

Summer 2014

The effects of a social-emotional skills training program on optimism in elementary students

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The Effects of a Social-Emotional Skills Training Program on Optimism in Elementary
Students

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A thesis submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Educational Specialist

School Psychology

August 2014

Acknowledgements

I would like to acknowledge my friends and family for their support and encouragement in my pursuit of further education in the field of school psychology. I would also like to thank my thesis committee, Dr. Tammy Gilligan, Dr. Deborah Kipps-Vaughan, and Dr. Patricia Warner for their generous sharing of knowledge, enthusiasm, and assistance throughout my time in the program.

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Abstract

Research has supported the impact of social-emotional skills on learning and on a student's ability to access classroom instruction, including the presence of a positive association between optimism and academic success. Students with disabilities are likely to experience high levels of negative experiences in school during social interactions and academic instruction. This study endeavored to build upon the previous research supporting the benefits of administering the Strong Kids curriculum in addition to specifically assessing the utility of the program's use by teachers working with students with learning disabilities. However, this study was not implemented as originally proposed with fewer sessions of the program and younger participants included. Analysis of the results showed a slight increase between the overall mean of pre-intervention optimism scores ($M = 3.20, SD = 3.63$) and post-intervention optimism scores ($M = 3.60, SD = 3.5$). Analysis showed a decrease between the overall mean of pre-intervention classroom performance scores ($M = 41.40, SD = 1.52$) and post-intervention classroom performance scores ($M = 37.80, SD = 2.95$); $t(5) = 4.13, p = 0.01$. Results suggest the importance of implementing the Strong Start curriculum with fidelity to the original design of the program.

The Effects of a Social-Emotional Skills Training Program on Optimism in Elementary Students

Increasingly, schools have begun to recognize the importance of the social and emotional aspects of learning and the impact that these have on a student's ability to effectively access the instruction offered to them in their educational environment. A study by Vidal Rodeiro, Emery, and Bell (2012) found a positive relationship between components of what they termed emotional intelligence and educational achievement. Emotional intelligence, as they defined it, included levels of well-being such as self-esteem and optimism, self-control such as emotion regulation and stress management, emotionality such as empathy and relationship skills, sociability such as social awareness and assertiveness, adaptability, and self-motivation. They found that as students' emotional intelligence scores increased so did their academic success, such that highly academically successful students scored significantly higher on a measure of trait emotional intelligence than either moderately or less successful students and moderately successful students also scored significantly higher than less successful students (Rodiero, et. al., 2012).

With this growing awareness of the impact of social and emotional skills on academic achievement, school psychologists are in a unique position to advocate for and promote the social and emotional well-being of the students in the schools that they serve given the broad nature of their training which often includes topics of social-emotional competency and resiliency. School-age students in the United States typically spend at least 30 hours per week in school (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). The experiences they encounter at school with peers, teachers, and academics are a large

part of their lives and serve as an excellent place to cultivate protective factors to promote resiliency and optimism for a more successful future.

Optimism and Pessimism

Research has supported a positive association between optimism and academic success. Optimistic people are able to view their future in a positive light, which is linked to academic success, as well as to positive affect, perseverance, and more effective problem-solving (Jenson, Olympia, Farley, & Clark, 2004). Positive affect can enhance attention, while negative affect inhibits attention (Seligman, et. al., 2009). Levels of optimism and pessimism have been found to affect children's interest in school and academic subjects, even at young ages (Boman & Yates, 2001). Optimism is correlated with heightened general interest in school, better peer relationships, and increased academic motivation in middle school children (Boman & Yates, 2001). Boman and Yates (2001) investigated the link between high school students' levels of optimism or pessimism and the students' school hostility, school adjustment, and school involvement. They found significant negative relationships between optimism and school hostility, and between pessimism and self-reported student adjustment. The results indicated that hostile students had low levels of optimism as well as negative expectations regarding their future. Optimism, when combined with expectancies for their future, accounted for 21% of the variability in hostility toward school. Students who had higher levels of optimism tended to be more involved in school and were better adjusted to school. Optimism alone accounted for 34% of the variability in self-reported student adjustment (Boman & Yates, 2001). Martinez and Sewell (2000) found that pessimistic college freshmen achieved lower grade point averages in their 1st year of college even after

controlling for ability and depression. In fact, self-discipline has shown to be twice as good a predictor of high school grades as IQ (Seligman et. al., 2009). Optimism is associated with positive outcomes and beneficial academic, social, and emotional skills. Clearly, children who are well-adjusted to school, involved in their classrooms, willing to persevere, and able to pay attention in class will be more successful in school. Pessimism, on the other hand, is “an academic risk factor”(Martinez & Sewell, 2000). Pessimism negatively effects motivation and consequently further impedes academic progress and prevents individuals from accessing their education to the best of their abilities. Optimism combats the distorted vision of self that pessimism promotes and fosters adaptive reactions to difficult tasks.

Seligman (2006) describes how pessimists and optimists differ in their explanations of life events in terms of three main dimensions; their explanations may be more or less permanent, more or less pervasive, or more or less personal. Pessimists tend to explain negative events in more permanent terms (“I *always* get bad grades.”) than optimists (“*Sometimes* I get a bad grade.”). Pessimists perceive more pervasive effects of negative events (“I won’t be able to graduate now that I got another F.”) than optimists (“I might not get as good a grade in this class now that I got an F on that quiz.”). Pessimists also interpret negative events in more personal terms (“I got a bad grade because I am stupid.”) than optimists (“I got a bad grade because I could have spent more time studying.”). These differences in pessimistic versus optimistic explanatory style can impact the way a person reacts when negative events occur in their life and shape how they will behave in future situations by painting very different pictures of the event and its effects.

Seligman, et. al., (2007) describes four origins of pessimism: genetics, parents' pessimism, pessimistic criticism from authority figures, and experiences of mastery or helplessness. Some children may be more prone than others to developing a pessimistic explanatory style, but all children can be influenced by the pessimism of the adults in their lives. This influence may be indirect, such as a child witnessing a parent making permanent, pervasive, and personal interpretations of negative life events in general; or it may be direct, in the form of pessimistic criticism directed toward the child. Children will begin to criticize themselves using the corresponding explanatory style of the criticism that they receive from the adults in their lives (Seligman, et. al., 2007). For example, criticizing a student as being "always lazy and rude" is both permanent and personal, a very pessimistic opinion. A criticism that the student "did not participate in group work and was engaging in distracting behaviors" is temporary and specific. Whereas being "lazy" and "rude" are fairly permanent negative character traits, participation and distracting behaviors are temporary and changeable. Not only is the latter criticism much less pessimistic, it provides the student more information about what to work on. Criticism should always "direct toward right action rather than condemn character" (Seligman, et. al., 2007) lest the student begin to assimilate the pessimistic beliefs into their self-image.

The belief that a negative event, such as a bad grade, will always occur, makes the event appear inevitable and out of personal control or influence. If a bad grade only sometimes occurs, there is always the hope that a better outcome may be possible. If a negative event is perceived as having global, far-reaching negative effects into many or all areas of one's life, such as a single bad grade that is perceived as prohibiting

graduation, the situation appears more catastrophic than it may be. A more specific negative event, such as a bad grade on a spelling quiz, makes the event seem more manageable. Personal interpretations of negative events, such as believing that a bad grade indicates stupidity, typically place the blame on internal aspects of the self that are believed to be inherent. Interpretations that consider reasons external to the self, such as environmental or behavioral conditions, point to potentially alterable circumstances. People who routinely explain negative events in permanent, pervasive, and personal terms often feel like bad events will keep occurring (permanent), that the bad events will have vast negative effects on their life (pervasive), and that there is something about themselves that is causing the bad events to occur (personal). Pessimistic explanations, with their unrelentingly negative biases, can result in maladaptive responses to both the current and future situations. A pessimistic explanatory style causes people to feel that nothing they do will matter and they may give up without even trying (Seligman, Reivich, Jaycox, & Gillham, 2007), setting the stage for the development of “learned helplessness.”

Learned Helplessness

The concept of “learned helplessness” was first developed to explain the surprising inability of dogs in one experiment to learn to escape an electric shock. It was discovered that when dogs first experienced inescapable shock, a shock that they could do nothing to prevent or stop, many of them were later unable to be taught a simple behavior in order to avoid the shock. Instead, these dogs, presumably due to their expectation that nothing they did would matter, much like a pessimistic person, gave up without attempting to alter the situation (Seligman, 2006). When dogs were instead first

taught the behavior necessary to escape the shock, they learned the behavior easily and quickly mastered the maneuver. Additionally, later exposure to inescapable shock did not deter them from attempting to escape. Their expectation that their behavior could affect their circumstances prevented them from becoming helpless. Such belief in the potential to effect positive changes, as promoted in an optimistic explanatory style, enables people to persevere toward their goal even when they encounter obstacles (Boman & Yates, 2001). Mastery experience is an important contributor to the development of such a sense of self-efficacy, the belief in one's ability to accomplish a task or goal.

Benefits for Students with Disabilities

Children are best able to build a sense of self-efficacy and other characteristics of positive psychological development when it co-occurs with the development of complex skills (Akin-Little & Little, 2004). Accordingly, a mastery approach to learning is linked to high achievement, adaptive learning strategies, increased motivation, improved affect, increased self-efficacy, and enhanced cognitive strategies (Sideridis & Tsorbatzoudis, 2003). Students with disabilities, in particular, frequently face challenges in school while attempting to develop mastery over the material and their sense of self-efficacy may suffer.

Out of the thirteen categories that students may be found eligible for special education, the largest percentage of students is referred for a learning disability (LD) (Gersten & Dimino, 2006). Sideridis and Tsorbatzoudis (2003) conducted a study on the learning styles of LD students. Their study found evidence for three main groups of students: Amotivated/Disengaged-Low Achievers, Motivated High-Achievers, and Avoidant/Uncommitted-Low Achievers (Sideridis & Tsorbatzoudis, 2003). The students

in the Amotivated/Disengaged-Low Achievers group, containing 26% of the LD students, were the least engaged with learning and lacked a sense of self-efficacy, self-regulation skills, desire to do well in school, and commitment to learning. They displayed symptoms of learned helplessness and had appeared to give up on doing well in school (Sideridis & Tsorbatzoudis, 2003). Thirteen percent of the LD students fell in the Motivated High-Achievers group. These students were highly engaged with learning and had developed skills of self-regulation, high self-efficacy, high expectations, high motivation, a strong desire to do well, and a high level of commitment to learning. The Avoidant/Uncommitted-Low Achievers group contained the majority, 61%, of the LD students. These students had the same low achievement as the Amotivated/Disengaged-Low Achievers, as well as a lack of commitment to learning, low self-efficacy, low motivation, and low self-regulation. They differed significantly, however, in that these students reported high levels of effort and a strong desire to do well. They exhibited high levels of task avoidance rather than a mastery approach to learning. Described by the authors as the least adaptive profile as compared to a mastery-approach, it was unfortunately the most common learning pattern for LD students (Sideridis & Tsorbatzoudis, 2003). Learned helplessness may help explain the LD students' reactions to the academic challenges of school. As the demands of school repeatedly overwhelm their current abilities, the lack of mastery opportunities takes its toll and students may feel that they are unable to succeed, even when they try.

Students with externalizing disorders also face significant challenges in school. The academic environment places a high demand on their typically limited skills of self-regulation, attention, and frustration tolerance. Students with externalizing disorders -

such as attention deficit hyperactivity disorder, emotional disorders, and behavioral disorders - often exhibit problematic behaviors such as noncompliance, aggression, inattention, and impulsivity in the classroom (Jenson, et. al., 2004). Behaviors deemed inappropriate in the classroom setting are often targeted for reduction via behavioral contingencies, sometimes including punishment or removal of reinforcements. However, such maladaptive behaviors may in actuality be in part the “symptoms of unmanaged stress” (Lantieri, 2008) that the students may struggle to manage due to their difficulties with self-regulation and a lack of adaptive coping mechanisms. Due to such behaviors, the resultant high rates of negative interactions in the classroom negatively affect these students’ relationships with teachers. One study found that rates of praise for the times when students with externalizing disorders complied with teacher direction did not exceed even a chance level although reprimands for noncompliance remained highly predictable (Jenson, et. al., 2004). In other words, students with externalizing disorders were less likely to receive praise when they complied with teacher requests, but were more likely to be punished when they did not. Similar to previous examples, this leads to the feeling that nothing the student does really matters and can lead to learned helplessness. Needless to say, optimism will not thrive in such a negative environment, and indeed, Jenson et. al. (2004) found that students with externalizing disorders lack optimism and motivation when it comes to school. Perhaps as a result, students with externalizing disorders also have one of the highest school dropout rates (Jenson, et. al., 2004). Negative experiences in the classroom do not occur only with teachers. Peers, too, can be a source of negativity.

Students with disabilities experience negativity from their non-disabled peers, particularly if they are in a general education classroom. Cooney, Jahoda, Gumley, and Knott (2006) found a significantly higher level of self-reported stigma, such as ridicule and exclusion, experienced by LD students placed in a general education classroom when compared to LD students in self-contained classrooms. LD students in both groups, however, reported experiencing similar levels of stigma in the community, with name-calling being the most commonly reported experience (Cooney, et. al., 2006). While a study by Martinez and Sewell (2000) found that a more pessimistic explanatory style was a predictor of lower GPA in students both with and without physical disabilities, a more pessimistic explanatory style was significantly correlated with lower goal efficacy scores for students with physical disabilities only. The authors suggest that this may reflect disabled students' decreased power and control in their own lives and a resultant increase in learned helplessness.

Students with disabilities are likely to experience high levels of negative interactions with teachers and students in addition to the academic challenges posed by their disability. This negativity, combined with a high rate of failure, puts students with disabilities at an increased risk of developing a pessimistic explanatory style. Pessimism brings with it a sense of helplessness and further erodes the students' sense of self-efficacy and motivation with regard to their ability to achieve academically. This scenario negatively affects students' ability to make progress in their school subjects as they experience the damaging side effects of pessimism.

Programs

The Penn Resiliency Program is a cognitive-behavioral training program adapted for children from cognitive-behavioral techniques that have been utilized successfully with adults. The program, which has been implemented by trained school counselors and teachers in several schools both in the United States and abroad, is geared toward young adolescents and consists of twelve 90-minute sessions. True to its cognitive-behavioral approach, the program seeks to train adolescents in identifying the link between their thoughts and their feelings and behaviors. In addition to teaching students to identify their automatic negative thoughts and other psychological distortions, the program trains them to utilize various skills in order to increase their emotional regulation, impulse control, and problem-solving. Ultimately, the goal of the program is to reduce the severity of depressive symptoms amongst the students by moving those at high-risk from a pessimistic explanatory style to a positive explanatory style. Although the results have been mixed, in some studies the positive effects of reduced depressive symptomology lasted for several years after the program.

The University of Oregon has developed a series of social-emotional skills training curriculum called Strong Start (up to grade 2), Strong Kids (grades 3 through 8), and Strong Teens (grades 9 through 12), that aims to strengthen students' resiliency by building social skills, emotional awareness and regulation, and adaptive coping mechanisms. Session topics, depending upon the target age range, include understanding the feelings of self and others, managing anger, appropriate expression of feelings, identifying the link between how they feel and how they behave, skills to monitor and modify their thoughts and feelings, utilizing an optimistic point of view, coping skills to

manage stress and anxiety, problem-solving and effective communication skills, setting and achieving goals, handling conflicts with others, and how to be a good friend.

The programs have had success in improving student's skills in various social-emotional domains. Harlacher and Merrell (2010) found that third and fourth graders who participated in the Strong Kids curriculum scored higher on a test of social-emotional knowledge than did a control group and also reported improvements in self-perceived use of social-emotional skills. Of note, these gains were maintained at a two-month follow-up. Caldarella, Christensen, Kramer, and Kronmiller (2009) administered the Strong Start curriculum to a second grade general education classroom and found statistically significant increases in teacher ratings of students' positive social behaviors as well as statistically significant decreases in students' internalizing behaviors, particularly for students determined to be at greater risk based on pre-intervention behavioral ratings. Merrell, Juskelis, Tran, and Buchanan (2008) administered the Strong Kids curriculum to general education students in the fifth, seventh, and eighth grades, and the Strong Teens curriculum to ninth through twelfth grade students attending a special education high school. Participation in the program lead to statistically significant increases in students' knowledge of social-emotional concepts and effective coping strategies. With the exception of the fifth grade general education group, students also demonstrated a significant reduction in self-reported social-emotional problematic symptoms. In a study by Kramer, Caldarella, Christensen, and Shatzer (2010), teachers noted that students seemed better at making friends and parents noted a decrease in tantrums at home.

Although the Strong Start/Kids/Teens programs were well received by educators (Caldarella, et. al., 2009; Kramer, et. al., 2010), several studies noted concerns regarding

session length and delivery. Many teachers suggested that offering shorter lessons more frequently, such as twice per week, would better fit the time constraints of the classroom (Caldarella, et. al., 2009; Merrell, et. al, 2008, Kramer, et. al., 2010) as well as the attention span of younger students (Kramer, et. al., 2010). Merrell, et. al. (2008) also recommended the use of a strengths-based assessment of student skills rather than measuring negative symptoms.

This study endeavored to build upon the previous research supporting the benefits of administering the Strong Kids curriculum in addition to specifically assessing the utility of the program's use by teachers working with students with learning disabilities. This study attempted to ameliorate concerns noted by previous researchers that may be potential barriers to use by teachers by shortening the lesson length, increasing the frequency of lessons, and utilizing a strengths-based approach to measuring student gains.

Hypotheses

The primary hypothesis of this study was that students who participate in a social-emotional skills training program will demonstrate increased optimism. Secondly, it was hypothesized that students who participate in a social-emotional skills training program would demonstrate improved general classroom behavior on teacher-rated subjective qualities such as, for example, a decrease in problematic behaviors, an increase in persistence on difficult tasks, improved affect and a better relationship with others in the classroom.

Please note that this research study was not implemented in the manner originally intended. There were fewer sessions than proposed and younger participants were

included which were not a good fit for one of the measures. The results indicate the importance of implementing the Strong Start curriculum with fidelity to the original design of the program.

Method

Participants

Participants for the study consisted of 5 first and second grade elementary school students being served in a classroom for students with learning disabilities and 2 special education teachers in the Alexandria City Public Schools in northern Virginia. The students consisted of 4 boys and 1 girl, and their ethnicities as recorded in school records were as follows: 2 African American, 1 Asian/Pacific Islander, 1 White – Not Hispanic, and 1 White – Hispanic. Four students were 7 years old and 1 student was 8 years old. Three of the students were receiving special education services under the category of a Specific Learning Disability, 1 received services under the category of Speech or Language Impairment, and 1 received services under the category of Autism. None of the students were receiving other social-emotional supports during the course of this study.

Measures

The *Children's Attributional Style Questionnaire – Revised* (CASQ-R; see Appendix A) is a 24-item questionnaire designed to measure children's optimistic or pessimistic explanatory style with regard to three dimensions: external-internal, unstable-stable, specific-global. The CASQ-R asks children to respond to hypothetical positive (such as "You get very good grades") or negative (such as "Your teacher asks you a question and you give the wrong answer") events by choosing one of two belief statements that best represents what they would think in that situation. The belief

statements include either external or internal, unstable or stable, and specific or global elements. For example, a response of “I am stupid” in response to the hypothetical situation of getting a bad grade in school exhibits an internal and stable interpretation of a negative life event. The scores on this questionnaire indicate the child’s general level of optimism or pessimism as compared to other children of the same age and gender and are classified as “Very Pessimistic,” “Somewhat Pessimistic,” “Average,” “Somewhat Optimistic,” or “Very Optimistic.” This measure is recommended for use with children aged 9 – 12 years old. The CASQ-R has demonstrated adequate psychometric properties with moderate internal consistency reliability ($\alpha = .61$ for the overall composite), fair test-retest reliability ($r = .38 - .53$), and good criterion-related validity with a significant correlation with the Vanderbilt Depression Inventory such that a less adaptive attributional style was associated with elevated symptoms of depression ($p = -.40$, $p < .001$) in a study by Thompson, Kaslow, Weiss, and Nolen-Hoeksema (1998).

The *Devereux Students Strengths Assessment-Mini* (DESSA-mini; see Appendix B) is a brief behavior rating scale consisting of 8 questions that is designed for use as a quick screening and progress-monitoring of the acquisition of social-emotional competencies important for adequate classroom behavior including self-awareness, social-awareness, self-management, goal-directed behavior, relationship skills, personal responsibility, decision-making, and optimistic thinking. This measure is designed for use with students in Kindergarten through 8th grade. Four equivalent forms of the DESSA-Mini are available for use when students are reassessed within a short period of time, such as for progress-monitoring purposes. Forms 1 and 3 of the DESSA-Mini were used for the purposes of this research. Form 1 was administered prior to beginning the Strong

Start social-emotional skills training program, and Form 3 was administered after the program has been completed. Scores are classified as “Need” for students who would benefit from additional support in the social-emotional domain or as “Typical” for students who display appropriate social-emotional competency. In a study of the psychometric properties of the DESSA-Mini, it demonstrated good internal reliability (ranging from .915 for Form 1 to .924 for Form 3) and good validity with high agreement (ranging from 94.8% for Form 3 to 96.5% for Form 1) regarding whether or not students required social-emotional intervention between the DESSA-Mini and the full DESSA, a 72-item assessment of social-emotional competencies (Naglieri, LeBuffe, Shapiro, 2011).

Procedures

Parental consent was obtained by sending home letters of consent for parents to sign and return if they gave consent for their child to participate. The consent form included information about the study’s purpose, nature, and any potential risks and benefits, as well as the researcher’s contact information for parents who might have questions about the study. Follow-up calls to parents were provided to explain the purpose of the study and the nature of the program. After parental consent was obtained, student assent was also obtained by explaining the study to the students, reading the student letter of assent, and giving the students a copy of the letter of assent to sign if they chose to participate in the study. The assent form included information written in age-appropriate language about the study’s purpose, nature, and any potential risks and benefits, as well as the researcher’s contact information for parents who might have questions about the study. All students who had received parental consent also provided assent to participate in the study. Eight of the ten students in the classroom for students

with learning disabilities received parental consent to participate in the study. The two students who did not receive parental consent to participate engaged in extra targeted academic instruction with their special education teacher or participated in activities in their general education classes for the duration of the program delivery. Three of the eight participating students were eliminated from the final data set due to multiple absences during program implementation and survey completion.

In order to assess the effects of the skills training program on the students' optimism outcomes as compared to their level of optimism prior to completion of the program, each student was coded with a number and all personally identifiable information was disassociated with responses leaving only the assigned number to connect the pre-intervention and the post-intervention data collected. This enabled the researcher to assess how the intervention affected the students' optimism as a whole. Only aggregate data is presented or included in this final thesis representing averages or generalizations about the responses as a whole. All data was stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matched up individual respondents with their answers was destroyed.

Students completed the *Children's Attributional Style Questionnaire – Revised* (CASQ-R) prior to the implementation of the intervention program. The researcher read the questionnaire aloud to the students in a one-to-one setting or in pairs in order to provide support to the students in completion of the survey. However, this measure is intended for children older than the participants of this study and some of the students found the questionnaire difficult to understand. Therefore the CASQ-R was not an appropriate measure for this population and may not have been able to provide an

accurate estimate of the students' levels of optimism. Teachers independently completed a *Devereux Students Strengths Assessment-Mini* (DESSA-mini) prior to the implementation of the intervention program for each of their students in the study.

A modified Strong Start program was implemented in the learning disabilities classroom by the researcher with the classroom teachers present. The program was modified in order to have shorter and more frequent sessions. In order to avoid impacting academic time and to maximize acceptability of the program for administration within the classroom setting, the Strong Start curriculum was administered during a natural transition period in the class schedule as students arrived after specials and prior to their small group instruction. The instruction time was limited to approximately 25 minutes per session, with 6 sessions occurring one to four times per week over the course of 3 weeks. The sessions included approximately 15 minutes of instruction time and 10 minutes of activity time and progressed through the following topics: identification of feelings, appropriate expression of feelings, understanding and managing anger, optimistic thinking and managing worries, being a good friend, and problem-solving conflicts with others. However, the time available for instruction and practice of the skills and strategies with this approach was inadequate for effective learning to take place in the manner intended by the *Strong Start* curriculum. See Appendix C for the lesson plans.

At the conclusion of the study, students again completed the CASQ-R and teachers completed a DESSA-mini for each student in their classroom that was in the study. Additionally, students and teachers completed brief intervention acceptability questionnaires (see Appendix D) in order to gauge the subjective benefits and acceptability of the program implementation.

Analyses

Descriptive statistics were analyzed for changes in the students' levels of optimism and changes in teacher-rated classroom behavior over the course of the study. A Pearson product-moment correlation coefficient was computed to assess the relationship between students' levels of optimism and classroom behavior.

Results

Pre- and Post-Intervention Comparisons

The first hypothesis was that students who participated in the social-emotional skills training program would demonstrate increased optimism as measured by self-report on the *Children's Attributional Style Questionnaire – Revised* (CASQ-R). Analysis revealed a slight increase in the overall mean between the pre-intervention CASQ-R scores ($M = 3.20$, $SD = 3.63$) and post-intervention CASQ-R scores ($M = 3.60$, $SD = 3.5$). Inspection of the individual student scores indicated that 3 students' attributional style remained the same before the program as after the program (2 Average and 1 Very Optimistic), 1 student's attributional style became more pessimistic moving from "Somewhat Pessimistic" to "Very Pessimistic," and 1 student's attributional style became relatively more optimistic although it remained in the same classification of "Very Pessimistic." (See Table 1 for scores and classifications.) Please note that scores on the CASQ-R are scored differently for boys and girls. Additionally, this measure was difficult for many of the students to understand and to complete as it was intended for administration with older students.

Table 1

*Pre- and Post-Intervention Children's Attributional Style Questionnaire – Revised**(CASQ-R) Scores and Classifications*

Student	CASQ-R_Pre	CASQ-R_Post
1	2 Somewhat Pessimistic	-2 Very Pessimistic
2 ^a	-2 Very Pessimistic	4 Very Pessimistic
3	4 Average	4 Average
4	8 Very Optimistic	8 Very Optimistic
5	4 Average	4 Average

^aCASQ-R scores for this student were compared to the norms of other girls which differs from the norms for boys.

The second hypothesis was that students who participated in the social-emotional skills training program would demonstrate improved general classroom behavioral performance as measured by the *Devereux Students Strengths Assessment-Mini* (DESSA-Mini) completed by the classroom teachers. Analysis revealed a decrease in the overall means of teacher-rated student classroom performance between the pre-intervention DESSA-Mini scores ($M = 41.40$, $SD = 1.52$) and post-intervention DESSA-Mini scores ($M = 37.80$, $SD = 2.95$). These results suggest that the students' classroom behavioral performance declined over the course of the program implementation. One student who was classified as in "Need" of social-emotional support remained in the "Need" category,

1 student who was classified as “Typical” remained in the “Typical” category, and 3 students who began the study classified as “Typical” moved to the “Need” category by the end of the study. (See Table 2 for scores and classifications.)

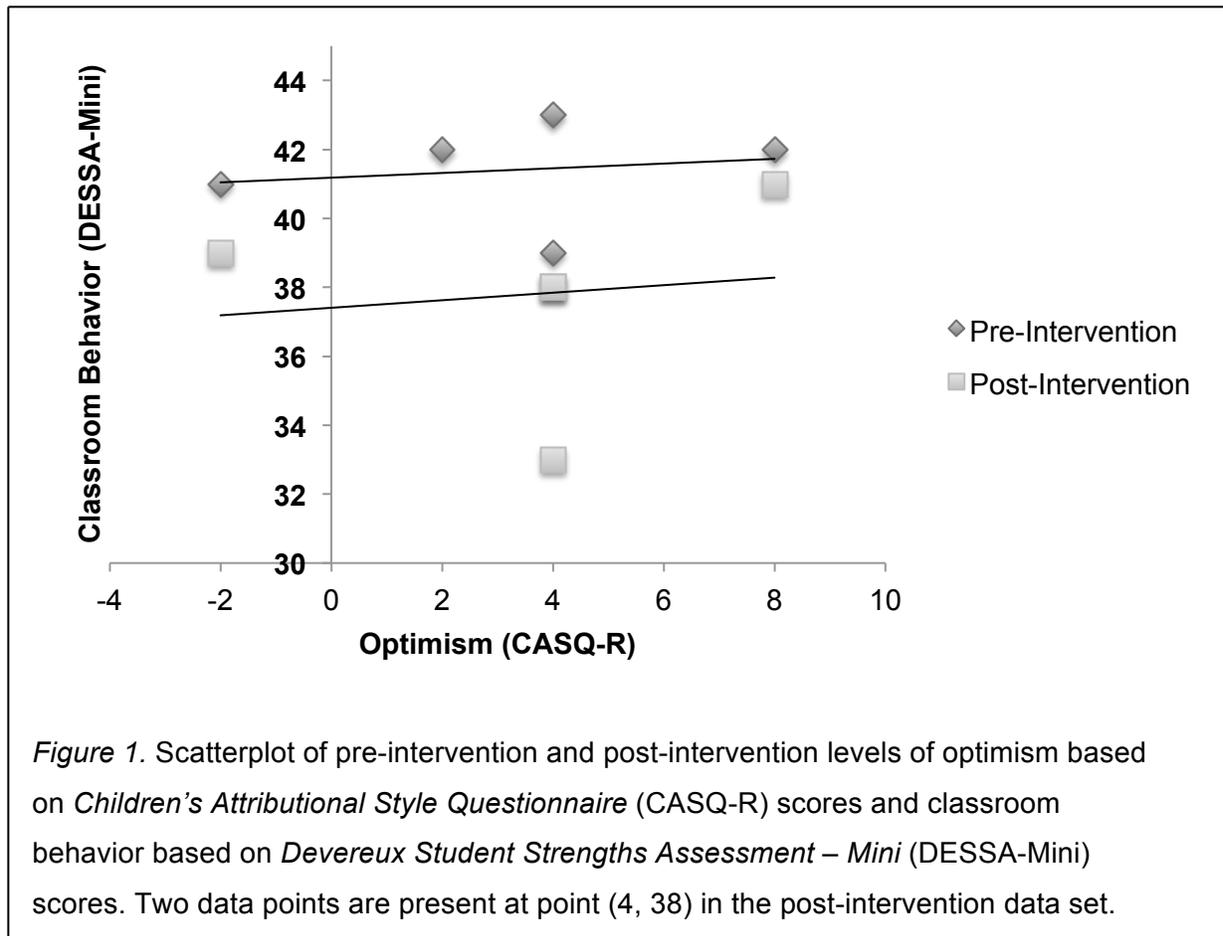
Table 2

Pre- and Post-Intervention Devereux Students Strengths Assessment-Mini (DESSA-Mini) Scores and Classifications

Student	DESSA_Pre	DESSA_Post
1	42 Typical	39 Need
2	41 Typical	38 Need
3	43 Typical	38 Need
4	42 Typical	41 Typical
5	39 Need	33 Need

Optimism and Classroom Behavior

The preceding hypotheses were predicated on the theory originating from research that a student’s level of optimism is associated with a student’s classroom behavioral performance such that increased optimism would lead to improved classroom behavior. The students’ levels of optimism and classroom behavior at both the beginning ($r = 0.16$; see Figure 1) and end ($r = 0.13$; see Figure 1) of the study showed a very weak, but positive, correlation to one another.



Intervention Acceptability

The intervention appeared to be generally acceptable to the students with all five students providing the positive endorsements of “somewhat agree” or “agree” on items indicating that they felt that the program had helped them with their schoolwork and to deal with their feelings. Four of the five students also positively endorsed that the program had helped them with other people, such as family and friends, with one student indicating “neither agree or disagree” on this item. Four of the five students also indicated that they had liked the program lessons and activities, with one student indicating “disagree” on this item. Three of the five students indicated that they would

recommend the program to a friend while two students indicated “neither agree or disagree” on this item.

During the group meetings, each of the students appeared to greatly enjoy the activities. The strategies presented, such as Stop, Count, In, Out and the ABC’s of Happy Thinking, appeared to be easily remembered and understood by the students. The male students in the group seemed to prefer more interactive activities such as role-playing and helping the group mascots to successfully solve student-generated problems while the female student particularly enjoyed the books that were read. Increasing active interaction with the literature, such as opportunities to connect the stories to real-life experiences or answering predictive questions, increased engagement for all students during reading of books. The students appeared to look forward to the group as evidenced by their excitedly and repeatedly asking the facilitator when the next session would occur whenever the students saw the facilitator in the school. At the conclusion of the meetings, two of the students eagerly wanted to know if they could be in the same group the following school year.

One of two teachers endorsed that they believed the program was something that could be integrated into the classroom on a regular basis and that they would be interested in hosting the program in their classroom again. The remaining teacher disagreed that the program could be integrated into the classroom regularly and indicated “neither agree or disagree” for interest in hosting the program in the future. Both teachers indicated “neither agree nor disagree” with regard to interest in implementing the program themselves in their classrooms. Both teachers indicated ratings of either “neither agree nor disagree” or “somewhat disagree” on items regarding whether the program had

been beneficial to the students or that the program was a worthwhile use of classroom time. Written comments suggested implementation at the beginning of the year might have been more desirable and effective.

Discussion

The results of this study indicate that administration of the Strong Start program with fidelity to the original design of the program as a whole-classroom intervention implemented by the classroom teacher is imperative to the success and generalizability of the program.

Because this study focused on students with learning disabilities, implementation of the program took place in a classroom for students with learning disabilities with students coming from various home-room classrooms. One disadvantage of this is that the skills and strategies taught to the children in the sessions were disconnected from their larger educational environment and placed upon the students the sole responsibility of implementing these new skills. Students with behavioral and learning needs may require increased scaffolding and prompting in order to practice and master new skills. For example, one participating student with many behavioral needs was able to use drawings and story-telling to accurately describe and demonstrate use of the problem-solving and anger-management skills taught in the program to solve a real-life problem for the student, but according to teacher report did not independently utilize these skills in daily interpersonal interactions. Therefore, implementation of the program using a whole-classroom approach appears to be an important aspect of success with this program in order to provide ongoing support and prompting to practice the skills and strategies learned. Whole-classroom administration, combined with administration earlier in the

year, would provide the exposure and scaffolding necessary to promote adequate skill development and generalizability. Additionally, each of the students in this study had been nominated by their special education teachers based on behavioral need. While this program is intended to be a universal intervention to provide a strong base of skills and strategies to support the social-emotional development of all children, it may not be as well suited to address the particular challenges of a high-needs group of children in isolation of the rest of the students or general classroom environment.

The results that the students' levels of optimism remained largely unchanged was likely impacted by both the short time of administration of the program and the difficulty some of the students had completing the CASQ-R, which was intended for use with older children. The program's strategy for optimistic thinking, the ABC's of Happy Thinking, appeared to be understood by and accessible to the students during program lessons. However, making effective use of this strategy would require much more time to practice the skill combined with prompting to use the strategy in real-life situations during the instructional day.

The results that the students' teacher-rated classroom behavior declined over the course of the study may be at least partially attributed to the timing of program implementation near the end of the school year when students are often excited for the coming summer and schedules are disrupted by many end-of-the-year celebrations and activities. In fact, it was necessary for multiple group sessions to be either canceled or rescheduled in order to accommodate special activities and events. The students' special education teachers noted that the students' behavior typically worsens at this time of the year due their being very "antsy" and off of their regular schedules. Administration at the

end of the year did not allow sufficient time for the students to learn and to effectively practice the skills and strategies taught in the program.

Because lack of time for implementation was a frequently noted obstacle in the literature, part of this study sought to investigate the practicality of altering the program to consist of smaller lessons that might be more acceptable for implementation in the classroom setting by teachers. However, it was difficult to adequately teach the skills and strategies as intended by the program in a shorter amount of time than the recommended 50 minutes per lesson, and the shortened lessons were unable to provide sufficient opportunities for strategy acquisition and rehearsal. Even with the shortened lessons, one of the teachers in this study verbally noted that she felt that she lacked the adequate time to implement the program in her classroom. Although she stated that she had liked the program activities and the strategies taught, she suggested that a more appropriate location for implementation would be in the general education classroom setting. In an inclusion-based school, the general education setting does appear to be the optimal location for implementation of the program in order to best promote skill development and generalization of the strategies taught in the program.

Teacher buy-in will be an essential component of successful implementation of this program as it was designed. It seems that teachers in both the special education setting in this study and the general education teachers in previous research may experience so many demands on their limited time with their students that implementation of non-academic interventions may remain a challenge. School psychologists may be able to help in this area.

Implications for School Psychologists

School psychologists who work in schools utilizing a multi-tiered systems of support (MTSS) model to address social-emotional competency in students may be able to assist in guiding implementation of universal level supports with whole-classroom lesson programs such as Strong Start or by the use of quick progress-monitoring tools such as the Dessa-Mini to determine level of student need. Familiarity with a common school-wide social-emotional curriculum would also assist the school psychologist in building upon existing skills and targeting additional interventions for those students who present in need of further support at the Tier 2 or 3 levels.

School psychologists may be able to aide in increasing teacher buy-in with regards to implementation of this program in their classrooms by utilizing teacher in-service time to provide an overview of the curriculum, training in program implementation, and to share responsibility in the implementation with co-leading of program sessions. School psychologists could also network with other student support personnel, such as school counselors, in order to provide sufficient support to teachers and students in implementation of the program in their schools. We know that many teachers already experience the stressful feeling that there is not enough time in the instructional day to provide all of the support and instruction that students need, and expecting teachers to implement this program without assistance may add to that sense of being overwhelmed. The program itself is well-designed for ease of implementation in the school setting with a minimum of additional materials or preparation in addition to the curriculum book needed and with most necessary items, such as books, readily available in the schools. An overview of the program during a teacher in-service may

serve to allay any fears that the program would be difficult or too time-consuming to implement. Support in the form of co-leaders may also serve to shoulder some of the preparation and administration time and responsibilities while still maintaining the necessary amount of teacher involvement such that teachers will be familiar enough with the program to continue to support their students in use of the skills throughout the school day.

Limitations

This study was limited by a small number of participants and as such is not generalizable to the greater population of elementary students served in classrooms for students with learning disabilities. Due to the young age of the students, the CASQ-R was not an appropriate measure of student optimism and some of the students experienced difficulty completing the questionnaire even with one-to-one support to answer the questions and many students became fatigued prior to the end of the questionnaire. Additionally, implementation of the program near the end of the school year was problematic in that regular sessions were difficult to implement because of the many schedule conflicts with end-of-the-year activities. Also, implementation of the program during a scheduled intervention period in the day made full attendance difficult to achieve as several students also received other services such as speech during this time.

Future Research

Future research may wish to implement the program closer to the beginning of the year to provide the skills and strategies before students have settled into habituated behavioral interactions with staff and other students. This, combined with implementation of the program in students' home-room classrooms, would also provide greater

opportunity for student growth as their attempts to use and to master the skills and strategies may be praised, encouraged, and prompted by their classroom teacher. Additionally, a study with young students such as this study may benefit from either briefer student measures intended for their age range or more comprehensive teacher-report measures to assess changes in student behavior over time.

*Appendix A**Children's Attributional Style Questionnaire – Revised*

1. You get an A on a test.
 - A. I am smart.
 - B. I am good in the subject the test is in.
2. Some kids you know say that they don't like you.
 - A. Once in a while people are mean to me.
 - B. Once in a while I am mean to other people.
3. A good friend tells you that he hates you.
 - A. My friend was in a bad mood that day.
 - B. I wasn't nice to my friend that day.
4. A person steals money from you.
 - A. That person is dishonest.
 - B. Many people are not honest.
5. Your parents tell you that something that you make is very good.
 - A. I am good at making some things.
 - B. My parents like some things I make.
6. You break a glass.
 - A. I am not careful enough.
 - B. Sometimes I am not careful enough.
7. You do a project with a group of kids and it turns out badly.
 - A. I don't work well with the people in that particular group.
 - B. I never work well with groups.
8. You make a new friend.
 - A. I am a nice person.
 - B. The people that I meet are nice.
9. You have been getting along well with your family.
 - A. I am usually easy to get along with when I am with my family.
 - B. Once in a while I am easy to get along with when I am with my family.
10. You get a bad grade in school.
 - A. I am not a good student.

- B. Teachers give hard tests.
11. You walk into a door and you get a bloody nose.
- A. I wasn't looking where I was going.
- B. I have been careless lately.
12. You have a messy room.
- A. I did not clean my room that day.
- B. I usually do not clean my room.
13. Your mother makes you your favorite dinner.
- A. There are a few things that my mother will do to please me.
- B. My mother usually likes to please me.
14. A team that you are on loses a game.
- A. The team members don't help each other when they play together.
- B. That day the team members didn't help each other.
15. You do not get your chores done at home.
- A. I was lazy that day.
- B. Many days I am lazy.
16. You go to an amusement park and you have a good time.
- A. I usually enjoy myself at amusement parks.
- B. I usually enjoy myself in many activities.
17. You go to a friend's party and you have fun.
- A. Your friend usually gives good parties.
- B. Your friend gave a good party that day.
18. You have a substitute teacher and she likes you.
- A. I was well behaved during class that day.
- B. I am almost always well behaved during class.
19. You make your friends happy.
- A. I am usually a fun person to be with.
- B. Sometimes I am a fun person to be with.
20. You put a hard puzzle together.
- A. I am good at putting puzzles together.
- B. I am good at doing many things.

21. You try out for a sports team and do not make it.
- A. I am not good at sports.
 - B. The other kids who tried out are very good at sports.
22. You fail a test.
- A. All tests are hard.
 - B. Only some tests are hard.
23. You hit a home run in a ball game.
- A. I swung the bat just right.
 - B. The pitcher threw an easy pitch.
24. You do the best in your class on a paper.
- A. The other kids in my class did not work hard on their papers.
 - B. I worked hard on the paper.

Appendix B

Devereux Student Strengths Assessment – Mini

Forms 1 and 3

Form 1

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: ***During the past 4 weeks, how often did the child...*** and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Item # During the past 4 weeks, how often did the child...

1. accept responsibility for what she/he did?

				Very
Never	Rarely	Occasionally	Frequently	Frequently
0	1	2	3	4

2. do something nice for somebody?

				Very
Never	Rarely	Occasionally	Frequently	Frequently
0	1	2	3	4

3. speak about positive things?

				Very
Never	Rarely	Occasionally	Frequently	Frequently
0	1	2	3	4

4. pay attention?

				Very
Never	Rarely	Occasionally	Frequently	Frequently
0	1	2	3	4

5. contribute to group efforts?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

6. perform the steps of a task in order?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

7. show care when doing a project or school work?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

8. follow the advice of a trusted adult?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

Form 3

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: *During the past 4 weeks, how often did the child...* and place a check mark in the box underneath the word that tells how often you saw the behavior.

Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Item # During the past 4 weeks, how often did the child...

1. show good judgement?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

2. take steps to achieve goals?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

3. try to do her/his best?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

4. focus on a task despite a problem or distraction?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

5. prepare for school, activities, or upcoming events?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

6. do routine tasks or chores without being reminded?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

7. learn from experience?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

8. express high expectations for himself/herself?

Never	Rarely	Occasionally	Frequently	Very Frequently
0	1	2	3	4

Appendix C

Lesson Plans

These lessons were adapted by the researcher from the Strong Start Grades K – 2 curriculum to fit into shorter sessions. Location of activities in the original Strong Start curriculum will be noted in italics in parentheses (*L* = Strong Start Lesson) and other changes will be noted. The Strong Start curriculum recommends having a stuffed bear named Henry present at all sessions. A stuffed dog named Duke Dog and/or a dinosaur marionette named Rexie were used in these sessions.

Lesson 1

- Introductions to group (*L1*)
- Review *Strong Start* group rules (*L1*)
 1. Be a good listener.
 2. Keep a calm body.
 3. Be a friend.
- Discuss concept of confidentiality (*L1*)
- Read *The Way I Feel* by Janan Cain (from *Strong Start* book list) (*L1*)
- Talk about “basic feelings” (happy, sad, afraid, angry, surprised, disgusted) (*L2*)
- Ways of showing feelings (*L3*)
 - “Okay” and “Not okay” scenarios with Duke Dog (*L3*)
 - Some scenarios from *Strong Start*, some from students
- Closed with *Strong Start* song: (*L1*)
 - If you’re happy and you know it, clap your hands.
 - If you’re sad and you know it, say “Boo hoo.”

- If you're afraid and you know it, take a breath.
- If you're angry and you know it, use your words.
- If you're surprised and you know it, say, "Wowee."
- If you're disgusted and you know it, say, "Yucky."

Lesson 2

- Review of previous lesson topics (L4)
- Everyone feels angry sometimes (L4)
 - Angry pictures, how your body looks and feels when angry (L4)
- Dealing with anger: Ways that Help, Ways that Hurt (L4)
- Read *Sometimes I'm a Bombaloo* by Rachel Vail (from the *Strong Start* book list) (L4)
- Strong Start Strategy: STOP, COUNT, IN, OUT (L4)
 - When you feel a spark, **stop**.
 - **Count** to 10.
 - Take a deep breath **in**.
 - Breathe **out**.
- Scenarios with Duke Dog, Ways that Help versus Ways that Hurt (L4)
 - Ways that Help (put the angry fire out)
 - Ways that Hurt (spread the angry fire)

Lesson 3

- Review of previous lesson topics (L5)
- When we feel happy (L5)
 - Happy pictures, how your body looks and feels when happy (L5)

- Read *Today I Feel Silly & Other Moods That Make My Day* by Jamie Lee Curtis (from *Strong Start* book list) (L5)
- “ABC’s of Happy Thinking” (L5)
 - A – A problem Whenever there’s a problem...
 - B – Bad feelings that gives you a not good feeling...
 - C – Comfort yourself comfort yourself by thinking about it in a way that makes you feel better.
- Scenarios with Duke Dog (L5)
 - Happy Thinking or Not Happy Thinking
 - Some scenarios from *Strong Start*, some from students

Lesson 4

- Review of previous lesson topics (L6)
- When we feel worried (L6)
 - Show and define worry (L6)
 - Worried pictures, how our bodies look and feel when we are worried (L6)
- Read *The Good-bye Book* by Judith Viorst (from *Strong Start* curriculum list) (L6)
- Using Stop, Count, In, Out and the ABC’s of Happy Thinking to help “letting go of worries” (L6)
- Scenarios with Duke Dog (L6)
 - Letting Go of Worries and Not Letting Go (L6)
 - Some scenarios from *Strong Start*, some from students

Lesson 5

- Being a good friend (*L8*)
 - Talking and listening
 - Approaching others
 - Sharing and working together
- Read *Frog and Toad Together* by Arnold Lobel (from *Strong Start* book list) (*L8*)
- Generate list: How could we tell that Frog and Toad were friends? How can you tell when other people are your friends? How can you be a friend?
- We use our words, eyes, ears, and bodies to help us make and keep friends. (*L8*)

Lesson 6

- Solving people problems (*L9*)
- Review Ways that Help (Stop, Count, In, Out and ABC's of Happy Thinking) (*L9*)
- Scenarios with Duke Dog and Rexie (*L9*)
 - Some scenarios from *Strong Start*, some from students
- Student illustrations and problem-solving
 - Added this closing activity as another way to connect the skills to real-life situations and based on student interest/excitement with the drawing materials

Appendix D

Intervention Acceptability Measures

Intervention Acceptability - Student

1. I feel that the skills taught in the program have helped me with my schoolwork.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

2. I feel that the skills taught in the program have helped me with other people, such as classmates, friends, or family.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

3. I feel that the skills taught in the program have helped me deal with my feelings.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

4. I liked the program lessons and activities.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

5. If my friend's class had this program and he/she didn't know whether or not to participate, I would tell him/her to participate.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

Comments:

Intervention Acceptability – Teacher

1. I feel that the skills taught in the program have been beneficial for my students.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

2. I feel that the program was a worthwhile use of classroom time.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

3. I feel that the program was something that could be integrated into the classroom on a regular basis.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

4. I would be interested in hosting this program in my classroom again.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

5. I would be interested in implementing this program myself in my classroom.

0	1	2	3	4
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

Comments:

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