing to group discussions, participants viewed themselves as increasingly unique and autonomous (Koudenberg et al., 2017). This explanation emphasizes the view that group dynamics can influence a sense of personal autonomy (Koudenberg et al., 2017). An individualized intervention, with Australian emerging adults whose parents had a mental illness and/or substance abuse, was used to enhance well-being and improve the mental health of participants (Reupert et al., 2019). This intervention was a 6-week, professionally moderated, online program. It is known that parental distress can impact the well-being of maturing family members, causing mental illness (Reupert et al., 2019). Unfortunately, young adults are the least likely group of individuals to seek mental health treatment (Reupert et al., 2019). Since the stress scores of this sample were high to begin with, unsurprisingly there was a reduction in stress scores (Reupert et al., 2019). In addition, there were improvements in autonomy and personal growth after participating in the online intervention (Reupert et al., 2019).

In summary, the results from these studies suggest PPIs can be useful in working with clinical and non-clinical populations (Moeenizadeh & Salagame, 2010). It seems that a sense of connection within a group can foster autonomy in school-age children. Perhaps, actively
doing something together, where students could give their input could have influenced the results of the current study. As students merge into adulthood, it is also encouraging that individual, self-administered interventions can be useful for a population that may not seek outside help.

**Purpose in life.** Having goals and a sense of direction, believing there is meaning to the past and present life, and having a belief that there is purpose in one’s life describes this PWB domain (Ryff, 1995). In the current study, the results did not support significant changes in purpose over time. In addition, the results did not support differences between the groups, nor an interaction effect between group and time. The scores for purpose in life were reported much differently than in the other PWB dimensions. The intervention group scores were elevated and then continuously declined throughout the three time points. The wait-list control group experienced a sharp decline at post-test. In both groups, purpose in life scores was lower than their baseline scores at Time 1.

The nonsignificant findings are similar to other studies with adolescent samples using either WBT or the WBSP (Albieri et al., 2009; Gigantesco et al., 2015, Ruini et al., 2006; Ruini et al., 2009; Tomba et al., 2010). In the current study, the students completed an activity that involved a personal horoscope and identifying personal strengths in achieving their goals. However, connecting purpose in life or the importance of having meaning in life seemed like a difficult concept to grasp in the current study, similar to students who participated in an action research (PAR) study (Halliday, Kern, Turnbull, G., Turnbull, D., 2019). The PAR students had a difficult time finding examples from their personal lives that related to finding meaning (Halliday et al., 2019). Unlike adults, finding meaning in life did not resonate with
the PAR students (Halliday et al., 2019). A possible explanation is that relationships and connections with others is an avenue of how adolescents gain meaning during this stage in their lives (Allen & Kern, 2017). A study by Lin and Shek (2019) wanted to determine if meaning in life (MIL) could predict psychological well-being over time. They discovered there is a decrease in MIL from 7th to 12th grade (Lin & Shek, 2019). The rate of decline in MIL was a predictor of positive functioning and psychological problems in the future. Students with a faster decline in MIL had issues with behavior and well-being over time (Lin & Shek, 2019). Subjective well-being is often challenged with this age group, therefore it is expected to have a decline in purpose and meaning (Lin & Shek, 2019). However, students who are able to identify MIL possess a spiritual strength to cope with life’s stressors (Lin & Shek, 2019).

The use of PPIs to increase purpose in life seems to be more effective in samples that included young adults (Reupert et al., 2019; Moeenizadeh & Salagame, 2010; Cheng, Hasche, Huang, & Su, 2015). Ryff (1989) explained there is a relationship between maturity and purpose in life. For example, a group of Chinese college students, mean age 22.15, who participated in a 9-week meaning-centered group intervention, were able to identify experiences that translated into positive meanings in their lives and began to create clear goals for their college life (Cheng et al., 2015). Different than any other intervention mentioned, this intervention solely focused on increasing students meaning in life (Cheng et al., 2015). Symptoms of depression include feelings of hopelessness and worthlessness as well as not seeing a purpose in life (Moeenizadeh & Salagame, 2010). Therefore, it is no
surprise that after a PPI, a sense of meaning and purpose in life would improve in a sample of patients with depression (Moeenizadeh & Salagame, 2010).

**Positive Relationships.** The ability to show concern for others, empathize, and be warm and trusting are some characteristics of having positive relationships with others (Ryff, 1995). Furthermore, understanding relationships are give and take, and having the ability to be affectionate and intimate are additional characteristics of positive relations with others (Ryff, 1995). Erik Erikson's developmental task of intimacy vs. isolation occurs during the emergence of adulthood to adulthood (Syed & McLean, 2018). As youth transition into adulthood, romantic and platonic relationships become more salient (Syed & McLean, 2018).

Although the current sample is right on the cusp of emerging adulthood, the intervention did not yield significant improvements in positive relations with others. There was not a significant change in positive relationship scores over time. Furthermore, there were no differences between the two groups or an interaction effect between time and group. However, the intervention group reported an increase in scores at post-test and follow-up. What may have contributed to this difference is that during session 3 a student shared a personal and painful experience within the intervention group. The students voiced the sadness they felt after their classmate shared feelings of guilt, regret, and grief. The feelings of empathy the class shared may have made them feel closer to one another. In contrast, the wait-list group did not experience a similar situation and reported a decline in positive relations scores at post-test.

Other WBT studies that included younger samples (under the age of 15) also failed to find significant improvements in the PWB domain of positive relations (Albieri et al., 2009;
Ruini et al., 2006, 2009; Tomba et al., 2010). In addition, studies that included emerging adults, but received individual interventions, did not increase in this PWB domain (Moeninizadeh & Salagame, 2010; Reupert et al., 2019).

In contrast, interventions led in group formats with adolescents that particularly focused on relationships, improved in positive relations (Rose, Hawes, & Hunt, 2014; Holt et al., 2019). This suggests individual interventions lack the positive interactions necessary to promote positive relationships with others. Additional studies support this claim. For example, when the Peer Interpersonal Relatedness (PIR) program was combined with another program that helps in the reduction of adolescent depressive symptoms, a significant increase in social functioning and school-satisfaction occurred (Rose et al., 2014). The components of PIR included friendship-building skills to develop greater intimacy with friends (Rose et al., 2014). The intervention lasted for 11 weeks and the mean age of the sample was 12.22 (Rose et al., 2014). In addition, researchers shared physical activities were a way to strengthen and form friendships due to shared experiences, as a result of a study that involved establishing a more inclusive school climate by having students participate in non-competitive activities (Holt et al., 2019). Student interviews revealed a belief that well-being occurs when you have friends, get along with others, and when peers can participate together (Holt et al., 2019). Therefore, social interactions and an emphasis on forming relationships seem to be important factors in increasing social relationships. Interventions that included emerging adults, ages between 18-23, resulted in increased positive relations with others as well (Cheng et al., 2015). After a meaning-centered group intervention, Chinese college student’s scores increased in harmonious relationships. It comes as no
surprise that relationships are a priority and is considered one of the most meaningful parts of student’s lives (Cheng et al., 2015).

**Perceived Stress.**

Stress is defined as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p.19). The PSS is a two-dimensional construct that has questions referring to distress and coping (Lee & Jeong, 2019). WBT’s rationale is that it can help promote psychological well-being, resulting in a decrease in distress and increased levels of resilience (Moeenizadeh & Salagame, 2010).

The current study partially supported the rationale behind WBT. The findings for perceived stress showed a trend of declining scores over time; however, the results were not statistically significant. There was not a significant difference between the intervention group and the wait-list control group or a significant interaction effect between group and time. Immediately after the intervention, both groups reported a decline in perceived stress levels. Although the scores did not reach the initial levels at baseline, the intervention group’s perceived stress levels increased at follow-up, suggesting the maintenance of reduced perceived stress did not occur. However, the perceived stress levels of both groups were less at time 3 versus time 1.

Researchers also found the same trend of declining stress scores, albeit non-significant, in other interventions including at-promise samples (Garcia, Pintor, Vasquez, Alvarez-Zumarraga, 2011; Marsland et al., 2019). For instance, at-promise Latina girls participated in a 16-session program that met weekly for three hours, and reported non-
significant increases in social connections and decreases in depression and perceived stress (Garcia et al., 2011). Due to the high morbidity between at-promise students and asthma prevalence, researchers conducted an intervention-based study to reduce stress as a method of asthma control (Marsland et al., 2019). The sample included 8 to 14-year-olds, mostly African-American students from a low-income background. The intervention included topics such as the relationship between thoughts, feelings, and asthma. The stress scores of the intervention group were lower than the control group; however, there was not a statistically significant difference in this study as well (Marsland et al., 2019).

Several studies support the notion that psychological well-being will lead to a reduction in stress and an increase of resilience. For example, researchers studied a sample of at-promise students living below the poverty level and from single-parent homes, living in Israel with a mean age of 13.68 (Shoshani & Steinmetz, 2014). The goal of the program was to promote an increase in mental health during the middle school years and included 15 sessions throughout the school year (Shoshani & Steinmetz, 2014). Participants reported a significant decrease in psychological distress after the intervention (Shoshani & Steinmetz, 2014). In another study using well-being therapy with late adolescent, first year, Chinese medical students who are susceptible to maladjustment and distress were researched (Xu et al., 2019). The results reported an increase in well-being and a decrease in emotional distress (Xu et al., 2019).

In addition, several, previous school-based prevention studies without a focus on at-promise students, showed significant reductions in perceived stress after the implementation of positive psychology interventions (Burckhardt et al., 2016; Livheim et al.,
2015; Ruini et al., 2009, Ruiz-Aranda, Salguero, Cabello, Palomera, & Berrocal, 2012). For instance, a study by Ruini et al., (2009) used the WBSP with a sample of 9th-grade high school students in Italy who had no reported mental health issues. The students met for six, 2 hour weekly sessions. As a result of the intervention, students reported a significant decrease in distress and an increase in overall psychological well-being (Ruini et al., 2009).

High achieving students from affluent backgrounds have benefited from PPIs as well (Burckhardt et al., 2016; Livheim et al., 2015). For instance, a sample of Australian high school students in grades 10 and 11 with a mean age of 16.37 participated in a PPI that included acceptance and commitment therapy (Burckhardt et al., 2016). Students who had elevated baseline scores demonstrated improvements in depression symptoms, stress, and anxiety (Burckhardt et al., 2016). Well-being scores were significantly increased after the students participated in the intervention (Burckhardt et al., 2016). Researchers also studied a Swedish sample of students, ages 14-15, who did not have a history of mental health issues. The students participated in six 1.5 hour weekly, school-based PPI sessions to increase mindfulness and decrease perceived stress levels (Livheim et al., 2015). After the implementation, the students reported significantly lower levels of stress and an increase in mindfulness skills with large and medium effect sizes (Livheim et al., 2015).

In addition to the traditional face to face interventions, online PPIs have also been effective. One example is an online positive psychology program that was used for a 6-week trial period that included interactive exercises (Manicavasagar et al., 2014). As expected, the effects were greater for those who adhered to the program. Those who complied with the intervention reported a significant decrease in depression and stress, and a significant
increase in well-being (Manicavasagar et al., 2014). Researchers also investigated the use of an online intervention of 31 emerging adults, ages 18-25, which lasted for 6 weeks. What is different about this intervention is that it targeted individuals with parents who had mental health issues (Reupert, 2019). This study was of particular importance because children of parents with a mental illness are more likely to develop mental health or somatic health issues (i.e., asthma) due to the associated stress during their childhood (Reupert, 2019). In addition, parental mental health issues can increase the risk of diminishing the well-being of their children (van Doesum, Riebschleger, & Carroll, et al., 2016). Participants of this study reported a significant reduction in depression and stress at the post-test (Reupert, 2019).

Positive psychology interventions vary in session length and time. The intervention that met for the least duration was a program was a 16-week program, equaling a total of 8 hours. The intervention resulted in significant results of affluent and high achieving students in Australia (Burckhardt et al., 2016). Another successful PPI with Chinese college students met for five, two-hour sessions, equaling a total of 10 hours (Xu et al., 2019). In contrast, students in the current study were met for 6 weekly sessions for 45 minutes, equaling 4.5 hours. The current study’s duration was much less than other interventions. An abbreviated intervention was purposefully planned to limit the loss of instructional time. Voices from a qualitative study of teachers and counselors working in an at-promise American school shared teachers have increasingly more job duties and expectations and may not welcome sharing their classroom (Stone-Johnson, 2016). Even though there was a decline in stress levels of the current study, it was not a statistically significant difference. Perhaps a longer intervention, or conducting follow-up assessments may have revealed even lower stress
levels in the current sample. Van Loon et al., (2019) suggested a sleeper effect may occur if there is a decrease in psychological stress following an intervention, with larger effects taken place at follow-up

**Gender Differences**

Gender differences occur in the expression of emotions, perceived stress levels, and types of stressors. A study that examined gender differences of at-promise students in regards to emotion expression indicated that girls reported higher levels of negative feelings, such as sadness and shame/embarrassment, than males (Panjwani, Chaplin, Sinha, & Mayes, 2016). Previous studies indicated gender differences are equivalent between mainstream and at-promise samples (Panjwani et al., 2016). The current study examined gender differences of perceived stress, due to the variation in baseline scores. On a scale of 0-40, with higher numbers indicating higher stress levels on the PSS, females scored $M = 28$, and the males scored $M = 20.25$ at baseline in the current study. According to Cohen, the female norm score is $M = 13.7$, which means the female sample in the current study had twice the perceived stress levels than the norm (Cohen, 1994). The findings are consistent with other studies that have reported females experienced higher levels of stress than males (Cohen & Janincki-Devertes, 2012; Ruini, 2009; Shoshani & Steinmetz, 2014). For instance, males reported lower stress levels than females in a study with at-promise students in Israel (Shoshani & Steinmetz, 2014). Furthermore, differences exist in the type of stressors males and females experience and how they cope with stress (Lavoie, Dupéré, Dion, Crosnoe, Lacourse, & Archambault, 2019; Wilhsson, Svedberg, Hogdin, & Nygren, 2017). Although adolescent males and females are exposed to the same amount of stressful life events,
specific stressful life events differ by gender (Lavoie et al., 2019). Whereas male stressors may relate to issues with authority or school performance, females are more exposed to relational stressors from peers, parents, or someone of romantic interest (Lavoie et al., 2019). An unawareness of relational stressors females endure is common since females experience more internalizing emotions than males, in turn causing their stress levels to go unnoticed (Lavoie et al., 2019; Panjwani et al., 2019).

How females and males cope with life stressors also vary. When it comes to prioritizing decisions, girls will choose to complete tasks before having fun because they may feel guilty and will choose to put their needs second (Wilhsson et al., 2017). On the contrary, boys will prioritize their own needs before completing other tasks (Wilhsson et al., 2017). Furthermore, girls think about the future and how their current performance (i.e. school) can affect post-secondary goals (Wilhsson et al., 2017). Even though boys are concerned about the future as well, they follow a more relaxed approach and choose to focus on the present (Wilhsson et al., 2017).

In the current study, a one-way ANOVA was used to determine potential differences in stress scores among females after exposure to the WBSP. Encouragingly, exposure to the WBSP seemed to help reduce perceived stress levels. Females reported a significant decrease in perceived stress in comparison to their initial scores before the intervention. Therefore, even though females internalize their stressors, which in turn may be overlooked by others, school-based well-being interventions can be useful to address and reduce their perceived stress.
Implications for Professional School Counselors

Professional school counselors should take the lead in addressing the well-being of all students through awareness of student needs and the implementation of interventions. Furthermore, school counselors should contribute to the advocacy agenda of lowering caseloads to better serve students. The American School Counselor Association emphasizes school counselors should be leaders, advocates, collaborators, and agents of systemic change (ASCA, 2012). As well as supporting the academic, social/emotional, and career needs of students, school counselors should also focus on removing systemic barriers to maximize the potential of all students (Ratts & Greenleaf, 2018).

Multicultural and social justice school counseling leadership includes considering systemic barriers and inequities as well the cultural values and worldviews of students (Ratts & Greenleaf, 2018). Therefore, multiple considerations should be taken into account when selecting interventions to meet student needs (Ratts & Greenleaf, 2018). When working with at-promise high school students, school counselors must understand the socio-ecological context of the student population and the psychosocial development during late adolescence.

Several possible circumstances must be taken into account when working in at-promise schools. For instance, in the current sample, teen pregnancy, community violence, murder, homelessness, and family medical concerns, were just some of the issues students experienced. Being aware of the environmental realities and disparities of students is necessary. Students often brought up multicultural or social justice issues during class discussions. As a leader, school counselors need to be competent in addressing and
discussing these issues creating a feeling of acceptance within the classroom (Ratts & Greenleaf, 2018). Late adolescence is still a crucial developmental time where support is needed. Interventions, such as the WBSP can be tailored to fit different cultural groups and still be effective to increase subjective well-being. Many of the topics discussed in the WBSP were new or forgotten concepts for the students. For example, when the students were asked if it was weird to talk about feelings as 18-year olds, a student responded, “No, because this is not something we talk about”.

PPI interventions, such as the WBSP can be instrumental in the implementation of appropriate services for students. Although individual counseling occurs much more frequently in high schools (ASCA, 2014), classroom lessons are still effective. School counselors are fundamental assets, substantiated by Owens (2018), who confirms social-emotional interventions led by professional school counselors are tied to positive results. The current study was conducted in large group, classroom lessons. School counselors are trained to facilitate groups by engaging students and successfully getting everyone involved (Sink, Edwards, & Eppler, 2012). According to Malkoç and Aslan (2018), group leaders possess empathy and can create positive feelings for members. For instance, the WBSP promoted all of ASCA’s six mindset standards. A focus of every mindset standard and several behavior standards was delivered through the WBSP intervention. For example, the topic of lesson 4 was for students to recognize positive traits in themselves and others. This session addressed mindset 1, and two standards under behavior-social skills. Relatedly, attending to non-academic issues and encouraging students to reach toward positive expectations are
valued by students (Martinez et al., 2017), which may explain the current sample’s eagerness to learn about increasing their well-being and decreasing stress.

School counselors should also make it a priority to serve as members of MTSS teams, such as RTI and PBIS, which align with the ASCA National Model (ASCA, 2012). As visionary change agents, school counselors often function in collaborative roles (Ratts & Greenleaf, 2018). In addition, school counselors are known to take initiative and consult with staff on possible student interventions (Cholewa, Goodman-Scott, Thomas, & Cook, 2016). As valued members of MTSS teams, school counselors could use their multicultural competencies to bring awareness and understanding of the barriers and oppression at-risk students face in comparison to privileged students (Ratts & Greenleaf, 2018). The WBSP is an evidence-based intervention that can be used as a tier 1 or 2 interventions. Prior studies used the WBSP with students who did not exhibit any presenting issues (Ruini et al., 2006, 2009), and would be tiered at level 1, whereas the current student used the WBSP with students who had elevated levels of perceived stress and would be tiered at level 2. Classroom interventions, small groups, and individual counseling can be categorized as tier 2 interventions (Sink, 2016). In summary, school counselors must take a seat at the table and confirm their roles as collaborators and change agents.

The success of the current intervention was due in part by the collaboration of the classroom teacher. Collaboration with teachers to implement classroom lessons is an appropriate and encouraged role for school counselors (ASCA, 2012). However, school counselors may be met with resistance when completing classroom lessons (Perry, 2017). Therefore, it is important to get teachers on board as well as administrators to advocate for
the needs of the program (Perry, 2017). A pre-existing relationship existed between the school counselor and the classroom teacher in the current study, and they have consulted with one another on several occasions in the past. According to Cholewa et al., (2016) a positive teacher-counselor relationship will increase the likelihood of teachers consulting with school counselors. The classroom teacher of the current study reviewed the lessons prior to the start of the intervention. In addition, the classroom teacher stayed in the class during the lessons and contributed to the discussions as a co-leader. In a qualitative study, teachers reported they were encouraged to collaborate with school counselors when services were proactively being offered (Cholewa et al., 2016). Working in collaboration with the classroom teacher was effective since he would refer to previous lessons when needed to help students manage their emotions and behaviors. Positive emotions fostered in the classroom can increase student’s trust in their abilities and commitments to tasks, igniting student’s potential (Oriol-Granado et al., 2017).

An increase in well-being allows people to cope with life stressors in a more healthily, by building resilience. There is an instrumental and intrinsic value in well-being, confirming that it must be taught in schools (Adler, 2017). From a social justice point of view, at-promise students need the social-emotional skills learned from psychological well-being programs. Positive psychology school interventions, such as the WBSP, can empower at-promise students by enhancing their coping skills and improving resilience. The WBSP was shown to have some effect after a much shorter period than previous studies, with promising results. This shows that even small doses of interventions by school counselors can be beneficial.
There is a need to contribute to the existing literature on the effectiveness of school counselor led interventions. School counselors have access to students that outside professionals may not be privy to, especially in the United States. Because the research does not deviate from the role of school counselors, administrators may be more supportive of the research, as in the current study. The use of data-driven initiatives along with the school counselor’s vision for the school year will help gain support by administration (Perry, 2017). Most of the research on PPI’s discussed above, were international studies. Therefore, American school counselors are the best source to advocate for the profession by researching program effectiveness. Although action research is invaluable and can offer depth to research, school counselors and staff may not have time for such efforts (Soutter, O’Steen, & Gilmore, 2014). Therefore, guidance and consultation to establish protocols and surveys may be needed from researchers (Soutter et al., 2014). With counselor educators as mentors, school counselors can make beneficial contributions to the literature by conducting action research (Mason, Land, Brodie, Collins, & Pennington, 2017).

The charge of school counselors is often met with uncertainty. The ASCA national model was released in 2002, but almost two decades later teachers still seem unsure of the role of school counselors (Cholewa et al., 2016). Nevertheless, there is an understanding that school counselors possess specialized training in mental and developmental health, different from teachers (Cholewa et al., 2016). Furthermore, school counselor ratios make a difference in the academic standing of students (Goodman-Scott, Sink, Cholewa, & Burgess, 2018). Researchers found if school counselor ratios were less than 250:1, students had higher GPAs and were 1.85 times more likely to graduate than students with higher counselor ratios.
(Goodman-Scott et al., 2018). Furthermore, at-promise students were more likely to have post-secondary plans if their school counselors spent less time on non-counselor related duties and spent time on career development (Goodman-Scott et al., 2018). Evidently school counselors are most effective when they are aligned to their appropriate duties as described by ASCA (2012) with manageable caseloads.

**Implications for Ryff’s Theory of Psychological Well-Being**

As mentioned throughout this study, Ryff’s theory of psychological well-being contains several facets or dimensions. The facets include environmental mastery, self-acceptance, personal growth, positive relations, purpose in life, and autonomy. PWB frames the view of how well-being is defined. Ryff’s theory of PWB takes into account how well being progresses through the life span, the importance of certain dimensions at various developmental stages, and how socioeconomic status and education impacts well-being (Ryff & Singer, 2008).

Ryff’s theory of PWB includes a blend of several theories of life span development (Ryff & Singer, 2008). Due to the focus of PWB throughout adulthood, it is questionable if Ryff’s theory of PWB is intentionally applicable towards adolescence and the well-being of students. Furthermore, definitions of well-being and how it resonates with students are slim (Soutter, O’Steen, & Gilmore, 2014). For example, when Ryff describes the constructs of developmental theories she drew on, none of them particularly mentions adolescence (Ryff & Singer, 2008). While discussing positive relationships with others, she mentions Erickson’s adult developmental stage, midlife is mentioned for environmental mastery, and later in life is mentioned for autonomy (Ryff & Singer, 2008).
As people progress through the developmental stages of life, the score of some PWB dimensions may shift. For instance, purpose in life and personal growth increase in early and middle adulthood, but is more likely to decline with age (Ryff & Singer, 2008). Autonomy and environmental mastery increases throughout the life span and positive relationship with others remain stable throughout the lifespan (Ryff & Singer, 2008).

Well-being is fostered by the environmental context of people’s lives and therefore, the possibilities to reach higher levels of well-being is not equal for everyone (Ryff & Singer, 2008). Low socioeconomic status is associated with poor health and a lack of educational and career opportunities (Ryff, 2017; Ryff & Singer, 2008). A lack of financial resources creates a barrier of options and opportunities for individuals to become their best selves (Ryff & Singer, 2008). Noteworthy, there is a strong relationship between PWB and educational attainment (Ryff Singer, 2008). More specifically, personal growth is the most prominent dimension related to educational attainment (Ryff & Singer, 2008). PWB seems to work in a bidirectional manner as well, since high PWB serves as a buffer to increased health risk, regardless of educational attainment (Ryff, 2017). Therefore, understanding that not all students will progress to post-secondary education, they need to know the skills necessary to increase PWB.

Modifications to the current research design may have better supported Ryff’s theory of PWB and increased PWB for the student sample. The duration of the interventions was much more condensed than the original WBSP interventions. In addition, the current intervention only included follow-up assessments of one group, given three weeks after their intervention concluded. A larger randomized control design may have also been beneficial.
The current sample was randomly selected from classes taught by one teacher in one school. In addition, the current study differed from previous studies that used the WBSP in several ways. In previous studies, the age ranges did not include late adolescence or students from at-promise populations (Ruini et al., 2006; Ruini et al., 2009). Therefore, the current study may have needed further adjustments in the delivery of the WBSP. Perhaps, including more possible stressors that represent an at-promise student’s experience, including minority stressors within the context of the lessons would have been advantageous.

The use of the PWB scale with the current study must also be taken into account. The Ryff scales have undergone some scrutiny in regards to the factorial structure and varied lengths (Ryff, 2014). The scales were designed to measure all 6 of the PWB constructs. Regardless, they have been used in over 300 studies and translated in 30 different languages (Ryff, 2014). Furthermore, the students in the current study were exposed to the 18-question survey multiple times within three weeks. There are 3 items directed to each of the 6 dimensions. To address the length and depth of the measure of the PWB scale, the 42-item is a suggested option (Ryff, 2014). However, a 42-item survey would have created an even greater degree of response fatigue with students. Due to some psychometric issues, caution was given against researching the individual dimensions of PWB using the 18-item measure (C. Ryff, personal communication, October 3, 2018). Despite the precautions, the 18-item measure did result in significant gains for some dimensions. In addition, there was a significant increase in the composite score of PWB.

Although psychological well-being may not be equitable across the lifespan or socioeconomically (Ryff & Singer, 2008), the current study supports it can be deliberately
increased. The current study exhibited significant growth in environmental mastery and personal growth, as well as non-significant increases in autonomy and self-acceptance. Even though just two facets of well-being showed statistically significant growth, students in this study reported a significant increase in overall well-being as well. With these findings, it is important to note that not all facets of PWB must improve to experience an overall improvement in psychological well-being. Therefore, this study supported Ryff's Theory of PWB as suitable for at-risk, high school students.

**Limitations**

Limitations of this study should be considered when interpreting the results. There were several internal validity issues, such as intervention duration, self-report bias, survey exposure, relationship with the counselor/researcher, classroom dynamics, and attendance. The first limitation is the condensed duration of the intervention. The current study was completed over 3-weeks, with lessons held for 30-45 minutes. Prior studies were conducted internationally, and some met for 2-hour time periods. As positive psychology programs spread around the world it is important to recognize cross-cultural adaptations are necessary (Shankland & Rosset, 2017). Reducing the length of the lessons was a cultural adaptation needed for this school and probably other schools in the United States. However, the reduction in the delivery times from the original WBSP studies (Ruini et al., 2006; Ruini et al., 2009), may have affected the optimal benefit to students. Secondly, students completed self-report measures on the PSS and PWB scale, creating a risk to respond in a socially desirable way. In addition, the students were exposed to the measures several times in a short time, and may have memorized previous responses.
Furthermore, the students knew the assessments were being used for their school counselor’s dissertation, running the possibility of response bias. Serving dual roles as the school counselor and researcher may have also been a limitation. The school counselor in this study shared a similar background to the at-promise students. In a study by Rodgers and Furcron (2019) that investigated multicultural competence of school counselors in an urban school district, they found that African-American school counselors rated themselves higher in regards to meeting the socio-emotional needs of diverse students, more than their Caucasian peers. In addition, receiving the classroom lessons from their school counselor may have been an asset, taking less time to build trust between the students.

Next, the difference in classroom dynamics may have been a limitation as well. Classrooms operate as mini societies with norms, culture, routines, and acceptable behaviors (Farmer, Hamm, Dawes, Barko-Alva, Cross, 2019), therefore classroom dynamics can vary. Additionally, attendance was another major issue with this population. The school is described as having a problem with chronic attendance by the state department. Over half of the original sample did not complete all of the assessments due to being absent. Furthermore, many students were not on track to graduate and were pulled out of class to participate in various remediation programs. Because of the issues of chronic attendance and pull out programs, there were variations in sample numbers included for each analysis. Therefore, attendance may have impacted the results, due to smaller sample sizes than expected. The last possible threat to internal validity was experimental mortality. Although no students dropped out of the study, several students moved to different schools.
There were also limitations in regard to external validity. First, the findings are from one at-promise high school and therefore are not generalizable to the larger population. A larger, randomized controlled study may have further supported the results.

In summary, there were several threats to internal and external validity. Although the effect sizes were small throughout the study, the results of this study are encouraging. With a sample that has chronic attendance issues and multiple areas of stress, there were significant findings that indicate the WBSP is a beneficial program. However, the findings of this study are preliminary in nature and should be replicated in future research.

**Future Research**

In this section recommendations for future research are provided. First, because of the external validity issues, subsequent investigations should be conducted. The current study used a sample from one high school serving at-promise students. In addition, participants were all from one senior-level course taught by the same teacher. Therefore, as noted above, the sample was not a representation of the population and the current study is not generalizable. It is recommended to replicate this study with other at-promise samples within the United States and with larger sample sizes.

Given the internal validity issues documented above, later studies using the WBSP intervention would benefit from several recommendations. First, future studies should use multi-informant data, such as interviews or teacher/parent observations that would be useful additions to self-report measures. Another suggestion is to add a qualitative element to the study that could provide a deeper, human understanding of the research within the natural setting (Hays & Singh, 2012). The second recommendation is to adjust the
intervention delivery duration, finding a balance between program effectiveness and efficiency. Third, implementing booster sessions throughout the school year as a form of maintenance and continued growth of subjective well-being is recommended. The fourth recommendation is concerning classroom dynamics. Perhaps, examining possible mediating effects, such as connectedness could be included in future studies as well. An important factor in the engagement and motivation of disadvantaged students is positive relationships (Pennie, Lertora, Crews, & Hicks, 2016). Cheese & Vines (2017) proclaims at-promise students will thrive when they have the right support mechanisms in place. Finally, to address attendance, future research may include longitudinal studies, measuring the change in attendance over time.

It is also recommended to focus on the psychological dimensions that did not show significant improvements. The approach to these topics may need to be tailored to reach late adolescent students in at-promise schools. Another question lays in whether the dimensions are equally important to well-being (Soutter et al., 2014). Therefore, identifying the impact of each dimension on the outcomes may clarify and provide evidence of the most pertinent, and/or most malleable PWB dimensions during late adolescence for at-promise students.

Future research should also consider multicultural factors. Having a comprehensive understanding of the cultural dynamics and the impact stress can have on the well-being of at-promise students deserves more attention. Increased knowledge of helpful and effective services for students, families, and staff should be taken into account. In addition, the effectiveness of school counselor led interventions compared to collaborated interventions with classroom teachers should be considered for future research.
Overall Summary and Conclusions

As stated before, the purpose of this study was to determine if a positive psychology intervention in an at-promise high school could increase subjective (psychological) well-being and reduce perceived stress. At-promise students may experience a multitude of stressors, therefore providing tools to increase subjective-well being is crucial. Ryff’s theory of Psychological Well-being served as the basis of the study. The study took place in a southeastern high school in the United States and the senior level students had a mean age of 17.47. Over half of the student population is financially disadvantaged and received free or reduced lunch. In addition, the majority of students were minorities (69% African American, 17.8% Caucasian, 6.5% two or more races, and 5.3% Hispanic) (VDOE, 2019). Due to the higher stress levels of this population of students, the WBSP was introduced to increase well-being. The WBSP is a school-based intervention derived from well-being therapy (Fava, 2016). The objective of well-being therapy is to foster resilience and strengthen psychological well-being, based on Ryff’s theory of psychological well-being (Fava, 2016).

A quasi-experimental, wait-list control study was completed using the WBSP. The intervention included six, 35-45 minute large group classroom sessions, led by a professional school counselor/researcher over three weeks. Ryff’s PWB scales and Cohen’s Perceived Stress Scale were completed three times throughout the study. While the current research did not support significant findings in the reduction of perceived stress, the samples did experience a decline in perceived stress. In addition, participants did experience significant improvements in overall psychological well-being. Specifically, the PWB dimensions of environmental mastery and personal growth increased significantly at post-intervention.
Findings from a correlational study with secondary students examined the relationship between each PWB dimension and resilience (Sagone & De Caroli, 2014). After the study’s completion, it was concluded a positive relationship exists between (environmental mastery, personal growth, and self-acceptance) and resilience (Sagone & De Caroli, 2014). According to Ryff (2014), resilience is the ability to sustain or even deepen well-being throughout stressful situations (Ryff, 2014).

The results of the current study support the findings from Sagone and De Caroli’s (2014) study. The current study resulted in significant differences in environmental mastery and personal growth, and non-significant growth in self-acceptance after the implementation of the WBSP. The results of the current suggest a condensed version of the WBSP with at-promis high school students, has some potential to make a difference in student’s lives. Furthermore, the present study contributes to research and scholarship in the area of school-based intervention and prevention programs by investigating a positive psychology intervention with at-promise, late adolescent students in the United States.
REFERENCES


what we can do about it. Palto Alto, CA: Learning Policy Institute


and Alternative Medicine, 22(4), 580–591.

https://doi.org/10.1177/2156587217696928


https://www.taylorfrancis.com/books/e/97813516777288/chapters/10.4324/97815165493-6


doi: 10.5812/ijem.3505


https://doi.org/10.1177/0016986217738051

https://doi.org/10.1007/s10935-016-0446-3


https://doi.org/10.1080/17439760.2014.936962


Keyes, C.L.M. (2015). The nature and importance of positive mental health in America’s adolescents. In R. Gilman, E.S. Huebner, & M.J. Furlong (Eds.), *Handbook of positive psychology in schools* (pp. 9-23). New York, New York: Routledge


https://doi.org/10.3390/ijerph110505273


Interventions and cultural contexts (pp. 135-151). New York: Springer


Reupert, A., Maybery, D., Bartholomew, C., Cuff, R., Foster, K., Matar, J., & Pettenuzzo, L. (2019). The acceptability and effectiveness of an online intervention for youth with


https://doi.org/10.1016/j.jbtep.2009.07.002


Sink, C. A. (2016). *Incorporating* a multi-tiered system of supports into school counselor


https://www.tandfonline.com/doi/abs/10.17105/SPR45-4.434-457


https://journals.sfu.ca/iccps/index.php/childhoods/article/view/26/23


Analysis for California Education, PACE. Retrieved from

https://eric.ed.gov/?id=ED591085


doi:10.1177/0044118X16638690

freshmen. *BMC medical education, 19*(1), 182.  

https://doi.org/10.1186/s12909-019-1616-9


https://doi.org/10.1017/s0954579418000159
Appendix A: Power Analysis

![Power Analysis Diagram]

**Test family**
- F tests

**Statistical test**
- ANOVA: Repeated measures, within-between interaction

**Type of power analysis**
- A priori: Compute required sample size - given \( \alpha \), power, and effect size

**Input parameters**
- Effect size \( f \): 0.5
- \( \alpha \) err prob: 0.05
- Power (1-\( \beta \) err prob): 0.8
- Number of groups: 2
- Number of measurements: 2
- Corr among rep measures: 0.5
- Nonsphericity correction c: 1

**Output parameters**
- Noncentrality parameter \( \lambda \): 12.000000
- Critical F: 4.9646027
- Numerator df: 1.000000
- Denominator df: 10.000000
- Total sample size: 12
- Actual power: 0.8764178
Appendix B: Administrative Information Letter

Dear Administration:

The school counseling department will be teaching classroom lessons to increase well-being (feeling good and doing well) and decrease perceived stress. The classroom lessons will also serve as research towards her doctoral dissertation. She is studying Counselor Education and Supervision at Old Dominion University. The following topics will be covered:

- Recognizing and expressing different emotions
- Focusing on the relationship between thoughts and emotions
- Identifying negative and helpful thoughts
- Focus on positive relations and self acceptance
- Autonomy and purpose in life
- Happiness and emotional well-being

Student’s involvement will include:

i. Answering an 18-item survey and 10-item survey three times.
ii. Class participation for 30-45 minutes twice a weekly for three weeks in the school building.

There are no anticipated risks or direct guaranteed benefits to the students associated with this research. However, this research can help understand the amounts of perceived stress students are experiencing and how to lessen the negative influence stress can have on their well-being. Prolonged stress can affect a student’s memory and sleep patterns, jeopardizing learning, academic performance, as well as behavioral issues (Tarabochia, 2013). Teaching well-being in schools can: intercept depression, increase life-satisfaction, and promote better learning and creative thinking (Heydarpour et al., 2018; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). These are skills needed to enhance resilience. An increase in well-being can help promote resilience, creating a buffer to stress.
Appendix C: Student Assent Form

DECREASING PERCEIVED STRESS AND INCREASING WELL-BEING

1. My name is _______ and I am one of the school counselors. I am also a doctoral student at Old Dominion University.
2. I am asking you to take part in a research study to learn more about a well-being program and if it can help decrease stress.
3. If you agree to be in this study you will complete two surveys, three times. Answering the questions should take about 10 minutes. You will also participate in six classroom guidance lessons for 30-45 minutes. The lessons are focused on how to think positively, express emotions, build positive relationships, and set goals.
4. If you do not want to be in this study, you do not have to participate. No one will be upset. Alternate activities will be available. You can choose not to participate at any time. If you start the study, you choose to stop at any time. There are no penalties for declining to participate.
5. If you decide to participate in the study, I will not share anything that you say or do during the lessons/study with anyone, including with parents and teachers unless you pose a threat to yourself or someone else.
6. Since we will be having class discussions, confidentiality cannot be guaranteed of what is shared by other classmates.
7. I will leave the room before you complete your surveys and your teacher will collect them.
8. If you have any questions about the study, please ask me.
9. Signing your name below means you agree to participate in the study and have read or was read this form.

Signature of subject (student) ____________________________

Subject’s (student’s) printed name__________________________

Signature of investigator _________________________________

Date ________________________________
Appendix D: Informed Consent

(Students 18 years of age and older)

Decreasing Perceived Stress and Increasing Well-Being Study

INVITATION TO PARTICIPATE:
Dear student,
My name is _________ and I am a doctoral student at Old Dominion University and one of the school counselors at your high school. You are invited to participate in a research study to see if a series of classroom guidance lessons can help decrease stress and increase well-being. You were selected as a possible participant because you are an English speaking, high school senior enrolled in a government class. Please read this form carefully and ask any questions you may have before agreeing to be in the study.

RESEARCHERS: The researchers include: Christopher Sink, Ph.D. (Responsible Project Investigator); ___________, Ed.S. (Professional School Counselor, Investigator, Doctoral student at Old Dominion University)

DESCRIPTION OF RESEARCH STUDY:
Several studies have been conducted looking into the subject of well-being (feeling good and doing good). There are limited studies on the effects of a specific well-being school program used to decrease stress levels of high school students.

This study involves participating in six classroom guidance lessons for 30-45 minutes during your government class. The lessons are focused on how to think positively, express emotions, build positive relationships, and set goals. You will also complete two surveys measuring perceived stress and well-being, three times throughout the study. Answering the questions should take about 10 minutes. We anticipate 50-60 students will participate.

EXCLUSIONARY CRITERIA
In order to participate, you must be enrolled in a senior level government class and must speak English.

RISKS AND BENEFITS
RISKS: In the classroom setting, students may share personal information during the lessons. Therefore, confidentiality cannot be guaranteed of what is shared in the classroom setting. There is also a potential risk for a leak in confidential information such as the scores from the well-being survey and the perceived stress survey. The researcher, __________, will try to reduce the risk by removing all linking
identifiers from the surveys. In the event you experience any distress from this intervention, you may seek support from the school counselors or school administrators.

BENEFITS: There are no direct benefits for participating in this study.

POTENTIAL BENEFITS: A potential benefit for students involved in the intervention is an overall increase in well-being. An increase in well-being promotes better learning and creative thinking. In addition, higher well-being is related to higher achievement, greater school satisfaction, and improved academic-perceptions. Another potential benefit is a reduction in perceived stress.

COSTS AND PAYMENTS
There is no cost to participate in this study. The researchers are unable to give you any payment for participating in this study.

NEW INFORMATION
If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you.

CONFIDENTIALITY
The researchers will assign a numeric code for each student. This code will be used instead of student names for data entry and analysis. Hard copies of the surveys as well as the code key will be kept in a locked, secure location. After the data has been entered, the surveys and key code will be destroyed. All data will be stored on a password protected usb drive. The results of this study may be used in reports, presentations, and publications; but the researcher will not identify you. Of course, records may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE
Your participation in this study is completely voluntary. It is all right to refuse participation. Even if you agree now, you may withdraw from the study at any time.

COMPENSATION FOR ILLNESS AND INJURY
Agreeing to participate does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University, nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation. In the event you suffer any harm as a result of participation in this research project, you may contact Tancy Vandecar-Burdin, the current IRB chair, at 757-683-3802 at Old Dominion University, or the Old Dominion University Office of Research at 757-683-3460 who will be glad to review the matter with you.

VOLUNTARY CONSENT
By agreeing to participate in the study, you are saying that you have read the information above or have had it read to you, that you are satisfied that you understand the information provided, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them: Principal Investigator: _______________ Investigator: _______________

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Tancy Vandecar-Burdin, the current IRB chair, at 757-683-3802, or the Old Dominion University Office of Research, at 757-683-3460.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Subject's Printed Name & Signature ___________________ Date _______________

INVESTIGATOR’S STATEMENT
I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants, including the nature and purpose of this research, benefits, risks, costs, and any experimental procedures.

I have described the rights and protections afforded to human research participants and have done nothing to pressure, coerce, or falsely entice the parent into allowing this child to participate. I am available to answer participant’s questions and have encouraged him/her to ask additional questions at any time during the course of this study.

Investigators Printed Name & Signature ___________________ Date _______________
Appendix E: Parent-Information Sheet/ Opt-out form

Increasing Well-Being Study and Decreasing Perceived Stress

Dear Guardian,

My name is __________ and I am school counselor at your child’s school and a doctoral student at Old Dominion University. The purpose of this research is to investigate whether a well-being school program can increase well-being (feeling good and doing good) and decrease perceived stress. The following topics will be covered throughout the lessons:

● Recognizing and expressing different emotions
● Focusing on the relationship between thoughts and emotions
● Identifying negative and helpful thoughts
● Focus on positive relations and self-acceptance
● Autonomy and purpose in life
● Happiness and emotional well-being

What will my child do if I agree for him/her to participate?

Your child will participate in six classroom guidance lessons for 30-45 minutes. Students will answer an 18-item survey and 10-item survey three times throughout the study.

Why is my child being invited to take part in a research study?

Your child has been selected to participate in this study because they are an English speaking high school senior, enrolled in a government course.

What happens if I say yes, but I change my mind later?

Your child’s participation is voluntary and you may choose not to let him or her participate in this research study or to withdraw your consent for your child’s participation at any time. Your child may choose not to answer any questions that he or she does not want to answer. To withdraw your child from the study and/or class sessions, contact ______________.
What are the benefits for my child to be in this study?

There are minimal anticipated risks and no direct guaranteed benefits of participating in this research study. However, a potential benefit of this research can help understand the amounts of perceived stress students are experiencing and how to lessen the negative influence stress can have on their well-being.

What happens to the information collected for the study?

We will do everything we can to protect your child’s privacy. The researchers will assign a numeric code for each student. This code will be used instead of student names for data entry and analysis. Hard copies of the surveys as well as the code key will be kept in a locked, secure location. After data collection is finalized, the surveys and key code will be destroyed. All data will be stored on a password protected usb drive. By agreeing to let your child participate, you understand and agree that the data obtained as a result from this research may be shared with other researchers and educators in the form of presentations and/or publications. In all cases your child’s identity will not be revealed.

Is there any way being in this study could be bad for my child?

RISKS: In the classroom setting, students may share personal information during the lessons. Therefore, confidentiality cannot be guaranteed of what is shared in the classroom setting. There is also a potential risk for a leak in confidential information such as the scores from the well-being survey and the perceived stress survey. The researcher will try to reduce the risk by removing all linking identifiers from the surveys. In the event you experience any distress from this intervention, you may seek support from the school counselors or school administrators.

What are the benefits for my child to be in this study?

BENEFITS: There are no direct benefits for participating in this study.
POTENTIAL BENEFITS: A potential benefit for students involved in the intervention is an overall increase in well-being. An increase in well-being promotes better learning and creative thinking. In addition, higher well-being is related to higher achievement, greater
school satisfaction, and improved academic-perceptions. Another potential benefit is a reduction in perceived stress.

Who should I contact for questions?
If you have any questions, the researchers should be able to answer them: Principal Investigator: ____________ Investigator: ____________

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Tancy Vandecar-Burdin, the current IRB chair, at 757-683-3802, or the Old Dominion University Office of Research, at 757-683-3460.

What happens if I say no?
There are no penalties for your child not participating in the study. The classroom teacher will provide alternate activities if they are not participating in the study. They student may stay in the classroom or complete their activity in the library.

Note: If you do not want your child to take part in this study (1) check the box below, (2) sign the form, date it, and (3) return it to the school counseling office at your child’s school. You do not need to return this form if you would like for your child to participate

Child's name (please print)______________________________________________________

I have read this form and do not grant permission for my child to participate in the *Increasing Well-Being and Decreasing Perceived Stress* study.

☐ No - My child may not take part in this study.

Parent’s signature________________________________ Date__________
Appendix F: Well-Being School Protocol (WBSP)

Bee Well Classroom Intervention

**Session I - Feelings and Emotions**
Objective - Participants will get to know each other. In addition, participants will recognize and express positive and negative emotions and how they influence behavior.

**Standards: ASCA Mindsets and Behaviors/ SOL**

Mindsets
- M 3: Sense of belonging in the school environment

Behavior - Self Management:
- B-SMS 2: Demonstrate self-discipline and self-control
- B-SMS 7: Demonstrate effective coping skills when faced with a problem

Behavior - Social skills
- BSS 1: Use effective oral and written communication skills and listening skills
- BSS 2: Create positive and supportive relationships with other students
- BSS-3: Demonstrate empathy
- BSS-8: Demonstrate advocacy skills and ability to assert self, when necessary

**Materials** - Situation cards (I statements), Emotion Charades

**Check in**

**Anticipatory set** - What is a feeling or emotion? How do you know if someone is feeling a certain way? How do you normally express your emotions? What happens when you express your emotions beginning with “you”?
Procedure-
1. Review the emoji feelings chart
   a. Ask students to share which words do they commonly use?
   b. Ask students which words can be replaced or added to their commonly used words.
   c. Discuss the importance of being able to accurately share your feelings.
2. Discuss how to use I feel statements
   I feel_____(emotion)______when you _________________. I want________.
3. Students will be divided into teams
4. One member from each team will draw a card and act out or describe the emotion.
5. The team members will have 2 minutes to guess the emotion. If they don’t guess it, the other team can guess the emotion.
6. For each correct emotion, 1 point will be given to that team
7. After the emotion is recognized, a bonus point will be given if they can use the emotion in a “I feel statement”.
8. Process - What was this activity like for you?

Closure/ wrap up: - Summarize the session
Homejoy: Students are asked to recognize their feelings throughout the week and practice I feel statements in their notebook. They are also asked to use a variety of feeling words when expressing themselves.

Session 2- Relationship between thoughts and emotions, according to the cognitive model
Objective- Students will be trained to self observe their emotions. They will also learn that the way they interpret a situation can influence their emotions.

Standards: ASCA Mindsets and Behaviors/ SOL
Mindset:
   M1: Belief in development in whole self, including a healthy balance of mental, social/emotional and physical well-being
Behavior: Learning Strategies
   B-LS 9: Gather evidence and consider multiple perspectives to make informed decisions
Behavior: Self Management Skills
   B-SMS 2: Demonstrate self-discipline and self-control
   B-SMS 7: Demonstrate effective coping skills when faced with a problem
Behavior: Social Skills

B-SS 9: Demonstrate social maturity and behaviors appropriate to the situation and environment

Virginia Standards of Learning

Govt. 1 (d): Evaluating critically the quality, accuracy, and validity of information to determine misconceptions, fact and opinion, and bias

Materials: note cards

Review last week’s session

Check in

Anticipatory set: Have you ever thought about something in a negative way, and that wasn’t the case? What feelings do you have as a result? What happens to your body?

Procedure-

1. An example of a daily situation will be shared with the students.
   Ex. I text my boyfriend and he replied 3 hours later
   Ex. I only got 2 likes on my Instagram post
   Ex. I studied for my test and still failed it
2. Students will write down different daily situations they have experienced with their friends, family, or school
3. Next, ask students what they think and feel about the situation.
4. Afterwards, as a group the students will discover other ways to think about the situation, and what feelings would be felt

Closure / Wrap up: Summarize the session

Homejoy: Students are asked to record their daily situation’s in their journal, write down initial thoughts, feelings, and alternate thoughts and feelings

Session 3- Identify negative and positive/helpful thoughts. Correct negative thoughts with positive interpretations= Cognitive Errors

Objective- Students will be trained to self observe their thoughts. They will also learn that the way they interpret a situation can influence their emotions.

Standards: ASCA Mindsets and Behaviors/ SOL

Mindsets
   M 2: Self-confidence in ability to succeed
   M 6: Positive attitude toward work and learning

Behavior: Self-Management Skills
   B-SMS 7: Demonstrate effective coping skills when faced with a problem

Behavior: Social Skills
B-SS 1: Use effective oral and written communication skills and listening skills

Virginia SOL

Govt.1(e): Constructing informed, analytic arguments, using evidence from multiple sources to introduce and support substantive and significant claims;

Govt.16 (a): exercising personal character traits such as trustworthiness, responsibility, and honesty

Govt. 16(g): respecting differing opinions and the rights of others

Materials- note cards

Review last week’s session- Our thoughts can impact our feelings

Check in

Anticipatory set: Have you ever thought about something negatively? Who believes they have more negative than positive thoughts?

Procedure-

1. Explain the different types of negative thoughts:
   - Catastrophizing,
   - Zooming in on the negative,
   - It's not fair,
   - and I can’t

2. Give an example of a positive and a negative thought (i.e. My son said he wasn’t that excited that papa came to the game, because he didn’t play that good)

   "Why didn’t she text me back yet? She doesn’t like me anymore!"
   There’s no way I’m trying out for the team. I suck at basketball

   "It’s not fair that I have a curfew!"

   "What if I fail the test? I'm never going to get into college!"

3. Give examples of how the negative statements can be changed.

   "I can try,"

   It probably will take a few weeks to get to know people, but I’ve made friends before and there are things I can try. I can sign up for the photography or robotics club and meet people that way."

4. Have students write a negative thought down from a situation. The negative thought can be about a class, a person, a classmate, a teacher, something coming up (graduation, job)

5. Ball the papers up and toss them to each other

6. As a group we will think of different ways to interpret the thought.

Closing/ Wrap up: Summarize the session
Homejoy: Students are asked to record their daily situation’s in their notebook, write down initial thoughts, feelings, and alternate thoughts and feelings.

Session 4- Positive Characteristics in Self and Others
Objective- Participants will recognize some positive traits in themselves and in others
Standards: ASCA Mindsets and Behaviors/ SOL
Mindsets
M 1: Belief in the development of the whole self, including a healthy balance of mental, social/emotional and physical well-being
Behavior: Social Skills
B-SS 1: Use effective oral and written communication skills and listening skills
B-SS 2: Create positive and supportive relationships with other students
Virginia SOL
Govt.3(a): Recognizing the fundamental worth and dignity of the individual
Govt.16(a): Exercising personal character traits such as trustworthiness, responsibility, and honesty
Materials- Note cards
Check in
Anticipatory Set: What do you do when you receive a compliment? How does it feel? How often do you give compliments? Do you think it catches people off guard?

Procedure-
1. Students will be given time to write down positive traits about themselves
2. Students will then write a compliment about another person in the group
3. Process how hard/easy it is
4. Discuss other people’s opinion
5. How is it to receive unexpected compliments?
6. How can you improve friendships?

Closing: Summarize the session
Homejoy: Students are asked to give compliments and notice when they receive compliments.

Session 5:
Objectives: Autonomy (perception of one’s skills and abilities) and purpose in life (objectives to be reached in the future)
Students are asked to write a personal horoscope concerning their social activities, school, sports, and leisure time for the following year.

**Standards: ASCA Mindsets and Behaviors/ SOL**

**Mindsets**
- M 1: Belief in the development of the whole self, including a healthy balance of mental, social/emotional and physical well-being
- M 2: Self-confidence in ability to succeed
- M 4: Understanding that postsecondary education and lifelong learning are necessary for long-term career success
- M 5: Belief in using abilities to their fullest to achieve high-quality results and outcomes

**Behavior: Learning Strategies**
- B-LS 4: Apply self-motivation and self-direction to learning
- B-LS 7: Identify long- and short-term academic, career and social/emotional goals

**Virginia SOL**
- Govt.3(a): Recognizing the fundamental worth and dignity of the individual

**Materials** - List your Strengths/ Personal Horoscope worksheet

**Check-in**

**Anticipatory set:** What do you think of when you hear the words autonomy? Purpose in life?

**Procedure:**
1. Discuss the meaning of autonomy and purpose in life.
2. Students will list their greatest strengths about themselves.
3. When did you know this was a strength?
4. Has anyone else ever told you had this strength?
5. Complete your personal horoscope by filling in the following boxes (social activities, school, leisure, sports and activities).
6. How can your strengths help you achieve your goals?
7. List your strengths
List your strengths


In each bubble below, write a personal horoscope concerning each topic.
Session 6

**Objectives:** Happiness and Emotional Well Being

**Standards: ASCA Mindsets and Behaviors/ SOL**

Mindsets
- M6: Positive attitude toward work and learning

Behavior: Social Skills
- B-SS 1: Use effective oral and written communication skills and listening skills
- B-SS 2: Create positive and supportive relationships with other students

**Materials:** Students will continue using the List your Strengths/ Personal Horoscope worksheet

**Check in**

**Anticipatory set:** How often do you think of your great memories? What do you feel when you think about them? Share a time that you felt really proud about something you've accomplished in school?

**Procedure:**
Students will complete the worksheet provided and share out.
What are some times when thinking about your memories will be helpful?
How do you store your memories?
Appendix G: Perceived Stress Scale

PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name ________________________________ Date __________
Age _______ Gender (Circle): M F Other _______________________

0 = Never     1 = Almost Never     2 = Sometimes     3 = Fairly Often     4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and “stressed”?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

References

mind garden
info@mindgarden.com
www.mindgarden.com
Appendix H: Ryff’s Scales of Psychological Well-Being (PWB) • 18-item format

The following set of questions deals with how you feel about yourself and your life. Please remember there are not right or wrong answers.

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly agree |
|-------------------------------------------------------------------------------------------------------------------------------|
| 1. In general, I feel I am in charge of the situation in which I live.                                                        | 1                | 2               | 3               | 4              | 5              | 6              |
| 2. When I look at the story of my life, I am pleased with how things have turned out.                                         | 1                | 2               | 3               | 4              | 5              | 6              |
| 3. The demands of everyday life often get me down.                                                                                | 1                | 2               | 3               | 4              | 5              | 6              |
| 4. Maintaining close relationships has been difficult and frustrating for me.                                                    | 1                | 2               | 3               | 4              | 5              | 6              |
| 5. I live life one day at a time and don’t really think about the future.                                                        | 1                | 2               | 3               | 4              | 5              | 6              |
| 6. I am quite good at managing the many responsibilities of my daily life.                                                        | 1                | 2               | 3               | 4              | 5              | 6              |
| 7. I think it is important to have                                                                                               | 1                | 2               | 3               | 4              | 5              | 6              |
new experiences that challenge how you think about yourself and the world.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I like most aspects of my personality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I tend to be influenced by people with strong opinions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. In many ways, I feel disappointed about my achievements in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I have confidence in my opinions, even if they are contrary to the general consensus.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. People would describe me as a giving person, willing to share my time with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I have not experienced many warm and trusting relationships with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Some people wander aimlessly through life, but I am not one of them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. For me, life has been a continuous process of learning, changing, and growth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>16. I sometimes feel as if I’ve done all there is to do in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. I gave up trying to make big improvements or changes in my life a long time ago.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. I judge myself by what I think is important, not by the values of what others think is important.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
VITA

Renee Fensom

104 Garrett Drive, Hampton, VA 23669

Email: reneefensom@gmail.com Phone: 757-303-5148

EDUCATION

Old Dominion University, Norfolk, VA
Ph.D. in Counselor Education and Supervision
Dissertation: Decreasing perceived stress and increasing well-being using a positive psychology intervention with high school, at-promise students.
Advisor: Dr. Christopher Sink
Anticipated Graduation – Summer 2020

Old Dominion University, Norfolk, VA
Education Specialist in Counseling: GPA – 3.87
May 2014

Hampton University, Hampton, VA
Master of Art in Counseling: GPA – 3.93
July 2001

Virginia Commonwealth University, Richmond, VA
B.S. Health Education
Areas of concentration: Community Wellness
August 1999

LICENSE

Licensed Professional Counselor (LPC)
Commonwealth of Virginia, Department of Health Professions, Board of Counseling
License # 0701006252
Board Approved Supervisor for LPC and MFT (Virginia)

SUPERVISION EXPERIENCE

Old Dominion University, Norfolk, VA
University supervisor - Supervise masters level counseling students, weekly, who are working towards licensure credentials.

Site supervisor- Supervise masters level students working towards becoming a professional school counselor. Students completed practicum and internship requirements.
TEACHING EXPERIENCE

**Old Dominion University**, Norfolk, VA- Fall 2018
Co-Teacher
Coun 642 Structured Counseling Groups,
Guest Lecturer
Coun 634 Advanced Counseling and Psychotherapy Techniques

**Thomas Nelson Community College**, Hampton, VA- Spring 2017-current
Adjunct Professor, Human Services
HMS 226 Helping Across Cultures
HMS 141 Group Dynamics I
HMS 121 Counseling Skills
HMS 139 Community Resources & Services
SDV 100 Student Development

PRESENTATIONS


LEADERSHIP

**Interim School Counseling Coordinator**
Hampton City Schools, Hampton, VA
Provide leadership in the implementation and monitoring of academic, social, college and career activities
Coordinate weekly school counseling department meetings
Consult with parents, counselors, and administrators to resolve school issues
Collaborate with colleges and community resources
Participate in the interview process of future school counseling staff
Frequent contact with administrative personnel and weekly meetings to discuss on time graduation

**Saturday School Coordinator**
Hampton City Schools, Hampton, VA
Coordinate enrichment or remediation activities
Secure onsite tutoring

**Activities Coordinator**
Hampton City Schools, Hampton, VA
Plan school wide team building activities for staff
Coordinate building use

**504 Coordinator**
Hampton City Schools, Hampton, VA
Coordinate annual and review meetings
Coordinate and monitor school compliance

---

**COUNSELING EXPERIENCE**

**PROFESSIONAL SCHOOL COUNSELOR**
Hampton City Schools, Hampton, VA 8/2001 - present

**Secondary School Counselor**
*Phoebus High School*
Maintain caseload of over 320 students
Provide academic, personal/social, and college/career counseling to students
Pyramid Response to Intervention committee member
Individually assist students through the college application process
504 / IEP coordinator and committee member
Coordinate and facilitate ACT/ SAT testing for students with disabilities
Coordinate parent conferences to resolve conflicting educational priorities and issues
Serve as the Academy of Cybersecurity, Robotics, and Engineering counselor
Serve as the Academy of Digital Video Media Production counselor

**Middle School Counselor**
*Spratley Gifted Center*
Incorporated differentiated learning strategies to promote student success
Initiated school wide bully prevention campaign

**Middle School Counselor**
*Spratley Middle School*
Taught organizational, study and test-taking skills
Administered career assessments and post high school options
Provided mediation and conflict resolution strategies
School level advisor - Gifted Education

**Elementary School Counselor**
*Tyler Elementary School*
Taught over 40 classroom guidance lessons each month
Provided individual and small group counseling
Collaborated with community and social service agencies
Organized school wide events
School level advisor - Gifted Education
School testing coordinator

LICENSED PROFESSIONAL COUNSELOR
Center for Child and Family Services
6/2017-8/2017 200 hour practicum
During this position I supervised visitations and provided parental coaching. I also completed psychosocial assessments for new clients with experiences of trauma or issues with substance abuse. Job and career readiness training classes were provided for offenders. In addition, I served as a group co-leader with offenders of domestic violence.

Licensed Mental Health Professional (LMHP)
Positive Intervention Services, LLC
Hampton, VA
11/2016-12/2017
Complete psychosocial assessments and intake paperwork of potential clients

Licensed Professional Counselor
Strength and Wellness Counseling Services
Hampton, VA
5/2016-12/2016
Provide outpatient counseling

TEXTBOOK CONTRIBUTION

PUBLICATION CONTRIBUTION

RESEARCH EXPERIENCE
Counselor Education Research Team,
Old Dominion University, Norfolk, VA 5/2013 – 9/2018
Collect, analyze, and provide written reports of data

Research Coordinator
Hampton University Behavioral Science Research Center Hampton, VA 8/2000 - 6/2001
Managed various aspects of the Crime Victimization research project
Analyzed data through the use of SPSS
Scheduled and supervised research assistants

GRANT WRITING EXPERIENCE
Hampton Educators Grant (2016) – Gardening and Mindfulness small group
Hampton Educators Grant (2015) – Grief Management small group
Hampton Educators Grant (2014) - Controlling the Volcano small group
Hampton Educators Grant (2008) - Organization and Study skills group

PROFESSIONAL MEMBERSHIPS
Virginia School Counselor Association (2019-20)- Advocacy Committee Member
American Counselor Association
American School Counselor Association
National Education Association (NEA)