CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

ELEMENTARY LIFESTYLE INTERVENTION PROJECT

A thesis submitted in partial fulfillment of the requirements
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By

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DEDICATION

First of all, I dedicate this thesis to my amazing family. To my mother, who was the

one who pushed me to pursue a career that I am truly passionate about, despite my initial

decline. Thank you for always believing in me and supporting me in everything that I do.

To my father, who always told me how proud he is of me and who has continued to

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sorts of families and school staff. I am so blessed to have had these incredible

oppurtunities and am just looking forward to having many more.

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ABSTRACT

ELEMENTARY LIFESTYLE INTERVENTION PROJECT

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Masters of Science in Counseling

School Psychology

Many school mission statements emphasize the need to educate students to be
knowledgeable, responsible, socially skilled, healthy, caring, and well-rounded citizens.
This mission is supported by the growing body of research aimed at emphasizing the
importance of developing school-based programs. Yet, these programs are scarce and
their impact is limited. In today's current school-wide system, most of the emphasis is
placed on academic interventions with the intent of increasing test scores, while
children's social and emotional concerns are ineffectively addressed. The current study
aims to further examine the potential impact of interventions aimed at fostering children's
full development. This study investigates the impact that academic underachievement
has on childrens' self-esteem, the specific characteristics associated with self-esteem that
are influenced by wellness interventions, and the specific characteristics associated with
self-esteem that are not influenced by wellness interventions. The findings indicate that
wellness interventions lead to positive prevention outcomes in schools and call for system
wide changes to implement these interventions.

CHAPTER ONE: INTRODUCTION

Background of the Problem

      Social emotional characteristics play a major role in the development and learning of school-age children. Self-esteem is a significant variable to investigate when studying the social-emotional influences on students. Over the course of a child's school years, their experiences and feelings lead them to generate a perception of themselves. School becomes a major facility for where these influences take place and consequently, performance in school can have a lasting impression on a child's self-perception. Children who face academic challenges have lower self-esteem than their higher performing counterparts. The current study aims to understand the various factors that influence a student's self-perception and address those factors through a wellness intervention program designed to meet the needs of underachieving students.

      Bearing in mind this study's need for a student population that faces social, emotional, and academic obstacles, children from low socioeconomic status (SES) neighborhoods are an appropriate group of interest. Research shows that for decades, low SES students have been disproportionally represented in special education programs (Dunn, 1968). In 1973, Mercer revealed that low SES students were twice as likely to be labeled "Mentally Retarded" than their high SES peers. A recent study conducted by the National Longitudinal Transition Study of Special Education Students confirmed that students found eligible for special education were more likely to be from low SES communities than children in the general population. Moreover, children with disabilities from low-income households experience poorer post-school outcomes than students with disabilities from higher-income households including higher dropout rates and lack of

career options (Blackorby &Wagner, 1996). Finally, a recent study found that adolescent mental disorders were more likely to be found among youth in families with low SES than would be expected by chance alone (Miech, Caspi, Wright & Sylvia, 2006).

To fully understand this disproportionate overrepresentation it is important to examine the eligibility criteria for special education. According to the California State Department of Education, to qualify for eligibility as a student with a Specific Learning Disability (SLD), a student must meet certain requirements. These requirements include: a disorder in a psychological process, a severe discrepancy between intellectual ability and achievement, exclusion of certain factors like intellectual disability and emotional disturbance, and most importantly, low or lack of achievement. In 2004, new measures were put in place to identify students with SLD. The new requirements no longer mandate that a student experience a severe discrepancy between achievement and intellectual ability and permit the use of research-based interventions as part of the evaluation and determination process.

Regardless of the method used to qualify a student for a SLD, once a student is found eligible, one can assume that the student has been struggling academically for a prolonged period of time. This educational challenge paired with a Special Education label, can influence a child's self-perception and consequently impact other areas of his or her life.

Statement of the Problem

Although most psychologists are aware that prevention is better than remediation, less than 1% of the United States budget is allocated to the prevention of mental health problems. That is, most of the monies go toward treatment, rather than prevention

(Goldston, 1991). Despite the common perception that brain malleability is greatest during a child's early years, our government spends very few resources on early intervention (Keating & Mustard, 1996; Ramey & Ramey, 1998; Steinhauer, 1998). These contradictions are of great concern to psychologists interested in advancing children's social and emotional well being. In order to foster well-being, there needs to be a shift in the priorities of psychological and social interventions. This study will discuss the following four points: (1) the impact that Specific Learning Disabilities (SLD) may have on children's self-esteem, (2) the concept of wellness, (3) the need for wellness interventions in schools, and (4) a framework for implementing interventions that will increase self-esteem in students with SLD.

Purpose of the Study

While previous studies have shown that students with SLD are at risk for developing a variety of poor characteristics including low self-esteem, this study will reveal that there are factors that can reduce the influence of these outcomes. Wellness interventions have been linked to positive changes in academic performance, improvements in disobedient behaviors, and the promotion of self-care behaviors. Research shows that individuals who are higher on the wellness scale tend to have prominent and respected positions and are more likely to have high levels of job satisfaction and self-esteem. On the other hand, teen girls with poor body images and students with low scores on Language, Reading and Math Assessments tend to have low levels of wellness. Lastly, research indicates that programs that offer wellness interventions for their students can actually increase the student's degree of wellness over time.

This study will address the following research questions: (1) What impact does academic underachievement have on self-esteem? (2) What specific characteristics associated with self-esteem can be influenced by wellness interventions? (3) What specific characteristics associated with self-esteem are not influenced by wellness interventions? (4) Can wellness interventions lead to positive prevention outcomes in schools?

Limitations of the Study

There are a few limitations that may impact the generalizability of this study's findings. First, the sample size of ten students may not be a sufficient number to generalize to the rest of the population. As the sample population was small, it is not necessarily representative of the US population of fourth grade students. Furthermore, the study's findings may only apply to students with SLD in low SES communities. Another limitation is the possible reporter bias, which may be a factor, as the students completed questionnaires about themselves. Although every precaution was taken to allow the students to answer honestly and without judgment, they may have answered the questionnaire in ways that did not reflect their true feelings and opinions. It should be noted that rating scales are used extensively in research and are considered reliable sources of information. Despite these known limitations, the study was controlled for special education characteristics, grade level, and self-esteem. Moreover, to rule out many of these differences, a control group was used as well.

Terminology

The terminologies used in this paper are defined for clarification:

<u>Self-esteem/Self-Concept Self-esteem/Self-Concept</u> – a relatively stable set of attitudes

reflecting both description and evaluation of one's own behavior and attributes (Piers & Herzberg, 2002).

Wellness is a theory based on a model for living in which individuals are emotionally happy and optimistic. The theory focuses on five factors: *Social*, *Coping*, *Essential*, *Physical*, and *Creative.* An individual's "self" is composed of these elements and the combined effect is a total level of wellness. Research shows that individuals with high levels of wellness, have a better chance of leading productive and enjoyable lives. They are curious, sharp, physically healthy, spiritually content, fulfilled in their relationships, and comfortable in different environments (Sweeney & Witmer, 1992).

Special Education Services: Students become eligible for special education services under IDEA if they have one of thirteen eligible disabilities, and if that disability creates a need for special education and related services in order for the student to benefit from their education. Eligible disabilities include: autism; hearing impairment, including deafness; deaf-blindness; mental retardation; multiple disabilities; orthopedic impairment; other health impairment; serious emotional disturbance; specific learning disability; speech and language impairment; traumatic brain injury; and visual impairment, including blindness (CDE, 2010).

Individuals with Disabilities Education Act (IDEA) Federal law that entitles students with disabilities to special education services (DREDF, 2008).

Designated Instruction and Services (DIS) Services required to assist an individual with disabilities to benefit from special education, including, but are not limited to, occupational, speech and physical therapy, health services, transportation, psychological and behavioral services, assistive technology, adaptive physical education, and specialized services for low incidence disabilities (CDE, 2010).

Individualized Education Program (IEP) The annually written record of an eligible individual's special education and related services, describing the unique educational needs of the student and the manner in which those educational needs will be met (NASP, 2010).

Specific Learning Disability a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (United States Code 20 U.S.C. §1401 [30]). In California, to qualify for eligibility as a student with a Specific Learning Disability (SLD), a student must meet certain requirements. These requirements include: a disorder in a psychological process, a severe discrepancy between intellectual ability and achievement, exclusion of certain factors like intellectual disability and emotional

disturbance, and most importantly, low or lack of achievement. In 2004, new measures were put in place to identify students with SLD. The new requirements no longer mandate that a student experience a severe discrepancy between achievement and intellectual ability and permit the use of research-based interventions as part of the evaluation and determination process (California Education Code, 2005).

Placement: The unique combination of facilities, personnel, location or equipment necessary to provide instructional services to meet the goals as specified in the student's IEP (CDE, 2010).

General Education Placement: General education placement in the school setting refers to the education of students in a program where they would otherwise be placed if not disabled. This is considered the least restrictive environment.

Pull-out Resource Specialist Programs (RSP): provides services to students by providing instruction in a service separate from the large group, general education classroom with the purpose of providing a targeted intervention with practice on specific skills to increase a student's progress toward the state standards and curriculum (RUSD Special Education Services, 2008).

CHAPTER TWO: REVIEW OF LITERATURE

Self-esteem in Students with Specific Learning Disabilities

Childhood is a period of growth involving development in physical capacity, cognitive abilities, emotional adjustment, and psychological well-being. As children grow older, they become greatly concerned about the self and self-esteem becomes a major influence in their lives. In the early adolescent years, children become even more aware of the way they are perceived by peers, family members, teachers, and friends. Therefore, performance in school can become a leading source of stress in children's lives. Not surprisingly, children with academic challenges have poorer self-esteem then their higher performing counterparts. Numerous studies support the impact self-esteem has on the learning process, highlighting the notion that students who believe that they are competent enough to be successful in school are more likely to put effort into their work and enhance their achievement outcomes (Cosden & Kloomok, 1994). Conversely, students who believe they will fail tend to give up faster and exert little to no energy at school, leading to a variety of detrimental outcomes (Cosden & Kloomok, 1994).

Numerous studies have supported the important influence of a student's academic performance in school on his or her self-esteem. A study done with 72 elementary school students with SLD revealed that the students who were performing poorly in school had low global self-concept and lower levels of social support. Their disability, paired with poor academic performance, resulted in pervasive lower self-concept (Cosden & Kloomok, 1994).

Another study found that protective self-concept factors, like rationalizations about academics and social support, prevented low global self-concept. According to

Cosden and Kloomok's 1994 study, 72 elementary school students with SLD were evaluated for positive self-concept. These researchers found that the students with SLD that had high levels of global self-concept, perceived themselves as "more competent in non-academic domains" (Cosden & Kloomok, 1994). These students self-reported average to high average levels of popularity, physical attractiveness, and competence in non-academic areas, despite their disability. They also reported higher levels of social support from their family and friends.

Research has shown that even students who chronically underachieve in the classroom can exhibit protective factors that reduce their likelihood of developing low self-esteem. A group of 53 third through sixth grade students with SLD were assessed for self-esteem and academic achievement on a math test. The results indicated that students with less negative perceptions of their learning challenges had higher achievement scores in math. The findings also conveyed that students who reported that their disability is "malleable, unstigmatizing, less encompassing, and less negative" received higher scores on the math achievement test (Cosden & Rothman, 1995).

Socioeconomic status has also been found to impact a child's social emotional well being. Generally, children that are raised in lower socioeconomic status (SES) neighborhoods enter school with more challenges then their high SES peers. Bradley and Corwyn (2002) found that low SES students are less likely to visit local libraries or museums, have less access to educational resources like computers and books, and are less likely to attend local activities in their community when compared to their high SES peers (Bradley & Corwyn, 2002). Children from low SES homes are more likely to live in environments that are overcrowded, sharing a small space with a variety of family

members including siblings, aunts, uncles, and grandparents. Consequently, their parents, usually single parents, are left juggling long work hours and managing a busy household. As a result, low SES students often lack the financial, social, and educational supports that are often crucial for success in school. When parents lack basic necessities, they tend to place a higher priority on survival and are less concerned with their children's social emotional well being. Thus, students from low SES communities start their educational career with more risk factors and challenges than their high SES counterparts. This leads low SES students to face lower academic success, disproportionate representation in special education, and a greater chance of developing poor self-concept.

Summary

These studies reveal that students with SLD are at risk for developing low self-concept, which can lead to lower motivation and decreased academic success. The combined effects of a challenging home life, lack of success in school, and the SLD label can result in low SES students having lower self-concepts. Failures at home and school can put such students on a downward cycle of decreased effort and increased failure, which eventually results in higher dropout rates and lower chances of post-school success. Despite these obstacles there are factors that can reduce the influence of these challenges. Factors including high self-concept and social supports have proven to reduce low performance in school. As a result, these mediating factors are crucial considerations in the design and development of a successful intervention program for struggling learners.

Theoretical Foundations and Definition of Wellness

Wellness theory, which is based on a model for living in which individuals are emotionally happy and optimistic, utilizes several of these mediating factors. Wellness theory was introduced in 1991 by Thomas J. Sweeney and Melvin Witmer (Sweeney & Witmer, 1992). This concept was further developed in 2005 by Jane E. Myers, and Thomas J. Sweeney who created the Indivisible Self model of wellness that was based on five dimensions of the self and was driven by Adlerian counseling theory.

An individual's "self" is composed of the *Social*, *Coping*, *Essential*, *Physical*, and *Creative* indexes. Each index is composed of a continuum of related components. The *Social Self* for example, is composed of elements like friendship and love. Individuals that score high on this scale are fulfilled in their relationships and have support systems in place consisting of mentors, family, and/or friends. The *Physical Self* is based on physical health. Students that are high on this scale exercise frequently and maintain a healthy diet. The *Coping Self* includes components that allow individuals to manage challenges and stresses and move beyond the potential negative effects of such challenges. The *Coping Self* involves leisure, stress management, self worth, and realistic beliefs. Students that score high on this scale exhibit several coping strategies. The *Essential Self* is composed of cultural identity, self-awareness, and self-care. Students who score high on this scale have a proficient understanding of their identities, behaviors, along with their needs and wants. Finally, the *Creative Self* is composed of emotions, curiousity, and knowledge seeking. Students who score high on this scale are curious and motivated to gain knowledge. Overall, students with high scores on the Wellness scale have a better chance of leading productive and enjoyable lives. They are curious, sharp, physically healthy,

spiritually content, fulfilled in their relationships, and comfortable in different environments (Sweeney & Witmer, 1992).

Research on Wellness with Adults

Research regarding wellness has shown that greater levels of wellness contribute to increased psychological well-being, improved health, greater job satisfaction, and reduced stress and anxiety. Studies ranging from subjects such as corporate employees to military cadets reveal that high levels of wellness are more commonly correlated with high-level jobs and workplace success. In a study of corporate employees, Dolbier, Soderstrom, and Steinhardt (2001) reported that leadership potential and less work stress correlate with greater wellness. Keyes, Hysom, and Lupo (2000) noted a relationship between employee wellness and positive business outcomes like increased customer satisfaction and bringing on additional clients. Additionally, in Connolly and Myers' 2003 study, of 82 employees, researchers determined that wellness was a strong predictor of job satisfaction. Finally, a study with 506 professional counselors who were members of the American Counseling Association found that counselors with high wellness scores engage in more career-sustaining behaviors and report higher professional quality of life factors (Lawson & Myers, 2011).

Studies also measure the wellness levels of first year military cadets. Myers and Bechtel (2004) conducted a study with 179 first year cadets at West Point and compared their wellness levels to a norm group of undergraduate college students. The study reflected that cadets scored higher in all areas of wellness with particularly elevated scores in the areas of social wellness (friendship and love) and physical wellness (exercise, nutrition, and self-care). The cadets' high levels of wellness may have been a

contributing factor to their acceptance into such a prominent military academy.

Wellness has recently become of great concern for counselors working with both adults and children. In 2009, the Council for the Accreditation of Counseling and Related Educational Programs included a provision requiring counselors to be knowledgeable about wellness. Moreover, the new standards require counselors to engage in behaviors that promote optimal wellness and growth of the human spirit, mind, or body (Council for the Accreditation of Counseling and Related Education Programs, 2009).

School psychology and counseling students are also being encouraged to attend to their own personal growth and development, as well as understand how their personality and values might influence their relationships with counselees. As a result, there has been significant research on counselor wellness. A study conducted by Myers, Mobley, and Booth (2003) examined differences on the wellness scale between Master's and Doctoral students pursuing counseling degrees. Forty-one doctoral counseling students were compared with 208 Master's-level counseling students using the 5 Factors of Wellness Inventory (5F-WEL). Results indicated that Doctoral counseling students showed higher levels of total wellness than both the Master's level counseling students and the norm group composed of over 3,000 participants. These results may suggest that individuals with higher levels of wellness are better equipped to pursue more challenging learning ventures. Roach's 2005 study found similar results. In this study, 204 Master's level counseling students enrolled in accredited counselor education programs located in the Southeastern United Students were surveyed at three points during their training programs to investigate the influence of wellness on the length of time spent in the

program. Roach found that students who reported that their counseling training program offered a course in wellness had significantly higher wellness levels than students who had no access to wellness courses. These studies suggest that students in higher education fields generally have higher levels of wellness. But more importantly, the research reveals that programs that offer wellness interventions can actually increase students' levels of wellness over time.

Other wellness studies attempted to identify a variety of aspects associated with the Wellness Scale. Self-esteem, gender, stress levels, and even number of children living in the home appear to associate with wellness levels. Wester, Myers, and Trepal (YEAR) examined 180 individuals and found that two factors consistently contributed to lower levels of overall wellness: (1) the number of children living in the household and (2) stress levels. When either of these factors increased, the subject's overall wellness level decreased. Additionally, the study found a difference between Professors and Assistant Professors' wellness levels. The study found that Assistant Professors had significantly lower levels of wellness and "Coping Self Wellness" than Professors (Wester et. al. 2009). A study on 465 Turkish first year University students found a link between self-esteem, gender, and wellness. The study measured self-esteem using the Rosenberg Self-Esteem Scale and used the short-form of the Wellness Inventory to measure wellness. This study revealed that overall, females students with high self-esteem were more likely to possess higher levels of wellness (Nagihan & Esin, 2010).

Summary

These studies reveal that individuals who score higher on the wellness scale tend to have more prominent and respected positions, illustrated by cadets at West Point and

graduate students working on their Doctoral degrees. Moreover, these individuals tend to have certain characteristics, including high levels of job satisfaction and high self-esteem. Research also indicates that programs that offer wellness interventions for their students can actually increase the students' wellness level over time. As a result, it appears that individuals with high levels of wellness are more satisfied with their jobs, endure less stress, and have higher self-esteem.

Research on Wellness with Children and Adolescents

Although few studies have examined wellness among children and young adults in schools, the studies that have examined student wellness indicate significant optimism. Recent research suggests wellness program implementation as an alternative to the traditional counseling approaches currently used in schools. A literature review on adolescent girl bullying described the need for the development of wellness-based interventions to effectively address bullying. Andrea D. Rayle discussed the growing prevalence of girl-on-girl bullying and the need to address these issues with a wellness-based approach (Rayle, 2010). She suggested that wellness interventions can be used to specifically target academic performance among female bullies and their victims, indicating that both of these populations often possess low levels of wellness. Although Rayle never implemented these specific interventions, her goal was to use them to support holistic health and develop preventative measures in schools.

With this in mind, Omizo, Omizo, and D'Andrea (1992) advocated that counselors use wellness interventions as a preventative measure encourage children to develop a wellness mind-set. In their study of 62 fifth grade students, the authors found that classroom activities directed at promoting wellness resulted in higher self-esteem and

wellness knowledge. Following a comprehensive ten-week classroom guidance curriculum, researchers reported significant positive increases on wellness post-tests and the General Self-Esteem scale.

A wellness focus has also benefited physical health problem prevention for children and adolescents with eating disorders, behavior problems, and autism. A study conducted by Sinclair and Myers (2004) examined the relationship between wellness and objectified body conscious levels, a construct linked to restricted eating and poor body image. The study found that girls who reported high levels of objectified body consciousness, reported lower levels of wellness with particularly low scores in the *Creative* and *Coping Self* indexes. Smith-Adcock et al. (2008) utilized an eight week group counseling program based on the wellness model with ten high school females in Disciplinary Alternative Education Programs (DAEP), an alternative education program for students with behavior problems that disrupt the order of their home and the learning of other students. Following an eight week intervention program, the girls in this study reported an increase in their wellness understanding as well as their awareness of their personal assets related to wellness. The wellness model was also used as a treatment for high functioning autism. A recent study conducted by Hartwig and Green (YEAR) implemented a five month wellness intervention on a thirteen-year-old male student with high functioning autism. The wellness intervention was implemented both within the student's home and school. Pre- and post-measures were taken. Hartwig and Green (YEAR) found that by the end of the intervention the *Physical Self* index had increased significantly, but the rest of the scores remained the same. It was noted that the intervention was conducted during a transitional time in the student's life. He moved

from middle to high school and his parents moved to a new home; both challenging and stress-invoking events. The researchers proposed that the intervention was in fact more effective than it appeared because the student was able to maintain his wellness levels for the other indexes throughout this challenging transition. Hartwig and Green (YEAR) also noted that they only conducted the study with one student and further research is needed in the field.

Other wellness studies have examined the impact of this model on academic achievement. Hollingsworth (2009) examined the relationship between student wellness and academic performance, comparing students with high and low levels of wellness. This was a large-scale study with 634 elementary school students in third through fifth grades. Students were given the Wellness Inventory as well as the Mississippi Curriculum Test for Language, Reading, and Math Assessment. Hollingsworth (2009) compared students' wellness scales and test results. A significant relationship was found between these test scores and scores on *Social Self*, *Physical Self*, and *Coping Self* wellness composites. Students who had lower academic scores were more likely to have lower scores on the *Social Self*, *Physical Self*, and *Coping Self* indexes and vice versa. Hollingsworth's study supports the notion that improved wellness scale performance is associated with enhanced academic performance.

Another study about the Five Factor Wellness model examined the effects of a short wellness intervention program on fifty-five fifth grade students. The intervention focused on three out of the five selves (*Creative*, *Social*, and *Physical Self*) and was implemented over the course of three forty-five minute sessions (Myers & Villalba, 2008). Students were given the Five Factor Wellness Inventory before and after the

study. Results indicate that the students scored significantly higher after just three forty-five minute wellness sessions. Follow-up studies reveal that students who had the lowest wellness scores at the outset of the intervention improved the most by the end.

Summary

Although wellness interventions in schools are still a novel concept, there is some research to support that such programs can lead to a wide array of positive outcomes. Wellness interventions have been linked to improvements in academic performance, disobedient behaviors, and self-care behaviors. Low levels of wellness are also associated with teen girls with poor self-body images and students with low scores on Language, Reading, and Math Assessments. Current research calls for wellness interventions in small groups, classrooms, and throughout schools to address a variety of challenges such as school bullying, academic performance, and self-esteem.

CHAPTER THREE: RESEARCH METHODS

Overview

The current study was conducted at an elementary school in a large, urban school district in Southern California as partial fulfillment of the requirements for the degree of Master of Science in Counseling, School Psychology. It was designed to examine the impact that academic underachievement has on self-esteem and the specific characteristics associated with self-esteem that can be influenced by wellness interventions in an elementary school classroom. Participants resided in Southern California and were recruited from their home school. The school principal and school psychologist were supportive of the study and the potential research outcomes. As a result, they encouraged parents and families to participate in the study.

Participants

The present sample included 10 fourth grade students who were receiving special education services as students with Specific Learning Disabilities. These students were in the general education setting and were pulled out for Resource Service Programs (RSP) approximately thirty minutes to three hours per week. From that sub-group of students, teachers were asked to refer students who, despite their additional services, were exhibiting low academic achievement. The participant's demographics included 60% males and 40% female students. The ethnic composition of the sample included 70% Hispanic, 20% African American, and 10% Caucasian (See Appendix B).

Research Design and Procedures

All procedures were approved by the Office of Research and Sponsored Projects Committee. Informed consent was obtained from the parents of all participants and the

students provided Intent to Participate statements as well. All of the participants were informed of the voluntary nature of their participation in the study and their right to withdraw from the study at any time. Finally, all parties involved were assured of their confidentiality.

A quasi-experimental quantitative research design was conducted at an urban elementary school for 18 weeks. The dependant variable was the student's self-esteem, which would potentially be influenced by the independent variable, the wellness intervention. Data for the current study were obtained through a student-completed self-concept questionnaire before and after the intervention. All 10 participants in the study were administered the Piers Harris Self-Concept Scale. This assessment reflected a total score as well as six subscale scores including Physical Appearance and Attributes, Intellectual and School Status, Happiness and Satisfaction, Freedom from Anxiety, Behavioral Adjustment and Popularity. Students were administered this assessment in the winter semester of their fourth grade year. Prior to this, they were randomly assigned to either a control group or an intervention group. Both groups participated in eighteen 30 minute sessions over the course of approximately four months. The first and last session in both groups was the completion of the Piers-Harris Self-Concept Scale. The second session consisted of explaining the terms and limits of confidentiality and obtaining participation intent from the students. The remaining lessons in the control group included coloring and drawing activities where the students were presented with paper, pencils, colored pencils, markers, and crayons, and were told to draw for 30 minutes. The lessons in the intervention group consisted of fifteen wellness intervention lessons.

Intervention Phase

The intervention group consisted of fifteen 30-minute lessons that were focused on each of the five factors of wellness. The lessons were broken up into segments of three weeks for each individual wellness factor, such that the first three weeks were based on the Coping Self Index, the next three weeks were the Creative Self Index and so on. The lessons included activities such as reading stories and having guided discussions about them, writing personal stories and sharing them with the group, participating in science experiments and relaxation exercises, playing group games, participating in healthy eating discussions and even preparing and eating healthy snacks. Students in the intervention groups were required to work with each other in many situations and participate in individual and group presentations.

The control group also participated in fifteen 30-minute sessions, but they were not exposed to the same curriculum. The control group was presented as an art class where the participants would spend the majority of the time coloring and drawing in a group setting. The control group sat in the same room as the intervention group and they were provided with paper, pencils, crayons, colored pencils, and markers to color and draw throughout the period. Although there was supervision during this time, there were no guided lessons throughout this period.

Assessment Measure: Piers Harris Self-Concept Scale

The Piers Harris Self-Concept Scale is an assessment tool that has been extensively used in research. It was first developed in the 1960's with the goal of assessing self-concept in children and adolescents. The current norms are based on a sample of 1,387 students from the ages of 7-18 years old (Piers & Herzberg, 2002). The sample was recruited from students in schools across the United States and closely approximates the

population of the United States in 2001. The test includes 60 self-reported items that assess how people feel about themselves. This assessment reflects a total score as well as six subscale scores including Physical Appearance and Attributes, Intellectual and School Status, Happiness and Satisfaction, Freedom from Anxiety, Behavioral Adjustment and Popularity (Piers & Herzberg, 2002). The test also includes two validity scales: Inconsistent Responding Index to identify random response patterns, and Random Bias Index, to measure a child's tendency to respond that reflects a disregard to item content. Measures of reliability and validity have been proven to be adequate. As was reviewed by Lewis and Knight, test-retest reliability results for the global score range from .42 to .96 for periods of three weeks to eight months and internal consistency ranges from .88 to .93 (Lewis & Knight, 2000). Another review of the Piers-Harris 2 reported internal consistency scores of .91 for the total score, .74-.81 for the domain scores, .69 for test-retest scores (2 week interval), and .75 for test-retest scores (10 week interval) Validity for the Piers-Harris 2 proved to be adequate as well. An assessment of construct validity using factor analysis supported the domains of the Piers-Harris 2 (Butler & Gasson, 2005).

CHAPTER FOUR: RESULTS

Overview of Data Analyses

Analyses included the Piers Harris Self-Concept Scale for the control and intervention groups prior to the start of the intervention and upon its completion. The first question in this study addresses the impact that academic underachievement may have on self-esteem. Scores on the Piers Harris from students in both groups were evaluated for an understanding of their global self-esteem, as well as the specific indexes on the scale. The second and third questions address the specific characteristics associated with self-esteem and how that was, or was not influenced by the wellness intervention. To answer this question, an evaluation of the Pier-Harris Index scales was conducted and compared to the wellness intervention "self" indexes (See Appendix A). All of the student's index scores were compared to the wellness scales over the course of the intervention.

Demographic Variables

The students in the study were fourth graders who were receiving special education services as students with Specific Learning Disabilities. The participant's demographics were diverse in sex but not in ethnic backgrounds. The sample consisted of 60% male fourth graders and 40% female students. Out of that group, 70% were Hispanic, 20% were African American and 10%, were Caucasian (See Appendix B)**.** All the participants attend Elementary School and all of them were referred by their teachers for poor academic performance.

Results: Gender Differences

The results of the data indicate significant gender differences for the Physical Appearance Scale of the Piers Harris. Females in both the intervention and control groups

had low average to below average (T=32 to T=41) scores on this scale. The Physical Appearance and Attributes Scale measures an individual's appraisal of his or her physical appearance, as well as attributes such as leadership and the ability to express ideas. Questions consisted of responding "yes" or "no" to statements like, "my looks bother me" and "I am a leader." The intervention and the control group females Physical Appearance scales averaged a T-score of 36, which falls into the below average range. These findings suggest that the females in the study had poor self-perceptions of their physical appearance and leadership abilities.

Results: Mean Scores Pre-Intervention

Prior to the intervention phase, students in both the control and intervention groups had mean scores in the low average to average range. No significant differences were found between the scale scores prior to the intervention. On the Intellectual and School Status scale, the mean scores in the control and intervention groups fell within the low average range. On the Freedom from Anxiety scale, the intervention group had a mean score that fell in the average range and the control group had a mean scores that fell in the low average range, however, the difference in the scores were not significant (one point). On the Behavior, Physical Appearance and Happiness and Satisfaction scale, both groups mean scores fell in the average range. On the Popularity scale, the intervention group had a mean score that fell within the average range and the control groups had a mean score in the low average range. Lastly, the mean of the Total scale score for the intervention and control groups prior to the intervention phase, was in the low average range with minimal differences between the groups (See Appendix G).

Results: Intellectual and School Status

Additional findings reflect that the majority of the students in both groups had low average scores in the Intellectual and School Status scale as well. This scale measures self-assessment of intellectual abilities and academic performance. The items also cover general satisfaction with school and future expectations. Items on this scale consist of statements like, "I am a good reader" and "I am good in my schoolwork." 80% of the total number of student's scores fell in the low average range. These low scores are expected because all of the students in the study were referred by their teachers due to their academic difficulties in the classroom.

There were some significant differences between the control and intervention groups following the 15-week wellness intervention. All the students in the intervention group had significant increases in the Intellectual and School Status scale. Although the scores on the Intellectual and School Status of all the students in the intervention group had increased following the 15-week intervention, only a 40% of those scores had significant increases that lead to a change in their descriptive criteria (See Appendix F). While two students had scores that moved from the low average range into the average range, the rest of the group stayed within their descriptive criteria. In contrast to the intervention group, the control group students did not make any significant improvement on the Intellectual and School Status scale. Only 10% of the group had increased their score on this scale following the intervention. Moreover, the score increase did not lead to a change in the descriptive criteria. In contrast to the intervention group, 60% of the control group scores on the Intellectual and School Status scale had decreased suggesting that the student's self-perceptions of their intellectual abilities and academic performance had gotten worse (See Appendix D). A possible explanation for this could be the

continuing poor academic performance by the control students in school over the 15 weeks of the study.

Freedom from Anxiety

There were some significant differences between the control and intervention groups on the Freedom from Anxiety scale, which assesses anxiety and dysphoric mood. Individual items tap into a variety of specific emotions, including worry, nervousness, shyness, sadness, and fear. Questions on this scale include statements such as, "I get nervous when the teacher calls on me," and "I worry a lot." Sixty percent of the students in the intervention group had increased scores on the Freedom from Anxiety scales and 20% of them lead to an increase in descriptive criteria from low average to the average range (See Appendix F). 10% of the control group had an increase on this scale, however 40% had decreased their scores suggesting that their perception of their own nervousness, shyness, worry, fear, sadness, and/or anxiety, had increased over the course of the intervention (See Appendix D).

Popularity

There were also significant differences between the control and intervention groups on the Popularity Scale, which represents an individual's evaluation of his or her social functioning. The items tap into perceived popularity, ability to make friends, and inclusion in activities such as games and sports. Questions reflect statements like, "It is hard for me to make friends," and "My classmates make fun of me." Following the 15-week intervention 60% of the students in the control group had increases in the Popularity scale compared to 100% of the students in the intervention group (See Appendix D). One possible explanation for the increase in both groups is that they were

all spending time in one group with each other and may have developed a bond that strengthened their perceived social abilities. Despite not having interventions related to developing social skills, perhaps just being part of a group that meets weekly, increased the likelihood of students in the control group to rate themselves higher in popularity. It should be noted that the increases in student's ratings were more pronounced in the intervention group compared to the control group. While 60% of the students in the control group reflected increased scores, 0% of those students had increases that led to changes in descriptive criteria. In contrast, 60% of the students in the intervention group had significant increases to their scores that lead to increases in descriptive criteria (See Appendix F).

Happiness and Satisfaction

The Happiness and Satisfaction scale assesses general feelings of happiness and satisfaction with life and assesses individual's perception of himself or herself as cheerful, satisfied, lucky, and able to get along well with others. Overall, students in both groups had average ratings on this scale prior to the intervention. 90% of the students in both groups had average ratings with 10% of the students falling into the well below average range (See Appendix C & E). Following the 15-week intervention, 40% of the students in the intervention group had increases in their Happiness and Satisfaction scale scores (See Appendix F) compared to 20% of the students in the control group (See Appendix D). The descriptive criteria in the control group did not change, however 20% of the descriptive criteria in the intervention group increased from average to high average ratings following the intervention.

Behavioral Scale

There were no significant differences found on the Behavior Scale scores of the intervention and control groups. The Behavior scale which measures admission or denial of problematic behaviors in home and school settings assesses a student's feelings about their own behavior. The scale includes statements like, "I am well behaved in school," and "I behave badly at home." The scores in both the control and intervention groups varied and did not reflect a clear trend in either direction. In the control group 40% of the student's scores increased and 40% of their scores decreased , while 20% stayed the same (See Appendix D). In the intervention group, 20% of the scores stayed the same, 20% increased their scores and 40% decreased their scores (See Appendix F). The data suggests that students in the intervention group had more negative assessments of their problematic behaviors at home and at school following the 15-week intervention. Although this is not a strong trend, one possible explanation for the differences may be that the students in the intervention group became more self-aware of their problematic behaviors and had an easier time reporting that. Another possible explanation is that as a result of the intervention, the student's problematic behaviors increased.

Total Scale

Overall, students in the intervention group had higher Total scores following the intervention, than the students in the control group. The Total score scale measure of general self-concept. It is based on responses to all 60 Piers-Harris 2 items. Higher scores indicate favorable self-concept (i.e., high degree of self-esteem or self-regard), whereas lower scores are associated with more negative self-concept. Prior to the intervention, the control group's Total Piers Harris scores fell within the below average, to average ranges. 60% of the students had an average Total scale score, 20% had a below average score and

20% had a low average score (See Appendix C). Comparably, students in the intervention group had scores ranging between the low average to average ranges prior to the intervention. Sixty percent of the intervention students had low average scores while 40% had average scores prior to the intervention (See Appendix E). Following the intervention, it appeared that the intervention group had more significant increases to their Total score than the control group. At the end of the 15-week intervention period, 60% of the students in the control group had decreased their Total index score, 20% had increased their score and 20% stayed the same, suggesting that the majority of the students in the control group had lower Total ratings following the intervention (See Appendix D). In contrast, all of the students in the intervention group had higher Total ratings following the intervention and 40% of those students had made significant changes that lead to changes in their descriptive criteria (See Appendix F). None of the control students had made significant enough changes to warrant a change in their descriptive criteria.

Results: Mean Scores Post-Intervention

Significant differences were found between the control and intervention groups on the Piers Harris Self-Concept scale following the 15-week intervention. Prior to the intervention phase, both groups had mean scores in the low average range on the Intellectual and School Status scale. Following the intervention, the control group had decreased their mean scores by approximately two point, placing them in the low average range, while the intervention group had increased their mean score by approximately five points, placing them in the average range (See Appendix G). Another significant difference was found in the Freedom from Anxiety scale. Prior to the intervention, both

group's mean scores fell within the average range. Following the intervention, the control group's mean scores fell in the low average range and had reduced by approximately one point, while the intervention group had increased by approximately two points (See Appendix H). On the Popularity scale, the intervention group had increased their mean score from the average range to the high average range by gaining approximately six points following the intervention, while the control group had decreased their mean score by one point and stayed in the low average range. The Total scale score for the intervention group increased from mean scores in the low average range prior to the intervention phase, to mean scores in the average range, following the intervention. The control group's mean Total scale score did not change significantly and stayed in the low average range throughout the intervention period. No significant differences were found in mean scores on the Behavior, Physical Appearance, and Happiness and Satisfaction Scale. The Behavior scale stayed in the average range for both the control and intervention groups throughout the study. It should be noted that although there was only a minimal change in the mean scores, the control group's scores had reduced by one point following the intervention phase. The Physical Appearance scale also appeared to stay constant for both groups throughout the study. The Happiness and Satisfaction scale had slightly increased for the intervention group and slightly decreased for the control group, following the intervention, but the differences were minimal.

CHAPTER FIVE: DISCUSSION AND IMPLICATIONS

The current study examined the self-esteem of school-aged children, specifically evaluating the influence of academic underachievement and the potential impact of a wellness intervention. This section will discuss the relevance of the findings, study limitations, and implications for practice and future research.

Impact of Underachievement on Self-Esteem

Current research supports the findings that a student's academic performance in school can significantly impact his or her self-esteem. As such, students with Specific Learning Disabilities are at-risk for developing low self-concept. Previous studies have found that students with SLD who were performing poorly in school had lower self-concept than their higher achieving counterparts (Cosden & Kloomok, 1994). The results of the current study support the notion that underachieving students have low self-esteem. Out of the total sample population assessed for the study, 60% of them had below average to low average total scores on the Piers Harris Self-Concept scale prior to the intervention phase. Further analysis indicated that 80% of the total sample of students assessed prior to the intervention, had low average scores on the Intellectual and School Status scale. Therefore, the current study provides additional evidence for the finding that underachieving students have low global self-esteem, with particularly deflated scores in their self-assessment of their intellectual abilities.

While previous studies have shown that students with SLD are at risk for developing a variety of poor characteristics including low self-esteem, research also shows that there are specific mediating factors that can reduce the influence of these challenges. Possessing certain attributes including high self-concept and social supports,

have proven to reduce low performance in school (Cosden & Rothman, 1995). The results of the current study support the notion that mediating characteristics can actually increase a student's perception of himself or herself.

Influence of Wellness Interventions on Self-Esteem

As research on wellness interventions have been linked to improvements in academic performance, disobedient behaviors, and self-care behaviors, the current study analyzed the effects of wellness interventions on self-esteem. It was hypothesized that a 15-week wellness intervention for fourth grade underachieving SLD students would increase self-esteem. An initial comparison amongst the control and intervention groups revealed similar patterns of self-esteem in six different areas. Prior to the intervention phase, students in both groups had mean scores in the low average to average range, with minimal differences between the groups. Examination of the specific scales following the 15-week intervention, reflected significant changes between the control and intervention groups.

The two most significant differences were on the Popularity, and Intellectual and School Status scales. Prior to the intervention, both groups had scores in the low average range on the Intellectual and School Status scale, which measures a student's self-assessment of intellectual abilities and academic performance. By the end of the study, the intervention group had mean scores that fell within the average range and the control group had scores in the low average range. On the Popularity scale, which represents a student's evaluation of his or her social functioning, the intervention group had increased their mean score from the average range to the high average range, while the control group had decreased their mean score and stayed in the low average range. Significant

increases were also made by the control group in the Freedom from Anxiety scale, which assesses anxiety and dysphoric mood. Prior to the intervention, both group's mean scores fell within the average range. Following the intervention, the control group's mean scores fell in the low average range, while the intervention group had increased and stayed in the average range. Finally, the Total scale score for the intervention group which is a measure of general self-concept, increased from mean scores in the low average range prior to the intervention phase, to mean scores in the average range, following the intervention. The control group's mean Total scale score did not change significantly and stayed in the low average range throughout the intervention period. These findings suggest that the wellness intervention most successfully targeted the areas of Intellectual and School Status, Freedom from Anxiety, and Popularity.

Characteristics of Self-Esteem not Influenced by Wellness Intervention

While the current study found that the wellness intervention was linked to improvements in certain areas of self-esteem measured by the Piers-Harris Self-Concept scale, it was also noted that certain scales were not impacted by the intervention. The Behavioral, Physical Appearance, and Happiness and Satisfaction scales did not reflect significant changes between the control and intervention groups following the study. The Behavior scale, which measures admission or denial of problematic behaviors in home and school settings, stayed in the average range for both the control and intervention groups throughout the study. It should be noted that although there was only a minimal change in the mean scores, the control group's scores had reduced by one point following the intervention phase. A possible explanation for this difference could be that the intervention group became more aware of their behaviors and were more likely to admit

to problematic behaviors following the intervention. The Physical Appearance scale, which measures appraisal of physical appearance, also appeared to stay constant for both groups throughout the study. This may suggest that appraisal of physical appearance is harder to change. It could also suggest that the intervention did not target this scale. The Happiness and Satisfaction scale had slightly increased for the intervention group and slightly decreased for the control group, following the intervention, but the differences were very minimal. This scale assesses general feelings of happiness and satisfaction with life. The findings in the study suggest that perhaps satisfaction with life is not limited to the five factors of wellness. It could also reflect that life satisfaction takes more time to change, may not be influenced by outside factors, and that perhaps the intervention did not target that area appropriately.

Study Limitations

Several limitations existed for this study. First, the data for the current study consisted of rating scales completed by the students. As a result, they are subject to the limitations and biases inherent to this type of assessment. Students completed questionnaires about themselves, which may lead to reporter bias. Some students may have wanted to be perceived more positively or more negatively, while other students may have responded differently for certain questions. Despite these possible limitations, every precaution was taken to allow students to answer honestly and without judgment. Furthermore, the Piers-Harris Self Concept scale has a built in system to identify response bias and inconsistent responses. These scales were assessed and examined for each student who completed the questionnaire.

A second limitation in this study is the sample size of ten students. The size and

demographics of the student population may not be a sufficient number to generalize to the rest of the population. As the sample population was small, it is not necessarily representative of the US population of fourth grade students. Furthermore, the study's findings may only apply to students with SLD in urban elementary schools. Future studies on wellness and self-esteem may consider comparing a broader range of ages, grade levels, and ethnic backgrounds. Future research may also consider having a larger sample size.

Another limitation of this study is the lack of multiple sources of information. Student's self-esteem was assessed solely through the mode of the Piers Harris Self-Concept scale. It could have been beneficial to gain more information on their self-esteem from additional sources such as their teachers or their families, however, the intent of the study was to examine student's own perceptions of himself or herself. Future research may want to include multiple forms of self-assessments to gain a wider understanding of each child's self-esteem.

Lastly, the model followed for this study was based on pre and post measures only. Students were provided with the Piers-Harris Self-Concept scale before the intervention phase and were provided with the same follow-up scale at the end of the intervention. The available time to meet with each student was limited during the study as the students were struggling in their classes and the intent was to keep them in their classes throughout the school day. Future research may find it beneficial to obtain progress-monitoring data throughout the intervention in order to assess how students are benefiting from the intervention throughout the period.

Implications and Future Directions

Self-esteem development is a major component that influences children well into adulthood. Performance in school can be a key contributor to a child's self-evaluations and self-judgments. Numerous studies support the impact self-esteem has on the learning process, highlighting the notion that students who believe that they are competent enough to be successful in school are more likely to put effort into their work and enhance their achievement outcomes (Cosden & Kloomok, 1994). Conversely, students who believe they will fail tend to give up faster and exert little to no energy at school, leading to a variety of detrimental outcomes (Cosden & Kloomok, 1994). The research suggests that students with Specific Learning Disabilities are at risk for developing low self-concept, which can lead to lower motivation and decreased academic success (Cosden & Kloomok, 1994). Having a disability paired with poor academic performance, results in a population of students with pervasive low self-concept. The findings in the current study support the notion that students that are receiving special education supports for a Specific Learning Disability have low average self-concept scores.

Despite these harsh realities, little resources are devoted to psychological and social interventions in schools. As existing research is shifting towards a more comprehensive approach to school-wide interventions, the current study further examined this area. Previous studies have shown that wellness interventions have lead to positive changes in both adults and children in schools. Research found that graduate students who reported to have taken a course in wellness had significantly higher wellness levels than students who had no access to wellness courses (Roach, 2005). A wellness intervention for 5th grade students found that after a ten week wellness program, positive increases on wellness post-tests and the general self-esteem scale were noted for the participants

(Omizo, Omizo, & D'Andrea 1992). The current study suggests that wellness interventions can increase self-esteem in specific areas.

Popularity, Intellectual and School Status, and Freedom from Anxiety, appear to be the areas that are most likely influenced by the wellness intervention in this study. Popularity, which measures students' evaluations of their social functioning, appeared to be positively correlated with the wellness intervention program. It could be argued that the reason students had an increase in the Popularity scale was merely due to being a member of a group that met weekly with their peers. However, these factors were controlled for by having the presence of an additional group for comparison purposes. The students in the control group also met weekly, yet their scores did not improve over the course of the intervention. It is suggested that the nature of the wellness intervention that involved group building activities, partner presentations and cluster discussions, brought upon those changes in social functioning self-evaluations. The current study also reflects a positive correlation between the wellness intervention and the Intellectual and School Status scale, which measures students' self-assessments of their intellectual abilities and academic performance. Students in the intervention group noted significant improvements in their self-evaluations following the intervention. It is suggested that the activities in the intervention intended to develop student's curiosity and excitement about learning, had a dramatic impact on their self-assessments. Freedom from Anxiety, which measures student's anxiety and dysphoric mood, also significantly increased for the intervention group following the study. It is suggested that the relaxation techniques and the methodological lessons on coping skills in the wellness intervention, lead to decreases in anxiety and increases in depressed mood levels for the intervention group students.

Overall, it appears that the process and methods of the wellness intervention were able to bring upon significant changes in self-esteem after a 15-week intervention. Although research is moving towards a more comprehensive understanding of the child, our current systems are falling behind. Widespread implementation of beneficial prevention programs that address the social and emotional development of children, are not in place. Schools have a tremendous impact on various aspects of a student's life, yet historically much of the focus has been on academic success. With the current findings, it is evident that students with SLD are at-risk for developing low self-esteem and comprehensive wellness interventions are warranted. School systems can be the agents whereby these social and emotional changes take place. In sum, with systems wide changes that have the goal of fostering children's full development, schools can make substantial improvements in the social and emotional development of their students.

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APPENDIX A

<u>Application of Wellness Scales to Piers Harris Scales</u>

The *<u>Physical Self</u>* involves the importance of physical health. Students that are high on this scale exercise frequently and maintain a healthy diet.	*<u>Physical Appearance and Attributes (PHY)-</u>* measures a youngster's appraisal of his or her physical appearance, as well as attributes such as leadership and the ability to express ideas.
The *<u>Coping Self</u>* includes components with which the individual manages challenges and stresses in their life and moves beyond any negative effects of these challenges. The *Coping Self* involves leisure, stress management, self worth, and realistic beliefs. Students that are high on this scale exhibit several coping strategies	*<u>Freedom From Anxiety (FRE)</u>* assesses anxiety and dysphoric mood. Individual items tap a variety of specific emotions, including worry, nervousness, shyness, sadness, and fear.
The *<u>Essential Self</u>* is involved in cultural identity, self-awareness and self-care. Students high on this scale have a proficient understanding of their own identity, their own behaviors and their needs and wants.	*<u>The BEH scale</u>* measures admission or denial of problematic behaviors in home and school settings. A child's BEH score in the low range, leads to endorsement of pervasive negative feelings about his own behavior.
<u>Creative Self</u> includes the components of	*<u>Intellectual and School Status (INT)</u>*

emotions, curiousity, and knowledge seeking. Students high on this scale are curious and motivated to gain knowledge.	The INT scale represents a youngster's self-assessment of intellectual abilities and academic performance. The items also cover general satisfaction with school and future expectations.
The *Social Self* - composed of elements like friendship and love. Individuals that are high on this scale are fulfilled in their relationships and have support systems in place consisting of mentors, family and/or friends.	*Popularity (POP)* The POP scale represents a youngster's evaluation of his or her social functioning. The items tap perceived popularity, ability to make friends, and inclusion in activities such as games and sports.
Wellness- which is based on a model for living in which individuals are emotionally happy and optimistic Students that are high on the Wellness scale are expected to lead a productive and enjoyable life. They are mentally challenged and sharp, physically healthy, spiritually content, fulfilled in their relationships, and comfortable in several different environments(Sweeney & Witmer, 1992).	***Happiness and Satisfaction (HAP)*** The HAP scale assesses general feelings of happiness and satisfaction with life. A Happiness score in the Above Average range, reflects an individual who evaluates his/her life circumstances in a generally positive way and is likely to describe himself/herself as cheerful, satisfied, lucky, and able to get along well with others.
Wellness- which is based on a model for	***Total Score (TOT)***

living in which individuals are emotionally happy and optimistic Students that are high on the Wellness scale are expected to lead a productive and enjoyable life. They are mentally challenged and sharp, physically healthy, spiritually content, fulfilled in their relationships, and comfortable in several different environments(Sweeney & Witmer, 1992).	The TOT score is a measure of general self-concept. It is based on responses to all 60 Piers-Harris 2 items. Higher scores indicate favorable self-concept (i.e., high degree of self-esteem or self-regard), whereas lower scores are associated with more negative self-concept.

APPENDIX B

Student	Age	Gender	Ethnic Background
Control Student #1	9-10	Female	Caucasian
Control Student #2	10-2	Male	Hispanic
Control Student #3	10-3	Male	Hispanic
Control Student #4	10-4	Male	Hispanic
Control Student #5	10-6	Female	Hispanic
Intervention Student #1	10-3	Female	Hispanic
Intervention Student #2	10-5	Male	Hispanic
Intervention Student #3	10-4	Male	African American
Intervention Student #4	9-11	Male	Hispanic
Intervention Student #5	10-2	Female	Hispanic

RELATIVE MEANING OF STANDARDIZED SCORES

Descriptive Criteria	Well Below Average	Below Average	Low Average	Average	High Average	Superior	Very Superior
T Score	Below 28	35-29	36-42	43-57	58-65	66-71	72+

CONTROL GROUP SCORES

PRE-INTERVENTION STAGE

STUDENT #1	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	29	40	32	33	29	27	31
Control Student Percentiles	2%	16%	4%	4%	2%	1%	3%
Control Student Descriptive Criteria	Below Average	Low Average	Below Average	Below Average	Below Average	Well Below Average	Below Average

STUDENT #2	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)

Control Student Scores	49	44	58	48	47	47	45
Control Student Percentiles	46%	27%	79%	42%	38%	38%	31%
Control Student Descriptive Criteria	Average	Average	High Average	Average	Average	Average	Average

STUDENT #3	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	43	40	45	54	50	47	43
Control Student Percentiles	24%	16%	31%	66%	50%	38%	24%
Control Student Descriptive Criteria	Average	Low Average	Average	Average	Average	Average	Average

STUDENT #4	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	47	36	58	43	41	46	44
Control Student	38%	8%	79%	24%	18%	34%	27%

Percentiles							
Control Student Descriptive Criteria	Average	Low Average	High Average	Average	Average	Average	Average

STUDENT #5	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	54	36	40	33	39	47	40
Control Student Percentiles	66%	8%	16%	4%	14%	38%	16%
Control Student Descriptive Criteria	Average	Low Average	Low Average	Below Average	Low Average	Average	Low Average

RELATIVE MEANING OF STANDARDIZED SCORES

Descriptive Criteria	Well Below Average	Below Average	Low Average	Average	High Average	Superior	Very Superior
T Score	Below 28	35-29	36-42	43-57	58-65	66-71	72+

CONTROL GROUP SCORES

POST-INTERVENTION STAGE

STUDENT #1	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	31	36	32	31	31	30	31
Control Student Percentiles	3%	8%	4%	3%	3%	3%	3%
Control Student Descriptive Criteria	Below Average	Low Average	Below Average	Below Average	Below Average	Well Below Average	Below Average

STUDENT #2	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)

	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	46	40	58	48	44	47	44
Control Student Percentiles	34%	16%	79%	42%	27%	38%	27%
Control Student Descriptive Criteria	Average	Average	High Average	Average	Average	Average	Average

STUDENT #3	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	46	34	45	51	47	47	43
Control Student Percentiles	34%	5%	31%	54%	38%	38%	24%
Control Student Descriptive Criteria	Average	Below Average	Average	Average	Average	Average	Average

STUDENT #4 (JAYLIN)	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	47	36	58	43	44	46	45

Control Student Percentiles	38%	8%	79%	24%	27%	34%	31%
Control Student Descriptive Criteria	Average	Low Average	High Average	Average	Average	Average	Average

STUDENT #5	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Control Student Scores	49	39	40	35	35	43	38
Control Student Percentiles	46%	14%	16%	7%	7%	24%	12%
Control Student Descriptive Criteria	Average	Low Average	Low Average	Below Average	Below Average	Average	Low Average

RELATIVE MEANING OF STANDARDIZED SCORES

Descriptive Criteria	Well Below Average	Below Average	Low Average	Average	High Average	Superior	Very Superior
T Score	Below 28	35-29	36-42	43-57	58-65	66-71	72+

INTERVENTION GROUP SCORES

PRE-INTERVENTION STAGE

STUDENT #1	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	54	40	32	37	54	51	45
Intervention Student Percentiles	66%	16%	4%	10%	66%	54%	31%
Intervention Student Descriptive Criteria	Average	Low Average	Below Average	Low Average	Average	Average	Average

STUDENT #2	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)

Intervention Student Scores	33	36	58	51	54	47	41
Intervention Student Percentiles	4%	8%	79%	54%	66%	38%	18%
Intervention Student Descriptive Criteria	Below Average	Low Average	High Average	Average	Average	Average	Low Average

STUDENT #3	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	46	40	65	48	50	51	42
Intervention Student Percentiles	34%	16%	93%	42%	50%	54%	21%
Intervention Student Descriptive Criteria	Average	Low Average	High Average	Average	Average	Average	Average

STUDENT #4	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	46	48	48	43	36	47	41
Intervention Student	34%	42%	42%	24%	8%	38%	18%

Percentiles							
Intervention Student Descriptive Criteria	Average	Average	Average	Average	Low Average	Average	Low Average

STUDENT #5 female	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	54	38	40	39	50	51	41
Intervention Student Percentiles	66%	12%	18%	14%	50%	54%	18%
Intervention Student Descriptive Criteria	Average	Low Average	Low Average	Low Average	Average	Average	Low Average

RELATIVE MEANING OF STANDARDIZED SCORES

Descriptive Criteria	Well Below Average	Below Average	Low Average	Average	High Average	Superior	Very Superior
T Score	Below 28	35-29	36-42	43-57	58-65	66-71	72+

INTERVENTION GROUP SCORES

POST-INTERVENTION STAGE

STUDENT #1	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	49	46	32	43	60	51	48
Intervention Student Percentiles	46%	34%	4%	24%	84%	54%	42%
Intervention Student Descriptive Criteria	Average	Average	Below Average	Average	High Average	Average	Average

STUDENT #2	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)

Intervention Student Scores	31	42	58	51	60	43	43
Intervention Student Percentiles	3%	21%	79%	54%	84%	24%	24%
Intervention Student Descriptive Criteria	Below Average	Low Average	High Average	Average	High Average	Average	Average

STUDENT #3	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	43	42	65	48	54	51	43
Intervention Student Percentiles	24%	21%	93%	42%	66%	54%	24%
Intervention Student Descriptive Criteria	Average	Low Average	High Average	Average	Average	Average	Average

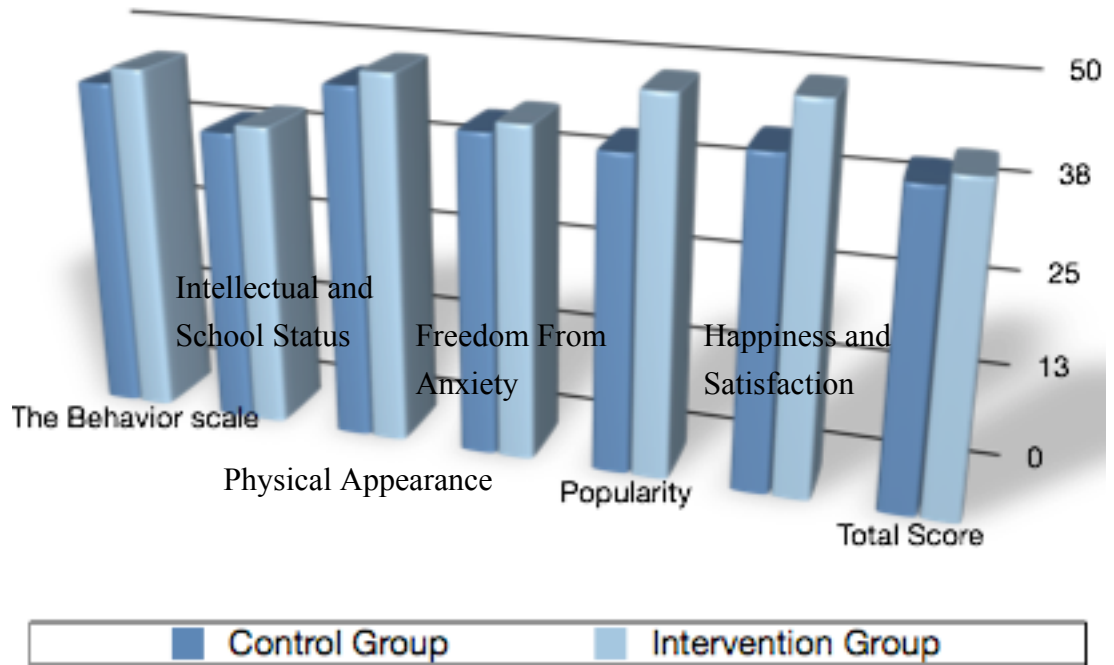| STUDENT #4	The Behavior scale (BEH)	Intellectual and School Status (INT)	Physical Appearance and Attributes (PHY)	Freedom From Anxiety (FRE)	Popularity (POP)	Happiness and Satisfaction (HAP)	Total Score (TOT)
Intervention Student Scores	46	51	48	44	41	51	43
Intervention Student Percentiles	34%	54%	42%	27%	18%	54%	24%

Intervention Student Descriptive Criteria	Average	Average	Average	Average	Low Average	Average	Average

STUDENT #5 *female*	*The Behavior scale* **(BEH)**	*Intellectual and School Status* **(INT)**	*Physical Appearance and Attributes* **(PHY)**	*Freedom From Anxiety* **(FRE)**	*Popularity* **(POP)**	*Happiness and Satisfaction* **(HAP)**	*Total Score* **(TOT)**
Intervention Student Scores	62	44	40	41	60	59	46
Intervention Student Percentiles	88%	27%	18%	18%	84%	82%	34%
Intervention Student Descriptive Criteria	High Average	Average	Low Average	Low Average	High Average	High Average	Average

Pre-Intervention Phase

Pre-Intervention Phase bar chart comparing Control Group and Intervention Group across: The Behavior scale, Intellectual and School Status, Physical Appearance, Freedom From Anxiety, Popularity, Happiness and Satisfaction, and Total Score. Y-axis values: 0, 13, 25, 38, 50.

Post-Intervention Phase

Intellectual and School Status

The Behavior scale

Physcial Appearance

Freedom From Anxiety

Popularity

Happiness and Satisfaction

Total Score

Control Group   Intervention Group