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HAPPY GROUPS: AN EVALUATION OF A BRIEF POSITIVE PSYCHOLOGY INTERVENTION WITH ADOLESCENTS

By

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This manuscript style dissertation investigates the impact of a brief positive psychology group intervention on both wellbeing and academic achievement among adolescents. Two experimental research studies were conducted to address this. Participants from a local high school engaged in a brief small group positive psychology intervention in both studies. The first study focused on wellbeing outcomes. Wellbeing was assessed using self-report questionnaires measuring depression, anxiety, stress, hope, school connection, and overall wellbeing. Utilizing a multiple baseline design with each participant serving as their own control group, changes between baseline to intervention were measured. Results indicated significant reductions in anxiety and stress for most participants and limited improvements of wellbeing, hope and school connection for some participants. This study highlights the potential of school counseling group interventions to positively impact adolescent wellbeing. The second study focused on factors related to academic achievement including attendance, grades, work completion, and office discipline referrals. Participants were grouped together for analysis and data revealed limited success of the intervention on academic factors. When separated into individuals, a reduction in office discipline referrals was seen for most students. Overall, these studies provide valuable insights into the effectiveness of school counseling group interventions on both wellbeing and academic achievement for adolescent populations. The findings contribute to the literature on positive psychology interventions in school settings and have practical implications for school counselors and educators aiming to support the holistic development of secondary students.
Dedication

This is dedicated to all first-generation, low-income children with dreams. You are wildly capable. Never forget that you belong in all the places where people have power. This is also dedicated to every girl or woman who has ever been told she is “too much” or has felt the need to make herself smaller; never be afraid to take up the space that you deserve in the world.
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CHAPTER 1: GENERAL INTRODUCTION

Dissertation Overview

This dissertation is organized into four chapters utilizing the Manuscript Document Dissertation Format. Based on this format, Chapter 1 provides an overview of the topic the dissertation is focusing on: the growing issue of youth mental health and the unique role school counselors play in youth academic and social and emotional development, specifically, how small group interventions can be utilized to improve wellbeing and academic performance. Chapter 2 explores the impact of a brief positive psychology intervention (PPI) on secondary student wellbeing, while Chapter 3 explores the impact of a brief positive psychology intervention (PPI) on academic performance. Both chapters present two research projects based on a small group intervention conducted by a school counseling intern. Both projects address a common theme of improving key factors in overall wellbeing for adolescents. Chapter 4 links all manuscripts thematically and discusses the findings. Chapter 2 is entitled, "Exploring the Impact of a Positive Psychology Group Intervention on Adolescent Wellbeing” and Chapter 3 is entitled, “Evaluating a Small Group Intervention for Improving School Connection and Secondary Student Academic Performance.”
General Introduction

Mental health concerns among youth are a growing national health concern; 13.2% of children aged 3-17 have been diagnosed with a mental or behavioral condition (NSCH, 2020). Anxiety is one of the first psychiatric conditions to affect children, with a median age of onset of six years (Merikangas et al., 2010b). One third of adolescents suffer from an anxiety disorder of some type, with 9.4% reporting severe impairment (Merikangas et al., 2010a; Bitsko et al., 2022). Recent national data (YRBS, 2022) indicates that 42% of adolescents experienced persistent feelings of sadness and hopelessness, key symptoms for depression.

Despite the prevalence of youth mental health concerns, only 60.2% of adolescents with a diagnosis received treatment or counseling; stigma, finances, and limited access to care are cited as common barriers for treatment (NSCH, 2020). Mental health concerns cause disruptions within school systems (Wickersham et al., 2021; Askeland et al., 2022; Mundy et al., 2017). These disruptions often require interventions from school personnel and systems in order to meet the general goals of the education system in terms of academic achievement. In the educational setting, youth mental health concerns are addressed through universal classroom lessons, individual and group counseling, supportive contacts with school counselors, psychologists, referral to community mental health professionals, and sometimes through administrative disciplinary responses (Panchal et al., 2022; Ricard et al., 2013).

Mental health-related and social-emotional care within schools is typically provided by school counselors. Often, they are the lone mental health professional working in a building and therefore have been tasked with attending to students at all levels, including Tier 1 (e.g., social-emotional classroom lessons), Tier 2 (e.g., small group interventions), and Tier 3 (e.g., individual counseling). Small group interventions include psychoeducational and process-
oriented groups have traditionally focused on helping students cope with anxiety, depression, divorce, and other social/emotional issues (Delucia-Waack, 2006). Small group interventions allow school counselors to provide services to more students, (Brigman & Earley Goodman, 2008) and take advantage of adolescents' strong developmental need for peer support and connection (Newman & Newman, 2020).

Strengths-based approaches to mental health lay out a framework for providing services to students while destigmatizing help-seeking behaviors. Positive psychology, the study of positive emotions and what makes life worth living, is one such approach (Seligman & Csikszentmihalyi, 2000). Researchers in this field of psychology have reported that happiness or life satisfaction can be increased through the use of evidence-based strategies (Lyubomirsky et al., 2005), such as practicing gratitude and mindfulness (Lyubomirsky, 2008). A meta-analysis of 347 positive psychology interventions (PPIs) found a small to medium effect on wellbeing, strengths, depression, anxiety, and stress (Carr et al., 2021).

Relevance to Role of School Counselor

School counselors occupy a unique role within the educational system. They are tasked with tending to the academic, career, and social-emotional development of their students, which includes creating a positive and inclusive school climate. They reach their students through a comprehensive school counseling program; providing classroom lessons, individual and small group lessons focused on academic or social and emotional concerns. Additionally, they support students through advocacy efforts and collaboration between others in the educational system, outside agencies and resources, and parents and caregivers (ASCA, 2019).

Because school counselors are concerned with both academic performance and social and emotional development, the connection between these two pieces is incredibly important. Poor
academic performance and negative sense of self or decreased wellbeing are correlated (Dohrenwend et al., 1992; Halpern-Manners et al., 2016; McLeod et al., 2012), but studies indicate this may be bidirectional: poor academic performance leading to negative sense of self, or decreased wellbeing leading to poor academic performance. This study evaluated whether teaching adolescents evidence-based wellbeing strategies in a small group context improved wellbeing and academic performance. At the heart of this argument is the concept that motivation for learning is positively correlated with a feeling of connection and belonging (Maslow, 1962; Deci et al., 1991; Goodenow, 1993). School counselors implementing interventions to improve mental health outcomes are also able to positively impact overall connections to peers and the school community, improving students' motivation and capacity for learning thereby improving academic performance.

**Positive Psychology Interventions (PPIs)**

Psychology has mainly emphasized the shortcomings in mental health, adopting a disease-oriented perspective (Peterson, 2003). However, with the rise of Humanistic psychologists, notably Abraham Maslow, a new focus centered on self-actualization and the realization of human potential began to take hold. The movement gained prominence as a distinct discipline within psychology through the contributions of Martin Seligman who as president of the American Psychology Association (APA) in the late 1990’s pushed for prioritizing positive psychology and the pursuit of human flourishing (Longe, 2022). Counseling, as an offshoot of psychology, has always held a commitment to overall wellness, which makes the principles of positive psychology particularly applicable to this field of study.

The dual factor model of mental health advocates for an integrated approach that considers both psychopathology and subjective wellbeing as interconnected. Research
demonstrates that young people with high levels of subjective wellbeing tend to exhibit fewer symptoms and vice versa (Greenspoon & Saklofske, 2001). Positive psychology’s core mission is to elucidate and comprehend the factors or dimensions that foster thriving among individuals, communities, and broader societies (Seligman & Csikszentmihalyi, 2000; Peterson, 2003). Seligman and fellow researchers in positive psychology posit that there are multiple dimensions contributing to overall wellbeing and happiness, including positive emotions, engagement, relationships, meaning, accomplishments, physical health and vitality, and positive coping skills (Seligman, 2012; Lyubomirsky, 2008; Seligman & Peterson, 2003). Seligman (2012; 2018) argues for multicomponent interventions, which target not just one exercise (ex. gratitude, savoring, kindness) or component of wellbeing (positive emotions, engagement, relationships, meaning, accomplishments), but multiple components through the teaching of several connected exercises.

**Group Interventions in Schools**

School counselors are often the only providers of mental health-related or social-emotional care within school systems and are thus tasked with attending to students at Tier 1 (e.g., social-emotional classroom lessons), Tier 2 (e.g., small group interventions), and Tier 3 (e.g., individual counseling for higher needs students). Small group interventions typically focus on helping students cope with anxiety, depression, divorce, and other common social/emotional issues (Delucia-Waack, 2006). Small group interventions are incredibly popular with school counselors, with 87% of school counselors affirming their use (Steen et al., 2007a). One reason may be rooted in cognitive development. Vygotsky (1978) pushed a theory of learning that placed a strong emphasis on social modeling and learning from more knowledgeable others, which is made possible in group settings. A group is also a closer approximation of the actual
environments that children live in, and this allows more authentic interactions to be guided by a mental health professional (Yalom & Leszcz, 2020).

A specific benefit of using positive psychology Interventions (PPIs) in schools is that they can be offered as group interventions without requiring that students be identified as “having problems.” While research indicates that many adolescents are struggling with mental health concerns, there are many barriers to seeking help. Developmentally, students tend to prioritize peer relationships and advice (Capuzzi & Stauffer, 2016). School counselors can capitalize on that peer-to-peer trust by offering group interventions to students.

PPIs are also compatible with new and upcoming frameworks within counseling and psychology, such as social justice, liberation, and peace psychology. These frameworks examine research and practice within systems of oppression rather than seeing them through a western individualist lens (Cohrs, et al., 2013). For example, youth with diverse ethnic and sexual identities may feel more comfortable with non-pathologizing, strengths-based, positive psychology approaches (Raley et al., 2021; Sanders et al., 2021). Not only are today’s students victims of the oppressive education system (Freire, 1970), their autonomy and choices are limited by their status of being minors in the care of their parents/guardians. A brief strengths-based intervention to improve wellbeing and increasing community may serve, in part, as a corrective experience for these youth.

**Description of the Group Intervention**

This Positive Psychology Intervention (PPI) is a multicomponent intervention housed in a psychoeducational and process-oriented group which consists of six weekly sessions, 45 minutes in length. Participants in the group are introduced to an overview of positive psychology and the theories of wellbeing (Seligman, 2012; Lyubomirsky, 2008), which posits that through deliberate
practice, we can improve our overall wellbeing. Each week participants engage in active goal setting around improving wellness, academic performance, and practice a new wellness strategy. Participants then process the strategies and any other challenges they are dealing with each week when the group meets.

**Session 1: Introduction to Happy Groups!**

During session one, facilitators establish group objectives, discuss ground-rules, begin setting norms and expectations, and review confidentiality. Content includes psychoeducation regarding definitions of happiness, including the difference between *hedonic* and *eudaimonic* happiness, and how those concepts relate to a well-lived life. Group process is conducted through open-ended questions, reflections, linking, and circular questioning for members to explore their similarities and differences. This session sets the groundwork with a goal setting exercise as participants learn about SMART (specific, measurable, attainable, realistic, timely) goals and set some for their time with the group. Participants process their ideas of happiness and what they hope to get out of the group.

Facilitators and participants also discuss how to use group as a place to experiment and discuss evidence-based happiness activities. Participants report on their feelings about the group process, future activities, and concerns about confidentiality. Participants set goals for what they hope to get out of the group experience. At the end of session one, facilitators will introduce the homework assignment, *Three Good Things* (Seligman et al., 2005), where each night before bed, participants are tasked with reflecting on three good things that happened that day and what role they played in those good things. Facilitators explain the research behind the concept of gratitude and why it can be helpful in improving mood and wellbeing.
Every week, students are prompted to experiment with happiness activities. Participants are encouraged to engage in “researching themselves” to find which interventions work best for them. Each participant is given a journal to track their responses to each week’s activity/intervention. During this first session, participants also engage in an art activity involving decorating their journals together as they process and learn about one another.

**Session 2: Finding Positivity and Resilience Through Gratitude**

Most of session two’s group process will focus on the *Three Good Things* homework. Students discuss with the group how the activity went, if it was hard/easy, what they enjoyed, what they disliked, and if there were days or times when it was harder or easier to identify three good things. Participants also reflect on how they have been meeting their goals, and if there are barriers which must be addressed to help them stay on track. Facilitators work to form connections between group members and build depth around the role each participant has in creating the good things that they identified, and what steps they’ve taken to accomplish their goals. Facilitators help participants examine what they learned about themselves and the usefulness of this strategy moving forward.

For session 2, content and psychoeducation focus on week 2 homework, writing a gratitude letter to someone. The focus of the gratitude exercise is on expressing gratitude to others in ways that cultivate appreciation for positive relationships and grow support networks. When describing gratitude, facilitators also address toxic positivity, and discuss the importance of avoiding excessive or toxic positivity. Gratitude is not about ignoring negative experiences; it involves celebrating and growing positive relationships alongside challenges.
Session 3: Moving Forward: Healing Through Forgiveness

Facilitators begin this session by encouraging participants to share their experiences of writing a gratitude letter and examining their decisions to share those letters. Facilitators can connect the experience to the happiness strategy of past and mutual savoring which may have occurred within the content of the letter or in the sending of the letter, particularly if it resulted in a conversation with the receiver. Processing should focus on what worked well or felt difficult for participants, and on connecting the successes and challenges to relationships and communication skills, when things are difficult and when things are going well including how they are doing with meeting their goals.

Facilitators provide psychoeducational content on forgiveness, the homework activity of this week. Facilitators should begin the discussion of what it means to forgive someone, who it is for, why we do it, and what makes forgiveness difficult. Facilitators share research and data on negative effects of holding grudges on anxiety, sadness, heart rate, and other physical responses (vanOyen Witvliet et al., 2001). If there is time for a group activity around forgiveness, facilitators may create a role-play scenario to help participants understand other perspectives.

Session 4: Spreading Joy: Utilizing Acts of Kindness to Increase Wellbeing

Facilitators begin session four with an opportunity for participants to process the forgiveness exercise. Process questions focus on the experience of writing the letter and if doing so helped them see things from another perspective or find closure around the issue. Students are also encouraged to contemplate what they learned about themselves from the assignment. If participants want to share about other instances of forgiveness and reconciliation, they are encouraged to do so.
The primary content of this session involves explaining the science behind acts of kindness. This should include the research of Dr. Sonja Lyubomirsky (2008), who reported that individuals who complete acts of kindness find the activity to be helpful and experience increased happiness. One activity option for this week’s session could include painting kindness rocks. Participants can paint these rocks as they talk together and one of their acts of kindness for the week’s homework could include giving their rock to someone or leaving it somewhere for someone else to find.

*Session 5: This Song Slaps: Music to Improve Your Mood*

Session five includes debriefing the acts of kindness assignment and processing the effects of that intervention. Reflection questions include: How did participants feel after doing acts of kindness? Was it hard to think of things to do? Did they focus on people they knew, or random strangers? Discussion can focus on whether students feel differently when someone they care about does something kind for them as compared to kindness from a stranger. Challenging students on whether kindness acts are something they think they would like to continue is recommended. If so, have students examine what larger ways for them to make an impact on their community or school.

Facilitators transition to the next topic by providing psychoeducation around how music can affect mood, including how it can increase sadness or increase positive feelings (Starcke et al., 2021). Music is also tied strongly to memory; songs that trigger happy memories are likely to increase mood, while those linked to negative emotions can sometimes help us find understanding and meaning (Better Than Yesterday, 2018). After offering this concept to participants, they can be asked if they agree, and for examples of their own “go-to” positive and negative affect songs? The homework assignment this week as the group prepares for
termination will be to identify a song that puts them in a positive mood, and one song that brings them meaning. Instructions for this assignment are adapted from Sommers-Flanagan (2023).

Session 6: Reflection and Resiliency

Session six focuses on the final happiness practice of using music to influence mood and reflecting on how participants did with meeting their goals. Additionally, participants are guided to reflect on all the happiness practices they have experienced, and what they have learned together as a group. The primary activity for this session involves each participant introducing their song, telling others why they chose it, and what memories it brings for them. Additionally, participants will reflect on their goals and create new goals related to wellness practices for the remainder of the year. Facilitators should remind participants of all the strategies they have learned throughout the sessions and challenge them to identify those that seem most useful for individual participants.

Methodology: Single Case Research Design

Single-case research design (SCRD) initially introduced by Sidman (1960), stands as a robust experimental methodology widely employed in education and counseling contexts. It is particularly useful in counseling, where the absence of an adequate control group for an individual's unique response to therapeutic interventions is often evident (Ray, 2015). The ASCA National Model (2019) advocates for effective use of data in school counselor interventions, and SCRD suits this population well (Cook et al., 2017). Peterson et al. (2016) underscored the significance of SCRD, highlighting it as the most sought-after research skill among practicing school and mental health counselors. All SCRD methods involve multiple phases including baseline and intervention; some involve treatment removal and reinstatement, as well as those incorporating multiple individuals or groups (Gast & Ledford, 2014; Barlow et al., 2009). When
the intervention is expected to result in carryover effects, a multiple baseline design can be implemented (Ray, 2015). Utilizing multiple “cases” allows for demonstration of consistent effects across various participants each with their own baseline and post-intervention data (Ray, 2015). Moreover, SCRD can be applied to groups, where the group itself serves as a "case," or where each individual participant in the group is their own case (Macgowan & Wong, 2014). Therefore, multiple baseline design is well suited for this study.

**Manuscript I: Question and Hypothesis**

Manuscript I entitled “Exploring the Impact of a Positive Psychology Group Intervention on Adolescent Wellbeing” utilizes an experimental single case design across multiple baselines to evaluate the effects of a brief PPI group for secondary students on several measures of student wellbeing. Each participant serves as a single “case,” completing measures at baseline and throughout the research project with group start times staggered. Visual analysis is the primary method for evaluating single case research design (SCRD). Additional non-parametric statistical analysis aimed at evaluating effect size are employed, including *percentage of non-overlapping data (PND)* and *percentage of data exceeding the median (PEM; Alresheed, et al., 2013)*. The sample for this study is a convenience sample based on a partnership with a school district. Students were recruited from the required 9th and 10th grade Physical Education courses, as well as from the alternative education program. The researcher collaborated with school counselors, administrators and teachers to speak to parents and students at parent teacher conferences and in classrooms. The group was advertised as a “strengths-based” happiness group open to all students in the partner courses or programs.

The researcher sought to answer the following research question and test the following experimental hypothesis in this study:
What are the effects of a brief positive psychology group intervention on wellbeing among secondary students beyond baseline levels?

Research Hypothesis (Ha): Students who participate in a six-session positive psychology group intervention will see improvements on wellbeing measures when compared to baseline; depression, anxiety, and stress symptoms will decrease and hope, school connection, and wellbeing scores will increase.

**Manuscript II: Question and Hypothesis**

Manuscript two entitled “Evaluating a Small Group Intervention for Improving School Connection and Secondary Student Academic Performance employs an experimental single case research design across multiple baselines to assess the impact of a brief positive psychology intervention (PPI) group on the academic performance of secondary students. In SCRD, each case serves as their own “control” through the use of multiple baseline measurements; each group will serve as a single case in this design. Groups were staggered across multiple starting points to showcase multiple baselines before the independent variable of the group intervention is introduced. Analysis featuring visual analysis techniques, along with a non-parametric statistical method to determine effect size (PEM), was utilized in manuscript one. The sample was the same utilized for manuscript one, though more participants were retained in manuscript two. The measurements for academic performance include overall grade point average (GPA), missing assignments, attendance, office discipline referrals and school connection.

The researcher sought to answer the following research question and test the following experimental hypothesis:
What are the effects of a brief positive psychology group intervention on academic performance among secondary students beyond baseline levels?

Research Hypothesis (Ha): Students who participate in a small group intervention will see improvements on academic measures when compared to baseline levels; grades and school connection will increase while absence rates, missing assignments, and office discipline referrals will decrease.

Summary

School counselors often serve as the only mental health professional for an increasing population of adolescents who are experiencing mental health concerns which may negatively impact their academic performance. Both academic and social-emotional development are within the purview of school counselors, according to the ASCA National Model (2019), and positive psychology interventions have been shown to be effective in improving wellbeing and academic performance (Suldo, 2016). This one brief intervention aims to address both issues. This dissertation topic was chosen because the researcher hopes to contribute to the body of research around positive psychology practices and add more evidence-based, brief interventions that can be utilized by current school counselors.
Glossary of Terms

*Academic Performance*: An individual's achievement and success in an educational setting, measured through quantitative and qualitative assessments including grades, test scores, and participation.

*Eudaimonic Happiness*: Based on Aristotle’s philosophical tradition, this type of happiness emphasizes living a life in line with one's values and potential and achieving personal fulfillment through meaningful pursuits. This type of happiness is considered to be more enduring and is associated with overall life satisfaction including finding meaning in difficult experiences rather than emphasizing that one should not have them (Aristotle, 1974).

*Hedonic Happiness*: Happiness achieved through maximizing enjoyable experiences and minimizing unpleasant experiences. This can encompass both physical and emotional pleasures (Diener, et al., 1998).

*Multiple Baseline Design*: The most well-known and frequently used alternative to withdrawal and reversal single case designs. The treatment variable is introduced in a time sequence to multiple behaviors, subjects, or settings (Morgan & Morgan, 2009).

*Positive Psychology*: A subfield of psychology that focuses on the study of human wellbeing, life satisfaction, happiness, and factors that contribute to a meaningful life. The field emphasizes positive emotions, strengths, and their effects on a person’s ability to thrive and flourish (Seligman & Csikszentmihalyi, 2000).
*Positive Psychology Intervention (PPI):* A structured and evidence-based approach to improving emotions, strengths, and wellbeing. These interventions are built around evidence-based strategies known to improve key markers of wellbeing (Seligman et al., 2005).

*School Counseling:* A specialized field within education and counseling that focuses on providing support and guidance to students in the K-12 educational system. School counselors assist students with navigating academic, social, emotional, and career related development (ASCA 2019).

*Single Case Research Design:* Often known as N = 1 or single subject or within subject research. This is an experimental design where each subject serves as their own control and changes are measured from baseline levels as independent variables are introduced over time (Gast & Ledford, 2014; Barlow et al., 2009).

*Tier 2:* An intervention within the multi-tiered framework (MTSS), used in educational settings to address the needs of students who require additional assistance beyond the universal level of support (Tier 1), but who do not yet need intensive individualized intervention (Tier 3). Roughly 10-15% of students require Tier 2 academic, behavior, and/or attendance supports (Center on PBIS, 2024).

*Wellbeing:* A dynamic, multidimensional concept accounting for the overall quality of an individual’s life and sense of wellness, including physical, mental, emotional, and social dimensions. Additionally, it encompasses the degree to which individuals contribute meaningfully to society and live with a sense of purpose (WHO, 2021).
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CHAPTER 2: EXPLORING THE IMPACT OF A POSITIVE PSYCHOLOGY GROUP INTERVENTION ON ADOLESCENT WELLBEING

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Abstract

This experimental research study aimed to examine the effects of a brief positive psychology group intervention on wellbeing among adolescents. Participants were recruited from a local high school based on teacher, counselor, and self-referral. The intervention consisted of participation in six sessions of group counseling anchored in evidence based positive psychology interventions. The study evaluated hypotheses by a visual analysis of baseline and intervention data. The study is a single case research design (SCRD) utilizing multiple subjects or groups. Interventions were provided on a staggered schedule to gather necessary baseline and intervention data. Wellbeing was evaluated utilizing self-report questionnaires related to depression, anxiety, stress, hope, school connection and wellbeing. The study has the potential to inform school counseling group interventions among adolescent populations for effective interventions to reduce depression, increase hope and self-efficacy, and increase overall happiness.

Keywords: adolescents, positive psychology, group counseling, school counseling, single case research design (SCRD), multiple baseline design
The State of Mental Health for Adolescents

There has been an increase in mental health concerns for adolescents in the United States for the past two decades (Mojtabai et al., 2016; Olfson et al., 2014; Olfson et al., 2015; Plemmons et al., 2018). The COVID-19 pandemic exacerbated these already existing concerns. Data from the National Survey of Children’s Health (NSCH), a representative sample of children from birth-seventeen years old living in the US and District of Columbia in non-institutionalized settings, provides key information on the prevalence of mental health concerns and their growth over time (US Census Bureau, 2019). Lebrun-Harris et al. (2022) compared data from the 2016 and 2020 NSCH reports that included 174,551 children, concluding that there was a 27% increase in anxiety and a 24% increase in depression pre-pandemic. The trend continued post-pandemic, but without significant increases within their data set, though it is worth noting that this data were for all childhood ages rather than for adolescent populations.

Other sources also reported increasing mental health concerns among adolescents. Specifically, emergency department (ED) visits for suicide attempts increased by 50.6% for adolescent females and 3.7% for adolescent males over similar periods in 2019 (Yard et al., 2021). Despite the limited space in hospitals during the pandemic, Krass et al. (2021) found that visits to the ED for mental health concerns between April-December 2020 were more likely to result in admission to the hospital when compared with similar admissions data from January 2018 - March 2020. This trend, particularly in the uptick in mental health concerns among adolescent females was also found in the most recent Youth Risk Behavior Survey with 51% of high school females reporting that their mental health was particularly distressing during the pandemic compared with 24% of male students (CDC, 2021).
Despite the high and increasing number of children suffering from mental health concerns, far too many affected children are not receiving treatment; Ghandour et al. (2019) found that 20% of children with depression, 40% suffering from anxiety, and 46.5% with other behavioral or conduct disorders are currently not receiving treatment for these issues. For those who are not receiving outside mental health or medication treatment, a child’s school counselor may be the only available interventionist. School counselors are tasked with attending to the social emotional development and concerns for their students. Unfortunately, the average caseload of school counselors far exceeds the ASCA recommendation of 250:1; the average ratio during the 2021-2022 school year was 408:1 (ASCA, 2023). These high ratios put school counselors’ time at a premium; small group interventions allow school counselors to provide services to more students with less time.

**History of Positive Psychology**

For much of its existence, psychology focused on the deficits of mental health utilizing the disease model. In the mid-20th century, Humanistic psychologists like Abraham Maslow pushed for a focus on self-actualization and humans reaching their potential (1962). Maslow coined the term *positive psychology* (1954), though it gained true popularity as a distinct field of psychology through the work of Martin Seligman. In 1998, as president of the American Psychology Association (APA), Seligman pushed for a focus on positive psychology and human flourishing (Longe, 2022).

The philosopher Aristotle believed happiness was the aim of human existence (trans. 1974), and positive psychology researchers have been seeking to prove that claim. The dual-factor model of mental health argues for considering psychopathology and subjective wellbeing together. Studies find that youth with positive subjective wellbeing have minimal symptoms of
psychopathology and vice versa (Greenspoon & Saklofske, 2001). Positive psychology researchers and practitioners seek to explain and understand what factors or dimensions allow human beings, communities, and larger societies to thrive (Seligman & Csikszentmihayi, 2000). Seligman and other positive psychology researchers believe there are several dimensions that contribute to overall wellbeing or happiness including positive emotions, engagement, relationships, meaning, accomplishments, physical health or vitality, and positive coping skills (Seligman, 2012; Lyubomirsky, 2008).

Positive Psychology in Schools

Positive psychology interventions (PPIs) are treatment methods or intentional activities, or therapeutic homework designed to cultivate positive emotions, positive relationships, physical and mental health (Sin & Lyubomirsky, 2009). By its very definition, positive psychology is a strengths-based approach to wellness; therefore, PPIs can be offered in a small group model to secondary students without requiring that students be identified as “having problems.” Given the developmental nature of adolescence as a time of identity development and an intense focus on fitting in (Newman & Newman, 2020), strengths-based group approaches targeted to all students allow access points to students who might be struggling to access support without being singled out. Additionally, during adolescence, young people put a heavy emphasis on the opinion and beliefs of their peers rather than adults as they did in early childhood (Newman & Newman, 2020). This makes skillfully facilitated group interventions a particularly useful tool for this population.

Positive psychology researchers have been developing and testing PPIs in individual, small, and large group settings to determine best practices and effectiveness. There is far more research on adult populations than youth (Roth et al., 2017). Sin and Lyubomirsky (2009) conducted a
meta-analysis of 51 interventions with just over 4000 individuals to answer this question. Overall, they found that PPIs enhanced wellbeing ($r = .29$) and decreased depressive symptomology ($r = .31$).

*Positive Education* is the infusion of positive psychology into the educational setting (Seligman et al., 2009). Seligman believed that education was a place not only for academic learning but for learning about wellbeing as well. There is limited research on positive psychology interventions with youth as compared to adults, (Proctor & Linley, 2013; Roth et al., 2017), and a meta-analysis that focused on multicomponent positive psychology interventions with youth (Tejada-Gallardo et al. 2020) found that much of this research is being conducted outside of the US as seven of the nine studies they evaluated took place abroad. Though limited, this existing research indicates that largescale school-wide (PPIs) are effective at increasing positive affect with self and friends (Boniwell et al., 2016). For example, seventh grade students in London receiving an 18-week PPI administered by teachers were compared to a similar class of students at another school who received general health lessons during the same time. Qualitative portions of that data indicated that students felt they left the intervention with tools they could use when they were struggling (Boniwell et al., 2016). Shoshani and Steinmetz (2014) completed a longitudinal study of seventh through ninth grade Israeli students who participated in a year-long PPI; after two years, they found significant reduction in distress, anxiety, and depression symptoms along with increases in self-esteem, self-efficacy, and optimism.

Unfortunately, long-term interventions in school systems require administrator and teacher buy-in and can be costly for school counselors who often have no budget to support their programming. Due to these limitations, shorter-term PPIs are recommended for school counselors. Shorter term PPIs have been found to promote mindfulness with elementary students.
utilizing interventions between eight and twelve weeks (Flook et al., 2015; Devcich et al., 2017). Froh et al., (2009) conducted a shorter two-week gratitude exercise with students in third, eighth, and twelfth grade and when compared against a control group, they showed significant improvements in positive affect, especially for those who scored low on the measure to begin with. A randomized controlled trial examining a seven-week group intervention with adolescents in Hong Kong, China found that participation in the group led to a decrease in anxiety and increase in subjective happiness (Kwok et al., 2022).

The two US based studies in Tejada-Gallardo et al.’s (2020) study were both conducted with middle school students and appear to involve the members of the same research team. Suldo et al. (2014) conducted a ten-week group intervention which found that participation in the group increased global life satisfaction when compared to a delayed start control group. Roth et al., (2017) utilized a the same ten-week group intervention and added in regular parent contact about group content and found that student participation corresponded to increases in subjective wellbeing and positive affect directly following and up to two-months following the intervention.

While not conducted with secondary students, Lambert et al., (2023) found an increase in positive emotions among undergraduates in the United Arab Emirates utilizing a short six-week intervention. It is also worth noting that the authors found no negative effects of the intervention on culture which lends support to other research indicating PPIs may be culturally acceptable interventions. Researchers in Portugal also found a brief five-week group intervention with middle school students to increase hope, life satisfaction, and self-worth with results remaining higher than controls over an 18-month follow-up (Marques et al., 2011).

**Purpose of Study and Hypothesis**
The focus of this experimental design was to determine if brief positive psychology interventions administered via a small group format, facilitated by a school counseling intern and applied to secondary students in high schools is effective at improving student wellbeing. There is a need for effective brief interventions, which can be facilitated by school counselors within a school setting. The researcher developed this study to examine the effectiveness of a small group intervention on improving secondary student wellbeing using a single-case research design. The researcher sought to answer the question:

What are the effects of a brief positive psychology group intervention on wellbeing among secondary students beyond baseline levels?

Research Hypothesis (Ha): Wellbeing will improve for participants following the implementation of the six-session positive psychology group intervention; overall wellbeing, hope, and school connection scores will improve compared to baseline while depression, anxiety, and stress scores will decrease.

Methodology

Design

The researcher utilizes an experimental single case research design (SCRD) with participants completing self-report questionnaires before, during and after participating in a six-week group intervention. Single case research design is a well-established experimental research design, first discussed by Sidman (1960) and sometimes referred to as \( n=1 \) studies, are identifiable by three features: (1) a single “case” which can be a single participant or a cluster of participants which serves as a “case;” (2) the “case” serves as its own control; and (3) the outcome variable is measured multiple times across different conditions or levels (Kratochwill et al., 2010).
SCRD has been used heavily within the field of education (Kennedy, 2005) and lends itself well to counseling with the focus being on individual client outcomes and because there is often no appropriate substitute for a control group for an individual and their unique response to therapeutic intervention (Morgan & Morgan, 2009). SCRD design differs from a case study, which is a qualitative detailed reporting of phenomenon (Gast & Ledford, 2014), while SCRD is a quantitative study allowing for experimental control or manipulation of an independent variable (IV) through repeated application and withdrawal, manipulation of the IV across different observational phases, or staggered introduction of the IV across different points (Horner, et al., 2005). The staggered introduction of the IV across different points is referred to as multiple baseline design, (Horner, et al., 2005) which is the form of SCRD utilized in this study. Multiple baseline designs are ideal when carryover effects would be likely so that an introduction and removal design (ABA) is not appropriate (Ray, 2015). Multiple “cases” can be utilized to demonstrate that the effect is seen across different participants (Ray, 2015).

For this research study, the groups were facilitated by a single school counseling intern. This design allowed for stronger fidelity of treatment, (King-Sears et al., 2018) and the intern received weekly supervision from an experienced site supervisor alongside consultation with the lead researcher. A guide for group facilitation (Appendix F) was developed by the primary researcher based on the previously piloted intervention and used by the school counseling intern.

**Participants**

The researcher recruited participants for the group in accordance with ethical guidelines and recommendations for group practice (ASGW, 2021). The sample for this study was a convenience sample based on a partnership with a partner school district and physical education teachers. The high school where this intervention took place is located in a small rural town.
about twenty minutes from a larger city in the Rocky Mountain Region. There are roughly 450 students enrolled in grades 9-12 within this district. Minority enrollment in the high school is 14% (US News & World Report, 2023). Students were initially recruited from the required 9th and 10th grade PE courses. All students enrolled in the classes were eligible to participate in the advertised “strengths-based happiness” group. When the group was advertised, school counselors asked administration, faculty, and staff to identify students exhibiting specific behaviors, rather than by using stigmatizing labels (Ritchie & Huss, 2000). Fliers were posted in public spaces, online and through social media outlets affiliated with the school, and were also distributed to administration, faculty, and staff. School counselors and the primary researcher attended parent teacher conferences to advertise the groups and answer questions about research participation. When interest in the study seemed low, school counselors also recruited students enrolled in the alternative program at the high school, which altered the population of some groups to include students in grades 9-12.

The Association for Specialists in Group Work (ASGW, 2001) recommends that all participants for group interventions go through a screening process and orientation to group expectations. School counselors and the school counseling intern met with students who self-identified or were recommended for the group to determine the best fit for the group. However, due to low interest in the group, a full screening process was not utilized, and all students who were willing to participate in the intervention and received parent permission were accepted. Random assignment to groups and group start times was not possible as two groups enrolled at the alternative program needed to begin immediately due to early graduation. The additional four groups were randomly selected to begin either roughly two or four weeks after the first groups began.
The researchers attempted to follow recommendations and common practice for the size of small group interventions organizing roughly six to eight participants in each (Jacobs et al. (2022). However, some groups were considerably smaller than others based on student interest and parent permission. Groups 1A and 1B, which began first comprised of students in the alternative program were much larger than the groups from the physical education courses; Group 1A began with six members, Group 1B began with seven but lost one due to attrition. Group 2A consisted of three participants while Group 2B originally had three participants but lost one due to withdrawal from school. Group 3A began with three participants, but lost one due to withdrawal, while Group 3B began with two members and due to withdrawal ended up being a one-on-one implementation of the same intervention.

**Demographic Information**

Participants’ demographic information (Table 1) was gathered from the school management system, Infinite Campus. Demographic information included participants’ age, grade, gender, and race/ethnicity. Parent permission forms (see Appendix A) included a required Family Educational Rights and Privacy Act (FERPA, 1974) release form for this information.
Table 1

Participant Demographics

<table>
<thead>
<tr>
<th>Participant</th>
<th>Group</th>
<th>Grade</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th># of Sessions attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>1B</td>
<td>10</td>
<td>15</td>
<td>F</td>
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<tr>
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<td>White</td>
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</tr>
<tr>
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<td>F</td>
<td>White</td>
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<td>F</td>
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<tr>
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<td>15</td>
<td>F</td>
<td>White</td>
<td>4</td>
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<td>White</td>
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</tr>
<tr>
<td>6060</td>
<td>1A</td>
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<td>15</td>
<td>M</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>111</td>
<td>2A</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>American Indian</td>
<td>6</td>
</tr>
<tr>
<td>211</td>
<td>2A</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
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<td>F</td>
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<tr>
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<tr>
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<td>238</td>
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<td>10</td>
<td>16</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
</tbody>
</table>

Measures

The researcher evaluated the effects of small group administered PPIs on wellbeing.

There are many ways to measure wellbeing, and several psychometrically sound scales were selected. These scales have been used to evaluate positive psychology interventions in previous research (Marques et al., 2011; Platt et al., 2020; Allen et al., 2018; Chilver & Gatt, 2022). The aim was to observe an enhancement in wellbeing evidenced by reductions in depression, anxiety, and stress, and increases in hope, school connection, and an overall wellbeing score.

*Depression Anxiety Stress Scales for Youth (DASS-Y)*
The Depression Anxiety Stress Scales for Youth (DASS-Y) was developed by Szabo & Lovibond (2022; see Appendix G). The creators modified the earlier DASS (Lovibond & Lovibond, 1995) to measure symptoms of depression, anxiety, and stress among youth populations ages 7-18. Study participants are asked to rate statements related to symptomology of depression, anxiety, and general stress for the past week based on how true the statements are with four response options for each question: 0 “not true” 1, “a little true” 2 “fairly true” 3, “very true.” This new measure was evaluated using a sample (n = 2121) of Australian children. Szabo and Lovibond (2022) tested a larger set of 40 items within the three-factor model (anxiety, depression, stress) and selected the 21 items with the best performing items based on statistical and theoretical considerations. These new scales and the three subscales were normed against several existing reliable and valid measures of these constructs including the Positive and Negative Affect Schedule for Children – Short Form PANAS-10 (Ebesutani et al., 2012), The Physiological Hyperarousal Scale for Children PH-C (Laurent et al., 2004) and The Student Life Satisfaction Scale SLSS (Huebner, 1991). Cutoff scores can be seen in Table 2.

**Table 2**

<table>
<thead>
<tr>
<th>DASS-Y Severity Scoring</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>0-6</td>
<td>0-5</td>
<td>0-11</td>
<td>0-23</td>
</tr>
<tr>
<td>Mild</td>
<td>7-8</td>
<td>6-7</td>
<td>12-13</td>
<td>24-29</td>
</tr>
<tr>
<td>Moderate</td>
<td>9-13</td>
<td>8-12</td>
<td>14-16</td>
<td>30-39</td>
</tr>
<tr>
<td>Severe</td>
<td>14-16</td>
<td>13-15</td>
<td>17-18</td>
<td>40-46</td>
</tr>
<tr>
<td>Extremely Severe</td>
<td>17+</td>
<td>16+</td>
<td>19+</td>
<td>47+</td>
</tr>
</tbody>
</table>

Note: Adapted from Szabo & Lovibond, 2022

**The World Health Organization – Five Well Being Index (WHO-5)**

The World Health Organization - Five Well Being Index (WHO-5) (WHO, 1998) measures overall wellbeing (See Appendix H). The measure is brief, consisting of five questions,
and is suitable for children ages 9 and up. Respondents rate the questions based on the previous two weeks. Each question has six response options 0, “At no time” 1, “Some of the time” 2, “Less than half of the time” 3, “More than half of the time” 4, “Most of the time” 5, “All of the time.” This measure was created from an original scale of 28 items based on the Zung scales for depression, stress, and anxiety, the General Health Questionnaire, and the Psychological General Well-Being Scale (Bech et al., 1996). After being reduced to the 10 most valid items (Topp et al., 2015), the scale was again reduced to include only positively worded items in line with the ICD-10 symptoms of depression (WHO, 1993). The WHO-5 has been translated into 30 languages and is the widely used in many fields of study (Topp et al., 2015). A systematic review of the literature including 213 studies utilizing the measure find it to be a valid and reliable measure which responds in experimental studies as well as correlational studies including mental and physical issues (Topp et al., 2015). Raw scores on the WHO-5 are transformed to a 0-100 scale with lower scores indicating worse wellbeing. Scores of less than 50 indicate poor wellbeing and scores below 28 are indicative of depression (WHO, 1998).

The Children’s Hope Scale

The Children’s Hope Scale (Snyder et al., 1997) is a brief measure consisting of six questions. The scale has two subscales; three questions pertain to goals or pathways to achieving goals, and three questions pertain to agency or the ability to sustain action toward those goals. (See Appendix I). This measure was given to children in grades four through six (n = 372) in a 12- question format and was originally tested on children in Edmond, OK. Snyder et al., (1997) conducted principal components factor analysis and a two-factor solution to reduce the scale and remove weak or equivocal items resulting in the six-question scale currently utilized. The reduced scale was given to multiple samples including the one from OK (n= 359, and one from a
summer camp in MO (n = 89) and found to be reliable at one month follow up (r = .71) and (r = .73). Additional convergent validation studies were conducted and found that parent/caregiver scores on a modified scale with adjusted pronouns were positively correlated (r = .38) in one study (n = 264) and (r = .53) in another (n = 89). The scale was also compared and correlated positively to all five subscales in another related measure the *Self-Perception Profile for Children*, (SPP-C; Harter, 1985), with correlations ranging highest for the scholastic and behavioral subscales (Snyder et al., 1997). Cutoff scores for the Hope Scale can be found in Table 3.

**Table 3**

*Children's Hope Scale Scoring Guide*

<table>
<thead>
<tr>
<th>Score Level</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Hope</td>
<td>6-12</td>
</tr>
<tr>
<td>Slight Hope</td>
<td>13-23</td>
</tr>
<tr>
<td>Moderate Hope</td>
<td>24-29</td>
</tr>
<tr>
<td>High Hope</td>
<td>30-36</td>
</tr>
</tbody>
</table>

Note: Adapted from Snyder et al., 1997

**The Psychological Sense of School Membership Scale (PSSM)**

The Psychological Sense of School Membership Scale (PSSM) created by Goodenow, (1993), is a valid and reliable survey for youth ages 10 and above (Appendix J) used to measure how connected to educational contexts youth feel and whether those perceptions of belonging are associated with motivation and achievement. The scale consists of 18 questions answered on a 5-point scale from: 1, “Not true at all” to 5, “completely true.” During its development, the scale was found to be correlated with motivation as reported by the students, as well as with grades and effort, as reported by teachers (Goodenow, 1993). This scale has been utilized to show the association between belonging and negative affect or depression symptoms. Pierre et al. (2020) found that positive belonging was associated with more stability for African American males (n = 119) who had witnessed community violence. Hatchel et al. (2018) utilized the measure in a
three-year longitudinal study \( (n = 404) \) that indicated that while peer victimization was highly correlated with depressive symptoms, a high score on the membership scale mitigated that association for LGBTQ students. Low scores of belonging or connection on this measure were found to account for 45\% of depressive symptoms for seventh and eighth grade students \( (n = 504) \) in Australia (Shochet & Smith, 2014).

**Group Intervention Description**

Table 4

*Group Intervention Session Breakdown*

<table>
<thead>
<tr>
<th>Session</th>
<th>Activity</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Introduction to Happy Groups!</td>
<td>Informed Consent, norms, and expectations, getting to know you, create journals Goal Setting</td>
<td>Complete Goal Setting Exercise Three Good Things</td>
</tr>
<tr>
<td>Session 2: Finding Positivity and Resilience Through Gratitude</td>
<td>Debrief Three Good Things activity, finding commonalities among us, create a talking stick</td>
<td>Gratitude Letters</td>
</tr>
<tr>
<td>Session 3: Moving Forward: Healing Through Forgiveness</td>
<td>Debrief gratitude letter, role playing forgiveness</td>
<td>Forgiveness Letter</td>
</tr>
<tr>
<td>Session 4: Spreading Joy: Utilizing Acts of Kindness to Increase Wellbeing</td>
<td>Debrief forgiveness, introduction to acts of kindness, painting kindness rocks</td>
<td>Acts of Kindness</td>
</tr>
<tr>
<td>Session 5: This Song Slaps: Music to Improve Your Mood</td>
<td>Debrief Acts of Kindness, Scribble art creating a story of kindness</td>
<td>Happy Music</td>
</tr>
<tr>
<td>Session 6: Reflection and Resiliency</td>
<td>Debrief Music exercise, reflection on all strategies and members plans to continue, final gratitude exercise for group</td>
<td>Reflect and Reassess Goals Listen to Happy Playlist!</td>
</tr>
</tbody>
</table>

The group curriculum was developed by a former school counseling intern and the researcher and facilitated as a pilot with several groups of secondary students at a high school in the Rocky Mountain region. The group is structured to be both psychoeducational and process oriented in nature, with facilitators introducing members to evidence-based wellness strategies each week, encouraging participants to try each strategy. During group sessions, members
discuss each strategy along with any strengths and challenges they may have experienced that week.

This group intervention lasted for six weeks with each session running for 45 minutes. Groups were facilitated by a school counseling intern under the supervision of a professional school counselor and faculty supervisor. Detailed description of the group sessions is provided (Table 4 and Appendix F). Session one focused on setting group objectives, establishing norms, and discussing the concept of happiness, including the comparing hedonic and eudaimonic happiness. This session also included goal setting. Participants set personal goals around their time with group and were introduced to the first evidence-based practice, Three Good Things (Seligman et al., 2005). Subsequent sessions delved into processing the homework practice, discussing challenges and benefits before being introduced to a new strategy, and included a check-in on goal setting including discussing obstacles and problem-solving strategies. In Session two, participants explored gratitude as a means to enhance positive relationships and support networks. In session three, participants were introduced to the concept of forgiveness, highlighting the benefits and negative impacts of holding grudges. Acts of kindness was the focus for session four, and the facilitator encouraged participants to explore how the effectiveness of the intervention increases when the acts are concentrated versus randomized (Lyubomirsky et al., 2005. In session five, participants transitioned to learn about the role of music in influencing mood with participants sharing their own positive and negative affect songs. The group concluded with session six that focused on reflection of the program. Participants reflected on what they learned, how successful they were at their goals, and how they used and could continue to use the strategies to help them improve their wellbeing.
Data Analysis

Data Collection

Using a multiple baseline design, data were collected on depression, anxiety, stress, wellbeing, hope, and school connection. All participants took surveys at roughly the same intervals based on when their group began. Initial baseline measures were obtained just before the start of the first groups. Unfortunately, because two members of Group 1B graduated early, the intervention could not be delayed to obtain more than one baseline measure. All other groups had at least three baseline measures. Participants took the surveys three times during the intervention phase: before session 3, before session 4 or 5, and before session 6. A post intervention score was also obtained shortly after the intervention was completed.

Data Preparation

Data were cleaned and prepared prior to analysis to ensure high quality and reliability. Some participants frequently missed sessions or did not complete assessments in a timely fashion. As a result, each participant was treated as a “case” rather than the group, which was the original intention. Participants who missed more than three sessions or who did not complete all assessments were excluded from the analysis, with the exception of participants in the later groups who were missing only one data point in the intervention phase, as there were fewer participants in the later groups.

Descriptive Statistics

Descriptive statistics were utilized to summarize questionnaire scores at each point in the multiple baseline design. This involved calculating means and standard deviations for baseline and intervention data for all groups and individual participants (see Tables 5 - 5-14). Because seven participants had only one baseline measure, a baseline standard deviation was not possible.
Without a control group, the group do not isolate treatment effects, but it is noted that for the WHO-5, and DASS-Y overall and subscales of depression, anxiety, and stress that trends in the direction of improvement can be seen when comparing baseline means to intervention and post means. Group standard deviations were calculated based on the formula below (Pyrczak, 2014) to account for deviations within each participants’ repeated measures as well as the deviation in the group as a whole.

\[
\begin{align*}
\mu_{X,Y} &= \frac{1}{N_{X,Y}} (N_X \mu_X + N_Y \mu_Y) \\
\sigma_{X,Y} &= \sqrt{\frac{1}{N_{X,Y} - 1} \left( [N_X - 1] \sigma_X^2 + N_X \mu_X^2 + [N_Y - 1] \sigma_Y^2 + N_Y \mu_Y^2 - [N_X + N_Y] \mu_{X,Y}^2 \right)}
\end{align*}
\]
Table 5

**Descriptive Statistics for All Participants**

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
<th>STDV</th>
<th>Mean</th>
<th>Median</th>
<th>STDV</th>
<th>Post Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Intervention</td>
<td></td>
<td>Baseline</td>
<td>Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who-5</td>
<td>50.71</td>
<td>54.00</td>
<td>12.33</td>
<td>50.90</td>
<td>48.00</td>
<td>7.03</td>
</tr>
<tr>
<td>Hope</td>
<td>20.29</td>
<td>20.50</td>
<td>3.03</td>
<td>19.45</td>
<td>18.50</td>
<td>2.38</td>
</tr>
<tr>
<td>School Connection</td>
<td>57.07</td>
<td>57.00</td>
<td>5.99</td>
<td>54.13</td>
<td>49.50</td>
<td>3.62</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>25.64</td>
<td>22.00</td>
<td>3.89</td>
<td>22.17</td>
<td>24.00</td>
<td>3.62</td>
</tr>
<tr>
<td>Depression</td>
<td>6.25</td>
<td>4.00</td>
<td>1.97</td>
<td>5.65</td>
<td>3.00</td>
<td>1.30</td>
</tr>
<tr>
<td>Anxiety</td>
<td>8.36</td>
<td>7.00</td>
<td>1.43</td>
<td>6.70</td>
<td>7.50</td>
<td>1.68</td>
</tr>
<tr>
<td>Stress</td>
<td>11.04</td>
<td>9.00</td>
<td>1.59</td>
<td>9.65</td>
<td>10.00</td>
<td>1.53</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.

aN = 14

Table 5-1

**Descriptive Statistics for Participant 320**

<table>
<thead>
<tr>
<th>Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who-5</td>
<td>40</td>
<td>N/A</td>
<td>37.33</td>
<td>40.00</td>
</tr>
<tr>
<td>Hope</td>
<td>23</td>
<td>N/A</td>
<td>21.33</td>
<td>23.00</td>
</tr>
<tr>
<td>School Connection</td>
<td>61</td>
<td>N/A</td>
<td>58.67</td>
<td>53.00</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>22</td>
<td>N/A</td>
<td>25.67</td>
<td>24.00</td>
</tr>
<tr>
<td>Depression</td>
<td>0</td>
<td>N/A</td>
<td>2.67</td>
<td>2.00</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13</td>
<td>N/A</td>
<td>11.33</td>
<td>11.00</td>
</tr>
<tr>
<td>Stress</td>
<td>9</td>
<td>N/A</td>
<td>11.67</td>
<td>11.00</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement; Mean/Median are same given only one baseline measure
## Table 5-2

**Descriptive Statistics for Participant 1010**

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>24</td>
<td>N/A</td>
<td>25.33</td>
<td>24.00</td>
<td>6.11</td>
</tr>
<tr>
<td>Hope</td>
<td>12</td>
<td>N/A</td>
<td>13.67</td>
<td>14.00</td>
<td>0.58</td>
</tr>
<tr>
<td>School Connection</td>
<td>44</td>
<td>N/A</td>
<td>47.00</td>
<td>47.00</td>
<td>2.00</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>28</td>
<td>N/A</td>
<td>29.33</td>
<td>32.00</td>
<td>4.62</td>
</tr>
<tr>
<td>Depression</td>
<td>10</td>
<td>N/A</td>
<td>12.00</td>
<td>12.00</td>
<td>2.00</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7</td>
<td>N/A</td>
<td>5.00</td>
<td>6.00</td>
<td>1.73</td>
</tr>
<tr>
<td>Stress</td>
<td>11</td>
<td>N/A</td>
<td>12.33</td>
<td>12.00</td>
<td>1.53</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement. Mean/Median are same given only one baseline measure

## Table 5-3

**Descriptive Statistics for Participant 2020**

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>48</td>
<td>N/A</td>
<td>38.67</td>
<td>40.00</td>
<td>2.309</td>
</tr>
<tr>
<td>Hope</td>
<td>30</td>
<td>N/A</td>
<td>27.33</td>
<td>27.00</td>
<td>0.577</td>
</tr>
<tr>
<td>School Connection</td>
<td>40</td>
<td>N/A</td>
<td>38.33</td>
<td>38.00</td>
<td>1.528</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>18</td>
<td>N/A</td>
<td>24.33</td>
<td>24.00</td>
<td>2.517</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>N/A</td>
<td>2.67</td>
<td>3.00</td>
<td>0.577</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7</td>
<td>N/A</td>
<td>10.33</td>
<td>11.00</td>
<td>2.082</td>
</tr>
<tr>
<td>Stress</td>
<td>10</td>
<td>N/A</td>
<td>11.33</td>
<td>12.00</td>
<td>1.155</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement. Mean/Median are same given only one baseline measure
### Table 5-4
**Descriptive Statistics for Participant 3030**

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>60</td>
<td>N/A</td>
<td>73.33</td>
<td>68.00</td>
<td>9.24</td>
</tr>
<tr>
<td>Hope</td>
<td>20</td>
<td>N/A</td>
<td>21.33</td>
<td>22.00</td>
<td>3.06</td>
</tr>
<tr>
<td>School Connection</td>
<td>68</td>
<td>N/A</td>
<td>78.67</td>
<td>80.00</td>
<td>2.31</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>17</td>
<td>N/A</td>
<td>15.00</td>
<td>14.00</td>
<td>2.65</td>
</tr>
<tr>
<td>Depression</td>
<td>2</td>
<td>N/A</td>
<td>0.33</td>
<td>0.00</td>
<td>0.58</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6</td>
<td>N/A</td>
<td>3.33</td>
<td>2.00</td>
<td>2.31</td>
</tr>
<tr>
<td>Stress</td>
<td>9</td>
<td>N/A</td>
<td>11.33</td>
<td>11.00</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement. Mean/Median are same given only one baseline measure.

### Table 5-5
**Descriptive Statistics for Participant 4040**

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>36</td>
<td>N/A</td>
<td>41.33</td>
<td>40.00</td>
<td>2.31</td>
</tr>
<tr>
<td>Hope</td>
<td>21</td>
<td>N/A</td>
<td>20.33</td>
<td>18.00</td>
<td>4.04</td>
</tr>
<tr>
<td>School Connection</td>
<td>56</td>
<td>N/A</td>
<td>41.67</td>
<td>44.00</td>
<td>4.93</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>13</td>
<td>N/A</td>
<td>9.33</td>
<td>8.00</td>
<td>4.16</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>N/A</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5</td>
<td>N/A</td>
<td>2.00</td>
<td>2.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Stress</td>
<td>7</td>
<td>N/A</td>
<td>6.33</td>
<td>6.00</td>
<td>3.51</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement. Mean/Median are same given only one baseline measure.
Table 5-6
Descriptive Statistics for Participant 5050

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>56</td>
<td>N/A</td>
<td>62.67</td>
<td>60.00</td>
<td>16.17</td>
</tr>
<tr>
<td>Hope</td>
<td>18</td>
<td>N/A</td>
<td>17.33</td>
<td>18.00</td>
<td>1.15</td>
</tr>
<tr>
<td>School Connection</td>
<td>47</td>
<td>N/A</td>
<td>47.00</td>
<td>58.00</td>
<td>1.73</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>28</td>
<td>N/A</td>
<td>25.33</td>
<td>25.00</td>
<td>2.52</td>
</tr>
<tr>
<td>Depression</td>
<td>6</td>
<td>N/A</td>
<td>7.00</td>
<td>7.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Anxiety</td>
<td>11</td>
<td>N/A</td>
<td>10.00</td>
<td>9.00</td>
<td>2.65</td>
</tr>
<tr>
<td>Stress</td>
<td>11</td>
<td>N/A</td>
<td>8.33</td>
<td>8.00</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement. Mean/Median are same given only one baseline measure.

Table 5-7
Descriptive Statistics for Participant 6060

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean/Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
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<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>52</td>
<td>N/A</td>
<td>50.67</td>
<td>48.00</td>
<td>4.62</td>
</tr>
<tr>
<td>Hope</td>
<td>23</td>
<td>N/A</td>
<td>22.00</td>
<td>22.00</td>
<td>4.00</td>
</tr>
<tr>
<td>School Connection</td>
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<td>N/A</td>
<td>53.67</td>
<td>54.00</td>
<td>3.51</td>
</tr>
<tr>
<td>DASS-Y</td>
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<td>N/A</td>
<td>1.33</td>
<td>1.00</td>
<td>0.58</td>
</tr>
<tr>
<td>Depression</td>
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<td>N/A</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Anxiety</td>
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<td>N/A</td>
<td>0.33</td>
<td>0.00</td>
<td>0.58</td>
</tr>
<tr>
<td>Stress</td>
<td>7</td>
<td>N/A</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement. Mean/Median are same given only one baseline measure.
### Table 5-8
**Descriptive Statistics for Participant 111**

<table>
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<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
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<td>28</td>
<td>4</td>
<td>36</td>
<td>36</td>
<td>4</td>
</tr>
<tr>
<td>Hope</td>
<td>16.33</td>
<td>16.00</td>
<td>0.58</td>
<td>20</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>School Connection</td>
<td>55.67</td>
<td>56.00</td>
<td>4.00</td>
<td>58</td>
<td>58</td>
<td>4</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>20.67</td>
<td>21.00</td>
<td>1.53</td>
<td>14.33</td>
<td>15.00</td>
<td>5.03</td>
</tr>
<tr>
<td>Depression</td>
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<td>8.00</td>
<td>3.51</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
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<td>Anxiety</td>
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<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>9</td>
<td>2</td>
<td>6.33</td>
<td>6.00</td>
<td>1.53</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.

### Table 5-9
**Descriptive Statistics for Participant 211**

<table>
<thead>
<tr>
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<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>40.00</td>
<td>48.00</td>
<td>24.98</td>
<td>33.33</td>
<td>28.00</td>
<td>12.86</td>
</tr>
<tr>
<td>Hope</td>
<td>11.67</td>
<td>11.00</td>
<td>4.04</td>
<td>11.67</td>
<td>12.00</td>
<td>1.53</td>
</tr>
<tr>
<td>School Connection</td>
<td>39.67</td>
<td>33.00</td>
<td>3.21</td>
<td>40.33</td>
<td>39.00</td>
<td>3.21</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>20.00</td>
<td>22.00</td>
<td>5.29</td>
<td>31.33</td>
<td>33.00</td>
<td>2.89</td>
</tr>
<tr>
<td>Depression</td>
<td>5.00</td>
<td>6.00</td>
<td>2.65</td>
<td>12.67</td>
<td>13.00</td>
<td>1.53</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6.33</td>
<td>7.00</td>
<td>2.08</td>
<td>8.67</td>
<td>8.00</td>
<td>1.15</td>
</tr>
<tr>
<td>Stress</td>
<td>8.67</td>
<td>9.00</td>
<td>0.58</td>
<td>10</td>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.

### Table 5-10
**Descriptive Statistics for Participant 311**

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>34.67</td>
<td>16.00</td>
<td>32.33</td>
<td>65.33</td>
<td>72.00</td>
<td>15.14</td>
</tr>
<tr>
<td>Hope</td>
<td>18.67</td>
<td>16.00</td>
<td>6.43</td>
<td>17.33</td>
<td>16.00</td>
<td>4.16</td>
</tr>
<tr>
<td>School Connection</td>
<td>54.67</td>
<td>56.00</td>
<td>3.61</td>
<td>49.00</td>
<td>48.00</td>
<td>3.61</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>46.00</td>
<td>20.00</td>
<td>10.58</td>
<td>33.33</td>
<td>30.00</td>
<td>5.77</td>
</tr>
<tr>
<td>Depression</td>
<td>14.67</td>
<td>14.00</td>
<td>4.04</td>
<td>12.00</td>
<td>13.00</td>
<td>1.73</td>
</tr>
<tr>
<td>Anxiety</td>
<td>15.67</td>
<td>16.00</td>
<td>2.52</td>
<td>11.00</td>
<td>10.00</td>
<td>2.65</td>
</tr>
<tr>
<td>Stress</td>
<td>15.67</td>
<td>17.00</td>
<td>5.13</td>
<td>10.33</td>
<td>10.00</td>
<td>2.52</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.
### Table 5-11
**Descriptive Statistics for Participant 511**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellbeing (Who-5)</td>
<td>80.00</td>
<td>80.00</td>
<td>4.00</td>
<td>78.00</td>
<td>78.00</td>
<td>2.83</td>
</tr>
<tr>
<td>Hope</td>
<td>24.67</td>
<td>24.00</td>
<td>3.06</td>
<td>24.00</td>
<td>24.00</td>
<td>2.83</td>
</tr>
<tr>
<td>School Connection</td>
<td>70.67</td>
<td>71.00</td>
<td>1.41</td>
<td>72.00</td>
<td>72.00</td>
<td>1.41</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>32.33</td>
<td>29.00</td>
<td>5.77</td>
<td>26.00</td>
<td>25.00</td>
<td>2.65</td>
</tr>
<tr>
<td>Depression</td>
<td>5.67</td>
<td>4.00</td>
<td>2.89</td>
<td>3.00</td>
<td>3.00</td>
<td>2.83</td>
</tr>
<tr>
<td>Anxiety</td>
<td>12.00</td>
<td>12.00</td>
<td>3.00</td>
<td>9.00</td>
<td>9.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Stress</td>
<td>14.67</td>
<td>15.00</td>
<td>1.53</td>
<td>12.50</td>
<td>12.50</td>
<td>0.71</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.

### Table 5-12
**Descriptive Statistics for Participant 438**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>69.33</td>
<td>68.00</td>
<td>2.31</td>
<td>64</td>
<td>64</td>
<td>0</td>
</tr>
<tr>
<td>Hope</td>
<td>24.33</td>
<td>24.00</td>
<td>1.53</td>
<td>24.5</td>
<td>24.5</td>
<td>2.12</td>
</tr>
<tr>
<td>School Connection</td>
<td>74.67</td>
<td>76.00</td>
<td>0.71</td>
<td>75.5</td>
<td>75.5</td>
<td>0.71</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>8.67</td>
<td>9.00</td>
<td>0.58</td>
<td>5.5</td>
<td>5.5</td>
<td>0.71</td>
</tr>
<tr>
<td>Depression</td>
<td>0.67</td>
<td>0.00</td>
<td>1.15</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.33</td>
<td>3.00</td>
<td>1.15</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stress</td>
<td>5.67</td>
<td>6.00</td>
<td>0.58</td>
<td>5.5</td>
<td>5.5</td>
<td>0.71</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.

### Table 5-13
**Descriptive Statistics for Participant 538**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>81.33</td>
<td>80.00</td>
<td>2.31</td>
<td>80.00</td>
<td>80.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Hope</td>
<td>26.67</td>
<td>30.00</td>
<td>5.77</td>
<td>18.67</td>
<td>17.00</td>
<td>4.73</td>
</tr>
<tr>
<td>School Connection</td>
<td>72.33</td>
<td>70.00</td>
<td>1.53</td>
<td>69.33</td>
<td>69.00</td>
<td>1.53</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>9.00</td>
<td>8.00</td>
<td>1.73</td>
<td>16.67</td>
<td>16.00</td>
<td>2.08</td>
</tr>
<tr>
<td>Depression</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.33</td>
<td>0.00</td>
<td>0.58</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1.67</td>
<td>1.00</td>
<td>1.15</td>
<td>6.67</td>
<td>7.00</td>
<td>1.53</td>
</tr>
<tr>
<td>Stress</td>
<td>7.33</td>
<td>7.00</td>
<td>0.58</td>
<td>9.67</td>
<td>10.00</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.
Table 5-14
Descriptive Statistics for Participant 238

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who-5</td>
<td>34.67</td>
<td>24.00</td>
<td>18.48</td>
<td>40.00</td>
<td>44.00</td>
<td>10.58</td>
</tr>
<tr>
<td>Hope</td>
<td>18.00</td>
<td>19.00</td>
<td>4.58</td>
<td>16.00</td>
<td>16.00</td>
<td>3.00</td>
</tr>
<tr>
<td>School Connection</td>
<td>41.00</td>
<td>40.00</td>
<td>8.08</td>
<td>41.67</td>
<td>43.00</td>
<td>8.08</td>
</tr>
<tr>
<td>DASS-Y</td>
<td>57.33</td>
<td>58.00</td>
<td>7.07</td>
<td>47.33</td>
<td>47.00</td>
<td>3.51</td>
</tr>
<tr>
<td>Depression</td>
<td>18.00</td>
<td>17.00</td>
<td>2.65</td>
<td>15.67</td>
<td>15.00</td>
<td>1.15</td>
</tr>
<tr>
<td>Anxiety</td>
<td>19.33</td>
<td>20.00</td>
<td>2.08</td>
<td>13.67</td>
<td>14.00</td>
<td>1.53</td>
</tr>
<tr>
<td>Stress</td>
<td>20.67</td>
<td>21.00</td>
<td>0.71</td>
<td>18.00</td>
<td>18.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note: Increase scores for wellbeing, hope, and school connection indicate improvement; decrease scores for DASS-Y, depression, anxiety, and stress indicate improvement.

Statistics

Due to the small sample size and the utilization of the single case research design, traditional inferential statistics are not recommended (Barlow et al., 2009). Inferential statistics require certain assumptions of data including normal distributions and independence of operations that are not possible with a small sample size, few data points, and repeated measures (Ray, 2015). The primary method of data analysis with SCRD is systematic visual analysis (Kennedy, 2005; Morgan & Morgan, 2009). Visual analysis was commonly used by behavioral analysts who argued that changes due to an intervention would be easily apparent when compared to stable baseline (Skinner, 1956; Sidman, 1960). This involves analyzing for level, trend, and variability of performance during baseline as compared to when the independent variable or intervention has begun (Horner et al., 2005; Kennedy, 2005).

Results

While the study began with twenty-four participants, data were analyzed for only fourteen participants as the study lost four participants due to withdrawal from school or the group intervention. Additionally, Group 1B which was made up of students from the alternative
program had many incomplete data sets primarily due to early graduation, and students who
failed to complete all survey measures at regular intervals so only one participant’s data were
included in this study. This was particularly disappointing as there was more diversity in this
group than others.

Data for all dependent measures were graphed for the fourteen participants so that a
systematic visual analysis comparing baseline and intervention phase could be conducted
(Morgan & Morgan, 2009). This visual analysis involved looking at changes in means, level and
trend. Additionally, while some researchers argue that there is no good way to determine effect
size for SCRD (Kratochwill et al., 2010; Wolery et al., 2010), other researchers examined nine
techniques and discussed strengths and limitations of each (Parker et al., 2011; Alresheed, et al.,
2013). The researcher chose to utilize two of these non-parametric analysis tools including
percentage of non-overlapping data (PND), (Scruggs et al., 1987) and percentage of data
exceeding the median (PEM), (Ma, 2006) to evaluate effect size.

Kazdin (1978) and Scruggs et al., (1987) nonparametric statistical measure, percentage of
non-overlapping data (PND), posits that the degree of data that do not overlap from baseline to
intervention is an indicator of performance differences in single subject research (Kazdin, 1978;
Scruggs et al., 1987). This analysis involves defining non-overlapping data as data that are higher
than the highest point in the baseline data. This analysis is favored given that for half of the
participants, the researcher only had one data point to evaluate; while it is impossible to know if
this is a true outlier, an analysis utilizing only one data point is more parsimonious than one
which is meant to include more baseline data measures in the calculation. The formula for
calculating PND is fairly straightforward (Alresheed et al., 2013).
Number of intervention data points exceeding the highest baseline data point

\[ \text{PND} = \frac{\text{Number of intervention data points exceeding the highest baseline data point}}{\text{Total number of data points in the intervention phase}} \times 100 \]

PEM has a similar formula, but looks at a more holistic picture of all baseline data rather than one extreme point (Ma, 2006). This change makes the measure less susceptible to extreme outliers in the baseline phase. If there is no effect of a treatment according to PEM, the points should hover close to the median from the baseline measures (Alresheed et al., 2013). Given that there were multiple baseline points for half of the participants, the researcher was interested to see if the PEM scores would be significantly different than the PND scores.

For both PND and PEM, scores of less than 50% indicates an unreliable treatment, a score of 50%-70% indicates uncertain effectiveness, a score of 70-90% suggests a fairly effective treatment, and finally a score of more than 90% reflects a highly effective treatment (Wendt, 2007, as cited in Alresheed et al., 2013).

Two of the measures have only one score to analyze WHO-5 (WHO, 1998) and Psychological Sense of School Membership (Goodenow, 1993), while The Children’s Hope Scale (Snyder et al., 1997), and DASS-Y (Szabo & Lovibond, 2022) both have subscales. The two Hope subscales of Agency and Pathway were not significantly different than the overall Hope score on PND and PEM calculations so only the Hope score is included in the analyses. There were differences among the three DASS-Y subscales of depression, anxiety, and stress, so those will be presented separately. A total of six measures were analyzed for effect size of the intervention.
Psychological Sense of School Membership

School connection as measured by the PSSM improved for five (36%) of the participants based on PEM scores above 70% while PEM scores above 90% were found for only three participants (21%). These participants are bolded in graphs below (Figure 1 and Figure 2). PND scores were above 90% for two (14.3%) of participants. For those two participants, it improved at a rate of 100% with each of the intervention measures and post score exceeding the highest baseline measure. PND scores were lower for participants with multiple baseline scores than PEM scores. This is particularly notable for participant 4040 who began with a fairly high baseline measure of school connection, then dropped well below that median for all subsequent points. Figure 3 showcases the variation from the median baseline measure for each participant.

Figure 1
School Connection for Group 1A and 1B

320 PEM: 1/4 = 25%
1010 PEM: 4/4 = 100%
2020 PEM: 0/4 = 0%
3030 PEM: 4/4 = 100%
4040 PEM: 0/4 = 0%
5050 PEM: 2/4 = 50%
6060 PEM: 1/4 = 25%
Figure 2

School Connection Groups 2A, 2B, 3A and 3B

111 PEM: 3/4 = 75%
211 PEM: 3/3 = 100%
311 PEM: 0/0 = 0%
711 PEM: 2/3 = 67%
438 PEM: 0/0 = 0%
538 PEM: 2/4 = 50%
238 PEM: 3/4 = 75%

Figure 3

School Membership Variance from Median All Participants
Goodenow (1993) indicates that an average score below three on the 18 questions in the scale indicates poor school connection or belonging. It is worth noting that by this metric, 35% of students began the study with poor connection and most (57%) students in the study ended the intervention below that threshold. These numbers were calculated by averaging baseline scores for a baseline mean and averaging intervention + post scores for an intervention mean. For the five students who had an improvement in school connection, three fell below an average score of three, but the increases were small, and two were already above that threshold.

Children’s Hope Scale

PEM scores for Hope as measured by the Children’s Hope Scale (Snyder et al., 1997) indicating moderate or highly effective treatment effects were found for four participants (29%) with two of those (14%) being found at the highly effective level. Participants who had PEM scores above 70% are bolded on the charts below (Figure 4 and Figure 5). PND scores represented slightly less effectiveness with scores above 70% being found for two (14% of participants), and only one (7%) of those being at the 100% or highly effective level. It may be worth noting that all four of those who saw improvements had either borderline or extremely low hope scores at the outset, including the only two who began with baseline scores in the low hope range (scores 6-12; Snyder et al., 1997).
Figure 4

Hope Scores Groups 1A and 1B

<table>
<thead>
<tr>
<th>Group</th>
<th>PEM</th>
<th>Score Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>0/0</td>
<td>25%</td>
</tr>
<tr>
<td>1010</td>
<td>4/4</td>
<td>100%</td>
</tr>
<tr>
<td>2020</td>
<td>0/0</td>
<td>0%</td>
</tr>
<tr>
<td>3030</td>
<td>3/4</td>
<td>75%</td>
</tr>
<tr>
<td>4040</td>
<td>1/4</td>
<td>25%</td>
</tr>
<tr>
<td>5050</td>
<td>1/4</td>
<td>25%</td>
</tr>
<tr>
<td>6060</td>
<td>1/4</td>
<td>25%</td>
</tr>
</tbody>
</table>
At baseline level, two participants (14%) had low hope, eight (57%) reported slight hope, three (21%) had moderate hope and only one (7%) had high hope. At the conclusion of the study, the intervention + post score means results indicate that one participant (7%) had low hope, ten (71%) reported slight hope, three (21%) reported moderate hope, while no participants scored in the high hope range. Of the four participants who saw increases with PEM levels above 70%, two stayed in their moderate hope range while participant 1010 moved from low hope to slight hope and participant 211 stayed in the low range but ended with a score of 12.25 just below the cutoff of 13 for slight hope.
While the PND and PEM measures were not different enough on the Hope subscales of Agency and Pathways to warrant separate calculations, the variance from the median is effectively different from the visual perspective (Figure 6 and Figure 7). While Pathways, or “the capacity to find a means to carry out goals,” saw variances drop from median for most participants, agency or “the ability to initiate and sustain action towards goals” improved for at least half of participants (Snyder et al., 1997, p. 400).

**Figure 6**

*Self-Agency Variance from Median*
**Well-being Index (WHO-5)**

PEM scores on the WHO-5 well-being index (WHO, 1998) above 70% were found for six participants (43%) with five of those (36%) found to be highly effective. Visual representations of this are displayed for all participants and bolded for those with PEM scores above 70% (Figure 8 and Figure 9). PND scores indicating moderate effectiveness of the intervention above 70% levels were found for four participants (29%) while half of those showed improvements within the highly effective level.
Figure 8

Well-being Index for Groups 1A and 1B

320 PEM: 1/4 = 25%
1010 PEM: 2/4 = 50%
2020 PEM: 0/4 = 0%
3030 PEM: 4/4 = 100%
4040 PEM: 4/4 = 100%
5050 PEM: 3/4 = 75%
6060 PEM: 1/4 = 25%
Figure 9

Well-being Index for Groups 2A, 2B, 3A and 3B

111 PEM: 4/4 = 100%
211 PEM: 0/4 = 0%
311 PEM: 4/4 = 100%
711 PEM: 0/4 = 0%
438 PEM: 0/0 = 0%
538 PEM: 1/4 = 0%
238 PEM: 4/4 = 100%
While PND and PEM scores indicating a significant effect of the intervention were not found for all students, the variance from the median graph (Figure 10) indicates that students who saw increases from their median baseline did so at higher levels than those who experienced decreases. WHO-5 guidelines indicate that scores below 50 indicate poor wellbeing while those below 28 have been associated with persons suffering from depression (WHO, 1998). By these metrics at baseline, six participants (43%) had scores above 50 indicating positive wellbeing, six (43%) had scores below that threshold, and two (14%) of participants were in the depression danger zone. Average intervention + post intervention scores show small improvements; six (43%) remain in the positive wellbeing range, but the remaining eight (57%) who were in the lower range were all above the depression threshold. Of the participants who saw PEM scores above 70%, a few maintained their status in either poor wellbeing (participants 238 and 4040) or positive wellbeing (participant 3030) with increases in that range. Participant 111 moved from the depressed range to a more moderate poor wellbeing score, while participants 5050 and 311 moved above the poor wellbeing threshold.
Depression

Depression was a subscale on the DASS-Y (Szabo & Lovibond, 2022) and calculating PND and PEM scores on the DASS-Y subscales require a reversal to look at the lowest point in the baseline and scores that fell below the baseline median during intervention as the goal was to reduce these scores to improve wellbeing. Within the depression subscale, it was difficult to determine effectiveness of treatment as four participants lowest point of 0 the baseline measure for PND was at the bottom of the scale and three of the baseline median points needed for PEM calculation were also 0. This meant that no “improvement” could be seen in the intervention phase, as scores could not drop below 0. Many of those participants scores remained near zero, but I chose to exclude them from the overall calculation as it could not be determined if the intervention had any effect as their depression scores may have remained that low without participation in the group.

PEM scores were above 70% for four (36%) of the remaining participants and above 90% for two (18%) of participants, both of which are bolded on the charts below (Figure 11 and Figure 12). PND scores for the remaining ten participants decreased for two (20%) of participants with one showing a moderate effect of the intervention and the other showing a highly effective treatment.
Figure 11

Depression subscale scores for Groups 1A and 1B

320 PEM: 0/0 = 0%
1010 PEM: 1/4 = 25%
2020 PEM: 0/0 = 0%
3030 PEM: 4/4 = 100%
4040 PEM: 2/4 = 50%
5050 PEM: 0/0 = 0%
6060 PEM: 0/0 = 0% * Baseline Median was 0
Figure 12

*Depression Subscale Scores for Groups 2A, 2B, 3A, and 3B*

111 PEM: 3/4 = 75%
211 PEM: 0/0 = 0%
311 PEM: 4/4 = 100%
711 PEM: 2/4 = 50%
438 PEM: 0/0 = 0%* Baseline Median was 0
538 PEM: 0/0 = 0%* Baseline Median was 0
238 PEM: 3/4 = 75%
Based on severity cutoff scores, at the baseline levels, one (7%) of participant began in the extremely severe range, one (7%) began in the severe range, one (7%) began in the moderate range, one (7%) began in the mild range, and the vast majority, 71% or ten participants began in the normal range. At intervention + post mean, 64% or nine participants were in the normal range, one (7%) of participants were in the mild range, three participants (21%) were in the moderate range, and 1 (7%) was in the severe range. No participants scored in the extremely severe range as Participant # 238 who began there saw a decrease at three data points, reporting a PEM of 75% and ended the intervention in the severe range. Participant 311 who began the intervention in the severe range ended in the moderate range with all four points below baseline median. Participant 111 who began in the mild range landed in the normal range by the end of the intervention, and participant 3030 reduced their baseline normal score.

**Anxiety**
A reduction in anxiety during the intervention implementation was the most robust effect based on visual analysis and PEM scores. PEM scores were above 70% for eleven (78%) participants and seven (50%) seeing an effect above 90%. These participants are bolded on the charts below (Figure 14 and Figure 15). PND scores were similarly high with eleven (78%) of participants with PNDs above 70% and five (36%) of participants seeing a 100% score indicating a highly effective treatment. Interestingly, reductions in anxiety were found among those who had baseline levels above moderate anxiety as well as for those who began with fairly low-level anxiety supporting the argument that strengths-based interventions can improve wellbeing for all levels.

**Figure 14**
*Anxiety Subscale Scores for Groups 1A and 1B*

<table>
<thead>
<tr>
<th>PEM</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>Student 320: 3/4 = 75%</td>
</tr>
<tr>
<td>1010</td>
<td>Student 1010: 4/4 = 100%</td>
</tr>
<tr>
<td>2020</td>
<td>Student 2020: 0/0 = 0%</td>
</tr>
<tr>
<td>3030</td>
<td>Student 3030: 3/4 = 75%</td>
</tr>
<tr>
<td>4040</td>
<td>Student 4040: 4/4 = 100%</td>
</tr>
<tr>
<td>5050</td>
<td>Student 5050: 3/4 = 75%</td>
</tr>
<tr>
<td>6060</td>
<td>Student 6060: 2/4 = 50%</td>
</tr>
</tbody>
</table>
Figure 15

*Anxiety Subscale Scores for Groups 2A, 2B, 3A, and 3B*

![Graph showing anxiety subscale scores for groups 2A, 2B, 3A, and 3B.]

111 PEM: 4/4 = 100%
211 PEM: 0/0 = 25%
311 PEM: 4/4 = 100%
711 PEM: 4/4 = 100%
438 PEM: 4/4 = 100%
538 PEM: 0/0 = 0%
238 PEM: 4/4 = 100%

Figure 16

*Anxiety Subscale Variance from Median for All Participants*

![Graph showing anxiety variance from median for all participants.]

Before Session 3  Before Session 4  Before Session 6  Post
The variance from the median graph (Figure 16) showcases a fairly universal reduction in anxiety for group participants; with the exception of three participants, nearly all participants saw a reduction in anxiety. It is also worth noting that for participant 538, the median baseline measure was 1, which is only one point above the floor of 0.

Anxiety levels at baseline included two (14%) of participants in the extremely severe range, one (7%) in the severe range, two (14%) in the moderate range, four (29%) in the mild range, and five (36%) in the normal range. At the conclusion of the study, no participants were in the extremely severe range, with participant # 238 moving to the severe range and participant #311 moving to the moderate range. Five participants (36%) ended in the moderate range, two (14%) in the mild range, and six (43%) in the normal range. Other participants who saw PEM scores above 70% moved out of their ranges: 320 from severe to moderate, and 1010, 3030, 711 from mild to normal, while participant 5050 saw a decrease in the moderate range, and all other participants saw reductions in the normal range where they had begun the study.

Stress

Stress levels as measured by the DASS-Y stress subscale was reduced for a fair number of participants, though it is important to note that for the most part, baseline levels were within normal or mild ranges for the vast majority of participants. Even so, similar to anxiety reduction, for some of those within the normal range, the intervention appears to have reduced stress levels. PEM scores were above 70% for seven (50%) of participants with six of those seeing an improvement above 90%. Figures 17 and 18 highlight these participants’ improvements with bold lines. PND scores were above 70% for five (36%) of participants with three (21%) above 90%.
Figure 17

Stress Subscale Scores for Groups 1A and 1B

320 PEM: 2/4 = 50%
1010 PEM: 1/4 = 25%
2020 PEM: 0/0 = 25%
3030 PEM: 0/0 = 25%
4040 PEM: 3/4 = 75%
5050 PEM: 4/4 = 100%
6060 PEM: 4/4 = 100%
Baseline stress levels were fairly good for this sample. The vast majority of participants, eleven of fourteen (79%) began in the normal range for stress. Two (14%) began in the moderate range, and one (7%) began in the extremely severe range. Of the six participants who saw PEM levels above 70%, three maintained their drop in the normal range, while participant 311 moved from the moderate range to normal, participant 711 moved from moderate to mild stress, and participant 238 moved from the extremely severe range to the severe range.

**Overall Improvement**

Of the fourteen participants, ten (71%) saw an improvement as evidence by a PND score above a 70% on at least one measure, while twelve (86%) saw a PEM score above 70% on at
least one wellbeing measure. For participants who saw improvements on any measure, 50% saw PEM scores improve above 70% for at least half of the wellbeing measures and six (43%) of the participants PND scores improved above 70% for at least half of the measures. Figure 19, Figure 20, and Table 6 offer visual numerical details for these improvements. Participants who achieve above a 70% PEM indicating a moderate effect size of the independent variable on any individual measure are noted in light green while those in brighter green achieved a PEM above a 90% which indicates a highly effective treatment (Ma, 2006). The last column indicates how many wellbeing factors saw improvement above 70% for individuals: Red indicates 0% or no factors with PEM levels above 70%, while yellow indicates that participants saw an improvement on one or two of the six factors of wellbeing, light green indicates an improvement based on PEM levels of more than 70% on between three and four factors, while bright green indicates PEM levels above 70% on between five and six of the wellbeing factors.

**Figure 19**

*Percentage of Intervention and Post Data Exceeding the Median for all Participants*
Table 6

Percentage Exceeding the Median Baseline Scores for all Participants

<table>
<thead>
<tr>
<th>Percentage Exceeding the median baseline</th>
<th>WHO-5</th>
<th>Hope</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
<th>School Connection</th>
<th>PEM % above .7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student 320</td>
<td>25.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>75.00%</td>
<td>50.00%</td>
<td>25%</td>
<td>16.70%</td>
</tr>
<tr>
<td>Student 1010</td>
<td>50.00%</td>
<td>100.00%</td>
<td>25.00%</td>
<td>100.00%</td>
<td>25.00%</td>
<td>100%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Student 2020</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Student 3030</td>
<td>100.00%</td>
<td>75.00%</td>
<td>100.00%</td>
<td>75.00%</td>
<td>0.00%</td>
<td>100%</td>
<td>83.00%</td>
</tr>
<tr>
<td>Student 4040</td>
<td>100.00%</td>
<td>25.00%</td>
<td>50.00%</td>
<td>100.00%</td>
<td>75.00%</td>
<td>0%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Student 5050</td>
<td>75.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>75.00%</td>
<td>100.00%</td>
<td>50%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Student 6060</td>
<td>25.00%</td>
<td>25.00%</td>
<td>0*</td>
<td>50.00%</td>
<td>100.00%</td>
<td>25%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Student 1011</td>
<td>100.00%</td>
<td>100.00%</td>
<td>75.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>75%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Student 211</td>
<td>0.00%</td>
<td>75.00%</td>
<td>0.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>100%</td>
<td>33.00%</td>
</tr>
<tr>
<td>Student 311</td>
<td>100.00%</td>
<td>50.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0%</td>
<td>66.70%</td>
</tr>
<tr>
<td>Student 711</td>
<td>0.00%</td>
<td>33.00%</td>
<td>50.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>67%</td>
<td>33.00%</td>
</tr>
<tr>
<td>Student 438</td>
<td>0.00%</td>
<td>33.00%</td>
<td>0*</td>
<td>100.00%</td>
<td>67.00%</td>
<td>0%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Student 538</td>
<td>25.00%</td>
<td>0.00%</td>
<td>0*</td>
<td>0.00%</td>
<td>0.00%</td>
<td>50%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Student 238</td>
<td>100.00%</td>
<td>25.00%</td>
<td>75.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>75%</td>
<td>83.00%</td>
</tr>
</tbody>
</table>

% of participants above .7 43.00% 29.00% 36.00% 71.00% 50.00% 36.00%

% of participants above .9 35.70% 14.30% 18.00% 50.00% 43.00% 21.00%

Note * in Depression denotes those with 0 median baselines that could not improve.
Totals below remove those participants

Figure 20

Percentage of Non-Overlapping Data Calculations for all participants
Discussion

The researcher utilized a multiple baseline version of a single case design to examine the effectiveness of a brief positive psychology group intervention on student wellbeing. The results reveal that for half of the fourteen participants, the group intervention was moderately to highly effective on at least three of the six measures of wellbeing. For all but two of the fourteen participants (86%) there was a moderate improvement as measured by a PND or PEM score above 70% on at least one measure. These results align with existing research that indicates that brief PPIs improve factors associated with wellbeing (Sin and Lyubomirsky, 2009; Suldo, 2016; Tejada-Gallardo et al., 2020). However, the current study is unique in that it focused on a brief, 45 minutes six-session group intervention facilitated by a school counseling intern.

For participants who reported improvements on wellbeing measures, their improvements varied across the outcome assessments. For participants who saw increases in overall wellbeing as measured by the WHO-5, the range of improvements was 7 - 44 points with an average increase of seventeen points. These improvements were sometimes within normal ranges, but in the case of three participants, the improvements resulted in moves from either levels indicative of depression or poor wellbeing to the next category up. Gains on the Hope scale were modest with a range of between 1.25 – 5 points for participants who saw an increase, with an average improvement of 2.9 points. School Connection as measured by the PSSM saw a range in increased scores of between 2 – 9.5 points with an average increase of 4.7 points. These boosts were not significant enough to move any of the participants above the level indicating strong school connection and a few students saw decreases below this level though it is not clear if the intervention was the reason for these declines.
For reductions in depression, most of the participants began in the normal range for this measure. For the four participants who saw a decrease in depression scores, the range was between 1.75 – 4 points with an average of 2.49 points. Though small, these improvements resulted in three of these participants moving up a level on the scale. Anxiety, which improved for eleven of the fourteen participants, improved between 1.75 – 6.5 points with an average decrease in anxiety of 3.68 points. Similar to depression, several participants moved from a more severe category to a less anxious category. Seven participants saw a decrease in stress levels, ranging from 1.25- 7.75 points, with an average decrease of 3.79 points. Most students began in the normal stress range, so these improvements resulted in fewer movements from one level to the next, but this was seen with three participants.

The group intervention was successful for many participants in improving factors associated with wellbeing and several of Yalom & Leszcz’s (2020) primary factors for group work may explain this. Primary is that groups can instill hope as participants see others improving. Additionally, the concept of universality, that others are facing similar struggles is particularly salient during the developmental stages of adolescence. The most robust finding from this study was the reduction of anxiety for 87% of participants. Some common theories about causes for anxiety among adolescents lend clues to why the group was effective for reductions in anxiety. Emotional dysregulation is a common feature for children with anxiety (Jacobs et al., 2011). While this intervention was not focused specifically on teaching the skills of emotional regulation, most emotional regulation strategies are focused on increasing positive emotions and decreasing negative emotions (Gross et al., 2006). The nature of PPIs and the PERMA model (Seligman, 2012) are thus similar as they focus on increasing strengths related to positive emotions, engagement, relationships, meaning, and achievements (Morrish et al., 2018).
An increase in skills which lead to better emotional regulation would thus explain a reduction in anxiety among participants.

Problematic peer relationships are also highly correlated with youth anxiety and students who are most rejected by peers have the highest social anxiety (Puklek Levpušček & Berce, 2012). This may be bidirectional, but longitudinal studies reveal that victimization by peers and low levels of peer acceptance are predictive of social anxiety and social phobia even when accounting for previous levels of social withdrawal (Siegel, et al., 2009; Teachman & Allen, 2007; Tillfors et al., 2012). Negative peer interactions predict further social withdrawal making this a negative feedback loop likely to increase anxiety (Barzeva et al., 2020). A group intervention which focuses on teaching skills to improve relationships (gratitude, mutual savoring, forgiveness, and acts of kindness) may naturally help participants to improve their existing relationships and forge more bonds with group members thereby increasing connections. These improved relationships may explain a reduction in anxiety.

Further research on these connections is needed to make definitive conclusions about why anxiety was reduced for participants. While the intervention was not successful for all participants, and a few seemed to decline in key wellbeing measures, the study demonstrates promise for school counselors using positive psychology group interventions with secondary students.

**Study Limitations and Recommendations for Research**

While a single case research design is convenient for small sample sizes, a lack of a control group is a big limitation to internal validity. The What Works Clearinghouse recommends at least five data points for each phase within a single case design study which unfortunately was not possible for this study (Kratochwill et al., 2010). Because of the limited amount of time to
gather baseline data on the largest groups in my study, it is possible and even likely that the one baseline point available for two of the groups is in fact an outlier and is not representative of the true baseline measure for wellbeing before the start of the intervention. This may work for or against the data as a more accurate median level may have found stronger evidence for improvement if the one point was in fact an outlier. Similarly, there are only four data points within the intervention and post phases, which fall below the recommended threshold. The staggered start of the intervention is meant to account for external factors in SCDR, unfortunately, it meant that not all group interventions looked the same for all groups and fidelity was therefore another limitation. Some groups were forced to have two sessions in one week due to the end of a term or student absences and it is possible that these changes impacted the outcome measures negatively.

Additionally, there are history effects within the study; the time when groups occurred may have influenced the scores on the survey measures. Two baseline data points for Groups 2A and 2B were gathered before winter break, with the third measure and beginning of the group occurring on the first week back to school. For some students, a school is a safe place, while for others it is stressful, this means that for some students, winter break or the return to school may buoy spirits or alternately depress them. The semester break occurred for those groups around the mid-point of the group and another measurement point and it is possible that the switch of term and classes may have influenced the wellbeing measures in ways that are undetermined.

Additionally, the expectancy of counseling has been established to contribute to approximately 15% of client outcomes as clients anticipate improvements based on taking the steps of beginning counseling (Lambert, 1992). The delayed start means that some participants who signed up for the intervention (those in Groups 2A, 2B, 3A, and 3B) waited between four
and ten weeks to begin the intervention and these effects may not have been present. The facilitator reported that students in the first two groups seemed far more enthusiastic about the group and therefore more engaged in the process than those who took the measures three times before beginning group. Conversely, it is possible that regression to the mean is present and the results seen are a reflection of this well-known statistical phenomenon (Bland & Altman, 1994) rather than an indication that the independent variable had an effect on participants dependent variable scores.

For Groups 3A and Group 3B, the small size of the groups may have negatively impacted the experience of the intervention. While the tools can be taught one on one, a group intervention designed for group discussion may be less rich with limited participation. In Group 3B, the loss of a participant resulted in that student completing the “group” intervention in individual meetings which could have impacted that student’s outcomes as well. Additionally, the results would have stronger implications had I been able to randomly assign students to groups, but due to logistical factors this was not possible.

Aside from design and structural implementation issues, the openness of the group to all students is a potential limitation as some students who signed up for the group have baseline scores at or close to the floor of the depression measure that made it difficult or impossible to see improvement; screening for baseline levels and targeting an intervention toward students who had more room for improvement could potentially yield stronger results.

Another limitation to generalization was the lack of diversity in the sample. Because the majority of Group 1A, which had more diversity, was excluded, the sample was overwhelmingly white and female which is common within the positive psychology literature (Rao & Donaldson, 2015). It is unclear if this or other positive psychology interventions are appropriate for all
cultural norms and understandings about wellbeing and many of the quantitative tools are built around western philosophies of wellbeing, which may not serve to accurately assess non-white students (Joshanloo, 2014). Although research within other countries has shown positive outcomes, future research within the U.S. should include more diverse schools or settings, or a specific design to evaluate the fit of traditional positive psychology interventions. Similarly, another important note of a limitation is related to equity and access of the intervention for students with disabilities. One participant was a student with hearing and communication difficulties; this made it difficult for them to participate in some of the more discussion-based activities. The facilitator worked to make the content more inclusive and increased art-based activities, but future research should ensure that the curriculum is adaptable for all students.

In a qualitative interview with the group facilitator, there are many additional factors to be considered. They reported that the survey measures were tedious and for students who completed three or four baseline measures before the start of the group, their frustration with completing the surveys every two weeks was palpable and was likely to have negatively influenced their view of the group. Additionally, for one student who was initially excited about the group, the delayed start resulted in increased anxiety as they were forced to miss a class they came to enjoy, and it caused them a lot of subsequent anxiety, which very likely negatively impacted the wellbeing measures.

In my review of the data, it is also evident that some students may have become frustrated with completing the measures and as a result did not answer all questions accurately, instead choosing a mid-point for the majority of questions. Suggestions for improvements for future study replications include fewer and/or shorter surveys to measure the constructs. Given that anxiety showed the strongest results from the DASS-Y, replacing that with the shorter GAD-
7 (Spitzer et al., 2006) might reduce survey fatigue for students. A similar choice could be made to use a reduced version of the school connection measure or replace it with a teacher or parent measure.

Additionally, when the groups were piloted, they were 90 minutes long and this allowed facilitators enough time for both psychoeducation and process-oriented discussion of the positive psychology interventions. For the research study, the researcher opted to shorten the intervention to make it more accessible to busy school counselors who may not be able to pull students for a full 90 minutes. Unfortunately, this proved to be detrimental from the perspective of the facilitator who reported that it was difficult to cover the required psychoeducational content and allow time for group process in the larger groups. They speculate that students may have been more engaged in the group process if the time had been more substantial both in session length and intervention length. Some sessions, particularly the one focused on forgiveness seemed to occur too early in the group when cohesion was still forming and to be too short. A 60–90-minute group intervention which meets for eight to ten weeks may provide a richer environment for group discussion.

Another suggestion from the facilitator and from the original pilot experience is to conduct a more holistic intervention through Tier 1 classroom lessons in health courses on positive psychology and the impacts on wellbeing. From this place, the facilitator will build relationships and recruit students who are engaging with the content to small group interventions. This may also allow for a comparison group of students who receive the larger universal support with those who receive the added small group intervention. Another suggestion included utilizing these groups at the middle school level as some of the older students were a little more resistant to engage in the homework strategies and the facilitator thought that younger students might be
more engaged with the group interactions. This is in line with the randomized controlled studies Roth et al. (2017) and Suldo et al. (2014) were able to conduct with larger groups of middle schoolers.

Relatedly, the facilitator indicated trouble with students completing homework assignments and a frustration that they were not adequately engaging with the strategies which may or may not have impacted the study results. Another solution would be to design the intervention so that the in-class instruction allowed for students to engage in the practices or require that these assignments be built into another curriculum’s assignments to enhance completion rates. This type of interdisciplinary collaboration could be done within a physical education/health course as a part of a wellness lesson or, given the popularity of the art activities with the groups, a collaboration with an art teacher could be created. If a blocked schedule of 90 minutes is possible, this could also look like the first half of class being dedicated to large classroom instruction and then breaking the group into small group discussions with a counselor as facilitator. This would require three or four group facilitators at a time which might be difficult unless there was an adequate supply of clinical mental health counselors, school psychologists, or social workers working within a school or school counseling interns available nearby in a group counseling course.

Given that some of the data may be explained by external factors or frustrations with the survey measures themselves, gathering qualitative data from individual participants is also another recommendation. This data could serve to improve future renditions of the group and be used to support changes to the intervention during group.
Implications for School Counselors and Other Professionals

Single case research design works particularly well for school personnel because the process of gathering data allows the researcher to make changes when interventions are not working. This intervention can be utilized by school counselors who will be able to engage participants more freely without formal research protocols, so long as the data being collected is not intended for publication but is simply used to improve the intervention. This intervention worked for a fair number of participants and helps to support the use of groups by school counselors and highlights an effective collaboration with school partners. The collaborative relationship with school counselors and school counseling interns is a model that could and should be replicated. The school counseling intern acted as facilitator and learned about the responsibilities of program evaluation, as well as the use of data (ASCA, 2019) as they assisted with data collection. Because the primary mode of analysis is visual analysis, complicated statistical formulas and software are not necessary (Foster, 2010). This makes SCRD accessible for practicing school counselors or interns as a means of program and intervention evaluation.

The collaborative relationship between the Health and PE teachers is also an excellent model for educators in multiple disciplines who may be encouraged to work on partnerships with administrators, school counselors, psychologists, social workers to improve student wellbeing. School systems are increasingly recognizing the importance of wellbeing for students and educators working in their system. Forty-four percent of teachers reported feeling burned out at work (Gallup, 2022). Administrators should consider if a holistic approach to wellbeing built on the principles of positive psychology can be incorporated not only with their students but also with employees as this may lead to higher job satisfaction and retention rates and these improvements ultimately benefit students as well.
Conclusions

A single case design was utilized to evaluate a small group positive psychology intervention for adolescents on dependent variables related to wellbeing including school connection, hope, general wellbeing, depression, anxiety, and stress. Visual analysis and the nonparametric measure of percentage of data exceeding the median (PEM) for effect size were used to determine the effectiveness. Analyses revealed an effect for decreasing anxiety for most participants, reducing stress, and depression and increasing wellbeing, hope, and school connection for some participants. Most participants saw an improvement on at least one dependent variable with a PEM score indicating a moderately or highly effective intervention with half of participants seeing an improvement on three or more measures. The findings of this research study support the effectiveness of this intervention conducted by school counselors with adolescents within a school setting. Additionally, there is reason to believe that the intervention could be conducted outside of schools by clinical mental health providers to yield similar results, but more research is needed to support this.
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CHAPTER 3: EVALUATING A SMALL GROUP INTERVENTION FOR IMPROVING SCHOOL CONNECTION AND SECONDARY STUDENT ACADEMIC PERFORMANCE

Lillian C Martz
Emily K. Sallee Ph.D.
John Sommers-Flanagan Ph.D.

Abstract
This experimental research study sought to investigate the effect of a brief positive psychology group intervention on enhancing academic achievement among adolescents. To achieve this goal, participants were drawn from a local high school in a convenience sample, selected based on input from parents, teachers, counselors, and self-referral. The intervention or independent variable consisted of participation in six small group counseling sessions rooted in evidence-based positive psychology techniques. The study utilized a multiple baseline design whereby participants served as their own control through baseline measures before and after introduction of the independent variable and its hypothesis was tested through systematic visual analysis and non-parametric statistical tests to determine effect size. Group start times were staggered across multiple baselines, and each group served as a single “case.” The evaluation of academic performance relied on student data consisting of grades, attendance records, incomplete assignments, and behavioral referrals as well as a survey related to school connection. This study holds the potential to provide valuable insights into the effectiveness of school counseling group interventions on academic performance for secondary students.
Keywords: positive psychology, school counselors, academic interventions, motivation, single case research design, multiple baseline design
State of Academic Performance in Secondary Schools

The American educational system focuses heavily on academic achievement, particularly following the passage of No Child Left Behind (NCLB) in 2001, (NCLB, 2002). Unfortunately, K-12 students continue to achieve below grade level. The learning disruption of the COVID-19 pandemic has only exacerbated the achievement gap for students. Despite increases in federal education spending to offset learning losses (Schwartz, 2023) the gap has grown. In 2019, an average of 36% of K-12 students began the year behind the benchmarks for their grade level (NCES, 2022). Lewis and Kuhfield (2023) analyzed post-COVID data and indicated that the number has increased to nearly 50% of students performing below grade level and that it would take 4.1 additional months of instruction to catch students up. ASCA’s Position Statement on the School Counselor and Academic Development outlines the role of school counselors to: “deliver school counseling programs that enhance student growth in three domain areas: academic, career, and social/emotional development” (ASCA, 2023). Given the role responsibility and the worrisome decrease in academic performance, this is an issue school counselors must be prepared to address (Steen & Kaffenberger, 2007).

There are many factors that influence academic success, including socioeconomic status (Jensen, 2009; Harwell et al., 2017), parent educational attainment level and status as role mode (Jensen, 2009; Roosa et al., 2012), intellectual capacity (Mayer & Salovey, 1997; Ransdell, 2001; Sternberg, 2006), physical school conditions (Jensen 2009), regular school attendance (Jensen, 2009; Steward et al., 2008; Allensworth & Easton, 2007), assignment completion, (Langberg et al., 2016; Kalenkoski & Pabilonia, 2017), social connection with peers and teachers (Mieziene et al., 2022), student temperament and motivation (Schunk, 2012; Kusurkar et al., 2013; Cerasoli et al., 2014; Almalki, 2019). Many of those factors (socioeconomic status, parent
educational attainment, intellectual capacity), exist outside the realm of impact that school counselors, teachers, administrators, or systems can have. However, several of the factors are within the scope of educational institutions: school connection, attendance, assignment completion, grades and behavior. Therefore, school systems can implement interventions to improve student outcomes.

**Connection Between Wellbeing and Academic Performance**

The inverse relationship between mental health and academic performance has been well established in the literature (Dohrenwend et al., 1992; Halpern-Manners et al., 2016; Ritsher et al., 2001; Miech et al., 1999; Fletcher, 2010; McLeod et al., 2012); however, fewer studies have focused on the direction of this association. School counselors should be concerned with connections in both directions, but as their direct work often focuses on teaching skills to better mental health, knowing if improved mental health leads to better academic outcomes is keenly important. A longitudinal study in Sweden following children from birth to age 20 ($n = 695$) found that conduct problems and internalizing problems (related to anxiety and depression) at age 12 were connected to incomplete grade completion and lower rates of higher education eligibility at ages 16-20 (Agnafors et al., 2021).

Although social promotion is common in younger grades (NCES, 2019), once students begin ninth grade, courses must be passed to earn credit toward high school graduation requirements. These rigorous requirements are typically aligned with college and career readiness and include credits and sometimes test scores (Achieve, 2016). Therefore, grade point average (GPA) and test scores are both good indicators of how well students are doing in their academic performance. School counselors are not trained on state academic standards or how to best increase student performance on standardized tests. Therefore, interventions conducted by
school counselors should be aimed at increasing academic performance via study skill development (Steen & Kaffenberger, 2007) and increased social connections at school, fueling improved attendance and work completion, not at increasing academic mastery.

Allensworth and Easton (2007) studied the data of high school drop-out rates in Chicago public schools and came to a simple but stark conclusion; the biggest predictor of 9th grade success, which is the best predictor of high school graduation, is not 8th grade test scores, but 9th grade attendance. Ninety percent of freshmen who were absent less than one week per semester graduated from high school while those who missed more than two weeks of class failed, on average, at least two classes during high school regardless of their test scores. “Not failing is largely a function of consistently showing up” (Allensworth & Easton, 2016 p. 16). Not only does instruction happen during this time, but a good deal of work including quizzes, and tests are completed in-class, therefore students who fail to show up consistently are more likely to have low grades.

Discipline issues related to behavioral and conduct issues within schools often result in students missing classes or school due to punishment policies (Losen & Martinez, 2020), so school counselors must not overlook this issue either. Lebrun-Harris et al. (2022) found a 21% increase in behavior and conduct disorders post-pandemic. Additionally, 70% of parents were worried about the impact the pandemic would have on their child’s social development, and more than half reported their children acting out more since the start of the pandemic (APA, 2020).

**Group Interventions in Schools**

Group interventions are overwhelmingly popular among school counselors, with 87% of school counselors indicating they use them in direct service of students (Steen et al., 2007).
Meta-analysis of small group interventions to improve study skills in secondary students have been found to be effective (Hattie et al., 1996; Wang et al., 1994). Weinstein et al. (2021) conducted a two-year study examining effects of a small, short group counseling intervention for study skills on improving GPA, statewide testing, and absences, and found significant treatment effects for all three ($n = 87$ in treatment, $n = 80$ in control group). A brief psychoeducational group (Kayler & Sherman, 2009) conducted with at-risk ninth graders ($n = 90$) did not yield significant results for increasing GPA when compared to the control group, but individual students improved significantly from pre-test. Additionally, counselors reported that GPA as a stand-alone measure may not best capture the improves teachers and parents reported.

**Positive Psychology in Education**

Positive psychology is a field of psychology focused on optimizing human wellness and achievement (Seligman & Csikszentmihayi, 2000). Rather than focusing on deficits to human behaviors, the field instead seeks to understand what helps people thrive. Strengths-based approaches lend themselves well to interventions for students because developmentally and educationally, children are growing and learning. The dual-factor model of complete mental health argues that the absence of mental health diagnosis or suffering, the absence of languishing, does not necessarily imply a mentally healthy population or a flourishing population (Keyes, 2007). Researchers have repeatedly found that subjective wellbeing reports are correlated with lower levels of psychopathology (Greenspoon & Saklofske, 2001; Antaramian, et al., 2010; Renshaw & Cohen, 2014); mental health is an absence of mental health and the presence of mental wellbeing.

*Positive Education* provides the model for teaching students about wellbeing and happiness within the traditional school system (Seligman et al., 2009). Seligman’s (2012)
PERMA model is a framework that asserts that the core elements of wellbeing are (1) positive emotions (joy, happiness, satisfaction), (2) engagement (characterized by a state of flow or immersion), (3) relationships (meaningful connections with others), (4) meaning (a sense of purpose for one’s life), and (5) accomplishment (achieving goals and competency). Seligman et al. (2009) believed that students should be taught this model and the science of wellbeing so that they could improve wellbeing, but these strategies may also reinforce traditional academic learning as well.

From a theoretical perspective, Fredrickson (1998; 2001; 2004) supports the idea that positive psychology interventions could improve academic performance. The *Broaden and Build theory* indicates that positive emotions and wellbeing allow humans to acquire more psychological, social, and creative resources. Essentially, when people feel better and are happier, they can learn more efficiently and effectively. While most PPIs in schools are not necessarily focused on increasing academic skills or performance, many have been found to increase factors associated with academic performance (Suldo, 2016). Researchers in China developed an intervention for college students based on Seligman’s PERMA model (2012), with the hypothesis that it would improve intrinsic motivation and decrease boredom. The quasi-experimental study (Jie et al., 2022) found evidence that the PPI (n = 86) positively increased motivation and reduced boredom when compared to a control group (n = 87). Further support of the impact PPIs can have on motivation was found in a quasi-experimental design where low performing students (ages 12-18) chose between traditional tutoring and academic skills intervention and one which infused a PPI was conducted in Barcelona (n = 164). Muro et al. (2018) found that students who received goal training alongside positive psychology exercises including gratitude, personal strengths, practicing positive thinking, and best possible self,
improved both their academic grades and motivation to learn when compared to those who received tutoring alone.

*Mindfulness* is a practice often included in PPIs, and several studies have shown strong support for these interventions to reduce aggression, behavior, and conduct issues in classrooms. Schonert-Reichl et al. (2010) compared upper elementary classrooms where teachers were trained and implemented *Mindful Education* (focused on having students engage in mindful attention training several times a day) and found that students in those classes were reported by teachers to have significantly fewer aggressive and oppositional defiant behaviors. These same authors found similar results when they implemented another mindfulness-based education curriculum with 4th and 5th graders; participants receiving the *MindUp* SEL curriculum showed higher levels of emotional control and reduced acting out behaviors (Schonert-Reichl et al., 2015).

**Purpose and Hypotheses**

The focus of this experimental study is to determine if a brief PPI group facilitated by school counselors with secondary school students has a positive effect on overall academic performance for student participants. Given the distinct dual responsibility school counselors have to aid in the social-emotional and academic development of students, this intervention aims to determine if one intervention can increase student connection to school and peers in a way that meaningful improves academic performance as well.

This study seeks to answer the following question:

What are the effects of a brief positive psychology group intervention on academic performance among secondary students beyond baseline levels?
Research Hypothesis (Ha): Academic performance as evidenced by grades, absence rates, assignment completion, office discipline referrals and school connection will improve from baseline levels for students who participate in the small group intervention.

Methodology

Design

This study employs an experimental single-case research design (SCRD), where participants complete self-report questionnaires before, during, and after a six-week group intervention. SCRD, initially introduced by Sidman (1960) and sometimes termed $n=1$ studies, are characterized by three key elements: (1) a single "case," which can be an individual participant or a cluster serving as a unit; (2) the “case” acting as its own control through repeated measures during baseline and intervention phases; and (3) multiple measurements of the outcome variable across various conditions or levels (Kratochwill et al., 2010). SCRD has been extensively utilized in education (Kennedy, 2005) and is particularly suited to counseling due to its focus on individual client outcomes, where control groups are often impractical given the unique responses to therapeutic interventions (Morgan & Morgan, 2009). Unlike qualitative case studies, which provide detailed descriptions of phenomena, SCRD is quantitative, enabling experimental manipulation of an independent variable (IV) through repeated application and withdrawal, variation of the IV across observational phases, or staggered introduction of the IV at different points (Horner et al., 2005). In this study, group averages are used as a “case” for a total of four “cases. The staggered introduction of the IV (small group) is implemented as a multiple baseline design (Horner et al., 2005), chosen to address likely carryover effects where an introduction and removal design (ABA) would be inappropriate (Ray, 2015). Multiple “cases”
can demonstrate the generalizability of effects across different participants and account for external factors (Ray, 2015).

Counseling groups followed a curated six-session group design and was facilitated by a school counseling intern under the supervision of a professional school counselor as their site supervisor. The researcher created a clear curriculum and session guide (Appendix F), which in turn was used to train the intern to ensure fidelity (King-Sears et al., 2018).

**Participant Recruitment and Screening**

In adherence to ethical guidelines and recommendations for group practice outlined by ASGW (2021), students were recruited from a required 9th and 10th grade Physical Education course and from an alternative education program. This is a convenience sample established through a collaboration with a partner school district, teachers, and counselors. This group was promoted as a “strengths-based” happiness group open to all students enrolled in the partner courses. Rather than using mental health labels, counselors provided observable behaviors as criteria for identifying potential group members, following the approach suggested by Ritchie and Huss (2000). Flyers were circulated among school administration, faculty, and staff, in addition to being posted in public spaces including online platforms and social media channels affiliated with the school and counseling department.

School counselors delivered a classroom session providing an outline of the principles and applications of positive psychology, as well as its influence on life satisfaction and motivation to eligible students in the physical education and alternative education courses. After the initial presentation, students were invited to express interest in further exploring these concepts within a small group setting. These recruitment tactics aimed to empower students,
including those who may not exhibit readily observable behavioral issues, to voluntarily opt for participation in an intervention that could potentially enhance wellbeing and academics.

Counselors conducted individual meetings with students who either voluntarily expressed interest or were referred from school personnel or parents. During these meetings, counselors provided a comprehensive overview of the group process and associated expectations. This process aligns with guidelines put forth by the Association for Specialists in Group Work for selection of group participants (ASGW, 2021). All eligible and willing participants for the group were assigned to a group which began either immediately or was delayed for several weeks while baseline measurements were gathered. The proposed group size was six to eight participants in each small group, in line with recommendations and common practice (Jacobs et al., 2022), however, some groups were smaller than this with only two to four participants (due to small numbers of students signing up for the intervention). Because this intervention took place in a school setting and was facilitated by school counselors, ethically, school counselors did not turn away potential participants from the group if they or their parents refuse to participate in the research component (ASCA, 2022); all students who participated in the group intervention were members of the research study. Sessions were 45 minutes in length and were held weekly for six weeks, but due to the delayed start of the groups, some groups began in mid-December and final groups ended in Mid-March.

**Demographic Information**

Demographic information for each participant was obtained from the student management system, Infinite Campus. Age, grade, gender, and race/ethnicity were the data points which were gathered (see Table 7). No participant identified with a Hispanic or non-dominant ethnicity.
Table 7  
Participant Demographics

<table>
<thead>
<tr>
<th>Participant</th>
<th>Group</th>
<th>Grade</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th># of Sessions attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1010</td>
<td>1A</td>
<td>10</td>
<td>16</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>2020</td>
<td>1A</td>
<td>10</td>
<td>15</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>3030</td>
<td>1A</td>
<td>11</td>
<td>17</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>4040</td>
<td>1A</td>
<td>9</td>
<td>15</td>
<td>F</td>
<td>White</td>
<td>4</td>
</tr>
<tr>
<td>5050</td>
<td>1A</td>
<td>12</td>
<td>17</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>6060</td>
<td>1A</td>
<td>9</td>
<td>15</td>
<td>M</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>320</td>
<td>1B</td>
<td>10</td>
<td>15</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>440</td>
<td>1B</td>
<td>11</td>
<td>17</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>560</td>
<td>1B</td>
<td>12</td>
<td>17</td>
<td>M</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>680</td>
<td>1B</td>
<td>12</td>
<td>17</td>
<td>F</td>
<td>American Indian</td>
<td>4</td>
</tr>
<tr>
<td>800</td>
<td>1B</td>
<td>12</td>
<td>18</td>
<td>M</td>
<td>Asian/White</td>
<td>6</td>
</tr>
<tr>
<td>920</td>
<td>1B</td>
<td>12</td>
<td>17</td>
<td>F</td>
<td>Asian</td>
<td>4</td>
</tr>
<tr>
<td>111</td>
<td>2A</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>American Indian</td>
<td>6</td>
</tr>
<tr>
<td>211</td>
<td>2A</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>311</td>
<td>2A</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>511</td>
<td>2B</td>
<td>12</td>
<td>18</td>
<td>F</td>
<td>White</td>
<td>4</td>
</tr>
<tr>
<td>711</td>
<td>2B</td>
<td>10</td>
<td>15</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>438</td>
<td>3A</td>
<td>9</td>
<td>15</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>538</td>
<td>3A</td>
<td>11</td>
<td>17</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>238</td>
<td>3B</td>
<td>10</td>
<td>16</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
</tbody>
</table>

A Family Educational Rights and Privacy Act (FERPA) release was included and signed in parental consent forms, per federal law (1974).

Measures

**Grade Point Average (GPA)**

Information on each participant’s grades was gathered from the online grading system, Infinite Campus. These grades were gathered before the intervention began and at regular intervals of roughly two weeks as baseline measures and again at regular intervals once the intervention had begun after session one, session 3, session 5 and session 6. Participants in
Group 1 completed their group prior to a change in the semester, and participants in Group 3 began their group after the semester change. Participants in Group 2, however, may have had some elective courses, which changed during the semester change. It is noted that teacher use of online grading systems may be inconsistent, and the measure of grades at a particular point in time may not be accurate, as all material may not have been graded. Grades are impacted by not only engagement with coursework, but also ability and skills (Allensworth & Luppescu, 2018), so additional measures will be gathered to try to determine the impact of the intervention.

**Missing Assignments**

The total number of missing assignments, or 0’s, entered in all courses was gathered from the online grading system, Infinite Campus, at each assessment time, which occurred in the weeks before the intervention took place (baseline measures) and after session one, session 3, session 5, and a final measure at the end of the group intervention. High numbers of missing assignments were expected to be correlated with lower grades. Missing assignments were hypothesized to reflect students’ engagement with coursework and engagement is a construct known to be affected by positive psychology interventions.

**Attendance**

Data on student absences or overall attendance was gathered from the online management system, Infinite Campus. The researcher focused on both overall absences and unexcused absences. While poor attendance can be related to genuine illness or other factors, unexcused absences are often a reflection of student engagement and connection to school as students may skip class due to interpersonal concerns, bullying, or feeling unsafe at school (YRBS, 2022).
**Disciplinary Referrals**

Data on *Office Discipline Referrals (ODRs)* was gathered from the online student management system, Infinite Campus. Discipline issues in schools can be related to a variety of concerns, from bullying and fighting, to disrespect of teachers, insubordination and work refusal, or more benign distraction like behaviors often related to ADHD behaviors. The researcher anticipated that students in this group would learn regulation skills and would be connecting to adults and other peers at school. For this reason, the researcher hoped to see a reduction in ODRs among students who participate in the groups.

**Psychological Sense of School Membership Scale (PSSM)**

The Psychological Sense of School Membership Scale (PSSM) (Goodenow, 1993) is a measure utilized for measuring school connection for youth ages 10 and above (Appendix D). While this measure is not on the surface a measure of academic performance, the connection between school climate and school performance justifies including this measure (Wang & Degol, 2016). Improvement in school membership or connection is positively correlated with motivation which positively impacts academic performance (Wang & Holcombe, 2010; MacNeil et al., 2009). This valid and reliable scale (Goodenow, 1993) asks questions about connection to school along three factors, acceptance, caring, and rejection (Shochet et al., 2014). The scale consists of 18 questions such as “sometimes I feel as if I don’t belong in my school” and “I am treated with as much respect as other students in my school” answered on a 5-point scale from: 1, “Not true at all” to 5, “completely true.” This measure was gathered by students through an online survey that students completed at the same regular intervals as other data were gathered.
Group Intervention Description

This curriculum was initially designed as a pilot program, which was implemented with multiples groups of secondary students at a high school situated in the Rocky Mountain region. This group intervention combines elements of psychoeducation and process-oriented approaches. Facilitators introduced evidence-based wellness strategies to group members on a weekly basis, with participants actively engaging in the application of these strategies. During the group sessions, members collectively discussed their experiences with each strategy, as well as reflected on the strengths and challenges encountered throughout the week.

The group program spanned roughly six weeks, with each session having a duration of 45 minutes. Due to holiday breaks and some scheduling conflicts some groups six sessions were condensed to five weeks and others spanned seven weeks. All sessions were facilitated by a school counseling intern under the supervision of a professional school counselor. The structure of the group involves psychoeducation, activities and group discussion along with homework. A basic guide can be seen in Table 8. Session one centered around establishing group objectives, setting norms, and exploring the concept of happiness and its connection to wellbeing and how wellness impacts student academic performance. This initial setting also involves goal setting, with participants creating personal objectives for their time with the group and becoming acquainted with the first evidence-based practice, known as “Three Good Things” (Seligman, et al., 2005). In the subsequent sessions, the focus shifted to processing the assigned homework, where participants discussed the challenges and advantages they encountered. Each session introduced a new strategy while providing an opportunity to check in on goal progress and problem solve for obstacles. Sessions two and three delved into gratitude and the concept of forgiveness and emphasizing the benefits of engaging in these practices. Sessions four and five
focused on acts of kindness and the role music plays in our moods. Finally, session six marked the culmination of the program, where participants engaged in reflection; they assessed what they have learned, evaluated their success in achieving goals, and contemplated how they could continue to utilize these strategies.

Table 8
*Group Intervention Session Breakdown*

<table>
<thead>
<tr>
<th>Session</th>
<th>Activity</th>
<th>HW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Introduction to Happy Groups!</td>
<td>Informed Consent, norms, and expectations, getting to know you, create journals Goal Setting</td>
<td>Complete Goal Setting Exercise Three Good Things</td>
</tr>
<tr>
<td>Session 2: Finding Positivity and Resilience Through Gratitude</td>
<td>Debrief Three Good Things activity, finding commonalities among us, create a talking stick</td>
<td>Gratitude Letters</td>
</tr>
<tr>
<td>Session 3: Moving Forward: Healing Through Forgiveness</td>
<td>Debrief gratitude letter, role playing forgiveness</td>
<td>Forgiveness Letter</td>
</tr>
<tr>
<td>Session 4: Spreading Joy: Utilizing Acts of Kindness to Increase Wellbeing</td>
<td>Debrief forgiveness, introduction to acts of kindness, painting kindness rocks</td>
<td>Acts of Kindness</td>
</tr>
<tr>
<td>Session 5: This Song Slaps: Music to Improve Your Mood</td>
<td>Debrief Acts of Kindness, Scribble art creating a story of kindness</td>
<td>Happy Music</td>
</tr>
<tr>
<td>Session 6: Reflection and Resiliency</td>
<td>Debrief Music exercise, reflection on all strategies and members plans to continue, final gratitude exercise for group</td>
<td>Reflect and Reassess Goals. Listen to Happy Playlist!</td>
</tr>
</tbody>
</table>

Data Analysis

Data Collection

In this study, data were gathered using quantitative techniques. Most data points--absentee rate, missing assignments, grade point average, and office discipline referrals--were gathered from a school-based information management system, with the exception of the school connection survey measure which students took electronically. All baseline data were gathered at roughly two-week intervals. Once groups began, data were gathered based on which session the group was on, with most measures being gathered before session three, before session four or
five, and before session six and a post group measure which took place roughly two weeks after the group ended.

**Data Preparation**

The data underwent preprocessing before analysis, ensuring its high quality and reliability through cleaning and preparation. The researcher opted to evaluate the groups as a “case” rather than individuals which has been a strategy utilized by researchers fairly frequently (Macgowan & Wong, 2014). There were twenty participants spread across six groups, which is fairly large for a single case design. Due to disparities in the group sizes with larger groups consisting of six participants and one group only having one participant, the participants were divided based on which stage of the staggered schedule their group took place. Groups 1A and 1B were larger and remain separate, while Groups 2A and 2B were combined for a total of five participants, and Groups 3A and 3B were combined for a total of three participants. Scores for each baseline, intervention, and post measurement were averaged.

**Descriptive Statistics**

To provide a comprehensive overview of the study sample, descriptive statistics were utilized. This analysis includes means, medians, standard deviations for all participants as well as for grouped data sets (See Tables 9 – 13). Median for group baseline and interventions represent the median of all points within the three baseline or intervention points. Standard deviations for each of the groupings was calculated utilizing the formula below (Pyrczak, 2014).

\[
\mu_{X,Y} = \frac{1}{N_{X,Y}} (N_X \mu_X + N_Y \mu_Y)
\]

\[
\sigma_{X,Y} = \sqrt{\frac{1}{N_{X,Y} - 1} (\left(N_X - 1\right)\sigma_X^2 + N_X \mu_X^2 + \left(N_Y - 1\right)\sigma_Y^2 + N_Y \mu_Y^2 - \left[N_X + N_Y\right] \mu_{X,Y}^2)}
\]
Table 9

Descriptive Statistics for All Participants

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
<th>Post Mean</th>
<th>Post Median</th>
<th>Post STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>3.25</td>
<td>3.58</td>
<td>0.29</td>
<td>2.85</td>
<td>3.09</td>
<td>0.30</td>
<td>3.03</td>
<td>3.25</td>
<td>0.96</td>
</tr>
<tr>
<td>Absentee Rate</td>
<td>8.72%</td>
<td>7.44%</td>
<td>1.11%</td>
<td>9.22%</td>
<td>8.38%</td>
<td>0.77%</td>
<td>11.32%</td>
<td>8.33%</td>
<td>12.14%</td>
</tr>
<tr>
<td>Missing Assignment</td>
<td>19.49%</td>
<td>4.88%</td>
<td>22.88%</td>
<td>13.38%</td>
<td>5.51%</td>
<td>18.78%</td>
<td>5.20%</td>
<td>0.00%</td>
<td>17.13%</td>
</tr>
<tr>
<td>ODR</td>
<td>0.37</td>
<td>0.00</td>
<td>0.70</td>
<td>0.17</td>
<td>0.00</td>
<td>0.18</td>
<td>0.19</td>
<td>0.00</td>
<td>0.40</td>
</tr>
<tr>
<td>School Connection</td>
<td>57.07</td>
<td>57.00</td>
<td>5.99</td>
<td>54.13</td>
<td>49.50</td>
<td>3.62</td>
<td>55.69</td>
<td>52.00</td>
<td>11.59</td>
</tr>
</tbody>
</table>

Note: GPA and School Connection increases indicate improvement while Absentee Rate, Missing Assignments and ODR decreases indicate improvement.

Table 10

Descriptive Statistics Group 1A

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
<th>Post Mean</th>
<th>Post STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>3.83</td>
<td>3.91</td>
<td>0.14</td>
<td>3.68</td>
<td>3.80</td>
<td>0.20</td>
<td>3.36</td>
<td>0.63</td>
</tr>
<tr>
<td>Absentee Rate</td>
<td>7.86%</td>
<td>8.14%</td>
<td>0.58%</td>
<td>7.83%</td>
<td>7.37%</td>
<td>0.38%</td>
<td>7.56%</td>
<td>4.84%</td>
</tr>
<tr>
<td>Missing Assignment</td>
<td>15.59%</td>
<td>4.88%</td>
<td>15.25%</td>
<td>4.97%</td>
<td>0.00%</td>
<td>5.07%</td>
<td>5.32%</td>
<td>6.07%</td>
</tr>
<tr>
<td>ODR</td>
<td>0.33</td>
<td>0.00</td>
<td>0.69</td>
<td>0.39</td>
<td>0.00</td>
<td>0.20</td>
<td>0.33</td>
<td>0.52</td>
</tr>
<tr>
<td>School Connection*</td>
<td>53.14</td>
<td>56.00</td>
<td>9.94</td>
<td>52.14</td>
<td>48.00</td>
<td>3.79</td>
<td>0.96</td>
<td>10.92</td>
</tr>
</tbody>
</table>

Note: GPA and School Connection increases indicate improvement while Absentee Rate, Missing Assignments and ODR decreases indicate improvement. *School Connection Scores includes one member of Group 1B

Table 11

Descriptive Statistics for Group 1B

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
<th>Post Mean</th>
<th>Post STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>2.99</td>
<td>3.00</td>
<td>0.47</td>
<td>2.19</td>
<td>2.00</td>
<td>0.15</td>
<td>3.47</td>
<td>0.40</td>
</tr>
<tr>
<td>Absentee Rate</td>
<td>11.34%</td>
<td>13.28%</td>
<td>1.63%</td>
<td>11.61%</td>
<td>14.10%</td>
<td>0.34%</td>
<td>11.91%</td>
<td>5.44%</td>
</tr>
<tr>
<td>Missing Assignment</td>
<td>34%</td>
<td>16%</td>
<td>36.24%</td>
<td>19.44%</td>
<td>0.00%</td>
<td>32.84%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>ODR</td>
<td>0.33</td>
<td>0.00</td>
<td>0.00</td>
<td>0.39</td>
<td>0.00</td>
<td>0.20</td>
<td>0.33</td>
<td>0.52</td>
</tr>
</tbody>
</table>

Note: GPA and School Connection increases indicate improvement while Absentee Rate, Missing Assignments and ODR decreases indicate improvement.
Table 12
Descriptive Statistics for Group 2A2B

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
<th>Post Mean</th>
<th>Post STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>3.31</td>
<td>3.53</td>
<td>0.66</td>
<td>3.05</td>
<td>3.24</td>
<td>0.58</td>
<td>3.01</td>
<td>0.69</td>
</tr>
<tr>
<td>Absentee Rate</td>
<td>4.46%</td>
<td>4.94%</td>
<td>3.44%</td>
<td>5.26%</td>
<td>6.36%</td>
<td>3.56%</td>
<td>5.85%</td>
<td>4.11%</td>
</tr>
<tr>
<td>Missing Assignment</td>
<td>11.95%</td>
<td>4.00%</td>
<td>19.11%</td>
<td>12.80%</td>
<td>9.09%</td>
<td>12.24%</td>
<td>10.79%</td>
<td>10.41%</td>
</tr>
<tr>
<td>ODR</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
<td>0.447213595</td>
<td></td>
</tr>
<tr>
<td>School Connection</td>
<td>55.17</td>
<td>57.00</td>
<td>8.39</td>
<td>53.27</td>
<td>53.00</td>
<td>2.84</td>
<td>0.84</td>
<td>7.51</td>
</tr>
</tbody>
</table>

Note: GPA and School Connection increases indicate improvement while Absentee Rate, Missing Assignments and ODR decreases indicate improvement.

Table 13
Descriptive Statistics for Group 3A3B

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean</th>
<th>Baseline Median</th>
<th>Baseline STDV</th>
<th>Intervention Mean</th>
<th>Intervention Median</th>
<th>Intervention STDV</th>
<th>Post Mean</th>
<th>Post STDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>2.73</td>
<td>2.95</td>
<td>0.20</td>
<td>2.47</td>
<td>2.90</td>
<td>0.19</td>
<td>2.18</td>
<td>1.57</td>
</tr>
<tr>
<td>Absentee Rate</td>
<td>12.27%</td>
<td>4.46%</td>
<td>0.74%</td>
<td>13.84%</td>
<td>2.54%</td>
<td>1.85%</td>
<td>15.60%</td>
<td>24.76%</td>
</tr>
<tr>
<td>Missing Assignment</td>
<td>9.92%</td>
<td>0.00%</td>
<td>12.22%</td>
<td>19.06%</td>
<td>10.00%</td>
<td>9.81%</td>
<td>27.96%</td>
<td>32.84%</td>
</tr>
<tr>
<td>ODR</td>
<td>0.22</td>
<td>0.00</td>
<td>0.58</td>
<td>0.22</td>
<td>0.00</td>
<td>0.29</td>
<td>0.25</td>
<td>0.50</td>
</tr>
<tr>
<td>School Connection</td>
<td>62.67</td>
<td>70.00</td>
<td>4.92</td>
<td>60.50</td>
<td>68.50</td>
<td>4.41</td>
<td>62.33</td>
<td>19.35</td>
</tr>
</tbody>
</table>

Note: GPA and School Connection increases indicate improvement while Absentee Rate, Missing Assignments and ODR decreases indicate improvement.

Statistics

The principal method of data analysis in single-case research design is systematic visual analysis (Kennedy, 2005; Morgan & Morgan, 2009). This practice was championed by behavioral analysts, including Sidman (1960), who contend that intervention-induced changes would be readily observable when compared to a stable baseline (Skinner, 1956; Sidman, 1960). Systematic visual analysis entails scrutinizing the level, trend, and variability of performance during baseline in contrast to when the independent variable or intervention is introduced (Horner et al., 2005; Kennedy, 2005). It is a misconception that only samples with a large sample can be generalizable; single case design can in fact be an effective research design and with replication it can indicate effectiveness which could be generalized (Walker & Carr, 2021).
However, conventional inferential statistics are unsuitable for single case or $N=1$ designs (Barlow et al., 2009). These statistics rely on assumptions such as normal distributions and independence of operations, which are not feasible with a small sample size, limited data points, and repeated measures (Ray, 2015).

The researcher analyzed the options for nonparametric analyses and decided to utilize a percentage of data exceeding the median (PEM; Ma, 2006) to evaluate effect size. PEM accounts for a more holistic picture of the median baseline rather than relying on what could be an outlier in the data as percentage of non-overlapping data (PND; Scruggs, 1987).

Results

As stated above, groups were treated as the single “case” in this study rather than each individual being viewed separately. While there were six total “groups” that ran at three staggered times, some groups were smaller, so four “groups” were analyzed. Group 1A began and ended with six participants who were all students in the alternative school program. Group 1B began with seven participants but lost one due to the student withdrawing from the study. Group 2A began and ended with three participants, and group 2B began with three participants but one student withdrew; these groups were combined for a total of five participants for analysis. Group 3A began with three participants but lost one, and Group 3B began with two students but lost one. These were combined for a total of three participants in the analysis. Additionally, school connection was measured through a survey, and many participants in group 1B had missing data, so the one student in Group 1B was combined with the remaining six in Group 1A for a total of seven participants for analysis of that measure.
Graphs were created for all dependent measures for the groups so that a systematic visual analysis could be analyzed to compare baseline and intervention phase data (Morgan & Morgan, 2009). During this analysis, the researcher looked at changes in means, level and trend data for the group. Additionally, the percentage of data exceeding the median baseline measure, or PEM (Ma, 2006), was examined to determine if there was an effect of the intervention on the dependent variables.

According to PEM, if there is an effect of an intervention, the percentage of data that exceeds the median will be above 70% indicating a fairly effective treatment, while a score above 90% would indicate a highly effective treatment (Wendt, 2007, as cited in Alresheed et al., 2013). The null hypothesis for PEM states that a treatment is not effective if the intervention data hovers around the median point from the baseline.

In both visual analysis and utilizing the PEM calculation, there did not appear to be any effects of the intervention on the dependent variables of grade point average missing assignments or school connection, while the dependent variables of absence rates and office discipline referrals showed small improvements.

**Grade Point Average (GPA)**

Grade point average actually appears to drop for groups during the intervention phase, though this was suspected to be due to, or at least influenced by, breaks in semester i.e. Winter Break, 1st semester to 2nd semester. Groups 1A and 1B had baseline data gathered at the start of Quarter 2, with Session three occurring just two weeks before the end of the quarter and semester. Additionally, there were two early graduates in Group 1B, so there is no post score for these students. Grades for most students are higher at the beginning of a semester as they do not carryover from previous terms, which certainly affected the post score for Groups 1A and 1B,
though it should not have had strong influence over the grades for the intervention data points.

Groups 2A2B and 3A3B had all baseline data gathered in Quarter 2 during Semester 1 and all intervention data were gathered during Quarter 3 and Semester 2. Visual representations of Group GPA averages at all data points can be seen in Figure 21.

**Figure 21**  
*Grade Point Averages for All Groups*

Absence Rate

Absence rates were determined based on the percentage of days missed during the week before the data were accessed in the online management system. The absence rate held steady for most groups before, during, and after intervention based on visual analysis. PEM rates for Group 1A and 1B appear to be significant with rates at 100% of intervention and post scores which are lower than the median baseline, though the change is so small it does not appear within the graph (Figure 22). The variance from the median can be seen in Figure 23.
Figure 22

Absence Rate for All Groups

Group 3A3B appears to show an increase in absences above baseline levels. However, this group was made up of only three students one of those students had an absence rate 27% higher than the next highest participant. When those three participants are separated out, the other two students show an improvement in attendance, include PEM rates of 100% as all four
data points in intervention and post intervention are below the baseline median. Individual data is graphed alongside medians in Figure 24.

**Figure 24**  
*Absence Rate by Individual Participant in Group 3AB Compared to Median Baseline*

![Absence Rate (individual)](chart)

**Missing Assignments**

Missing assignments data points were calculated based on the number of assignments, which were due but not turned in during the week directly preceding the data measurement. The theory behind tracking missing assignments was that grades might take a while to improve, but work completion might improve more quickly. Unfortunately, in practice, this measurement is problematic. For some students, including most of those in Group 1B which on the graph below appear to see a huge increase in missing work during baseline 3, the total number of assignments due that week was one and many had not turned it in which resulted in a nearly 100% rate of missing assignments for that data point. Additionally, every student had a different number of
assignments and weeks could vary between being very assignment heavy or very light, making one or two missed assignments mean very different things on any given week. Group 1B appeared to see a fairly large drop in missing assignments during intervention from baseline levels, with a 70% PEM score for missing assignments, but this trend was not repeated with other groups. This data can be seen in Figure 25.

Another issue with this calculation was that for two groups, the median baseline was 0%, which means that there can be no improvement, as 0% missing work would represent the best possible scenario for a student. If a baseline mean is utilized, Group 2A2B also achieves a PEM score above 70%, though the improvement is fairly small when data are graphed. Similarly, Group 1A had a baseline median of 5% and therefore does not see significance on the PEM measure even though the visual graph showcases a fairly consistent drop. If this same adjusted PEM is used for Group 1A, the group achieves 100% percentage of intervention and post scores below baseline mean.

**Figure 25**

*Missing Assignment Percentage for All Groups*
Office Disciplinary Referrals (ODRs)

Office disciplinary referrals were gathered in the week directly preceding the data gathering. Based on the PEM calculations for the groups, no group saw a significant effect of the independent variable. However, the visual trend seen in in Figure 26 indicates that most groups had higher rates of office discipline referrals before the independent variable was introduced than during the intervention or post phases.

Figure 26
Office Discipline Referrals for All Groups

The ODR datapoints were interesting, because few students had any reported for any phase of the study. Former zero-tolerance policies were known to disproportionately target students of color (Bokenkamp & Walker, 2019) and the school counselors explained that their school had become much more conservative about documenting disciplinary infractions within the online management system which is also reported to the Office of Public Instruction and could negatively affect students. Students get sent to the office or receive smaller teacher
directed sanctions (ex. removal of phones, placed in the hallway, sent to the office or another classroom), but most of these are not documented in the system. The researcher initially expected this to preclude them from seeing any type of effect for this dependent variable. However, more students in the groups held in the alternative program received ODRs than the other groups, and the trend appears to be that the intervention coincided with a drop in those referrals (Figure 27). Analysis was completed on the data within groups, but also when separated out by individual students who received at least one referral, this trend held for nearly all participants.

However, because the overall rates were still fairly low, group PEM scores did not show significance, as median baseline rates were 0 for all groups, and achieving intervention and scores of less than 0 is not possible. If instead of a baseline median, a baseline mean was calculated for the groups, Group 1A and Group 1B would see an adjusted PEM of 100%.

**Figure 27**

*Office Discipline Referrals for All Participants with at Least One ODR*
For individual students, an adjusted PEM for six of the eight (75%) students who had any ODRs during the study is found above 75% with five (63%) seeing a treatment effect which was highly effective at 100%. While two of the participants were early graduates, all three of their intervention points were lower than the baseline means.

**School Connection**

School Connection was measured by a self-report on the Psychological Sense of School Membership Scale (PSSM) created by Goodenow (1993). Because two participants in group 1B graduated early or otherwise did not have all required data points, participant 320 was included with Group 1A for a total of seven participants, so there are only three groups in this analysis. While there appears to be a slight upward trend for Group 2A2B (Figure 28) the PEM rate is below the threshold to claim significant effects of the intervention.

**Figure 28**

*School Connection for All Groups*

![School Connection for All Groups](image)

When broken down by individual student rather than group, five students or 36% of students saw a PEM above 70%, (Figure 29) though it should be noted that some of those
increases above the median were smaller than the three (21%) of students who saw a decrease below their baseline medians.

**Figure 29**

*School Connection Variation from Baseline Median for All Participants*

When grouped together both visual analysis and PEM scores for effect size indicate limited or mixed results for participants. Reductions were seen in absence rates as well as office discipline referrals for Groups 1A and 1B, while Groups 2A, 2B, 3A, and 3B did not see those changes. Table 14 outlines the PEM levels for each group with rates above 70% indicative of a moderately effective intervention indicated in light green and those above 100% or highly effective intervention indicated in bright green. The last column of the chart indicates how many measures groups saw improvement on, with yellow indicating improvement at the 70% PEM mark on one or two factors related to academic performance, while a light green score indicates groups seeing an improvement above that level on three or more measures.
Table 14

Percentage Exceeding Median Baseline for All Groups

<table>
<thead>
<tr>
<th>Grading</th>
<th>Absence</th>
<th>Assignments</th>
<th>ODR Connection</th>
<th>PEM % above</th>
<th>PEM above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades</td>
<td>Grades</td>
<td>Absence</td>
<td>Assignments</td>
<td>Grades</td>
<td>Absence</td>
</tr>
<tr>
<td>Group 1A</td>
<td>0%</td>
<td>100%</td>
<td>25%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Group 1B</td>
<td>0%</td>
<td>100%</td>
<td>75%</td>
<td>100%</td>
<td>Missing data</td>
</tr>
<tr>
<td>Group 2A2B</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Group 3A3B</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: School Connection calculated for Group 1A1B combo. Group 2A2B had a median baseline measure = 0 for ODR and improvements could not be achieved.

Figure 30

PEM Scores for All Groups

While data were not meant to be analyzed with each participant individually, PEM scores were calculated for all participants. For missing assignments and ODRs, the median baseline was often 0, which makes improvement in that area impossible. Worth noting is that on both group and individual analysis, the intervention appears to have been more effective for the participants in the larger first two groups than for the participants in the later smaller groups.
Table 15 indicates which participants saw improvements based on PEM levels above 70%, noted by light green coloring, while bright green indicates a PEM level above 90% which is indicative of a highly effective intervention. The far column examines how many factors related to academic performance were improved based on these PEM scores with red indicating no improvement, yellow indicating improvement on at least one factor, light green indicating improvement on two factors, and bright green indicating improvement on three or more factors.

Visually it is notable that participants in the later, smaller groups are more likely to have yellow or red coloring than those in the larger groups which happened closer to study recruitment.

Table 15

| Percentage Exceeding the Median Baseline for Individual Participants |
|---|---|---|---|---|---|
| Grades | Absence | Missing Assignments | ODR | PEM % above .7 |
| Student 320 | 100% | 100% | 0%* | 0%* | 25% | 50% |
| Student 440 | 0% | 75% | 75% | 0%* | Missing Data | 67% |
| Student 560 | 0% | 0% | 100% | 100% | Missing Data | 50% |
| Student 680 | 50% | 100% | 100% | 100% | Missing Data | 75% |
| Student 800 | 0% | 0% | 75% | 0%* | Missing Data | 33% |
| Student 920 | 0% | 25% | 50% | 100% | Missing Data | 25% |
| Student 1010 | 75% | 100% | 0%* | 0%* | 100% | 100% |
| Student 2020 | 75% | 100% | 0%* | 100% | 0% | 75% |
| Student 3030 | 0% | 75% | 0%* | 0%* | 100% | 67% |
| Student 4040 | 25% | 25% | 50% | 0%* | 0% | 9% |
| Student 5050 | No GPA | 0% | 100% | 100% | 50% | 50% |
| Student 6060 | 0% | 25% | 25% | 75% | 25% | 20% |
| Student 111 | 25% | 50% | 0%* | 0%* | 75% | 33% |
| Student 211 | 0% | 100% | 0%* | 0%* | 100% | 67% |
| Student 311 | 50% | 0%* | 75% | 0%* | 0% | 33% |
| Student 511 | 0% | 50% | 75% | 0%* | Missing Data | 33% |
| Student 711 | 0% | 0% | 0%* | 0%* | 67% | 0% |
| Student 438 | 75% | 100% | 0%* | 0%* | 0% | 67% |
| Student 538 | 50% | 100% | 0%* | 0%* | 50% | 33% |
| Student 238 | 0% | 0% | 40% | 40% | 75% | 20% |

% of participants above .7 20% 47% 64% 86% 36%
Discussion

A multiple baseline single case design was utilized to evaluate the effectiveness of a brief positive psychology group intervention on student academic performance, attendance, and behavior. The results reveal mixed outcomes for the group averages. The two larger groups showed small positive effects of the intervention on attendance, missing assignments, and office discipline referrals while smaller groups failed to see these benefits. Most groups did not see any effects of the intervention for the variables of grades and school connection. However, when individual scores were evaluated, nearly half of participants including several in the smaller groups saw PEM scores above 70% for the variable of absence rates, and 86% of those with any office discipline referrals had PEM scores above 70% during intervention and post phases indicating a moderate effect size.
This intervention is unique because the intervention was brief at 45 minutes per session for six weeks and was conducted by a school counseling intern. For individuals who saw improvement in attendance, the rate was fairly low with those who saw improvements missing between 1-2.5% less school than during baseline.

The most compelling finding from this study was related to behavior via a decrease in office discipline referrals, with participants seeing a drop of 50% in referrals during intervention. One theory for why ODRs may have decreased for participants is related to emotional regulation or a person’s ability to effectively manage and respond to emotional experiences (Macklem, 2008). Emotional dysregulation in adolescence is associated with a host of externalizing symptoms which are often correlated with behavior issues in school: being impulsive, difficulty decreasing negative emotions, difficulty calming down when upset, and exhibiting more extreme emotions (Macklem, 2008). Although this intervention did not directly teach emotional regulation skills, such strategies aim to increase positive emotions and decrease negative ones (Gross et al., 2006). This multicomponent positive psychology intervention, like many PPIs, focused on enhancing strengths related to positive emotions and relationships thereby having the same effect (Morrish et al., 2018). It may be that as participants learned these strategies, they also learned that they had more control over their own thoughts and emotions and were therefore better able to regulate their emotions. These new skills were accessible to students during difficult interactions in school and they had a new set of skills to cope. This may explain the reduction in behavioral issues or ODRs among participants. While the intervention was not successful for all groups and participants, there were several limitations related to the data measures and structure of the groups, which may explain the limited findings.

Study Limitations and Recommendations for Future Research
Few substantial results were found in this study; while this may mean that the intervention is not an effective tool to increase school connection and academic performance, there are several limitations which may contribute to this outcome. This group was advertised for all students regardless of difficulty with academic or behavior metrics. While this aligns with strengths-based approaches, ceiling and floor effects makes detecting improvements difficult when there is limited room for improvement; eight participants (40%) had baseline GPAs above 3.8, while twelve participants (60%) had no office discipline referrals within any phase. Pre-screening or better targeting of the intervention to students who have more room for improvement may yield better results.

Internal validity is limited by the single case research design, though it was necessary for the small sample size. Unfortunately, the design as recommended by the What Works Clearinghouse (Kratochwill et al., 2010) was not able to be implemented; five points were not gathered at baseline or intervention phases. Given that the data points were all gathered through an electronic system, more frequent or weekly measures could have been gathered, but this seemed too burdensome on the school counselor and intern gathering the data as grades, attendance rates, and missing assignments needed to be calculated by hand at the regular intervals.

Additional limitations arose from the measures of academic factors themselves. On the surface, grades seemed to be a good measure of academic achievement, particularly since so much weight is placed on students’ GPAs, but the nature of the design and the structure of school term periods and the breaks which occurred while the groups were running made this a less than ideal way to measure student achievement. Teachers often do not grade assignments in a timely
manner, which may mean that a grade point average from a biweekly period is not as accurate a measure of academic performance as grades gathered at the end of specific terms.

The group facilitator noted that the end of the term or marking period was a motivating factor for participants who worked to turn in assignments before a concrete deadline. The large standard deviations for missing assignments for all groups is evidence that there did not appear to be uniformity for that measure across data points or phases. This realization leads to the belief that missing assignments is not the best way to measure academic engagement or performance, at least not with this design.

The staggered start of the intervention, which controls for external factors in SCRD, meant that data were not gathered for every student at the exact same time, but rather was more in line with where they were in relation to the group sessions. It was likely more effective to gather weekly academic data regardless of which session the group was on as this would have provided more data points. Unfortunately, this study was running concurrently with another which gathered survey data and the frequency of repeated measures guided the data collection in both studies. Running the study independently of other measures may have proved to be more effective and as mentioned earlier, could have allowed for more frequent measures of the academic data.

Another downside of the staggered start to the group was a waning enthusiasm for the group intervention; students who were excited when they signed up for the group at the beginning of Quarter 2 sometimes did not start the intervention for a month or more. Counseling literature finds that approximately 15% of client improvement happens based on the expectancy of beginning therapy (Lambert, 1992); this design hindered that as participants in Groups 2A and 2B did not begin the intervention for four weeks, while Group 3A began eight weeks after first
baseline data were gathered and Group 3B did not begin for ten weeks. Additionally, the group facilitator reported that while the Health and PE teachers were willing partners in the beginning of the year, as time wore on, they expressed mild frustration as students continued to be pulled, as their lesson plans may have shifted over time. Given that several of the issues with measurement were related to the delay and or staggered design and timing of grades, an experimental design utilizing a control group operating within the confines of a single term would be recommended for further evaluation. That type of design would also allow for more generalizability of the outcomes.

Fidelity to the intervention was limited due to difference sized groups as well as factors related to school systems and student absences whereby some groups held sessions more than once in a week or skipped weeks due to participant or facilitator absences. Guidelines recommend group sizes of about six to eight participants, and the smaller groups may have made the largely discussion-based intervention less effective for participants in those groups. The group facilitator reported that participants often spoke to them rather than with one another, which is not in line with strong group interventions. Replications of this design would benefit from larger and more uniform group sizes.

Session one began with a goal setting exercise, as prior literature indicated this was included in other PPIs that were shown to improve motivation for academic success. Unfortunately, the facilitator reported that several students responded poorly to the goal setting exercise. When they shifted to focus on a group goal for their time together, they had more success and less resistance. Given how students responded to that exercise and the fact that it was completed at the outset of the group, future studies may choose to remove or alter this exercise.
Diversity in the sample was also lacking, as is the case with other positive psychology studies (Rao & Donaldson, 2015). The school system has limited diversity at just under 14%, though 20% of the participants in this study were non-white. It is recommended that this intervention be implemented in a school or location with more diversity so that the intervention can be tested with different populations. As the research is limited, there is a possibility that the very individual focus of the intervention is misaligned for participants from more collective cultures. Qualitative data with diverse populations may also lend valuable information about the alignment of these strategies with different cultural norms.

The most promising finding from the study, that a reduction in office discipline referrals occurred during the intervention phase, was still limited by a data measurement that may not accurately capture all behavioral issues within the school. The researchers discussed whether or not to ask teachers to track smaller behavioral infractions and opted not to do so as to prevent further burden on the school system. However, developing a measure to track this more effectively would be recommended for any future studies as this could capture a fuller picture of problematic student behaviors, which may or may not be improved based on participation in the intervention. A study evaluating this intervention would be particularly interesting if targeted and recommended specifically to students who receive frequent discipline referrals as it in reducing those for the students who participated in this study.

Additional recommendations for improvements came from a qualitative interview with the facilitator who reported that the group intervention was too short to cover both psychoeducational and process content with larger groups. It is difficult for school counselors to obtain permission to pull students for a lengthy group time of 90 minutes, but on a blocked schedule, this may have allowed students to engage more fully with the content and process. One
recommendation for this adjustment would be to have school counselors go into an existing course (health and PE, art, or psychology) and teach all students about the positive psychology interventions. Incorporating the content into an existing course, which is taken for credit would likely increase homework completion as well. Facilitators could give all students the basic research and psychoeducational information and then work with interested students in small groups focusing primarily on the process of engaging with the strategies.

**Implications for School Counselors and Other Professionals**

Practicing school counselors indicate a strong desire to better understand research, particularly single case research design (Peterson, 2016) so as to make them more effective scientist-practitioners in their roles. This study is a testament to the ease at which a school counselor could conduct a SCRD study in their practice and utilize that data to advocate with their administrative team for more resources or support in pulling students for small group interventions. Because the results are easy to graph and do not require advanced training in statistics, (Foster, 2010) school counselors can easily present their data to interested parties.

While the results of this study are limited, the improvement in the areas of attendance and office discipline referrals are worth the attention of administrators who seek to improve behavior and increase student attendance at school. This study is also a model for administrators, teachers, school counselors, school psychologists, school social workers and any other partner within a school system looking for interdisciplinary collaboration models. While there were barriers for conducting the research with minors, implementation of a Tier 1 classroom intervention in collaboration with a health, art, or other elective teacher would be easier without official IRB consent processes and could be aligned to curriculum standards in multiple areas.
Conclusions

The goal of this study was to evaluate a small group intervention for secondary students for the dependent variables of attendance, missing assignments, grades, school connections and office discipline referrals. In summary, both visual analysis and employing the PEM calculation for effect size yielded no observable impact of the intervention on grade point average, missing assignments, or school connection. Conversely, enhancements were noted in absence rates, and office discipline referrals for both group and individual analysis. These findings provide support to justify continued exploration of this intervention facilitated by school counselors in partnership with school administrators and teachers, all of whom are invested in improving these metrics to bolster student academic performance.
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CHAPTER 4: GENERAL CONCLUSIONS

This chapter summarizes the two dissertation research studies that examined the effectiveness of a positive psychology intervention on wellbeing and academic performance among secondary school students using a multiple baseline single case research design. Baseline data for both studies were gathered simultaneously before the intervention began and then at regular intervals as the intervention was completed on a staggered timeline (see Table 16).

Table 16

Schedule of Group Interventions
The sample for the wellbeing study began with twenty-four students in grades 9-12 at a rural high school in the Rocky Mountain Region fifteen miles from a larger city with a population exceeding 70,000 residents. The school has an enrollment of roughly 450 students with 14% minority enrollment and 30% economically disadvantaged student population. Unfortunately, as is common with practical intervention data collection in schools, the researcher experienced a fair amount of attrition, with some students withdrawing from the study or the school altogether (four), and the removal of several participants who had incomplete data sets (six), which left fourteen participants in this study for analysis. Fortunately, more participants were sustained in the second study on academic performance, as the data were collected from an online system and was primarily input by teachers and administrators, culminating with twenty participants across the three staggered groups (see Table 17).

Table 17

<table>
<thead>
<tr>
<th>Participant</th>
<th>Group</th>
<th>Studies</th>
<th>Grade</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th># of Sessions attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1010</td>
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<td>Both</td>
<td>10</td>
<td>16</td>
<td>F</td>
<td>White</td>
<td>6</td>
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<tr>
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<td>Both</td>
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<td>F</td>
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<td>6</td>
</tr>
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<td>5</td>
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<tr>
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<td>F</td>
<td>White</td>
<td>4</td>
</tr>
<tr>
<td>5050</td>
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<td>Both</td>
<td>12</td>
<td>17</td>
<td>F</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>6060</td>
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<td>15</td>
<td>M</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>320</td>
<td>1B</td>
<td>Both</td>
<td>10</td>
<td>15</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>440</td>
<td>1B</td>
<td>Study 2 only</td>
<td>11</td>
<td>17</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>560</td>
<td>1B</td>
<td>Study 2 only</td>
<td>12</td>
<td>17</td>
<td>M</td>
<td>White</td>
<td>5</td>
</tr>
<tr>
<td>680</td>
<td>1B</td>
<td>Study 2 only</td>
<td>12</td>
<td>17</td>
<td>F</td>
<td>American Indian</td>
<td>4</td>
</tr>
<tr>
<td>800</td>
<td>1B</td>
<td>Study 2 only</td>
<td>12</td>
<td>18</td>
<td>M</td>
<td>Asian/White</td>
<td>6</td>
</tr>
<tr>
<td>920</td>
<td>1B</td>
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<td>12</td>
<td>17</td>
<td>F</td>
<td>Asian</td>
<td>4</td>
</tr>
<tr>
<td>111</td>
<td>2A</td>
<td>Both</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>American Indian</td>
<td>6</td>
</tr>
<tr>
<td>211</td>
<td>2A</td>
<td>Both</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
<tr>
<td>311</td>
<td>2A</td>
<td>Both</td>
<td>9</td>
<td>14</td>
<td>F</td>
<td>White</td>
<td>6</td>
</tr>
</tbody>
</table>
Summary of Manuscript I

The first study was designed to examine the effectiveness of a small group intervention built on the principles of positive psychology on adolescent wellbeing. The construct of wellbeing was examined via self-report survey measures on the aspects of wellbeing, hope, school connection, depression, anxiety, and stress. This single case design relies heavily on visual analysis, which indicated success in a variety of measures for many participants including reductions in depression, anxiety and stress, and increases on the wellbeing survey, and hope, particularly the agency measure of hope. Utilizing nonparametric analysis of percentage exceeding the median (PEM; Ma, 2006), anxiety was reduced at a moderately effective level for 21% of participants and for 50% at the extremely effective level. For the other four participants, two had baseline levels of anxiety which were very low which made reduction difficult, and one which saw an increase in anxiety only had one baseline measure which may have been an outlier rather than indicative of the true level of anxiety before the intervention began. Overall, 83% of participants saw an improvement on at least one measure of wellbeing above the 70% PEM level, with half of participants seeing an improvement in three or more aspects of wellbeing.

The findings of this study hold value to the field of school counseling, although limitations are present. First, while the findings are hopeful, the design structure means that the total number of participants is low, and internal validity would be higher with a random assignment and separate control group who did not experience the intervention. Additionally, half of the participants only had one baseline level, which could have been an outlier and...
therefore a poor comparison for later intervention data points. A limitation to generalization for the study was diversity in the sample; previous research suggests that strength-based positive psychology interventions are well received by diverse populations, but this particular PPI intervention has not been evaluated effectively with more diverse student groups and this study was unable to contribute to that body of research.

**Summary of Manuscript II**

The second study was designed to examine the effectiveness of the same small group PPI on adolescent academic performance, attendance, school connection, and behavior. For this study, students were grouped together as “cases” rather than viewed individually. Similar visual analysis was used to examine the effect of the intervention on the group’s average performance. Unfortunately, the visual analysis revealed that grades, absence rates, and school connection held steady during the baseline, intervention, and post phases. Rates of missing assignments appeared to drop substantially for one group, but descriptive statistics revealed large standard deviations within individuals and groups, indicating that this measure as operationalized may not be a great way to evaluate student performance. Office discipline referrals (ODRs) appear to be reduced from baseline for students who had any ODRs reported. This was true for the group averages as well as when separated out for individual students. Unfortunately, due to fairly low levels to begin with, PEM analysis does not show the intervention to be significantly effective for groups or many individual participants.

The study may be valuable to the field of education and school counseling, though there are limitations. Similar to study one, the design is limited in its internal validity as it did not offer a substantial amount of baseline measurements and was unable to randomly assign participants to groups or start times. The design attempted to improve external validity through replication
with different participants, but the disparate group sizes limit the comparison of the intervention as the groups are heavily based on discussion, which was limited in smaller groups. The timing of the intervention and data gathering points was built around a concurrent study involving survey measures, which limited the quality of the academic data. Grades and missing assignments were gathered on a biweekly basis rather than based on full academic quarters or semesters, which may be a better measure.

**Limitations**

Several limitations are evident, many of which were discussed within the individual manuscripts. First and foremost, the study was limited by the nature of recruiting minors (students) and obtaining parental consent, which then had an interplay with school calendars and logistics; this resulted in a smaller than desirable sample size. IRB approval was obtained in late October, and recruitment took place the following month. The study was originally proposed with a design that would have maintained group completion during specific quarters (quarter two and three). Unfortunately, recruitment for group participation was slow going, and small numbers forced a change in design.

The new design, multiple baseline design was not able to be performed to its highest form of fidelity (Kratchwill et al., 2010; Gast & Ledford, 2014; Morgan & Morgan, 2009) for the wellbeing study as only one baseline measure was obtained for participants in the first groups. These students were enrolled in an alternative education program and several were seniors who were graduating early. Groups needed to start and be completed before the end of the semester, which led to two sessions being held in one week, and also meant that some participants did not complete post measurements. In multiple baseline design, Kratchwill et al. (2010) recommends at least five data points in each phase; however, this was not possible as it would have been
prohibitive for the wellbeing study since students took the self-report surveys many times in a short time period and many experienced survey fatigue. Fidelity to the intervention was also impacted by disparate group sizes and the nature of complicated school calendars. Groups 1B and Groups 2A and 2B experienced a winter holiday break during their six-week intervention. Breaks can be a reason for many changes in routine; some students who experience chronic stress due to school pressures (Leonard et al., 2015) may experience relaxing of pressure and therefore less stress as breaks approach while students with more chaotic and disruptive home lives may become more stressed at the prospect of long breaks. Similarly, adjusting back to school after a break is difficult for many students can be difficult as routines are again changed. The end of terms also meant that for all groups except Group 1A, there was a resetting of grades at semester which impacted GPA data in the study.

Additionally, attrition removed 41% of the participants in the study of wellbeing and 17% in the study of academic performance. Attrition is a threat to internal and external validity (Shadish et al., 2002), and one which is particularly common with school-based interventions, even when data is gathered from online systems, the median rate is in line with this study at 24% (Rickles et al., 2018. Even though many participants remained enrolled, the survey measures were repeated with a frequency that the facilitator indicated as a barrier for students. They reported that when they reminded students to complete their survey, students would look visibly irritated and expressed frustration with the frequency of the repeated measures. It is suspected that students may not have filled out the questionnaires with fidelity.

**Implications and Recommendations**

Despite these limitations, the data indicates that this positive psychology intervention has promise for both wellbeing and academic factors among secondary students and warrants further
research in either replications of single case design with different measures or with a full randomized controlled experimental design. School counselors seeking effective interventions to improve student wellbeing that will reach more students may consider implementing this intervention with their students. The intervention appears to have been effective at improving at least one wellbeing factor for the majority of participants and with the exception of one student who experienced anxiety regarding missing a class, it is not suspected to have negatively contributed to student outcomes.

This research is also a model for how school counselors can effectively use data to improve student outcomes, which is an essential job responsibility according to the ASCA (2019) National Model. The majority of practicing school counselors report wanting to better understand and use data, particularly single case research design (Peterson et al., 2016). SCRD is a good fit for school counselors because larger scale research is often not possible or practical for a practitioner, whereas gathering baseline and intervention data is intuitive for educators working with individuals and groups. It is also a good fit because the primary form of analysis for interventions is visual inspection of data (Alresheed et al., 2013) which is simple to understand and does not require advanced statistical knowledge or expensive software (Foster, 2010). Data can be interpreted easily with a rudimentary graph, and that data can be used to alter interventions and to present that data and the efficacy of a school counseling program to supervisors (Sowell et al., 2020). School counselors working as supervisors can use a very simple single case design to help teach their interns about the use of data for program evaluation, ultimately preparing CITs to do their jobs more effectively and confidently.

Administrators who seek effective methods of increasing attendance rates and reducing behavior issues will also be encouraged to find ways to assist school counselors to collaborate
with teachers to use this or similar interventions, specifically with populations of students who have room to improve these measures. The facilitator reported that the students in the alternative program responded very well to the group process and though not true for all participants, most experienced an improvement in both wellbeing and academic measures.

Clinical mental health therapists working with youth may also be encouraged to incorporate positive psychology strategies into their individual or group work. There is reason to believe that a similar group intervention operating outside of a school would yield similar positive results for client wellbeing. Clinical counselors are also responsible for evaluating client outcomes and could similarly use a basic SCRD to gather data on client baseline and intervention points to examine treatment efficacy.

Positive psychology research underrepresents diverse racial and ethnic groups (Rao & Donaldson, 2015), and this study suffered from a similar fate based on location and limited student participation. It is not yet well understood how this particular intervention or positive psychology strategies in general intersect with cultural norms in more collective cultures. Eastern and Western philosophies about wellbeing are different (Joshanloo, 2014), and while this intervention aimed to promote the focus on eudaimonic versus more momentary hedonic happiness, it is worth noting that some of the interventions and the measures used to evaluate wellbeing are still largely based on emphasizing positive experiences, affect, thoughts, and behaviors over negative. It is recommended that this intervention be conducted with more diverse populations of students and that qualitative data be gathered to evaluate the fit of the intervention to different cultural norms and ideas about wellbeing. This would be particularly interesting to include extended family in the intervention. One possibility would be to use the intervention Roth et al. (2017) examined and add in qualitative interviews with parents,
guardians, and even extended family members about the fit of the intervention for familial and cultural norms.

School psychologists also conduct interventions with students individually and in small groups (Plotts & Lasser, 2013). Given their training with psychology theories and models, positive psychology interventions should be of particular interest to them. Shannon Suldo, is a trained school psychologist and is one of the leading researchers conducting research on positive psychology interventions with youth. School psychologists could consider implementing and evaluating PPIs within their own work or in a more formal research context. They may be particularly interested to examine how Tier 1 and Tier 2 PPIs like this one can be adapted to be used effectively with special education students with various disabilities, and how those interventions impact student performance.

Additional recommendations for future research include examining multicomponent positive psychology interventions (Tejada-Gallardo et al. 2020) with large populations of students in a more global context. This could look like a Tier 1 classroom intervention delivered to all students through a course like advisory or through a partnership with teachers. As school grapple with an increase in mental health concerns, it stands to reason that a more holistic approach for all students may be well received. Additionally, Gallup (2022) found that K12 educators reported higher levels of burnout than all other professions with 44% of educators reporting feeling burned out at work. School systems and researchers could partner to implement holistic multicomponent positive psychology interventions with educators and evaluate for effects on burnout and subsequently teacher retention. Future research could be conducted on whether engaging in personal and professional development related to positive psychology as an educator leads to these strategies moving more effectively to students within K12 school settings.
Conclusions

The aim of these studies was to examine a new multicomponent small group intervention founded on the principles of positive psychology for effectiveness with improving adolescent wellbeing and academic performance. The researchers found that while the intervention was fairly effective at improving at least one aspect of wellbeing for most participants, and was most successful for reducing participant anxiety, and appeared to reduce office discipline referrals for students who had them, there were limited improvement on academic factors such as attendance, work completion, and grades. School counselors and administrators may be encouraged to utilize the intervention model and may have success targeting it toward students who have significant room to improve on those measures. More research is needed to determine the interventions effectiveness with diverse populations and study design and/or different operationalization of academic measures may be needed to ensure successful evaluation in future studies. The findings highlight a strengths-based approach to improving overall student wellbeing and academic performance.
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https://doi.org/10.17105/10.17105/SPR46-1.21-41


https://doi.org/10.1177/2156759X20904491

Appendix A: Parental Consent

PARENTAL PERMISSION FORM

Research Study Title: Effects of a brief positive psychology group counseling intervention on secondary school student wellness.

Investigator(s):
- Lillian Mariz, Doctoral Student in Department of Counseling, 32 Campus Drive Missoula, MT 59812 610-914-0813 (cell)
- John Sommers-Flanagan, Professor in Department of Counseling, 32 Campus Drive Missoula, MT 59812 (406) 721-6367 (cell)

Special instructions:
This permission form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you or contact the project director.

Inclusion Criteria:
- High School student (9th grade-12th grade)

Exclusion Criteria:
- None

Purpose:
You are being asked to give permission for your child to take part in a six-session counseling group based in strengths-based positive psychology practices. Research will be conducted to examine the effectiveness of this group on improving academic performance including attendance, grades, missing assignments, and overall wellness as measured by happiness, hope, self-efficacy, and depression.

Procedures:
Your child has been asked to participate in a small group intervention which will consist of six weekly group counseling sessions 45 minutes in length. The time of this group will be arranged with your child’s teachers. Their ability to participate in the group intervention is not contingent upon your permission or their assent to participate in the research study. If you agree for them to participate with that, we will gather demographic information (grade, age, gender, ethnicity/race) attendance data, missing assignments, office discipline referrals, and grade data from the school management system at your child’s school. There is a FERPA release form on page 3 for this information. Additionally, your child will be asked to complete several questionnaires related to overall wellness prior to beginning the group, halfway through the group, at the end of the group, and a few weeks after the group has ended. Those questionnaires are attached for your review.

Payment for Participation: There is no compensation for participation in the group.

Risks/Discomforts:
This small-group counseling experience has minimal risks to your child’s overall well-being. The sessions, activities, homework, and discussions will focus on strengths-based approaches to

The University of Montana IRB
Expiration Date 11/1/23
Date Approved 10/31/23
Chair/Admin.
wellness. Because this is a group intervention aimed at wellness, there is a possibility that the discussions and topics could make some students sad or uncomfortable as we discuss coping strategies to handle difficult times. The surveys that your student will fill out may also cause students to think about things that may be difficult or distressing to them.

Benefits:
Your child may benefit from the small group counseling intervention as groups are known to foster social skills and build a sense of community. Additionally, the content of the course is aimed at having students practice strengths-based approaches to improve overall wellness. Previous research has found that similar strategies have improved participant well-being. There are no known benefits to your child's completion of questionnaires for data evaluation purposes. However, the results of this data may benefit future high school students as it may encourage similar group interventions to be conducted with other students.

Confidentiality:
- All records will be kept confidential and will not be released without your consent except as required by law.
- Your child will be given a coded numeric identifier which will be used to track the questionnaires, attendance, and grades.
- Facilitators will keep disclosures from group members in confidence. However, I am unable to grant confidentiality of content your child chooses to disclose within the group as other members of the group could choose to share it. Facilitators will set expectations and norms to encourage confidentiality between students. No information about questionnaires or data that we gather will be shared within the group setting.
- Your child's signed assent form, as well as this parental permission form, will be stored in a locked cabinet separate from the data.

Voluntary Participation/Withdrawal:
Your decision to allow your child to take part in this intervention and research study is completely voluntary.
Your decision to cancel participation in the research study will not mean that your child cannot participate in the group intervention.
You may refuse to allow your child to take part in the group or you may withdraw your child at any time without penalty.
Your child may leave the group intervention or cancel participation in the research study at any time.
Your child may be asked to leave the group and therefore the study for any of the following reasons:
1. Inappropriate behavior in violation of the group expectations and norms.

Questions:
You may wish to discuss this with others before you agree to allow your child to take part in this study.
If you have any questions about the research study now or during your participation, contact: Lillian C Martz 610-914-0813.

The University of Montana IRB
Expiry Date
Date Approved
Chair/Admin
Subject information and FERPA permission

Study Title: Happy Schools: Small Group Intervention for Secondary Students

Investigators:
Lillian Martz: Doctoral student at The University of Montana
John Sommers-Flanagan: Professor at The University of Montana
Emily Sallee: Assistant Professor at The University of Montana
Daniel Salois: Assistant Professor at The University of Montana

Purpose:
The purpose of this research is to determine if a small group intervention for high school students focused on evidence-based happiness practices improves students’ overall well-being, attendance, and/or grades.

Procedures:
Per FERPA regulations, written permission is required for research purpose. Data that will be collected and analyzed includes:
- Student demographic information including:
  - Grade
  - Age
  - Race/Ethnicity
  - Sex or Gender (from Infinite Campus)
- Student Attendance data for 2022-2023 and 2024-2025 school years
- Student Missing assignments data for 2022-2023 and 2023-2024 school years
- Student GPA data for 2022-2023 and 2023-2024 school years
- Student Office Discipline data for 2022-2023 and 2023-2024

Confidentiality:
Your records will be kept confidential and will not be released without your consent except as required by law and specifically as per FERPA regulations.

Statement of Your Permission:
I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by the research team. I voluntarily agree to allow my child to take part in this study.

The University of Montana IRB
Expiration Date N/A
Date Approved 10/31/23
Chair/Admin
Appendix B: Minor Assent

Minor’s Assent for Research Study Participation  
University of Montana

Title: Effects of a brief positive psychology group counseling intervention on secondary school student wellness.

Why am I here?  
We are asking you to take part in a small group intervention. This group will focus on happiness strategies to improve overall well-being. As a participant in this group, we are also asking that you agree to participate in some research so that we can determine this group intervention has an effect on student well-being, attendance, and academic performance. You are free to participate in the small group, regardless of whether you provide permission to participate in the research study.

Why are you doing this research study?  
You are doing this research study so that we can gather information on the effectiveness of this small group intervention.

What will happen to me?  
You will participate in a small group which will meet 6 times for 45 minutes during a time agreed upon by your teachers to minimize disruption of your academic day. We will discuss some evidence-based strategies which have been shown to improve well-being and ask that you complete some homework each week trying out these strategies. If you agree to participate in the research portion, we will ask you to fill out some questionnaires about yourself and your wellbeing, depression, anxiety and stress, hope, school connection. We will ask you to fill those out before the study begins and at the conclusion of the group. Additionally, we will ask you to give us permission to look at your grades, attendance, school discipline history, and missing assignments before and after participating in the intervention.

Will the research study hurt?  
This group experience should not hurt, in fact we hope it will be a positive experience for participants. However, some of the questionnaires you will be asked to fill out may cause you to think about some unpleasant feelings that make you sad or upset.

Will the research study help me?  
We hope the group experience will help students to improve overall well-being and feel more connected to other students and adults at school. Participation in the research study will not directly benefit you.

What if I have any questions?  
You can ask any questions that you have about the focus group. If you have a question later that you didn’t think of now, you can call me [610-914-0813] or ask me next time.

Do my parents [guardians] know about this?
This research study was explained to your parents/guardians, and they said that you could be in it. You can talk this over with them before you decide.

Do I have to be in the research study?
You do not have to be in the research study. No one will be upset if you don’t want to do this. You can choose to take part in the small group without filling out the questionnaires and participating in the research study activities. If you don’t want to do either, you just have to tell me. You can say yes now and change your mind later. It's up to you.

Writing your name on this page means that that you agree to be in the research study and know what will happen to you. If you decide to quit, all you have to do is tell me or the person in charge.

Name of Minor (printed)

Signature of Minor

Date

Signature of Investigator

Date

The University of Montana IRB
Expiration Date: N/A
Date Approved: 6/23/23
Chair/Admin: [Signature]
Appendix C: Over 18 Permission Form

PERMISSION FORM

Focus Group Title: Effects of a brief positive psychology group counseling intervention on secondary school student wellness.

Investigator(s):
- Lillian Martz, Doctoral Student in Department of Counseling, 32 Campus Drive Missoula, MT 59812 610-914-0813 (cell)
- John Sommers-Flanagan, Professor in Department of Counseling, 32 Campus Drive Missoula, MT 59812 (406) 721-6367 (cell)

Special instructions: This permission form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you or contact the project director.

Inclusion Criteria:
- High School student (9th grade-12th grade)

Exclusion Criteria:
- None

Purpose: You are being asked to provide consent to take part in a six-session counseling group based in strengths-based positive psychology practices that we will research to examine the effectiveness of this group on improving attendance, grades, and overall wellness as measured by happiness, hope, school connection, and depression and anxiety symptoms.

Procedures: You have been asked to participate in a small group intervention which will consist of six weekly group counseling sessions 45 minutes in length. The time of this group will be arranged with your teachers. Your ability to participate in the group intervention is not contingent upon your permission to participate in the research study portion. If you agree to participate with that, we will gather demographic information (grade, gender, age, ethnicity/race) attendance data, grade data, missing assignments, and discipline data from the school management system at your school. There is a separate FERPA release form for this information. Additionally, you will be asked to complete several questionnaires related to overall wellness prior to beginning the group, and at the end of the group, and a few weeks after the group has ended. Those questionnaires are attached for your review.

Payment for Participation: There is no compensation for participation.

Risks/Discomforts: This small-group counseling experience has minimal risks to your overall well-being. The sessions, activities, homework, and discussions will focus on strengths-based approaches to wellness. Because this is a group intervention aimed at wellness, there is a possibility that the

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Chair/Admin MB
discussions and topics could make some students sad or uncomfortable as we discuss coping strategies to handle difficult times. The surveys that you will fill out may also cause you to think about things that may be difficult or distressing.

Benefits:
You may benefit from the small group counseling intervention as groups are known to foster social skills and build a sense of community. Additionally, the content of the course is aimed at having students practice strengths-based approaches to improve overall wellness. Previous research has found that similar strategies have improved participant well-being. There are no known benefits to your completion of questionnaires for data evaluation purposes. However, the results of this data may benefit future high school students as it may encourage similar group interventions to be conducted with other students.

Confidentiality:
• All records will be kept confidential and will not be released without your consent except as required by law.
• You will be given a coded numeric identifier which will be used to track the questionnaires, and data pulled from the online school management system.
• Facilitators will keep disclosures from group members in confidence. However, I am unable to grant confidentiality of content you choose to disclose within the group as other members of the group could choose to share it. Facilitators will set expectations and norms to encourage confidentiality between students. No information about questionnaires or data that we gather will be shared within the group setting.
• Your signed consent form will be stored in a locked cabinet separate from the data.

Voluntary Participation/Withdrawal:
Your decision to take part in this intervention and research study is completely voluntary. Your decision to cancel participation in the research study will not mean that you cannot participate in the group intervention.
You may refuse to take part in or withdraw from the study and group without penalty.
You may leave the group intervention or cancel participation in the research study at any time.
You may be asked to leave the group and therefore the study for any of the following reasons:
1. Inappropriate behavior in violation of the group expectations and norms.

Questions:
You may wish to discuss this with others before you agree to take part in this study.
If you have any questions about the research study now or during your participation contact:
Lillian C Martz 610-914-0813.

Parent's Statement of Permission:
I have read the above description of this focus group study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this intervention. I understand that I will receive a copy of this permission form and copies of questionnaires.

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Date Approved 10/23/23
Chair/Admin 10/23/23
Appendix D: Facilitator Qualitative Interview Informed Consent

QUALITATIVE INTERVIEW PERMISSION FORM

Research Study Title: Effects of a brief positive psychology group counseling intervention on secondary school student wellness.

Investigator(s):
Lillian Martz, Doctoral Student in Department of Counseling, 32 Campus Drive Missoula, MT 59812, 610-914-0813 (cell)
John Sommers-Flanagan, Professor in Department of Counseling, 32 Campus Drive Missoula, MT 59812 (406) 721-6367 (cell)

Special instructions: This permission form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you or contact the project director.

Inclusion Criteria:
- Facilitator of Happiness Group

Exclusion Criteria:
- None

Purpose:
You are being asked to provide feedback through a recorded interview about your experiences facilitating happiness groups at Frenchtown High School as a part of your work as a school counseling intern.

Procedures:
The researcher will conduct an in-person interview. This interview will have a few guiding questions, but will be very open-ended to encourage you to discuss the meaning you made from the experience and what you learned. The interview questions will be provided for your review. If you choose to participate in the interview, it will be video, or audio recorded for transcription purposes.

Payment for Participation: Participants will not be compensated.

Risks/Discomforts: There are no anticipated risks or discomforts with this feedback portion of the research study. Facilitators will be able to share their experiences and provide suggestions to how the group could be improved or made better.

Benefits:
The benefits to you may include a renewal of your focus on engaging in some of the evidence-based practices you taught to students in the group. This information will benefit the researchers and future group participants as it will help us best understand what students find meaningful in the experience, and

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Date Approved: 1/2/2014
Chair/Admin: W.S.
what may help future facilitators of the group.

Confidentiality:
- All records will be kept confidential and will not be released without your consent except as required by law.
- You can choose a pseudonym for use in the interview.
- The transcripts and recordings will be stored on a secure server and de-identified.

Voluntary Participation/Withdrawal:
Your decision to take part in this feedback interview is completely voluntary. You may refuse to participate in the interview at any time and there will be no consequences for not participating on your academic performance or clinical evaluations from either site supervisors or faculty supervisors within the program.

Questions:
You may wish to discuss this with others before you agree to take part in this interview. If you have any questions about the research study now or during your participation contact: Lillian C Martz 610-914-0813.

Parent’s Statement of Permission:
I have read the above description of this feedback portion of the research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to provide feedback about my experience as a group facilitator. I understand that I will receive a copy of this permission form and copies of questions asked in the interview.

Statement of Permission to be Video/Audiotaped
I understand that an audio and video recording may be taken during the study for transcription purposes only.
I give permission for my photograph/video to be taken (or to be audio/video recorded).
I understand that audio/video recordings will be destroyed following transcription, and that no identifying information will be included in the transcription.

Printed Name of Subject

Signature

Date

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Date Approved 4/22/24
Chair/Admin M828
Appendix E: Recruitment Flier

Join our **Happiness Group** and learn strategies to improve your life. This is a *strengths-based group* which means nothing needs to be “wrong” for you to join us, we want to build on the strengths you already have to increase overall well-being!

- Meet once/week for 6 weeks (random assignment to Fall or Spring group)
- School Counselors or Counseling Intern as Facilitator
- Group facilitators will teach you about a happiness strategy each week and then participants will try it out, practice it for a week, and come back together to talk about how it did (or didn’t) work.

Research Option: Counseling students and faculty at The University of Montana are doing some research on how these groups improve well-being among adolescents. Your personal information will be kept anonymous.

- Fill out some wellbeing questionnaires before and after the study.
- Provide Grades/Attendance Information for comparison.
Appendix F: Happiness Group Curriculum

1st Session - Three Good Things - MHP Small Group

Opening

- Ice Breaker
  - Similarity Circle
    - Make a circle. One person in the middle says their name and something about them (ex. “I like gaming”). Everyone that shares that quality crosses through the circle to the other side. The one left in the middle (think musical chairs style game) has to say their name and something about themself, and the process repeats.

- What is the Montana Happiness Project
  - The Montana Happiness Project is dedicated to supporting mental health, promoting happiness, and reducing suicide through professional education, consultation, and supervision. We recognize that an active pursuit of a happy and well-lived life is one method through which individuals can cope with and transform their suicidal thoughts. But the pursuit of a happy, well-lived life isn’t just for those with suicidal ideation. The Montana Happiness Project, along with Families First Learning Lab in Missoula, MT, strives to help individuals, families, and organizations.

  Based on the principles of Positive psychology and other credible peer-reviewed studies, we use evidence-based wellness practices to help people enrich their lives and the lives of others.

- What is happiness?
  - Pair and share each other’s definitions of happiness.

- What is wellness? How is it different from happiness? How is it the same?
  - Hedonia vs Eudemonia
    - Hedonia - quick burst of momentary pleasure (lottery, new truck, cookies)
    - Eudemonia - purposeful, meaningful, value laden life. Well-lived life does not have to equal a happy life.

- What is “group” (If you are providing journals, this part could be done while decorating your journals)
  - Safe space
○ Explore ideas and thoughts.
○ Expectations and group norms (try to get the kids to create these - group rules)
  ■ Respect
  ■ Confidential

Introduce Goal Setting:
Explain SMART Goals

Write the SMART acronym on the whiteboard and explain each component:
- Specific: Goals should be clear, precise, and well-defined.
- Measurable: Goals should include a way to track progress.
- Achievable: Goals should be realistic and attainable.
- Relevant: Goals should be relevant to your life and values.
- Time-bound: Goals should have a specific deadline.

Discuss examples of goals, both SMART and non-SMART, with the group.
Distribute the SMART Goals handout, which includes a template for creating SMART goals.
Instruct students to think about a personal goal they'd like to set. It could be related to academics, extracurricular activities, health, or personal development.
Have students use the handout to create a SMART goal related to Happiness Group. Encourage them to consider all the SMART criteria when formulating their goals.

Explain that we will check on the goals throughout group sessions.

INTRODUCE THREE GOOD THINGS

Explanation:
"Alright, everyone, today we're going to talk about a practice that can boost your happiness and overall wellbeing. It's called 'Three Good Things,' and it's an exercise developed by psychologist Martin Seligman. The idea is pretty simple: every day, you take a few moments to reflect on three positive things that happened to you, and then you think about why they happened.

Why Three Good Things?
- Three is a manageable number. It's not too overwhelming, and it helps you maintain consistency.
- Reflecting on good things can shift your focus from negative to positive aspects of your life.
- It encourages you to savor the positive emotions associated with these moments, which can boost your overall wellbeing.

The Benefits:
• By regularly practicing Three Good Things, you can increase your overall happiness and life satisfaction.
• It can improve your resilience, helping you cope with life's challenges more effectively.
• Focusing on positive experiences and gratitude can reduce stress and anxiety.

Instructions:

Step 1: Reflect on Your Day: At the end of each day, find a quiet moment where you can think about your day. It could be before bed or during a break from your homework.

Step 2: Identify Three Good Things: Think about three good things that happened during your day. These can be big or small, but they should be meaningful to you. For example, it could be as simple as enjoying a delicious meal, having a fun conversation with a friend, acing a test, or even witnessing a beautiful sunset.

Step 3: Write Them Down: Grab a journal, a notebook, or even your phone and write down these three good things. You can do this in a bullet-point format or write a few sentences about each positive experience.

Step 4: Reflect on Why: For each of the three good things, think about why they happened. Was it because of your efforts, the kindness of others, or just sheer luck? Reflect on the reasons behind these positive experiences.

Step 5: Savor the Positive Emotions: As you write and reflect on these three good things, take a moment to savor the positive emotions associated with them. Allow yourself to feel grateful and happy about these experiences.

Step 6: Share with the Group: When we come back together next week we’ll share with each other about the three good things, or if we forgot, what was hard, if the strategy worked or didn’t work.

**Conclusion:** Incorporating the Three Good Things exercise into your daily routine is a simple and effective way to cultivate a positive mindset. It's a great tool for boosting your happiness and building resilience, and it can be especially valuable during your high school years when you're facing various challenges. Give it a try for a few weeks and see how it affects your outlook on life and your overall wellbeing.

**Session 2: Finding Positivity and Resilience Through Gratitude**

Opening Activity: The icebreaker activity this week aims at continuing to build commonalities and connections among participants. Participants are divided into dyads; each dyad must find three things they have in common with one another. The added trick is that each team should try to identify at least one thing in common not be shared by the other teams.
Debrief Three Good Things: Begin by asking students how many days they completed the “Three Good Things exercise. Encourage open and honest discussion.

Ask students their thoughts and feelings about the exercise.

- How did you feel when you first started the exercise, and how do you feel now?
- Were there any specific moments or experiences that stood out for you?
- Was it easy or challenging to do this every day?
- Did you notice any changes in your mood or attitude?

Encourage students to share Positive Experiences. This is an opportunity for them to celebrate and express gratitude for those positive moments.

Can anyone share a particularly meaningful ‘good thing’ they identified?

Did you notice any patterns or themes in your positive experiences?

How did acknowledging these ‘good things’ make you feel?

Did you think about the Why of the good thing, and what was that like?

**Challenges:** Explore any challenges faced by students, including their goals, if they haven’t met them.

Did anyone find it difficult to complete the exercise every day? What was hard?

What strategies did you use to overcome those?

**INTRODUCE GRATITUDE:**

Gratitude is a powerful emotion and perspective that involves recognizing and appreciating the positive aspects of life as well as the kindness and support of others. This isn’t to say we want to pretend bad things are not happening, but rather, we want to intentionally pay attention to the positives in our lives.

Why does it work? Experiencing gratitude usually comes along with positive emotions such as joy, happiness, and contentment. Positive emotions can help us broaden our ability to problem solve, and be creative. This helps to reduce sadness, stress, and can even help us learn better.

Ask students if that makes sense to them. Do they notice that they struggle to learn or focus when they are upset?

Relationships: Within the Positive Psychology model of PERMA, R stands for Relationships. Having gratitude for the people in our lives usually strengthens our social bonds. It helps others feel appreciated and valued, which leads to increased trust.

Expressing Gratitude to others creates a positive feedback loop, your gratitude toward others puts them in a positive mood, which may mean they reciprocate with kindness which improves your sense of wellbeing. It also helps us shift our natural focus from things that are going poorly, to the things that are going well. Naturally we tend to be a little negative in our thinking, making a
conscious effort to express gratitude shifts that focus. Lastly, expressing gratitude and counting our blessings, like the WHY in your 3 Good Things can help you improve self-esteem as you realize that you are taking steps or taking actions to bring good things into your life.

**Homework: Gratitude Letter**

- Remember a time that someone did something for you that you were grateful for. Now write them a letter telling them why you are grateful for them. Perhaps it’s a parent, friend, coach, mentor, teacher, etc. How did they affect our life? What effort did it take on their part? How do you feel about them even after some time has passed?
- If you’re up for it, give them the letter.
- Spend at least 10 to 15 minutes on this letter. It should be at least 250 words.

Close with an expression of Gratitude for the Group and reminders about looking for strategies to improve their completion of their weekly goals.

**Session 3: Moving Forward Through Forgiveness**

- Opening Art Activity: Scribble art activity-each person closes their eyes and draws for 15 seconds a scribble. We pass our papers to our neighbor and create something out of the scribble. (5 minutes). Save for later

Debrief Gratitude:

Start session with a check-in on emotional state of participants.

Remind students about expectations and norms

Encourage Open Sharing: Invite participants to share their experiences with the gratitude letter exercise. Some possible discussion questions:

- How did it feel to write the gratitude letter?
- Did you encounter any challenges?
- What emotions did you experience while writing the letter?
- Did you discover anything new about the person you wrote your letter to?
- What did you learn about yourself through the process?
- How did the exercise change your perspective on gratitude?

**Challenges:** Address any challenges or resistance to the exercise. Discuss how they navigated the obstacles and what they learned. Check in on Goals for the group. If participants are struggling to complete the assignments, problem solve strategies for how they can get closer to their goals.

**INTRODUCE FORGIVENESS**
Starting Question: What does it mean to forgive someone?

Misconception - Forgiving others is for US, not them. Forgiveness is a voluntary process of letting go of negative feelings, resentment, and the desire for revenge towards someone who has harmed or wronged us. Forgiveness is crucial for our emotional wellbeing, personal growth, and the maintenance of healthy relationships. It allows us to heal and move forward, it also helps us foster empathy and understanding.

Researchers studied the heart rate, blood pressure, facial muscle tension and sweat gland activity. Ruminating on a negative interaction spikes all of those, it makes you anxious, angry, sad. When they were asked to imagine forgiving that person, all those things decreased. Older people tend to forgive easier, and are happier for it. Why do you think that is?

Self-Forgiveness: Research suggests this is equally important. When we forgive ourselves for past mistakes or regrets, we experience self-compassion, reduced self-criticism, and this improves our wellbeing.

Principles of Forgiveness:
- Acknowledge the Pain and hurt- process the emotions.
- Shift Perspective: Try to think about it from the other person’s perspective. This helps us leave revenge behind in favor of empathy and understanding.
- Practice Empathy and Compassion: develop compassion as you feel empathy for whoever harmed you.
- Release/Heal: Making the choice to release the negative emotions helps us reclaim our wellbeing.

Finalizing Art Activity: Look at all the pictures together, as a group create a story of forgiveness.

Conclusions and Homework: Go home this week and think about a person or situation you might want to work on forgiving. This can be yourself or someone else. Journal about the experience, explaining the situation and how it hurt you. Explain why you are choosing to forgive, and communicate your desire for that relationship moving forward. Then read that statement aloud in the mirror and try to understand the perspective of the person who harmed you. Journal about the process, how did it feel to write the letter, read the letter, or try to see the other person’s perspective.

Session 4: Spreading Joy: Utilizing Acts of Kindness to Increase Wellbeing

Group Activity (Painting a Kindness Rock)

Participants will do this while we talk about kindness. Paint a rock while we debrief this weeks homework. You can make it for a specific person/purpose or make it random and plan to leave it somewhere for someone else to find.
Remind students of the rules of confidentiality and other norms.

Debrief Forgiveness:

Discuss the experience with the forgiveness homework. Share insights, emotions, and any change of perspectives. Discuss the challenges or resistance you encountered during the process. What was going on for you? Forgiveness doesn’t usually work as well when we force it others, did this feel like a person or situation you truly wanted to forgive or did it feel inauthentic?

The Science Behind Acts of Kindness:

- Release of 'Feel-Good' Hormones: When you perform an act of kindness, your brain releases chemicals like dopamine and oxytocin. These are often referred to as "feel-good" hormones because they make you feel happy, and they can reduce stress and anxiety.
- Boost in Mood: Acts of kindness can elevate your mood. Think about how you feel when you make someone smile or help someone in need. Your own mood improves as well.
- Discussion Question: Think about the last time you were kind or someone was kind to you. What did that do for your mood?
- Strengthening Relationships: Being kind fosters positive relationships. When you're kind to others, they tend to respond with kindness too, which can lead to stronger friendships and a more supportive social network.
- Reduction in Stress: Kindness has been shown to lower stress levels. The act of helping others can take your mind off your own worries and stressors, providing a sense of relief.
- Enhanced Self-Esteem: Doing kind acts can boost your self-esteem. When you see the positive impact you have on others, it reinforces a sense of self-worth and purpose.
- One Act or Many?
  - Research suggests that the frequency and variety of acts of kindness are important for their impact on wellbeing:
    - Frequency Matters: Doing acts of kindness regularly can have a more significant effect on your wellbeing. It's not just about one big gesture; it's about a consistent pattern of kindness in your life.
    - Variety Is Key: Engaging in various acts of kindness, both for people you know and for strangers, is more beneficial. This variety keeps the experience fresh and meaningful.
    - Spreading Out Acts: Studies show that doing many AOK in one day improves mood more than spreading out over a week. May become burdensome and therefore reduce the positive qualities.

Real-Life Examples:

Brainstorm some Acts of Kindness that students can do at home, at school, and in their community. Set goals about what types of AOK each participant will engage in this week.

Conclusion: Acts of kindness are like a secret recipe for a happier and more fulfilling life. They not only make the world a better place but also have a profound impact on your wellbeing. So, as you go about your day, look for opportunities to be kind – whether it's helping a friend, being
polite to a stranger, or engaging in volunteer work. The more you practice kindness, the more you'll experience the many benefits it brings to your own life.

**Homework:** Complete AOK this week. Try to accomplish the goals you set in today’s session and be ready to let us know how it went. Track if others noticed your acts, if you did them in secret, out loud, and how you felt after doing them.

**Session 5: This Song Slaps: Songs to Improve your Mood**

Debrief Acts of Kindness in Dyads

- Share what you did for your AOK- did you leave your rock somewhere or did you give it away?
- Give details (tell the story)
- If you know, how did the recipient like it?
- How do you think they liked it if you didn’t witness it?
- How did it feel to do an AOK?

Share out with the Big Group

- What did you learn about yourself?
- What was hard? Easy?
- What didn’t or didn't you enjoy?
- What would you do differently in future?

**INTRODUCE CONTEXT AND MUSIC**

Sometimes our moods are impacted by the things around us

- Context “The circumstances that form the setting for an event, statement, or idea. . .”
  [You can be aware or unaware of context]

  Ask participants to think of some ideas of context:

  - Weather
  - Location (nature or inside a building)
  - Being online
  - Neighborhood
  - School (could be positive or negative)
  - Poverty and other systems of oppression
  - Fighting at home

We can’t always control all the contexts, but music is one way to impact our context

Music has a powerful and fascinating ability to influence our emotions and mood.

**Discussion Check-in:** How do you notice music affecting your mood?

Emotional resonance: Music often contains emotional cues, melodies, rhythms, lyrics that can resonate with our emotions. When this aligns with our current feelings, it intensifies those
emotions. However, sad songs don’t necessarily make you more sad, because you feel understood by the lyrics or the person who created the song that explains your feelings.

Discussion Check-in: Does that feel accurate?

Music also releases dopamine in our brain which is the same chemical that is released when we eat good food, or when we feel physical affection. Music is also linked to associative memories, which can help us go back to a place of joy and contentment. It can also serve to distract from something difficult, which can reduce anxiety. It can also help us get motivated to get things done.

**MUSIC HOMEWORK**

*Instructions taken from John Sommers-Flanagan (2023)*

1. Select a song that triggers **positive** emotions for you as well as one that brings meaning to you, this one could trigger negative emotions.
2. Listen to the songs at least two or three times and just let the songs do their work. Sing along or dance a little. Or both.
3. Pay attention to memories and positive feelings or meaning making. Smile. Tear up. React in whatever ways feel natural. Welcome your emotions.
4. Play it again or move on.
5. Send your song to the group facilitator so we can create a Happy Meaning Playlist for our last session

**Session 6: Reflection and Resilience**

Debrief Music:

- **Facilitators should be prepared with the playlist:** When your song comes up, we’ll stop and let participants share what the song means to them (as much or as little as they want). We may not get to play the entire song, but we will share the playlist.
  
- **What was your experience in doing this practice?**
  - Did you pick songs that brought joy or other emotions?
  - How often are they feeling those emotions and what is special about music?
  - Did you notice any physical or physiological responses to your songs?
  - Were you surprised by how you felt listening to the songs?
  - Does music help you concentrate or relax?
  - Did you find it challenging to select a song that put you in a positive mood or brought meaning? Was identifying one easier than the other?
  - How do you think you can apply what you’ve learned about using music to affect mood in your daily life?
Debrief overall Group:

Talk about:

- How to continue using wellness practices.
- Which Wellness Exercise was your favorite? (Forgiveness, Music, Gratitude, 3 Good Things, Acts of Kindness)
- How will you seek out other practices?
- What sort of practice do you think would fit you best at this time in your life?
- Do you have any practices that you would like to share about that we didn’t do?
- Where do we see wellness practices that are already happening in our daily lives?
- What is the difference between a wellness practice, coping skill, and just doing something you enjoy.
Appendix G: Depression Anxiety and Stress Scales - Youth Version (DASS-Y)

Depression Anxiety and Stress Scales - Youth version (DASS-Y)

Instructions:
We would like to find out how you have been feeling in THE PAST WEEK. There are some sentences below. Please select the statement which best shows how TRUE each sentence was of you during the past week. There are no right or wrong answers.

<table>
<thead>
<tr>
<th></th>
<th>Not true</th>
<th>A little true</th>
<th>Fairly true</th>
<th>Very true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I got upset about little things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>I felt dizzy, like I was about to faint</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>I did not enjoy anything</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>I had trouble breathing (e.g. fast breathing), even though I wasn't exercising and I was not sick.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>I hated my life</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>I found myself over-reacting to situations</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>My hands felt shaky</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>I was stressing about lots of things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>I felt terrified</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>There was nothing nice I could look forward to</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>I was easily irritated</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>I found it difficult to relax</td>
<td>0</td>
<td>1</td>
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<tr>
<td>13</td>
<td>I could not stop feeling sad</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>I got annoyed when people interrupted me</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>I felt like I was about to panic</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>I hated myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
## Developer Reference:

Appendix H: WHO-Five Well Being Index (WHO-5)

<table>
<thead>
<tr>
<th>WHO-Five Well-Being Index (WHO-5)</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>More than half of the time</th>
<th>Less than half of the time</th>
<th>Some of the time</th>
<th>At no time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I have felt cheerful and in good spirits</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2 I have felt calm and relaxed</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3 I have felt active and vigorous</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4 I woke up feeling fresh and rested</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5 My daily life has been filled with things that interest me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total raw score on WHO-5 goes from 0 to 25. To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

Total raw score $\square \square \square \times 4 = \square \square \square$

(0-25) (0-100)
Appendix I: Children’s Hope Scale

THE CHILDREN’S HOPE SCALE

Directions: Read each sentence carefully. For each sentence, please think about how you are in most situations. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided. There are no right or wrong answers.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>A lot of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. I think I am doing pretty well.
2. I can think of many ways to get the things in life that are most important to me.
3. I am doing just as well as other kids my age.
4. When I have a problem, I can come up with lots of ways to solve it.
5. I think the things that I have done in the past will help me in the future.
6. Even when others want to quit, I know that I can find ways to solve the problem.

Notes: The Agency subscale score is the sum of items 1, 3 & 5; the Pathways subscale score is the sum of items 2, 4 & 6. Hope is the sum of the three Pathways and three Agency items. Scores can range from a low of 6 to a high of 36.

Agency Score ______ (Add items 1,3 and 5)

Total Hope Score ______ (Agency Score + Pathways Score)
Appendix J: Psychological Sense of School Membership Scale (PSSM)

Evaluation Measures

Psychological Sense of School Membership Scale

**OVERVIEW**
- This scale measures youth perceptions of sense of school belonging in research investigating associations between the relational quality of educational contexts and motivational and achievement outcomes.

**SUBSCALES**
- None
- Sample items:
  - Other students in this school take my opinions seriously
  - I can really be myself at school
  - I feel proud of belonging to [name of school]

**THEME(S)**
- Social Support
- Education

**TARGET POPULATION**
- Youth from 10 years of age and older

**LENGTH & HOW IT IS MEASURED**
- 18 items
- Scale ranges from 1 (Not at all true) to 5 (Completely true)
- Negatively worded items need to be reverse-coded
- The scores are summed to attain a total score
- Self-report, paper-pencil version
- Available in: English, Spanish

**DEVELOPER**
- Goodenow, C., 1993

**GOOD TO KNOW**
- Permission must be attained by the author before using this scale
- The scale is endorsed by the Centers for Disease Control for use in evaluating violence prevention programs

**PSYCHOMETRICS**

**RELIABILITY**
- High reliability (internal consistency α = .77-.88)

**VALIDITY**
- Construct validity

**Learn more:**
## Psychological Sense of School Membership Scale

Circle the answer for each statement that is most true for you.

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Not at all true</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I feel like a part of my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>People at my school notice when I am good at something.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>It is hard for people like me to be accepted at my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other students in my school take my opinions seriously.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Most teachers at my school are interested in me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sometimes I feel as if I don’t belong in my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>There is at least one teacher or adult I can talk to in my school if I have a problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>People at my school are friendly to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Teachers here are not interested in people like me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I am included in lots of activities at my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I am treated with as much respect as other students in my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I feel very different from most other students at my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I can really be myself at my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Teachers at my school respect me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>People at my school know that I can do good work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I wish I were in a different school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I feel proud to belong to my school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other students at my school like me the way that I am.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Goodenow, C., 1993