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The effects of mental and physical wellness promotion programs on students' well-being

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The Effects of Mental and Physical Wellness Promotion Programs on Students'

Well-Being

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Table of Contents

List of Tables.....iv

Abstract.....v

I. Introduction.....1

II. Review of the Literature.....3

 Mental Wellness: Positive Psychology

 Physical Wellness: Physical Activity

 Promoting Physical Wellness in the Schools

 Mental and Physical Wellness as Prevention

 Wellness Interventions

 The Present Study

III. Method.....13

 Participants

 Procedure

 Instruments

IV. Results20

 Quantitative

 Qualitative

V. Discussion.....30

 Major Findings

 Limitations

 Considerations for Future Research

Best Practice for School Psychologists

Appendixes39

Description of Physical Activities

Brief Multidimensional Students' Life Satisfaction Scale

Positive and Negative Affect Schedule (PANAS)

Mood Diary

Open-ended Formative Questions for Students

Open-ended Formative Questions for Investigator

LIST OF TABLES

Overall BMSLSS Means

Individual BMSLSS Domain Scores

Positive Affect Means

Negative Affect Means

Daily Mood Scale Scores

ABSTRACT

How an individual interprets past, present, and future situations contributes to their overall level of happiness and determines how they perceive themselves, their present life situations, and their view of the future. In addition, increased physical activity has been associated with improved physical health, mental health, and academic achievement in children and adolescents. Previous research has indicated the benefits of both mental health promotion and the engagement in physical activity for children and adolescents. The current study was designed to promote these aspects through a wellness program targeted for seventh grade students. This study focused on two areas of investigation: the development of the wellness program and the effectiveness of the program.

INTRODUCTION

The field of school psychology has been evolving and moving away from a deficit-focused service delivery towards a more positive preventive practice. According to the National Association of School Psychologists (2010), school psychologists are responsible for creating prevention programs within the school and promoting the creation and implementation of strategies that facilitate good health and learning. An importance has been placed on the school psychologist's role in promoting talents and strengths of students and creating a positive atmosphere where the child is able to feel a sense of personal mastery (Chafouleas & Bray, 2004). Although there may still be considerable pressure placed on the school psychologist to fulfill the conventional school psychologist role of assessment and educational intervention planning, it is important to embrace the role of a wellness advocate.

Children spend a large amount of time in the academic setting and should be afforded the opportunity to learn the skills necessary to cultivate a life of overall well-being, allowing them to reach their full potential as an individual. These skills can and may be fostered in the home, but the school may be another venue where acquisition of these skills is possible. A study done by Suldo and Shaffer (2008), found that it is not sufficient for children to simply be absent of mental distress. It is also important for the child to experience a high level of subjective well-being. Suldo reported that children with high subjective well-being in addition to low levels of mental distress have superior educational functioning, which shows the importance of the development of a child's subjective well-being. As a school psychologist, it should be a priority to ensure that each and every student is participating in the adequate amount of physical activity and

receiving positive messages about themselves, their world and their future. This structured physical activity increases the overall health of the child, as well as gives them an opportunity to work together with their peers to achieve a common goal. It allows children the opportunity to make connections with their peers, as well as positive supportive adults. The reoccurring positive messages aid the child in thinking, feeling and acting in an effective productive manner. It is in the school setting that a mental and physical wellness plan would allow this positive growth to occur.

REVIEW OF THE LITERATURE

Mental Wellness: Positive Psychology

Through the years, psychologists have studied overall mental health and well-being as a means to treat mental disorders. Within the last ten years, the field of positive psychology has grown immensely, moving from the study of positive emotions, to a more complex understanding of how and why people experience positive feelings, as well as the environmental factors influencing the growth of these positive emotions (Seligman, Steen, Park, & Peterson, 2005). This overarching term of positive psychology was created by Martin Seligman, as he studied these positive emotions, traits, and institutions (Chafouleas, & Bray, 2004).

Research by Suldo and her colleague (2007) have highlighted Seligman's use of the term happiness to represent wellness. Seligman believed that three aspects of life, (i.e., past, present, and future), contributed to feelings of happiness. How an individual interprets past events contributes to their overall view of happiness. The person who has an internal locus of control and believes that the outcome of past negative events were unstable and situation specific is more likely to have an optimistic outlook on life than the person who has an external locus of control and believes that all past negative events were stable and global (Miller, Gilman, & Martens, 2008). How an individual interprets past events in their life determines how they perceive themselves and their present life situations. Individual's cognitions about the past and present impact their view of the future. Positive thinking people are more likely to experience feelings of hope and optimism for the future.

In addition to hope and optimism, positive self-perceptions, self-efficacy, having a sense of faith and meaning, and having talents that are recognized by the individual and others act as protective factors and promote resiliency in children. According to Reivich and Gillham (2010), the Penn Resiliency Program (PRP) is an intervention program that focuses on targeting and fostering these protective factors to facilitate the improvement of resiliency in children. PRP is derived from Albert Ellis' ABC model. In the ABC model, A represents the activating event, B represents the belief about the event, and C represents the emotional or behavioral consequence of the event. The ABC model follows the idea that thoughts and beliefs surrounding an event affect the behavioral and emotional responses an individual has to the event. PRP is utilized to create an awareness of this cycle of thoughts, feelings, and behaviors for the student. It is through awareness that the student is able to recognize their automatic negative thoughts and replace them with helpful, positive thoughts that in turn foster healthy development. There have been 19 controlled studies conducted on the PRP to date and a meta-analysis of these studies shows that the children and adolescents who participated in these studies had fewer depressive symptoms than individuals who had not participated in the intervention program for at least the year following the program participation. Additional studies have shown that the PRP can reduce feelings of anxiety and conduct behaviors for two years or more (Reivich & Gillham, 2010).

Positive people experience improved physical health in addition to their enhanced mental health status (Miller et al., 2008). Hope and optimism prove to be predictive of both areas of health on multiple self-report measures of wellness. It is believed that

individuals who are optimistic have stronger immune systems and live healthier lifestyles than individuals who are pessimistic. These optimists experience fewer illnesses and are able to recover in a more timely fashion than pessimists (Miller et al., 2008).

Physical Wellness: Physical Activity

There have been copious amounts of research conducted over the years that indicate the physical health benefits of engaging in regular physical activity, but equally important is the impact physical activity has on the brain. According to Petosa and Hertz (2009), regular aerobic activity can increase alertness, mood, mental performance and mental fortitude. Physical activity is an important health component that constructs the overall wellness of an individual; it facilitates child development in various areas.

Participating in athletics in a positive environment allows a child to relate good feelings with exercise (Petosa & Hertz, 2009). This association leads to continuing motivation to participate in physical activities throughout their life. Sports and physical activity require children to use and develop self-regulation skills, which in turn, increase the child's self-efficacy in their ability to handle challenging situations (Miller et al., 2008). These children will persevere in the face of adversity on a day to day basis.

A further benefit to participating in physical activity is it permits the child to develop time management skills (Petosa & Hertz, 2009). The addition of a practice, game, or extra physical activity to a busy schedule of school, clubs, chores and homework, forces the child to work out how it will all fit in to his or her schedule.

Surrounding children with people who are living a positive, wellness driven life will increase their ability to live a wellness driven life (Miller et al., 2008). Membership

of a social group, such as a team, fosters normative physical activity behavior. Engaging in regular exercise becomes part of the everyday routine, which increases the opportunity for physical activity to be a steady part of the rest of your life. Being a member of a team also allows the child to have the network or social support group sometimes needed to encourage the continuation of the exercise routine (Petosa & Hartz, 2009).

Promoting Physical Wellness in the Schools

Various national organizations, including the U.S. Surgeon General and the US Department of Agriculture (Miller et al., 2008), advise that children participate in 60 minutes of exercise a day. Unfortunately, the reality is that many adolescents are not only engaging in less than the recommended amount of physical activity, but that children may not be participating in any type of exercise activities outside of school at all (Miller et al., 2008; Petosa & Hartz, 2009; Fedew & Clark, 2010; Yetter, 2009). Children who spend the majority of their time outside of school engaged in unstructured, sedentary activities are more likely to experience negative outcomes including, juvenile delinquency, youth violence, depression, suicide ideation, and increased weight gain (Miller et al., 2008). Participation in structured extracurricular activities at school has been found to have a positive impact on both physical and mental development (Miller et al., 2008). By promoting physical activity in school and starting students young, children will begin to live a life of wellness and want to continue to participate in positive activities (Petosa & Hartz, 2009). Children who are participating in positive activities are not able to participate in harmful or negative activities at the same time.

In addition, school initiated, structured extracurricular activity programs provide opportunities to children who may not be able to participate outside of the school setting. Children from low-income households may not have the resources to be a member of a team or participate in an organized sport. School based structured activities may be the only chance for children living in low SES to exercise, be part of a team, or have a coach and make a meaningful connection with a positive adult figure. Unfortunately, many of the structured activities require a level of talent, achievement or financial resources in order to participate (Miller et al., 2008). The school needs to be aware of the positive connection between children's development and structured activities and do what they can to make these opportunities available to all children, regardless of SES, resources, or athletic skill level.

Mental and Physical Wellness as Prevention

Wellness promotion to the general student population is a form of prevention. It may be difficult to prove that positive psychology and wellness prevention measures are necessary because if they are working then the child is functioning well (Chafouleas & Bray, 2004). In a setting where several children are displaying academic and behavioral difficulties, it may be difficult to recognize the other children who are functioning well. The majority of the school's attention and resources are probably employed to decrease the undesirable behaviors and not to promote the desirable behaviors. However, a primary prevention model is more efficient than an intervention model. Effective instruments need to be created to aid in the implementation of primary prevention models (Akin-Little, Little, & Delligatti, 2004). The current study is focused more on primary

prevention rather than intervention at the secondary or tertiary service delivery level.

Through the evolution of the field of positive psychology, it is becoming more evident that our focus should not be on utilizing positive psychology to prevent illness, but as a way to promote wellness. It is believed that all children can benefit from mental and physical wellness promotion; it is no longer good enough to be free of pathology.

Wellness training can be implemented as a preventative measure to enable children to reach their full potential as an individual (Miller et al., 2008). Wellness is a life-long practice, and enabling a child to create a life of wellness should be a purposeful task that schools, families, and communities work together to pursue (Petosa, & Hartz, 2009).

Wellness Interventions

Prevention and intervention wellness programs are increasingly being found more often in the schools; however, research to support them is still limited (Miller, Nickerson, & Jimerson, 2009). As mentioned previously, the Penn Resiliency Program is an empirically-based, school-based, effective wellness intervention program. It is one of the most widely researched depression prevention programs (Reivich & Gillham, 2010).

Miller and colleagues (2009) believe that in addition to PRP, there are current positive psychology based prevention and intervention programs that are effective in the schools. These include School-Wide Positive Behavior Support (SWPBS), the Good Behavior Game, Check and Connect, Multisystemic Therapy (MST), and mindfulness-based cognitive therapy and are briefly highlighted.

SWPBS is a universal intervention that is utilized to promote academic achievement and healthy prosocial development in a safe and supportive environment.

SWPBS has been found to decrease negative behaviors in the school and improve academic achievement and school engagement (Miller et al., 2009). The Good Behavior Game, Check and Connect, and MST are all targeted interventions intended to decrease externalizing behaviors that have all been found to be effective. The Good Behavior Game allows the students to brainstorm both appropriate and inappropriate classroom behaviors. The class is then divided into two teams and each team is “fouled” when they perform one of the inappropriate behaviors during the instruction period. The team with the fewest fouls is rewarded at the end of class (Embry, 2002). The Check and Connect intervention is meant to create school engagement through relationship building, problem solving and persistence (Anderson, Christenson, Sinclair & Lehr, 2004). MST is an intervention that focuses on the support system a child has and improving the relationships within that support system (Henggeler, Schoenwald, Rowland & Cunningham, 2002). Mindfulness-based cognitive therapy is a targeted intervention utilized to decrease internalizing problems which focuses on teaching the student to be in the present moment through awareness, present experience and acceptance (Germer, 2005). It is believed that when this intervention is paired with relaxation techniques, it is effective for decreasing internalizing problems (Miller, Nickerson & Jimerson, 2009).

The Planning to be Active Program is an empirically supported program used to promote regular physical activity for children through personal empowerment, self-regulation ability, and personal agency (Petosa & Hartz, 2009). Furthermore, physical activity is an evidence-based intervention not only for physical health, but it is shown to produce mental and cognitive benefits and can largely improve the effectiveness of

traditionally accepted school-based interventions. There are several interventions that have been created to increase the student's level of activity in the classroom, throughout the school day. *Take10!*, *Brain Breaks*, and *Energizers* are all programs that integrate physical activity opportunities in academic instruction, throughout the day (Fedewa & Clark, 2010).

The effective mental and physical wellness programs mentioned provide school psychologists with wonderful resources to improve the overall well-being of the children they serve. Both psychological and physical wellness promoting interventions have been successful, and it seems that creating a program that combines these two domains may produce superior outcomes. Moreover, targeting students prior to pathological experiences may increase the opportunity to foster well-being in youth.

The Present Study

The present study was based on research done by Friedrich, Thalji, Suldo, Chappel and Fefer (2010). This work was an extension of a previous study conducted by Suldo, Michalowski, Stewart, Shaffer, Friedrich, and Thalji (2009) to investigate the efficacy the University of South Florida Wellness Promotion Program, a 10-session intervention intended to increase subjective well-being of low life satisfaction sixth graders. Both studies were designed to identify and evaluate a set of interventions to promote subjective well-being in young adolescents. The study conducted in 2010 modified both the intervention groups and the intervention session delivery to improve the design of the study. Based on the results of the previous study, the researches believed the 10-session intervention would be more effective in fostering subjective well-

being if the group met twice a week for five weeks as opposed to once a week for 10 weeks. They also believed that the sixth grade students had a difficult time conceptualizing the abstract, optimistic thinking concepts, and believed an advanced cognitive group of seventh graders would better grasp the concepts encouraged by the intervention. In addition, the measurement instrument used in first study, the Students' Life Satisfaction Scale (SLSS) was replaced in favor of the Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS). The results showed there were significant increases between pre-intervention and post-intervention within the specific domains of self, family, and overall life satisfaction, $p < .05$, and living environment, $p = .055$. Non-significant increases in satisfaction were found in the remaining two domains of friendship and school.

It is important to evaluate the efficacy of psychological interventions intended to increase subjective well-being in adolescents; there is currently only one published study in this area of research (Friedrich et al., 2010). In addition to the value of psychological interventions, it is necessary to also recognize the positive impact that physical activity has on subjective well-being in youth. The current study evaluated the effect of a combined mental and physical wellness promotion on students' well-being. The present study added a physical activity component to the 10-session agenda reported by Suldo and colleagues and utilized this wellness program as a subjective well-being prevention program. The physical activity component consisted of five physical activity lessons from the *Energizers* (n.d.) program. Two main areas of investigation were focused on

during this study: the development of the prevention program and the effectiveness of the program.

The first hypothesis was that students who participated in this mental and physical wellness prevention program would report overall improvements in their subjective well-being. The second hypothesis was that the individual dimensions of the students' well-being would improve after participation in the wellness program. The third hypothesis was that students' reports of positive affect would increase after the participation in the wellness program. The fourth hypothesis is that students' reports of negative affect would decrease after the participation in the wellness program. The fifth hypothesis was that the students' daily account of their current mood would improve after the individual sessions of the wellness program. These hypotheses provide effectiveness data for the program. Formative analyses were conducted to guide in the implementation of the program sessions over time.

METHOD

Participants

A convenience sample was used in this study. Participants were two seventh grade students who attend a middle school in Maryland. Made up names will be used to identify the participants, for the purpose of the study. Participant one, Anna, and participant two, Kelly were both of the non-Special Education population. It should be noted that these students considered themselves good friends prior to the start of the wellness group. The students volunteered their time in exchange for participation in the group. In addition, they were given a pen, pencil, and journal as a component of the group sessions. The students received the pen and pencil at the start of the program and they received the journal upon completion of the program. All participants were guaranteed anonymity on the various measures used and throughout wellness program discussions, and given the opportunity to withdraw from the study at any time.

Procedure

At the beginning of two of the selected middle school's seventh grade physical education classes, all seventh grade students were given the opportunity to participate in the prevention group. The students were presented an overview and structure of the prevention program from one of the middle school physical education teachers, and the primary investigator, who was employed as a School Psychology Intern, working in the selected middle school in Maryland. The students were given the opportunity to take an assent form and a parental consent form. If they chose to take a form they were asked to read, sign, and return the form to their physical education teacher, or the primary investigator. The students were made aware that if they chose to return these signed

forms, they would receive a pencil, pen, and journal, provided by the primary researcher as part of the program. Based on the limited number of students who returned the required forms, one wellness group was formed consisting of the two students. Each student was given an additional copy of the assent and permission documents to share with their parents and keep for their own records.

The 10-session Subjective Well-Being Intervention Program, based on Dr. Martin Seligman's framework for increasing happiness and positive thoughts about the past, present, and future (Suldo & Michalowski, 2007), was implemented in combination with a physical activity lesson from *Energizers* (n.d.), which was added onto the end of every other wellness session. *Energizers* is a program that allows physical activity to be incorporated easily into the classroom, throughout the school day (Fedewa & Clark, 2010). See Appendix A for an outline of each session.

Prior to the beginning of the first of the 10-session prevention program, the participants completed the six-item Brief Multidimensional Student Life Satisfaction Survey (BMSLSS) and the Positive and Negative Affect Schedule (PANAS). These pre-program scales were labeled with identification numbers assigned to each participant, put in a manila folder and stored in a locked filing cabinet until the end of the program. The researcher was responsible for keeping track of the designated identification numbers from the beginning to the end of the study. Each student was given an identification number that was only connected to them so the pre- and post- information would line up. The student's identification numbers were connected to their names in a document

separate from the data, and this document was discarded when the pre- and post- data was aligned. The student's names were not listed on the pre- and post- information.

The wellness program was presented to the students as a morning intramural program; the selected middle school was accustomed to conducting various morning intramural programs. It was the hope of the investigator that twice a week, for five weeks, the students would come in before school and participate in one of the 10 sessions. In addition, at the end of session two, four, six, eight, and ten, the students would engage in a selected *Energizers* physical activity. However, due to the challenge of the students remembering to come in before school, changes were implemented to original intended method after session three was completed. The majority of the following sessions were conducted during the student's homeroom time. In addition, the sessions of longer duration were completed during various times when the students had special activities. The time-length of the entire program was much longer than intended to ensure that the students were not missing extensive class time and multiple, consecutive classes. The entire program ended up running over the course of three months. The sessions were held in the following locations, based on availability: the gymnasium, the school psychologist's office, and the school counselor's office. Lastly, the program was intended as a prevention program, however, the program served more as an intervention program as the students presented with additional social, emotional, and academic needs. After the start of the program, it became apparent that these two students were having negative peer interactions and academic difficulties. Thus, the program is best perceived as an intervention.

The first session began with an introduction of the program and discussion of group confidentiality. The program manual provides an outline of each session and the goals, procedures and materials needed for each session.

The sessions are as follows:

- “Session one: Me at My Best: The student writes about a time when he/she was at their best and can choose to discuss it with the group.”
- “Session two: Gratitude Journal: Student writes down five things in life for which you are grateful each day for at least one week.”
- “Session three: Gratitude Visit: Student expresses gratitude to someone who has been especially kind but never properly thanked via writing a one-page letter then delivering/reading the letter in person.”
- “Session four: Acts of Kindness: Student performs five acts of kindness during one designated day per week over at least two weeks.”
- “Session five: Introduction to Character Strengths: Discuss definition of Character Strengths and students choose their top three.”
- “Session six: Assessment of Signature Character Strengths: Students use authentichappiness.org website to identify their top five character strengths.”
- “Session seven: Use of Signature Strengths in New Ways: Students use one character strength in a new way each day for a week (and repeat process for at least one more week).”
- “Session eight: Optimistic Thinking: Discuss viewing positive situations as universal and negative situations as specific.”

- “Session nine: Hope: Write about future goals and ways to achieve; reflect on writing and continue narrative each night for a week.”
- “Session ten: Termination: Review Happiness Framework: Positive emotions about the past, present, and future.”

Following the completion of the tenth session, the students completed the BMSLSS and the PANAS again. This post-program measure was compared to pre-program BMSLSS and PANAS that was completed by each student to provide a summative evaluation of the effectiveness of the subjective well-being/physical activity program. An additional summative evaluation of the effectiveness of the program was done by having the students complete a subjective daily mood scale at the end of session two, six, and ten (Appendix D). These were labeled with the same identification number previously mentioned, put in a manila folder and stored in the locked filing cabinet.

A qualitative formative evaluation occurred throughout the duration of the sessions to investigate the effectiveness of the program and to assess the integrity of the program. The students were asked open ended questions at the beginning of session two, four, seven, nine, ten, and at the end of session ten, to evaluate if the goals of the wellness program were being met (Appendix E). In addition, the researcher reflected on what went well and did not go well at the completion of sessions three, six, and nine, to allow for improvement in the program's effectiveness from one session to the next (Appendix F). Due to the small number of participants, the qualitative information became the primary source of data and was an informal representation of the immediate utility of the

program. At completion of the evaluation measures, the students were given a journal and encouraged to continue to use it as they practiced throughout the wellness program lessons.

Instruments

Brief Multidimensional Student Life Satisfaction Survey (BMSLSS) (Huebner, 1997). See appendix B. The BMSLSS was based on the 40-item Multidimensional Students' Life Satisfaction Scales which measures overall life satisfaction, as well as the specific domains of satisfaction with family, friends, school, self, and living environment. The BMSLSS is comprised of six items, one for overall life satisfaction, and the remaining five pertaining to the other five specific domains of satisfaction. The six items of the scale are, "I would describe my satisfaction with my family life as;" "I would describe my satisfaction with my friendships as;" "I would describe my satisfaction with my school experiences as;" "I would describe my satisfaction with myself as;" "I would describe my satisfaction with where I live as;" and "I would describe my satisfaction with my overall life as." This instrument's validity with youth has been proven through a variety of convergent and discriminant validity procedures (Huebner, 1997).

Positive and Negative Affect Schedule (PANAS). See appendix C. The PANAS is a list comprised of 20 different feeling and emotion words. Beside each word the individual indicates to what extent they may feel this way at the moment, today, past few days, week, past few weeks, year, or in general (based on the specific instructions). The individual may indicate one of the following: very slightly or not at all, a little, moderately, quite a bit, or extremely. This measure is shown to be internally consistent

and to have high convergent and discriminant correlations with longer measures of mood predictors. It is a valid, reliable, and efficient way to measure these two dimensions of mood (Watson, Clark, & Tellegen, 1988). For this study, the students were asked to indicate to what extent they have felt the identified emotion in the past few weeks.

RESULTS

Quantitative

Anna and Kelly were two female, seventh grade students who attended a middle school in Maryland. Due to the fact that the sample size of the study was two participants, the quantitative data presented is limited and does not carry the level of importance that it was initially intended to carry. However, results for each participant, Anna and Kelly, will be presented for case analysis.

The BMSLSS

The BMSLSS allows for scores on a seven-point likert scale, which ranges from “terrible” to “delighted.” As a result, possible mean response scores range from one (low) to seven (high). The following results indicate the pre- and post- mean and standard deviation scores, and the individual domain scores, for Anna and Kelly.

TABLE 1
OVERALL BMSLSS MEANS

	Pre-Program		Post-Program	
	Mean	Standard Deviation	Mean	Standard Deviation
Anna	4.17	0.98	3.17	0.98
Kelly	4.5	1.52	3.8	2.78

TABLE 2
INDIVIDUAL BMSLSS DOMAIN SCORES

	Anna		Kelly	
	Pre-Program	Post-Program	Pre-Program	Post-Program
Family	6	4	4	2
Friendship	4	4	6	6
School Experience	3	3	2	1
Self	4	2	4	6
Where I Live	4	2	6	7
Overall Life	4	4	5	1

The PANAS

The PANAS allows for scores on a five-point likert scale, which ranges from “very slightly or not at all” to “extremely.” As a result, possible mean response scores range from one (low) to five (high). The following results indicate the pre- and post-mean and standard deviation Positive Affect and Negative Affect scores, for Anna and Kelly.

TABLE 3
POSITIVE AFFECT MEANS

	Pre-Program		Post-Program	
	Mean	Standard Deviation	Mean	Standard Deviation
Anna	3.70	0.67	3.30	.095
Kelly	2.50	1.43	1.80	1.14

TABLE 4
NEGATIVE AFFECT MEANS

	Pre-Program		Post-Program	
	Mean	Standard Deviation	Mean	Standard Deviation
Anna	1.50	0.85	2.40	1.17
Kelly	2.20	1.48	3.90	1.79

The daily mood scale allows for scores on a seven-point likert scale, which ranges from “very sad” to “very happy.” As a result, possible mean response scores range from one (low) to seven (high). The following results indicate the combined mean scores for Anna and Kelly, after session two, six, and ten.

TABLE 5
DAILY MOOD SCALE SCORES

	Session 2	Session 6	Session 10
Anna	6	7	5.5
Kelly	7	6	1

Qualitative: Program Effectiveness

Qualitative data was also gathered. The first area that was investigated was the effectiveness of the program on the overall subjective well-being of the participants. This was measured by formative questions at the beginning of session two, four, seven, nine, and ten, and at the end of session ten. The questions asked at the beginning of the

sessions were used to evaluate if the students were retaining the information learned in the lessons from the prior session and how the students made meaning of the information learned. The question at the end of session ten was asked to evaluate if improvements in the overall subjective well-being were demonstrated. This was only investigated at the end of the entire program, due to the fact that subjective well-being is a relatively stable construct and changes would not to be expected at the end of any given session.

Additionally, the question at the end of session ten were to evaluate if the goals of the wellness program were met. The questions and responses for student one, Anna, and student two, Kelly, are as follows:

Beginning of session two:

What do you feel determines happiness? Anna was best able to conceptualize happiness in regard to people who made her feel happy. This included both friends and family. Time spent with these individuals is what effects Anna's level of happiness. Kelly was less certain as to what she felt determined happiness. She shared, "it is hard to say what determines happiness because I barely feel happy." Despite not believing happiness is an emotion she feels often, she shared that factors that make her happy are being out of her house, with friends, and spending time outside. Both students focused on external factors as determinants of happiness.

Beginning of session four:

Why is it important or not important to have gratitude in your life? It was a challenge for both Anna and Kelly to understand exactly what the word gratitude meant. Using the word thankful allowed them to better understand the meaning of gratitude and

feeling grateful. They both recognized that it is important to have gratitude in their lives, but shared different reasons as to why this was they felt this way. Anna saw the internal rewards of gratitude and expressed that “it is important to have gratitude in your life so you are not angry all of the time, and so you see what you have.” Kelly shared the external rewards of gratitude, and that without it, her parents would not know how much they were appreciated.

Beginning of session seven:

In what ways do you currently use your signature strengths? Anna and Kelly both focused on using their signature strengths through experiences and situations with family and friends. They shared that they use their strengths to give others advice and make people laugh.

Beginning of session nine:

What does thinking optimistically mean to you? For Anna, thinking optimistically meant to think positively with pizzazz. She clarified that it was not exaggerating how you feel, but stated that “thinking optimistically is focusing on the good pieces in life no matter how small they may be.” Kelly followed up by agreeing that thinking optimistically is thinking about the good things in your life.

Beginning of session ten:

Thinking about hope, how can it be important or not important in your life? In school? In friendships? In family? Anna related feelings of hope to thinking that good can come out of situations where friends and family members may be suffering from

illnesses. Kelly related hope to being able to complete school work. She shared that even if you do not want to do it, you know that you can get it done.

End of session ten:

How did the activities improve your feelings about the past, present, and future?

Anna and Kelly both had a difficult time remembering the specific activities that they participated in throughout the sessions, but were able to express how their feelings improved. Anna shared that she learned to see situations throughout her life with feelings and not just with her eyes. Kelly stated that “the program made me think more about the decisions I made, and made me feel more confident about my future.”

Qualitative: Program Development

To collect information regarding the development of the program, the researcher reflected on what went well and did not go well at the completion of sessions three, six, and nine. This allowed for improvement in the program's effectiveness over the course of the ten sessions.

The completion of session three:

Are the participants able to recap what was discussed the session before? The students generally understood the concepts. They recognized the large picture of the ideas but struggled to understand the specifics of the concepts. The students were not completing the homework assignments at the beginning of the lessons, which meant they may not have been using or practicing the newly learned concepts outside of the sessions.

Do the participants seem to be enjoying the sessions? The students seemed to be enjoying the sessions. They demonstrated this by laughing, smiling, and conversing

during the sessions. Kelly seemed to especially enjoy the sessions; she shared that she really enjoyed coming and went to her next class feeling happy due to the sessions.

Are they engaged in both the mental wellness and physical wellness portions of the session? The students seemed very engaged in the both aspects of the sessions. They were providing responses and discussing the topics at hand without much prompting. During their first physical activity they tried their best and were very engaged. The physical activity fostered encouragement from both Kelly and Anna toward each other and toward the researcher. Additionally, neither Kelly nor Anna gave up when the activity became slightly challenging.

Do participants seem to understand the cognitive level of the sessions? The students did not always understand the terms that were used in the lessons. Often the researcher had to use replacement words to help the students understand the topics. At times they would misidentify situations that they believed related to the topic of the lesson, but do not appropriately fit.

Are the participants relating the lessons to real life situation? This was the greatest part of the beginning sessions. Both of the students were relating the lessons to real life situations. They frequently related the lessons to school, family and friends, and actual situations that they were currently experiencing or had experienced. It is believed that this was the easiest and most effective way for them to conceptualize the lessons.

The completion of session six:

Are the participants able to recap what was discussed the session before? The students seemed to be better able to recap what was discussed in the previous sessions.

They were still not completing the written homework assignments, but were able to verbalize what they had completed for the homework assignment. They would share examples of situations outside of the sessions in which they practiced the lessons we had discussed.

Do the participants seem to be enjoying the sessions? The students still seemed to be enjoying the sessions. Their time spent laughing, smiling, and being conversational during the sessions increased. It is believed that they became more comfortable with the researcher and as a result, also spent time engaging in off-topic conversations and had other topics they wanted to discuss. The students needed to be redirected and prompted to focus on the topics at hand more often than at the beginning of the program.

Are the participants engaged in both the mental wellness and physical wellness portions of the session? The students still seemed very engaged in the both aspects of the sessions. They continued to provide responses and discuss the topics at hand without much prompting. They seemed to be at the point where they looked forward to the physical activities and became excited when they realized the lesson contained a physical activity.

Do they seem to understand the cognitive level of the sessions? The student's still did not always understand the terms that were used in the lessons, but increased their level of understanding more with slight modifications to the vocabulary words used. This allowed them to improve their ability to grasp concepts and share stories and experiences.

Are the participants relating the lessons to real life situation? This continued to the strongest part of the sessions. Both of the students related the lessons to real life situations and focused in on experiences with peers. In addition, they shared a lot of stories and situations that involved each other, and seemed to greatly enjoy talking about the ups and downs of their friendship, during the sessions.

The completion of session nine:

Are the participants able to recap what was discussed the session before? The students seemed to be best able to recap what was discussed in the previous sessions, when the previous session was only a few days prior. Additionally, it is believed that they best remembered the lessons if they were able to make a personal connection to part of the lesson and if it pertained to their lives.

Do the participants seem to be enjoying the sessions? The students seemed to very much enjoy the sessions. It is believed that they viewed them as time where they could talk things out. Often, they would seek out the researcher to ask if they could meet that day or ask when the next time was that they were going to meet.

Are they engaged in both the mental wellness and physical wellness portions of the session? It seemed that toward the end of the program, the students were very engaged if they entered the particular session in a good mood, but were not as engaged if they entered the session in a poor mood. However, it is believed that as the session went on, they became more engaged with both the mental and physical wellness pieces. Anna appeared to be much more engaged in the lessons as the program went on, and conversely, Kelly's engagement level seemed to decline.

Do they seem to understand the cognitive level of the sessions? As the lessons went on, the students seemed to spontaneously provide stories, situations, or experiences that were right on target and related to the cognitive concepts of the session. It is believed that some of the higher level vocabulary words were still misunderstood, but intentionally using more common replacement words allowed them a better understanding of the concepts.

Are they relating the lessons to real life situations? By the end of session nine, they had demonstrated an understanding of the lessons through real life situations in almost all areas of life. This was a great way for them to generalize the concepts and practice using the lessons in everyday situations.

DISCUSSION

The purpose of the current study was to determine the effectiveness of a mental and physical wellness prevention program, as well as evaluate the development and implementation of this program. The present study was based on research done by Friedrich and colleagues (2010), and was an extension the University of South Florida Wellness Prevention Program created by Suldo and Michalowski (2007). The physical wellness aspect of the program was taken from the *Energizers* (n.d.) program. The effectiveness of the program was measured through a case analysis of the two subjects who participated in the prevention program. The implementation of the program was investigated by the researcher through formative analysis questions.

Major Findings

The quantitative results of the pre- and post-program measures, in general, did not support the hypotheses. . It was hypothesized that there would be improvements reported in satisfaction, affect and mood on the post-program data after the students participated in the wellness prevention program. However, a same response or a decreased response was reported from both students in regard to overall subjective well-being measured by the BMSLSS, the individual domain scores of the BMSLSS, and the Positive Affect Scale scores. In addition, an unexpected increase was noted in the post-program results of the Negative Affect Scale scores. The only noted improvements from the pre- to post-data were reported by Kelly; she indicated increases in the areas of satisfaction with self and satisfaction with where she lives. Additionally, an increase in the Daily Mood Scale scores was only reported after session six for Anna. The other Daily Mood Scales scores showed declines.

Several factors may have impacted the results and assist in understanding the decrease in the subjective well-being measures. First, it is believed that when the participants initially completed the BMSLSS and the PANAS, they did so without much thought intentionality. Throughout the course of the program sessions, both Anna and Kelly seemed to develop a greater awareness of themselves and their environment, as well as their strengths and weaknesses. It is believed that this heightened level of awareness allowed them to complete the post-measures with thoughtful, honest responses, which may not have been the case during the pre-measures.

Second, prior to the last session, when they completed the post-measures and the final Daily Mood Scale, Kelly experienced a negative peer interaction. She entered the last session visibly upset, and it is believed that her negative feelings toward herself and others came across in both the last session and in the final program measures. It should be noted, all of the Daily Mood Scale scores, with the exception of Kelly's tenth session score, indicated feelings in the "happy range."

Third, a factor which may have influenced the outcome of the data was the length of the program. Instead of the program running as planned, with two sessions for five weeks, the sessions were quite spread out and interrupted. This factor did not allow for the intended intense exposure and frequent support from the group and group facilitator.

Lastly, two is an extremely small number for a group. A strength of the group process is that students are given the opportunity to learn from each other; with only two students, there was very limited opportunity for this form of learning to occur.

Despite the quantitative data, based on the Daily Mood Scale scores and the qualitative data, the program appeared to have potentially impacted the participants. Due to the participants' responses, perceived utility and value of the program was thought to be partially achieved. It is more of a challenge to measure the increased level of a student's subjective well-being or the effectiveness of the program through qualitative data. However, a degree of ambiguity is to be expected when implementing any type of therapeutic prevention or intervention program; it is the nature of the service.

Anna and Kelly shared several experiences and stories which were indicative of their level of happiness, or satisfaction with certain aspects of their lives. It seemed that how they interpreted past events in their lives determined how they perceived themselves and their present life situations. Over the course of the program, through the qualitative analysis, Anna and Kelly demonstrated how they had been practicing wellness promotion outside of the program, and that they were able to relate the lessons to real life situations. This supports the idea that Miller and colleagues (2008) had that surrounding children with people who are living a positive, wellness driven life will increase their ability to live a wellness driven life.

In addition, it was shown that without the opportunity to participate in this program, they lacked the resources to engage in wellness development. Anna and Kelly were children who spent the majority of their time outside of school engaged in unstructured, sedentary activities and their circumstances indicated that they were experiencing negative situations in school and at home. Similar to what Miller and colleagues (2009) presented, Anna and Kelly were engaged in the structured physical

activities and it gave them an opportunity to work together with their peer to achieve a common goal. Moreover, the wellness program allowed Anna and Kelly to make connections with their peers, as well as a positive supportive adult.

By promoting physical activity in school and starting students young, children will begin to live a life of wellness and want to continue to participate in positive activities (Petosa & Hertz, 2009). This was evident through how engaged Anna and Kelly were throughout the sessions. Furthermore, it was demonstrated by their desire to participate in the group, and toward the end of the program, their willingness to seek out the investigator to set up a time to come and participate.

Limitations

Several limitations were noted in this study. First, the sample size of the study was very small. As a result, case analysis of the quantitative data was used in place of analyzing the data statistically. The program was intended to be implemented with a larger number of participants, and as a result, group discussions were limited to two students and the group leader. However, due to the small number of the group, the students were afforded the opportunity to receive more direct attention and as a result may have been more engaged in the sessions than they would have been if there were more students in the group. In addition, these two students had a close friendship. As a result, they shared information and encouraged each other to share information that allowed them to process the lessons at a personal level. This level of trust and openness may have not been achieved with more students in the group.

Second, it was difficult to find a good time to schedule the sessions. Initially, the students were asked to come in before school; this may have impacted the number of willing participants and also made it difficult for the two participants to come to the sessions. Frequently they would forget about a scheduled session, or not be able to come in early to school. When the time was changed to during school, it was a challenge to schedule sessions. This was because of both the amount of time needed for a lesson, and the difficulty to find a time when the students would not be missing academic time. Unfortunately, this caused the program to last longer than the intended five weeks. As a result, it is believed that the students' ability to learn and retain concepts may have suffered.

Third, the students had a difficult time completing the homework assignments. Additionally, they often misplaced the materials from the lessons. It is seemed that both of these factors may have also negative effected their ability to learn and retain the concepts presented during the program.

Lastly, the *Energizers* physical activity component was not able to be individually evaluated. To examine the specific effect that the *Energizers* had on the students' well-being, a parallel program would have needed to be conducted that did not contain the *Energizers* activities. The two programs could have then been compared. However, due to the time restrictions of the investigator, this was not a possible option. As a result, the impact of the physical activity component was not evaluated to a greater degree.

Considerations for Future Research

It would be beneficial to consider further research in the areas of the development and implementation of wellness programs. Further research should be aimed at the effectiveness of both mental and physical wellness promotion. It would be advantageous to ensure that the cognitive level of the program match the developmental level of the subjects. Additionally, conducting further research on the effectiveness of the *Energizers* (n.d.) program and other similar physical activity programs would be advantageous. Lastly, when conducting research in the school setting, it may be best to determine a time period that would allow for the greatest level of student participation without missing academic instruction.

Best Practice for School Psychologists

Overall, wellness programs at the middle school level seem to be a promising prevention/intervention resource. The school psychologist can be the professional in the school system who promotes both mental and physical wellness. Increasing the level of awareness among the school community can facilitate the development of mental and physical activity programs through gaining supportive faculty and resources. It may be beneficial to encourage collaboration with school counselors, physical educators, special educators, etc., to create and implement comprehensive wellness programs. When creating programs it is advantageous to work with the professionals in the school who specialize in these specific program areas. For example, when conducting a program similar to the one conducted in the present study, teaming up with the physical education teacher would be best practice. By creating collaborative working relationships with these

individuals and acknowledging the need for their expertise, a dynamic service delivery team can be created. Flexibility is a necessary characteristic of a school psychologist and finding times to conduct wellness groups may be a challenge. For this reason, bringing attention to the importance of wellness promotion may enable the school to provide times to conduct these types of programs without the worry of missing academic time.

Furthermore, wellness programs may be great resources for at-risk populations. The students in the current study did not have severe emotional difficulties that warranted special education services, but they did present as students who needed emotional supports. It may be beneficial to target a group of students by asking administrators and counselors which students are struggling with feelings of themselves, peers, family, and school, and offer them these supports. Programs which promote wellness can serve as tier two, social/emotional interventions and be crucial resources to an important, at-risk population.

There are significant benefits to incorporating physical activity into students' school day (Fedewa and Clark, 2010); incorporating programs like *Energizers* (n.d.) into the classroom and into wellness programs is a great way to do this. The *Energizers* program (n.d.) shows that physical activity programs do not need to be extensive or elaborate to be effective (Fedewa and Clark, 2010). As a school psychologist, it would be beneficial to incorporate these activities into many programs, and encourage teachers to utilize them in the classroom with or in between lessons. It is believed that the value of the program could have been improved with an increased number of *Energizers* activities, and that the mental wellness program was enhanced with the addition of the physical

activities. Combining both mental and physical wellness in a prevention or intervention program is strongly encouraged.

In terms of service delivery and implementing wellness programs, it is important to be aware of the level of the students and present the material at a level which matches that of the program participants. It would be advantageous to be creative and create organizers to enable the completion of the program homework tasks. Although programs typically have agendas to follow, it is encouraged to be aware of the immediate behaviors and moods of the students in the group. Allow an opportunity to stray from the intended session structure to address the critical emotional concerns which may arise. Lastly, evaluating the effectiveness of an implemented program may be tricky with a small number of students. School psychologists are encouraged to utilize qualitative information to evaluate effectiveness, like summative and formative questions for the students and the group leader, as were used in the present study. Some other examples of ways to evaluate effectiveness include: monitoring students' academic progress and success in the classroom; monitoring students' interpersonal relations and conflicts; monitoring students' school behavior; and monitoring students' feelings and moods.

In conclusion, by promoting mental and physical health through school based programs, it can enable a child or adolescent to create a life of overall wellness. Individuals can improve their subject level of wellness by engaging in purposeful activities which in turn will enhance positive thoughts and physical activity. As a school psychologist, it should be a priority to ensure that each and every student is participating

in the adequate amount of physical activity and receiving positive messages about themselves, their world and their future.

Appendix A

Week 1:

Name of Activity: **Have a ball**

Grade Level: 6th - 8th

Subject Area: Miscellaneous

North Carolina Standard Course of Study Objective Number(s):

Formation: Students sitting at desks

Equipment: Each student should have a scrap piece of paper and make a ball.

Rules/Directions:

1. Each student should wad up a piece of paper to make a ball. Use the piece of paper for the following exercises:
 - Place the ball on the feet (feet together) while seated, repeatedly toss up and catch the ball with the top of the feet (like hackey sack).
 - Set the ball on elbow. Flip the ball into the air and catch it with the hand on the same side.
 - Lift the feet off the floor (feet together) and rotate the ball over and under the legs using your hands.
 - Toss the ball overhead and catch behind back.
 - Lift the feet (feet slightly apart) and weave the ball between the left and right leg (such as a figure eight).
 - Toss the ball from behind the back and catch in the front.
 - Circle waist while standing.

2. This activity will strengthen the abdominal muscles and quadriceps.

Variation: 1. Allow each student to shoot the ball into the trashcan at the end.

Week 2:

Name of Activity: **Hot Tamale**

Grade Level: 6th - 8th

Subject Area: Miscellaneous

North Carolina Standard Course of Study Objective Number(s):

Formation: Beside desks

Equipment: None

Rules/Directions:

1. Write each direction and corresponding activity on the board or overhead to make it easier for the students to follow.

- Move backwards - back stroke (swimming motion)
- Move forward - march in place
- Move to either side - side stretch in the direction of the hot tamale
- Up higher - climbing ladder motion
- Down lower - squats
- Within one foot of the tamale - students pretend they are stepping on hot coals (in place).

2. One student exits the classroom.

3. The rest of the class watches the teacher hide the “hot tamale” (can be any object)

somewhere in the classroom.

4. The student who exited the classroom re-enters.
5. The rest of the class tries to guide him/her to the hidden tamale by performing various physical activities, with each activity corresponding to a different direction.
Students are not allowed to talk.
6. Once the student locates the hidden “hot tamale”, another student is selected to exit the classroom and the “hot tamale” is hidden in another location so that the game can be repeated.

Week 3:

Name of Activity: **I’m A Student and You’re a Student Too!**

Grade Level: 6th - 8th

Subject Area: Miscellaneous

North Carolina Standard Course of Study Objective Number(s):

Formation: Standing at desks or in a circle

Equipment: None (teacher may decide to use a small ball or bean bag)

Rules/Directions:

1. Students stand in a circle or at desks and march in place.
2. Teacher selects a student to begin the game by either pointing to or tossing a small ball to the student.
3. The student begins with the line “I’m a student and you’re a student too if...”
4. The student fills in the end of this statement with something characteristic of them that other students may have in common.

Example: “I’m a student and you’re a student too if you have on tennis shoes” or “I’m a student and you’re a student too if you like to play basketball.”

5. All students who share this trait perform an activity such as jumping into the air 3 times or walk to the front of the classroom and switch places with another student that shares the specified characteristic, while all other students continue to march in place.

6. The teacher then selects another student to continue the game.

Variation: 1. Instead of using the word student in the working phrase, insert the name of the school’s mascot. e.g., I’m a Pirate and you’re a Pirate too if...”

Week 4:

Name of Activity: **Sports on the Move**

Grade Level: 6th- 8th

Subject Area: Miscellaneous

North Carolina Standard Course of Study Objective Number(s):

Formation: Standing at desk

Equipment: None

Rules/Directions:

1. Teacher will say a sport and movement and students will repeat that movement for about 30 seconds until a new movement is stated.

Examples:

- Basketball: dribble with fingertips; dribble through legs; dribble around back; jump shot and follow through; bounce pass; chest pass; overhead pass; defensive slide to front and back to start position
- Soccer: shot on goal (practice with both feet); inside of foot pass; outside of foot pass; long banana kick; juggle imaginary soccer ball; trap ball with thigh; trap ball with feet
- Baseball or softball: swing a bat; windup and pitch; field a ground ball; catch a fly ball; play imaginary catch
- Tennis: forehand; backhand; serve; volley
- Volleyball: serve, set, dig, spike
- Football: quarterback long pass; short pass; catch imaginary ball; kick field goal; punt; catch a punt; block
- Golf swing
- Drive a NASCAR
- Lacrosse

Tae Kwon Do

Variations: 1. Ask students to name the sport and movement.

2. Tell students that mental practice and making correct fundamental movements without the equipment can improve performance.

Week 5:

Name of Activity: **What's My Job?**

Grade Level: 6th - 8th

Subject Area: Miscellaneous

North Carolina Standard Course of Study Objective Number(s):

Formation: Partners standing at desk

Equipment: Pencil and paper

Rules/Directions:

1. Students group into pairs at their desks.
2. Partners face each other (one facing the board and the other facing the back of the room).
3. The teacher writes a series of professions on the board which could include:
 - Teacher
 - Basketball Player
 - Hockey Player
 - Airplane Pilot
 - Doctor
 - Fireman
 - Chef
 - Truck Driver
4. The student facing the board must act out the entire list in 2 minutes while the student facing the back of the classroom attempts to write down which profession his/her partner is acting out.
5. After the 2 minutes has ended, the students facing the back of the classroom turn around and see if their lists match that on the chalkboard.

6. Students in each group switch places (the writer becomes the actor and visa versa).

Note: entire game could be played silently

Variation: 1. Create a different list of professions for each group.

Appendix B

Brief Multidimensional Students' Life Satisfaction Scale
(Huebner, 1997)

These six questions ask about your satisfaction with different areas of your life. Circle the best answer for each.

1. I would describe my satisfaction with my family life as:

a) Terrible	e) Mostly satisfied
b) Unhappy	f) Pleased
c) Mostly dissatisfied	g) Delighted
d) Mixed (about equally satisfied and dissatisfied)	

2. I would describe my satisfaction with my friendships as:

a) Terrible	e) Mostly satisfied
b) Unhappy	f) Pleased
c) Mostly dissatisfied	g) Delighted
d) Mixed (about equally satisfied and dissatisfied)	

3. I would describe my satisfaction with my school experience as

a) Terrible	e) Mostly satisfied
b) Unhappy	f) Pleased
c) Mostly dissatisfied	g) Delighted
d) Mixed (about equally satisfied and dissatisfied)	

4. I would describe my satisfaction with myself as:

a) Terrible	e) Mostly satisfied
b) Unhappy	f) Pleased
c) Mostly dissatisfied	g) Delighted
d) Mixed (about equally satisfied and dissatisfied)	

5. I would describe my satisfaction with where I live as:

a) Terrible	e) Mostly satisfied
b) Unhappy	f) Pleased
c) Mostly dissatisfied	g) Delighted
d) Mixed (about equally satisfied and dissatisfied)	

6. I would describe my satisfaction with my overall life as:

a) Terrible	e) Mostly satisfied
b) Unhappy	f) Pleased
c) Mostly dissatisfied	g) Delighted
d) Mixed (about equally satisfied and dissatisfied)	

Appendix C

The PANAS

(Watson, Clark, & Tellegen, 1988)

This scale consists of a number of words that describe different feelings and emotions.

Read each item and then mark the appropriate answer in the space next to that word.

Indicate to what extent you have felt this way during the past few weeks. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely
<input type="checkbox"/> interested		<input type="checkbox"/> irritable		
<input type="checkbox"/> distressed		<input type="checkbox"/> alert		
<input type="checkbox"/> excited		<input type="checkbox"/> ashamed		
<input type="checkbox"/> upset		<input type="checkbox"/> inspired		
<input type="checkbox"/> strong		<input type="checkbox"/> nervous		
<input type="checkbox"/> guilty		<input type="checkbox"/> determined		
<input type="checkbox"/> scared		<input type="checkbox"/> attentive		
<input type="checkbox"/> hostile		<input type="checkbox"/> jittery		
<input type="checkbox"/> enthusiastic		<input type="checkbox"/> active		
<input type="checkbox"/> proud		<input type="checkbox"/> afraid		

We have used PANAS with the following time instructions:

Moment (you feel this way right now, that is, at the present moment)

Today (you have felt this way today)

Past few days (you have felt this way during the past few days)

Week (you have felt this way during the past week)

Past few weeks (you have felt this way during the past few weeks)

Year (you have felt this way during the past year)

General (you generally feel this way, that is, how you feel on the average)

Appendix D:

Mood Diary:

Very Sad

Normal Mood

Very Happy

1

2

3

4

5

6

7

Appendix E

Open-ended questions for the participants to use as a formative measure:

- What do you feel determines happiness? –Beginning of Session #2
- Why is it important or not important to have gratitude in your life? – Beginning of Session # 4
- In what ways do you currently use your signature strengths? – Session # 7
- What does thinking optimistically mean to you? – Beginning of Session # 9
- Thinking about hope, how can it be important or not important in your life? In school? In friendships? In family? – Beginning of Session # 10
- How did the activities improve your feelings about the past, present, and future? – End of Session #10

Appendix F:

Questions for myself to use as a formative measure (Reviewed after session 3, 6, & 9):

- Are the students able to recap what was discussed the session before?
- Do the students seem to be enjoying the sessions?
- Are they engaged in both the mental wellness and physical wellness portions of the session?
- Do they seem to understand the cognitive level of the sessions?
- Are they relating the lessons to real life situation?

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