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Effects of a Social-Emotional Learning Intervention on
Students' Resiliency and Internalizing Symptoms

A Thesis submitted in partial satisfaction
of the requirements for the degree of

Master of Arts

in

Education

by

Kristine Cramer

June 2013

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ABSTRACT OF THE THESIS

Effects of a Social-Emotional Learning Intervention on
Students' Resiliency and Internalizing Symptoms

by

Kristine Cramer

Master of Arts, Graduate Program in Education
University of California, Riverside, June 2013
Dr. Sara Castro-Olivo, Chairperson

Student self-reports of resiliency and social-emotional internalizing problems were examined to determine intervention effects of a social and emotional learning (SEL) program. Data were analyzed from twenty culturally and linguistically diverse high school students who participated in a school-based 12 lesson SEL intervention and completed all data points (full pre, post, and follow up). Participants were in grades nine and ten and included sixteen male students. Students' self reports of resiliency and internalizing symptoms were assessed before intervention, immediately after intervention, and at two months following the intervention. Statistically significant gains in self-reported resiliency immediately after intervention were obtained; furthermore, these gains in resiliency were maintained two months after the intervention. Reductions in students' self-reported internalizing problems were not observed. Student reports of social validity suggest high levels of intervention acceptability and relevance for use with culturally and linguistic diverse high school students.

Keywords: social-emotional learning, school-based intervention, intervention outcomes, cultural and linguistic diversity, high school students

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Effects of a Social-Emotional Learning Intervention on Students' Resiliency and Internalizing Symptoms

Social-emotional learning (SEL) is strongly influenced by Daniel Goleman's theory on Emotional Intelligence (1995) which argues that in order to be successful in any given environment, humans need to be able to understand and effectively navigate social norms and networks. Consequently, researchers have developed multiple definitions for SEL in attempt to operationalize and study the construct. For example, Zins and colleagues (2004) defined SEL as "the process through which we learn to recognize and manage emotions, care about others, make good decisions, behave ethically and responsibly, develop positive relationships, and avoid negative behaviors" (p. 4). McCombs (2004) described SEL as "integrating thinking, feeling, and behavior to achieve important social tasks" (p. 27). The Collaborative for Academic, Social, and Emotional Learning (CASEL, 2012) defines SEL as "the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively." In sum, SEL may best be defined as "how we learn the basic skills needed to work effectively with other people, manage our own emotional concerns, and be effective in our lives" (Merrell, 2010, p.55). Although slight variations exist across definitions of social emotional learning, it is important to focus on the similar core ideas that encapsulate the essence of SEL.

Social and Emotional Learning Skills and Core Components

Harlacher (2008) conceptualizes social and emotional learning skills (SELS) as a combination of social skills and the internal processes that are associated with social and emotional development. While social skills are viewed as specific behaviors that elicit positive social interaction (Gresham, 2002), SELS are broader and also include “the developmental process by which individuals learn to understand and manage their relationships with others, including the cognitive, affective, and behavioral changes...” (Harlacher, 2008, p. 11). The Collaborative for Academic, Social, and Emotional Learning (CASEL; 2012) considers five essential elements of social and emotional competency: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

These five core areas are conceptualized separately, but overlap between the areas exists. The CASEL (2012) describes each area as follows: *Self-awareness* is the ability to understand one’s feelings, interests, values, and strengths; in addition, self-awareness involves maintaining a firm sense of self-confidence. *Self-management* involves regulating one’s own emotions, setting and monitoring progress toward goals, and expressing emotions appropriately. *Social awareness* is being able to recognize and understand the perspectives of others, while also recognizing and appreciating individual and group differences and similarities. Next, *relationship skills* involve forming positive relationships, working well with others, and appropriately handling interpersonal conflict. Lastly, *responsible decision-making* entails considering ethic and socially-minded standards while making personal and social decisions.

Using these five skills as a framework, school-based social and emotional learning curriculums target specific social and emotional learning skills to teach and promote healthy social-emotional development. For example, the *Strong Kids/Teens* social and emotional learning program by Merrell, Carrizales, Feuerborn, Gueldner, and Tran (2007) was designed to focus on the teaching of social and emotional skills, promoting resilience, strengthening assets, and to improve coping skills (p. 3). Similarly, the SEL program entitled the 4R's Program (Jones, Brown, & Aber, 2011) targets the development and understanding of skills in anger management, listening, assertiveness, cooperation, negotiation, mediation, building community, celebrating differences, and countering bias. Another SEL program, Promoting Alternative Thinking Strategies (PATHS), equips children with skills to resolve conflicts, handle emotions, empathize, and make responsible decisions (Kusche & Greenberg, 1995). In summary, the development of specific SEL skills and competencies are the focus of some widely implemented school-based SEL programs. Along with the development of these curriculums, a need arises to empirically validate their use in effectively promoting SEL in all student populations (i.e., general education, special education, culturally and linguistically diverse population, etc.).

SEL Research

Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) conducted a meta-analysis on SEL interventions used as universal interventions in schools with students in kindergarten through high school. Findings of this study support the use of SEL interventions in schools to promote healthy development. In comparison to controls,

students participating in SEL programs showed significant growth in social and emotional skills, attitudes, behavior, and academic performance. In addition, authors mentioned that outcomes were moderated and showed small or no significant effects when implementation problems were mentioned in the fidelity of intervention. Lastly, results of this study also indicated that SEL outcomes may differ depending on who delivers the intervention. For example, gains in academic performance were significant only when school personnel delivered the intervention.

Research focused on bullying prevention also shows support for the use of SEL interventions in schools. Conduct Problem Prevention Research (2010) evaluated the long-term effects of Promoting Alternative Thinking Strategies (PATHS), a multi-year SEL program for students in intervention for first, second, and third grade. Results support the use of such programs and detected small to medium effect sizes overall. Specifically, reduced levels of aggression, increased pro-social behavior, and improved academic engagement were sustained positive outcomes of the intervention. Additionally, authors found that child-level and school factors moderated outcomes: reduction in levels of aggression and increased pro-social behavior was only significant in boys, according to peer report. Intervention effects on aggression levels were greater for students showing more aggression at baseline. Furthermore, overall intervention effect sizes were larger depending on school environment; stronger effect sizes were observed in less disadvantaged schools. In summary, Conduct Problem Prevention Research findings indicate that well-implemented multi-year SEL programs can be effective school-wide preventative interventions in early elementary grades.

Two studies have explored the first and second year effects of another SEL intervention, the 4R's Program. Jones et al. (2011) reported results of the first year of study on effects of the universally implemented, school-based 4R's intervention program in third grade students. Out of 13 outcomes measured, significant overall gains were observed in only two: self-reports of depression and hostile attribution bias. However, widespread significant gains were observed in certain students. Specifically, students rated by teachers with the highest levels of baseline aggression demonstrated positive intervention effects in reading achievement, attendance, student self-reported aggressive fantasies, and teacher reports of academic skills.

Jones, Brown, and Aber (2011) extended the findings regarding 4R's program outcomes in the second year. Authors report that after two years, students receiving 4R's intervention demonstrated improvements in a number of domains including self-reported hostile attributional bias, aggressive interpersonal negotiation strategies, and depression, while also showing gains in teacher reported attention skills and social behavior. In addition, as detected after one year of study, students demonstrating the highest behavioral risk at the onset of intervention showed the greatest academic growth outcomes. After year two of the 4R's program, these students displayed the largest gains in both reading and math achievement and in teacher-reported academic skills. Interestingly, interactions with this group were not observed regarding social-emotional outcomes.

Overall, research on multi-year programs, such as PATHS and 4 R's, shows support for the use of SEL interventions in producing advantageous treatment outcomes

in students. This type of empirical evidence, utilizing longitudinal research designs, is especially important in supporting the use of SEL interventions because it provides evidence regarding the long-term maintenance of academic, behavioral, and social-emotional gains. Limitations of these types of SEL programs are that they require large-scale financial resources and are designed for full to multiple year implementation efforts. Research on more cost-effective and less intensive SEL programs, such as *Strong Kids/Teens*, could help provide a wider spectrum of options for school-based service providers who want to implement SEL interventions but have more stringent resource limitations. The *Strong Teens* program has been identified as a promising SEL curriculum that is effective at improving SEL skills (Merrell, 2010). This program was developed to target core SEL skills in a manner that is cost-effective (priced at less than \$30 per intervention manual) and easy to implement (with semi-scripted lessons). The next section summarizes the empirical support for *Strong Kids/Teens* as an effective SEL intervention.

Research Support for Strong Kids/Teens Curricula

Previous research conducted on the *Strong Kids* (SK) and *Strong Teens* (ST) curriculum support the use of this program to improve students' general mental health outcomes. The program has consistently been found effective at increasing students' knowledge of healthy social-emotional behavior (Castro-Olivo & Merrell, 2012; Feuerborn, 2004; Gueldner & Merrell, 2010; Harlacher & Merrell, 2009; Isava, 2006; Marchant et al., 2010; Merrell, Juskelis, et al., 2008; Nakayama, 2008; & Tran, 2007). In addition, several SK research studies have shown support for the use of the program to

reduce self-reported internalizing problems (Feuerborn, 2004; Isava, 2006; Marchant et al., 2010; Merrell, Juskelis, et al., 2008; & Tran, 2007) and prevent the increase of acculturative stress (Castro-Olivo & Merrell, 2012). Significant gains in self-reported social-emotional competence and resilience were reported by Harlacher and Merrell (2010), Kramer et al. (2009), Nakayama (2008), and Castro-Olivo (2011). The published work by Castro-Olivo and Merrell (2012) and Harlacher and Merrell (2010) on the effects of the SK/ST programs are especially pertinent to the current study. This work, and how it informed this study, is described below.

First, Castro-Olivo and Merrell (2012) developed and tested cultural and linguistic adaptations of the ST program for use with high school Latino immigrant students. The results of this study supported the use of the cultural and linguistic adaptations and demonstrated potential preventative effects on acculturative stress and increasing school belonging. Students and teachers who participated in that study provided high social validity ratings and students reported significant gains in their knowledge of social emotional learning. Secondly, Harlacher and Merrell (2010) evaluated the maintenance of *Strong Kids* treatment gains at a two month follow up. Follow up data revealed that student gains in their self-reported resiliency were maintained at two months and offered further support for the use of *SK* as a prevention-based intervention strategy.

Overall, much of the research conducted on *Strong Kids/Teens* curricula has indicated it is an effective SEL intervention. Studies on the core curriculum and the use of follow up procedures to test maintenance effects show that the intervention could be

used as a preventative, universal intervention (Merrell, 2010; Harlacher & Merrell, 2010). Findings are also emerging supporting the use of SK with cultural adaptations targeted to improve intervention outcomes with at-risk students, such as culturally and linguistically diverse student groups (Castro-Olivo & Merrell, 2012). The following section will discuss the unique needs of CLD students and how to address these needs using evidence-based SEL interventions.

SEL Interventions and CLD Students

Needs of CLD Students. In his report from 2001, the surgeon general advised researchers and mental health care providers to focus increased efforts to the mental health needs of culturally and linguistically diverse (CLD) populations (DHHS, 2001). In addition, he stated that ethnic minority youth are at higher risk for developing social, emotional, and behavioral problems (DHHS, 2001). Research supporting these claims includes Begum and Castro-Olivo's (in review) study on resiliency and maladaptive behaviors across ethnicities. Findings indicated that Hispanic students reported lower levels of resiliency and higher levels of maladaptive behaviors than both their White and Asian peers. Additionally, Skiba and colleagues' (2011) analysis of school records of problem behaviors and discipline indicate racial disparities across groups. These researchers found patterns of racial disproportionality in a national database of office discipline referrals. For example, Black students were approximately two to four times more likely to be referred to the office for behavior problems than their White peers. Black and Latino students were also more likely to be suspended or expelled for problem behaviors than their White peers who demonstrated comparable offences.

Further research has found that ethnic minority youth tend to face more complex challenges as they develop in our society and interact with the mainstream culture (Albeg, Castro-Olivo, & Perry, 2010). Specifically, these challenges exist in areas such as perceived discrimination, low socio-economic status, low sense of school belonging, and acculturative stress (Blanco-Vega et al., 2008; Gonzales & Kim, 1997; Suarez-Orozco & Suarez-Orozco, 2001). Because culturally-diverse students face these unique challenges and are at a great risk for developing mental health problems, a substantial need exists to develop and implement appropriate social-emotional learning interventions. Research supports the use of many SEL interventions for improving mainstream students' academic and mental health outcomes, but few studies have evaluated the impact of SEL interventions on students from culturally and linguistically diverse backgrounds (CASEL, 2005; Durlak, et al. 2011; Castro-Olivo & Merrell, 2012; Vincent & Tobin, 2010). Such research also reveals a continued need to examine best practices regarding how to make interventions more culturally appropriate and valid (Castro-Olivo, 2010; Huey & Polo, 2008).

Culturally-Adapted SEL Interventions. An important question in validating the use of evidence-based SEL interventions with CLD students concerns how to develop and validate appropriate cultural adaptations. Research on one approach, proposed by Bernal, Bonilla, and Bedillo (1995), uses the ecological validity model to make an evidence-based treatment more culturally valid by delivering the standard protocol intervention with cultural adaptations in applicable dimensions. Authors cite eight dimensions to consider when adapting an intervention for use with CLD populations:

language, persons, metaphors, content, concepts, goals, methods, and context. In consideration of these dimensions, interventionists are able to 1) more fully address the unique needs of the target population and 2) deliver the intervention in a way that addresses these needs (Bernal & Saez-Santiago, 2006; Bernal et al., 1995; Lopez et al., 2002). Consequently, the cultural adaptations that are made to the core evidence-based intervention increase the likelihood of positive outcomes. Regarding positive outcomes, social validity is one outcome that needs to be assessed to determine the appropriateness and acceptability culturally-adapted interventions.

Social Validity and CLD Students

The basic purposes of evaluating social validity are to assess the significance of intervention goals, the appropriateness or acceptability of the procedures, and the importance of the effects or outcomes (Wolf, 1978). Similarly, Messick (1980) discussed the importance of incorporating users' own values and interpretations of outcomes when evaluating the validity of educational and psychological tools with subjects. Rounsaville, Carroll, and Onken (2001) iterate the importance of gathering information about the social validity of an intervention when evaluating it in an applied setting. Furthermore, social validity is especially important to assess when developing culturally-adapted interventions for use with specific culturally and linguistically diverse groups. To validate the use of cultural adaptations with CLD student populations, one must have evidence that the adapted intervention is viewed as appropriate and acceptable by the students for which the cultural adaptations were developed.

Current Study

The current study sought to examine intervention outcomes of a culturally-adapted social-emotional learning curriculum used with a culturally and linguistically diverse student sample. The study explored both intervention and maintenance effects; outcome measures included 1) social and emotional competency and resilience, 2) internalizing problem symptoms, and 3) student appraisals of treatment social validity.

The following research questions were examined:

- 1) Is there a significant difference between pre-intervention and post-intervention self-ratings of student resiliency?
- 2) Does a significant difference exist between post-intervention and follow up ratings of student resiliency?
- 3) Do students report a significant difference between pre-intervention and post-intervention ratings of internalizing problem symptoms?
- 4) Does a significant difference exist between post-intervention and follow up ratings of student internalizing problem symptoms?
- 5) To what extent do culturally and linguistically diverse students find the culturally adapted *Strong Teens* curriculum socially valid?

Methods

Participants

A total of 34 students in grades nine and ten participated in the intervention. Of these participants, 20 students completed measures in all three data collection sessions (pre, post, and follow up); only these 20 complete data sets were used in the present

analyses. Sixteen students were male. The average age of subjects was 14 years, six months ($SD = .607$). Three quarters of participants identified as Latino/Hispanic, 15 percent reported African-American ethnicity, one participant indicated Caucasian ethnicity, and one individual did not indicate a response. Seventy-five percent of students reported being born in the U.S., while 25% reported being born in Mexico. Thirty-five percent of students in the sample reported that their primary language as English ($N = 7$). Forty percent of participants indicated that Spanish was their primary language ($N = 8$). One quarter of students ($N = 5$) identified both English and Spanish as their primary language. All but one participant reported receiving free or reduced lunch (95%).

Materials

Intervention. *Strong Teens: A Social & Emotional Learning Curriculum* (Merrell et al., 2007). *Strong Kids* is a social-emotional learning program intended for use in schools to promote five core areas of social and emotional competency including self-awareness, self-management, social awareness, relationship skills, and responsible decision making. The *Strong Teens* curriculum is a component of the five part *Strong Kids* program; *Strong Teens* is intended for use with students in grades nine through 12. The program consists of 12 lessons, each lasting about 35 to 50 minutes in length. Each lesson is taught in a group format and typically begins with an introduction regarding the goals of that day's lesson and a brief review of the previous lesson. Next, new vocabulary and skills are explained and students are lead through practice application exercises. Student engagement and participation is promoted through active teacher

instruction and the provision of immediate feedback. Lastly, homework is assigned to provide students with the opportunity to practice and review skills independently. Titles and brief descriptions of each *Strong Teens* lesson are provided in Table 1.

Table 1

Strong Teens Lessons and Descriptions

Lesson	Title	Description
1	About Strong Teens: Emotional Strength Training	Overview of the curriculum
2	Understanding Your Feelings: Part 1	Introduction to emotions, identify emotions as comfortable or uncomfortable
3	Understanding Your Feelings: Part 2	Discussion of appropriate and inappropriate ways of expressing emotions
4	Dealing With Anger	Recognizing triggers to anger, practicing ways to change inappropriate responses
5	Understanding Other People's Feelings	Identifying others emotions by using clues
6	Clear Thinking: Part 1	Recognizing negative thought patterns
7	Clear Thinking: Part 2	Challenging negative thought patterns to think more positively
8	The Power of Positive thinking	Promoting optimistic thinking
9	Solving People Problems	Conflict resolution strategies
10	Letting Go of Stress	Stress reduction and relaxation exercises
11	Behavior Change: Setting Goals and Staying Active	Increasing time spent in enjoyable activities and meeting goals
12	Finishing Up!	Review of major concepts and selected activities in curriculum

Cultural Adaptations. Using Bernal, Bonilla, and Bedillo's (1995)

recommendations as a framework, interventionists delivered the *Strong Teens* curriculum with cultural adaptations based on several dimensions. Each dimension and how it was addressed in the current study is summarized in Table 2. For example, interventionists were trained to be able to identify and be sensitive to the cultural needs of the group (person dimension). Next, students were encouraged to consider their own culture (i.e., language, traditions, customs) when applying SEL skills to their everyday lives (content dimension). Furthermore, interventionists introduced concepts of acculturative stress and ethnic pride and discussed related examples (concepts dimension). Students were encouraged to consider how to apply SEL skills at home and at school in respect to life and family circumstances, such as immigration status and family acculturation factors (context dimension). Lastly, students were instructed to set goals for home and school that took into consideration their cultural values, such as family values and academic aspirations (goals dimension).

The practice of making cultural adaptations of evidenced based treatments to improve effectiveness and outcomes has been validated by the work of Bernal, Jimenez-Chafey, and Domenech-Rodriguez (2009) and Griner and Smith (2006). The use of Bernal et al.'s recommendations in culturally-adapting the *Strong Teens* curriculum has been supported empirically through the work of Castro-Olivo and Merrell (2012).

Table 2

Eight Dimensions of Ecology Framework (Bernal et al., 1995) and Cultural Adaptations to Strong Teens Lessons

Dimension	Cultural Adaptation to <i>Strong Teens</i>
Language	Use culturally appropriate language; students choose between English and Spanish-delivered intervention
Persons	Identify and be sensitive to cultural needs of the group
Metaphors	Explain the use of metaphors that may not be understood by other cultural groups; use cultural metaphors of the target group
Content	Encourage students to consider their own cultural values, customs, and traditions in application of SEL skills
Concepts	Introduce new concepts that relate to the target group
Goals	Consider cultural values that relate to goals for home and school
Methods	Use cultural knowledge to better align intervention procedures to increase acceptability
Context	Consider culture-specific life and family circumstances, such as immigration status and acculturation factors

Measures

Behavioral and Emotional Rating Scale-Second Edition, Youth Rating Scale (BERS-2 YRS). The Behavioral and Emotional Rating Scale-Second Edition, Youth Rating Scale (BERS-2 YRS) is a strength-based assessment tool intended to measure social-emotional and behavioral characteristics that promote one’s mental health and general well-being (Epstein, 2004). For the purposes of this research study, students were assessed using an abbreviated form of this measure comprised of items contributing to the interpersonal strength, intrapersonal strength, and affective strengths scales (see Appendix A for full measure administered). These subscales were selected to measure

student resiliency because of their alignment with the five core SEL skills identified by CASEL (2012) and targeted in the *Strong Teens* curriculum. For example, the interpersonal strength subscale assesses social awareness and relationship skills, while intrapersonal subscale measures self-awareness and self-management. Items across these scales were used to appraise student resiliency. Internal consistency, as appraised by Cronbach's alpha for each of the three subscales used in this study (interpersonal strength, intrapersonal strength, and affective strength) are .82, .82, and .80, respectively. The internal consistency of items used to assess student resiliency in the current sample across data collection sessions (pre-intervention, post-intervention, and follow up) were $\alpha = .78$, $\alpha = .83$, and $\alpha = .89$, respectively.

The full measure contains 57 items that are each scored on one of five scales: interpersonal strength, family involvement, intrapersonal strength, school functioning, and affective strength. Students are asked to rate each statement using a four point Likert-type scale (3 = If the statement is very much like you, 2 = If the statement is like you, 1 = If the statement is not much like you, 0 = If the statement is not at all like you). Raw scores are summed for each subscale and converted to scaled scores. The five scaled scores are then summed to calculate the total score, the BERS-2 Strength Index. Test re-test reliability (assessed at two week interval) was $r = .89$ for the interpersonal strength subscale, $r = .91$ for the intrapersonal strength subscale, and $r = .84$ for the affective strength subscale. Comparisons between BERS-2 YRS subscale scores and the Youth Self-Report (Achenbach, 1991b) and the Social Skills Rating System (Gresham &

Elliott, 1990) indicate that the BERS-2 YRS has adequate criterion validity. See Appendix A for the full measure administered.

Youth Self Report (YSR). The Youth Self Report is the youth self-report measure that is part of the Child Behavior Checklist (Achenbach & Rescorla, 2001). For the current study, only 24 items comprising the internalizing syndrome subscale were administered (see Appendix B for full measure administered) to appraise internalizing symptoms. Cronbach's alpha for this subscale is .89. Cronbach's alpha for the current sample across each data collection session (pre-intervention, post-intervention, and follow up) was .81, .85. and .95, respectively.

The full YSR is a 112 item measure for children between the ages of 11 and 18 years. Youth are asked to complete the items describing their own functioning on a three point Likert scale (0 = not true, 1 = somewhat or sometimes true, 2 = very true or often true). The measure can be scored by hand or using computer software. The Total Competence score for the measure is comprised of the Activities, Social, and School subscale scores. Total problems scores are also calculated using syndrome subscales. Higher competency scale *t*-scores indicate more favorable levels of functioning. Conversely, higher scores on syndrome scale *t*-scores indicate greater levels of problematic behaviors. Internal consistency for the Total Competence score of the YSR is acceptable ($\alpha = .75$).

Social Validity. Social validity and intervention acceptability was assessed immediately after intervention using a researcher-derived nine item measure (see Appendix C for full Social Validity measure administered). Students were asked to

respond to items based on how they thought and felt about the *Strong Teens* curriculum. Statements were rated on a six point Likert-type scale (ranging from 1 = Strongly disagree to 6 = Strongly agree). Resulting social validity and acceptability scores were calculated per item. For example, to calculate the percentage of students that liked the program (pertaining to social validity item number one), the total percentage of students who responded somewhat agree, agree, and strongly agree were summed. Higher percentage totals indicate stronger social validity and acceptability ratings.

Procedures

The current study was part of the Facilitating Universal Emotional Resiliency for the Social and Academic Success (FUERSAS) of English Language Learners project directed by Dr. Sara Castro-Olivo and funded by UC ACCORD. Students were recruited from a single suburban southern-California high school. This school was selected for inclusion in the study because of its diverse study body which includes a large English language learner population. Recruitment took place in remedial English classes, where administrators reported having a large percentage of culturally and linguistically diverse students. Although these students were recruited from general education classes and not identified as at-risk based on systematic screening data, these students were considered theoretically at-risk due to their ethnic and linguistic diversity. Researchers visited each English class ($N = 6$) and briefly explained the intervention. Students interested in participation were instructed to return informed consent documents. Students volunteering for the study were entered in a raffle at each data collection session (pre,

post, and follow up). Two to three \$20.00 gift cards to local stores (one card for every five students in a group) were raffled in each group.

Upon return of parental consent documents, students identifying as English-speaking dominant were included in the English-speaking intervention ($N = 34$). Students who reported being Spanish-speaking dominant and preferred participating in a Spanish delivered intervention were placed in separate intervention groups. Only results of the English delivered intervention are reported in the current study.

Baseline data were collected from participants during in-class data collection sessions. Data collection sessions lasted about 50 minutes. The *Strong Teens* program was implemented during class time in three separate class groups.

The intervention was delivered by a pair of graduate student interventionists. The interventionists were trained to deliver the intervention by the principal investigator in a four hour training session. During this session, interventionists were also trained on making empirically-validated cultural adaptations (see Castro-Olivo & Merrell, 2012) to the core intervention to increase intervention validity for use with CLD students. Interventionists were observed by the PI to ensure proper delivery of the manualized *Strong Teens* lessons. In addition, the PI and interventionists held weekly meetings for training specific to upcoming lessons and to discuss treatment implementation.

Two lessons were presented each week and implementation spanned six weeks. Students who elected to participate from the program were escorted to a separate classroom for the approximately 60-minute class period. To encourage homework completion, the interventionists informed the participants that the class with the highest

percentage of homework completed would be given a pizza party at the end of the program. During program sessions, students were rewarded for active engagement and participation in the lessons by verbal praise and/or pieces of candy. Upon completion of the twelve lesson intervention, the second data collection measures were administered in the classroom

The follow up data collection session took place two months after the conclusion of the *Strong Teens* program. All of the students who took part in the *Strong Teens* intervention were again assessed during in-class data collection sessions administered by trained researchers.

Design and Analysis

The current study sought to explore the mental health outcomes of a culturally-adapted SEL intervention on a CLD sample. The study employed a quasi-experimental pre- and post-intervention group design. Additionally, post-intervention group data were compared to follow up group data to explore intervention maintenance effects.

The first research question, "Is there a significant difference between pre-intervention and post-intervention self-ratings of student resiliency?", was evaluated using a *t*-test comparing resiliency scores before and after intervention. A significant difference was expected between pre-intervention and post-intervention resiliency ratings, with students reporting higher levels of resiliency at post-intervention.

The next question, "Does a significant difference exist between post-intervention and follow up ratings of student resiliency?", was explored using a *t*-test comparing post-intervention and follow up appraisals of student resiliency. It was hypothesized that the

difference between post-intervention and follow up ratings of student resiliency would not be significant, thus indicating the stability of resiliency and the maintenance effects of the intervention.

The third research question: "Do students report a significant difference between pre-intervention and post-intervention self-reports of internalizing problem symptoms?" was evaluated using a *t*-test comparing pre-intervention versus post-intervention internalizing symptom scores. A significant difference between pre-intervention and post-intervention internalizing symptoms scores was hypothesized.

To explore the fourth research question, "Does a significant difference exist between post-intervention and follow up ratings of student internalizing problem symptoms?", a *t*-test was utilized to compare post-intervention internalizing symptoms ratings to follow-up ratings of internalizing symptoms. A non-significant difference was expected between the scores; non-significant would indicate that differences in student internalizing symptoms were maintained after intervention.

The *t*-test was the main unit of analysis employed in the present study; *t*-tests were selected to compare the mean differences between groups. According to Agresti and Finley (2009), *t*-tests are commonly used for this purpose in the social and behavioral sciences. Due to the administration of repeated measures in a single sample, *dependent* samples *t*-tests were selected. Dependent samples *t*-tests are advantageous in comparison to independent samples *t*-tests because they control for between-group differences and produce lower estimates of standard error. Furthermore, despite the limitations associated with small sample sizes, the use of the *t*-test, a parametric statistic, over the

use of a non-parametric test statistic was employed because preliminary data screening procedures did not indicate the presence of outliers or skewed distributions; thus, group means were deemed as accurately representative of the sample.

The final research question, To what extent do CLD students find the *Strong Teens* curriculum socially valid?, was explored by examining responses to each individual social validity item. To calculate average agreement/disagreement, responses to each social validity item were averaged across all participants. To calculate percent agreement, the number of participants indicating they agreed with the statement (i.e., somewhat agree, agree, and strongly agree) was divided by the total number of participants.

Results

Descriptive analysis of results for the measures of student resiliency and internalizing symptoms across data collection sessions are displayed in Table 3.

Table 3

Descriptive Statistics of Student Resiliency and Internalizing Symptoms

Measure	Mean	Range	Standard Deviation
BERS-2			
Pre-intervention	78.40	63.00-96.00	8.92
Post-intervention	82.65	60.00-95.00	9.94
Follow-up	82.25	59.00-100.00	11.17
YSR- CBCL			
Pre-intervention	10.00	1.00-24.00	6.31
Post-intervention	8.90	1.00-26.00	8.24
Follow-up	11.30	0.00-38.00	12.84

Regarding student resiliency, *t*-test results indicated a significant difference between resiliency scores before and after the intervention ($t(19) = -2.12, p = .048, ES = .2$). A *t*-test comparing post-intervention resiliency scores and follow-up resiliency scores was not significant ($t(19) = -.23, p = .822$). Taken together, these results indicate that student resiliency significantly increased after intervention and that these gains in resiliency were maintained two months after intervention.

Regarding internalizing symptoms, a *t*-test comparing pre-intervention internalizing symptoms and post-intervention internalizing symptoms were not statistically significant ($t(19) = .82, p = .424$). This result suggests there were no significant differences in internalizing symptoms before and after the intervention. A *t*-test comparing post-intervention and follow-up internalizing scores was also insignificant ($t(19) = 1.17, p = .256$).

Social Validity

Student validity results are presented in Table 4. Average ratings per item ranged from 4.6 to 5.55 ($SD = .31$). The item that received the lowest average rating asked students to appraise whether they noticed behavior change in themselves or peers since beginning the program. The item that received the highest average rating asked students whether they would recommend the SEL program to others. The percentage of students that agreed with each social validity item ranged from 80% to 100% ($SD = .07$). Specifically, all subjects thought that the *Strong Teens* program taught important skills to students and felt that the skills taught in the program helped them “do better in school work.”

Table 4

Social Validity Results

Item	Average (SD)	% Agreement
1) I liked the program <i>Strong Teens</i>	5.2 (1.28)	90
2) I learned useful skills to use in life	5.5 (.95)	90
3) I am likely to use the skills that were taught in this program	5.05 (1.4)	80
4) I would recommend this program to others	5.55 (.83)	95
5) I liked the way this program was taught	5.35 (1.1)	90
6) This program taught important skills to my classmates (those who were in this group)	5.4 (.68)	100
7) I have noticed a change in my, and my classmates', behavior since the program started	4.6 (.94)	90
8) I feel that the skills that were taught in this program have helped me to do better in school work	5.15 (.88)	100
9) I think this program was designed for students like me	4.9 (1.4)	85

Discussion

The present study sought to examine student outcomes of a culturally-adapted social-emotional learning program. The intervention was implemented using a CLD student sample in a school-based setting. The study explored both intervention and maintenance effects in the areas of resiliency and internalizing problem symptoms. Social validity data were also gathered to assess treatment acceptability.

Resiliency

The first research question explored the effectiveness of the intervention on promoting student resiliency. The results of this study provide preliminary support for the use of *Strong Teens* with CLD students. Given that a control group was not employed, these results need to be interpreted with caution; however, the obtained results suggest that the intervention may have been effective at increasing resiliency, as measured by significant differences in pre-intervention versus post-intervention ratings of social and emotional competence. The second research question examined whether these gains in resiliency were maintained at the two month follow up. A non-significant difference between post-intervention and follow-up resiliency scores was expected, which indicated temporal stability of resiliency across time. Study findings demonstrated a non-significant difference between post-intervention and follow-up resiliency scores and indicated that the post-intervention gains in resiliency were maintained two months after intervention. These findings lent further support for the use of the culturally-adapted *Strong Kids* curriculum in the development of social and emotional competence and resiliency in at-risk CLD students (Castro-Olivo & Merrell, 2012). In addition, the

current study replicated the findings of previous *SK* research that found stable maintenance effects of acquired social-emotional skills lasting months after the delivery of the intervention (Harlacher & Merrell, 2010).

Internalizing Problem Symptoms

The third research question examined the effectiveness of the *Strong Teens* program at decreasing internalizing problem symptoms of CLD students. It was expected that ratings of internalizing problems would be significantly lower post-intervention, as demonstrated in previous *SK* research (i.e., Feuerborn, 2004; Isava, 2006; Merrell, Juskelis, et al., 2008). However, this sample did not demonstrate statistically significantly lower ratings of internalizing problems after intervention. Average ratings of internalizing symptoms did slightly decrease from before ($M = 10.0$) to after intervention ($M = 8.9$), but the difference was not large enough to be statistically meaningful. Findings regarding the fourth research question, concerning follow-up effects of the intervention in maintaining a reduced level of internalizing symptoms, were not meaningful because internalizing symptom-related intervention effects were not initially observed. Although this study did not find support for the use of *Strong Teens* in reducing internalizing symptoms, it is important to note that sample characteristics may have influenced this outcome. The level of internalizing symptoms reported by this sample before intervention was low overall ($M = 10.00$; YSR possible score *range* = 0 – 60.00). As cited by Merrell (2010), other studies evaluating *Strong Kids* programs that did not find reductions in internalizing symptoms (e.g., Gueldner & Merrell, 2011) may have been constrained by low base-rate levels of internalizing problems in their samples.

Consequently, observing significant post-intervention reductions in participants with initial low levels of internalizing symptoms would be unlikely.

Social Validity

The final research question evaluated subject appraisals of the social validity and treatment acceptability of the culturally adapted *Strong Teens* intervention. Overall, participants' ratings were positive across items (see full results in Table 4). For example, 90% of subjects endorsed liking the program and 95% agreed they would recommend the *Strong Teens* intervention to others. The students also seemed to agree that the social and emotional skills taught in the program were both important to learn (percentage agreement = 100) and advantageous in improving academic performance (percentage agreement = 100).

Across the CLD student sample, average item response was less than five on two items. First, ratings averaged 4.6 ($SD = .94$) on the social validity questionnaire item asking students if they noticed a change in classmates' behavior since the program started. Although the average response fell in the "Somewhat agree" to "Agree" range, the rating was the lowest of all social validity-related items. Although participants themselves rated the skills as useful and reported using them in school, behavior change observed in peers was not as evident. Future studies should further assess the effectiveness and validity of the program using multiple informants, such as teachers, peers, parents, and other observers. Furthermore, a limitation of the current study is that findings reported used self-report data. Although it is important to use measures of self-reported ratings,

data from multiple informants can further strengthen the validity evidence of an investigation.

Secondly, the average response for the item asking students if the program was “designed for students like me” was 4.9 ($SD = 1.4$). This question was of particular significance in the present investigation because of study aims in implementing a culturally-adapted intervention with at-risk student sample. Although students tended to agree with this statement, the average rating was relatively low compared to ratings of most of the other items. This finding was not surprising when taking into consideration the heterogeneity of the sample. Although recruitment efforts were aimed at recruiting a linguistically and culturally homogenous Latino/Hispanic sample, the at-risk high school sample that was recruited had more ethnic, linguistic, and cultural variability than anticipated. Although participants were all enrolled in remedial English classes and predominantly economically disadvantaged, about a quarter of the sample did not identify as Latino/Hispanic. Linguistically, the group was heterogeneous as well: approximately one-third of students reported being Spanish dominant, a third identified as English dominant, and the remainder reported being both Spanish and English dominant. Three quarters of participants indicated they were born in the U.S., while the remaining quarter reported they were born in Mexico. It is probable that this sample heterogeneity was associated with the relatively lower ratings of how “well designed” the intervention was for this particular student sample.

Implications

Findings of the present investigation lend preliminary support for the use of the culturally-adapted *Strong Teens* SEL program in promoting resilience in CLD student populations. Additionally, the short-term stability of the gains in social and emotional competence indicates that the intervention may be useful in multi-tiered frameworks to help students develop lasting social-emotional competencies and prevent social, emotional, and behavioral problems.

As recommended by Plotts and Lasser (2013), there is a need for evidence-based tier one interventions in schools that are aimed at promoting students' social, emotional, and behavioral skills and preventing emotional and behavioral problems. Furthermore, these tier one interventions need to be beneficial to most students. Because of the growing diversity of students in schools, these universal interventions need to be culturally responsive to adequately meet the needs of all students. Results of the present study support the use of the culturally-adapted *Strong Teens* program as a tier one intervention to promote the social-emotional competencies at the universal preventative level. In addition, the maintenance of resiliency gains in the present study further indicate that 12 lesson program may be effective at instilling long-lasting social-emotional competencies in students.

Although much of the literature on school-based social-emotional learning interventions focuses on resource-intensive, multi-year implementation efforts, research on the Strong Kids curriculum suggests that less costly programs may be beneficial in meeting the social-emotional needs of students at the universal level. The low-cost, time

efficient, and easy-to-implement lessons are features of the Strong Kids/Teens programs that differ from other prominent SEL interventions. The use of Strong Kids as a tier one intervention offers school-based mental health providers a wider variety of evidence-based SEL interventions for use in schools.

Limitations

The results of the present study should be interpreted with caution due to the limitations of the study including the exclusion of non-complete data set from analyses, small sample size, the reliance on solely self-report measures, and lack of control group. Regarding the exclusion of data from participants who did not complete all three data collection sessions, descriptive statistics characteristics of these students (N = 14) were similar across the categories of grade, age, ethnicity, birth country, and primary language to the characteristics of students who did complete all three data collection sessions (N = 20) and were included in the present analysis. Both groups were also similar regarding pre-intervention levels of resiliency and internalizing symptoms. Because both groups were deemed comparable across these demographic categories and social-emotional constructs of interest, it is unlikely that the exclusion of using data of the former group in analyses would have substantially or systematically altered the results of the present study.

Future studies need to address these limitations by utilizing larger sample sizes and incorporating direct observation and teacher or parent-report outcome measures. The use of the *Strong Teens* curriculum would be further substantiated by research exploring

the use of cultural adaptations with other ethnic groups (e.g., Asian-American) and study designs incorporating lengthier follow up periods.

References

- Achenbach, T. M. & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.
- Achenbach, T. M. (1991b). *Manual for the Youth Self Report and 1991 Profile*. Burlington: University of Vermont, Department of Psychiatry.
- Agresti, A. & Finlay, B. (2009). *Statistical Methods for the Social Sciences: Fourth Edition*. Upper Saddle River, NJ: Prentice Hall, Inc.
- Begum, G. & Castro-Olivo (2012). *Ethnic Differences in Resiliency and Violent/Maladaptive Behaviors: Implications for School-Based Interventions*. Manuscript submitted for publication.
- Bernal, G., Bonilla, J., & Bedillo, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychological treatments with Hispanics. *Journal of Abnormal Child Psychology*, 23, 67–82.
- Bernal, G., Jimenez-Chafey, M. I., & Domenech-Rodriguez, M. M. D. (2009). Cultural Adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40, 361–368.
- Bernal, G., & Saez-Santiago, E. (2006). Culturally centered psychological interventions. *Journal of Community Psychology*, 34, 121–132.
- Blanco-Vega, C.O., Castro Olivo, S.M., & Merrell, K.W. (2008). Social and emotional needs of Latino immigrant adolescents: An ecological model for developing

planning and implementing culturally sensitive interventions. *Journal of Latinos and Education, 1*, 43–61.

CASEL (2012). *Introduction to SEL. What is SEL?*. Retrieved September 18, 2012 from <http://casel.org/why-it-matters/what-is-sel/>.

Castro-Olivo, S. (2010). One size does not fit all: Adapting SEL programs for use in our Multicultural world. In K.W. Merrell & B.A. Gueldner (Eds.), *Social and emotional learning in the classroom: Promoting mental health and academic success* (pp. 83–102). New York: Guilford.

Castro-Olivo, S., Le, L., Garcia, N. (2011). *The impact of culturally-adapted SEL program on ELL students*. Poster presented at the 2011 National Association of School Psychology Conference in Philadelphia, PA.

Castro-Olivo, S. & Merrell, K. W. (2012). Validating cultural adaptations of a school-based social-emotional learning programme for use with Latino immigrant adolescents. *Advances in School Mental Health Promotion, iFirst article*, 1-15.

Conduct Problems Prevention Research Group (2010). The effects of a multiyear universal social-emotional learning program: The role of student and school characteristics. *Journal of Consulting and Clinical Psychology, 78*, 156-168.

DHHS (2001). *Mental health: Culture, race, ethnicity – Supplement to mental health (Report of the Surgeon General)*. Retrieved from <http://www.mentalhealth.org/cre/default.asp>.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A

- meta-analysis of school-based universal interventions. *Child Development*, 82, 405-432.
- Epstein, M. H. (2004). Behavioral and Emotional Rating Scale, 2nd edition: Examiner's Manual. Austin, TX: Pro-Ed, Inc.
- Feuerborn, L. L. (2004). Promoting emotional resiliency through classroom instruction: The effects of a classroom-based prevention program. Unpublished doctoral dissertation, University of Oregon, Eugene.
- Goleman, D. (1995). *Emotional Intelligence*. New York: Bantam.
- Gonzales, N.A., & Kim, L.S. (1997). Stress and coping in an ethnic minority context. In S.A. Wolchik & I.N. Sandler (Eds.), *Handbook of children's coping: Linking Theory and Intervention* (pp. 481–511). New York: Plenum Press.
- Gresham, F. M. (2002) Teaching social skills to high risk youth. In M. Shinn, G. Stoner, & H. M. Walker (Eds.), *Interventions for Academic and Behavior Problems II: Preventive and Remedial Approaches* (pp. 403-432). Bethesda, MD: National Association of School Psychologists.
- Gresham, F. M. & Elliott, S. N. (1990). *Social Skills Rating System test manual*. Circle Pines, MN: American Guidance Service.
- Griner, D., & Smith, T. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, 43, 531–548.
- Gueldner, B. A., & Merrell, K. W. (2011). Evaluation of a social-emotional learning

- intervention using performance feedback to teachers in a structured consultation model. *Journal of Educational and Psychological Consultation*, 21, 1-27.
- Harlacher, J. E. (2008). *Social and emotional learning as a universal level of support: Evaluating the follow-up effect of Strong Kids on social and emotional outcomes*. Unpublished doctoral dissertation, University of Oregon, Eugene.
- Harlacher, J. E., & Merrell, K. W. (2010). Social and emotional learning as a universal level of student support: Evaluating the follow-up effect of strong kids on social and emotional outcomes. *Journal of Applied School Psychology*, 26, 212-229.
- Isava, D. M. (2006). *An investigation of the impact of a social-emotional learning curriculum on problem symptoms and knowledge gains among adolescents in a residential treatment center*. Unpublished doctoral dissertation, University of Oregon, Eugene.
- Jones, S. M., Brown, J. L., Hoglund, W. L. G., & Aber, J. L. (2010). A school-randomized clinical trial of an integrated social-emotional learning and literacy intervention: Impacts after 1 school year. *Journal of Consulting and Clinical Psychology*, 78, 829-842.
- Jones, S. M., Brown, J. L., & Aber, J. L. (2011). Two-year impacts of a universal school-based social-emotional and literacy intervention: An experiment in translational developmental research. *Child Development*, 0, 1-22.
- Kusche, C. A., & Greenberg, M. T. (1995). *The PATHS curriculum*. Seattle, WA: Developmental Research and Programs.
- Lopez, S. J., Edwards, L. M., Teramoto Pedrotti, J. T., Ito, A., & Rasmussen, H. N.

- (2002). Culture counts: Examinations of recent applications of the Penn resiliency program or toward a rubric for examining cultural appropriateness of prevention programming. *Prevention & Treatment*, 5, (No Pagination Specified) Article 12.
- Marchant, M., Brown, M., Caldarella, P., & Young, E. (2010). Effects of Strong Kids curriculum on students with internalizing behaviors: A pilot study. *Journal of Evidence-Based Practices for Schools*, 11(2), 123-143.
- Messick, S. (1980). Test validity and the ethics of assessment. *American Psychologist*, 35, 1012-1027.
- McCombs, B. L. (2004). *The learner-centered psychological principles: A framework for balancing academic achievement and social-emotional learning outcomes*. In J. Zins, R. Weissberg, M. Wang, & H. Walberg (Eds.), *Building Academic Success on Social and Emotional Learning* (pp.23-39). New York: Teachers College Press.
- Merrell, K. W., Carrizales, D., Feuerborn, L., Gueldner, B. A., & Tran, O. K. (2007). *Strong Kids: A Social and Emotional Learning Curriculum for Students in Grades 3-5*. Baltimore: Brookes.
- Merrell, K. W. (2010). Linking prevention science and social and emotional learning: The Oregon Resiliency Project. *Psychology in the Schools*, 47, 55-68.
- Merrell, K. W., Juskelis, M. P., Tran, O. K., & Buchanan, R. (2008). Social and emotional learning in the classroom: Impact of Strong Kids and Strong Teens on students' social- emotional knowledge and symptoms. *Journal of Applied School Psychology*, 24, 209 – 224.

- Nakayama, N. J. (2008). An investigation of the impact of the Strong Kids curriculum on social- emotional knowledge and symptoms of elementary aged students in a self-contained special education setting. Unpublished doctoral dissertation, University of Oregon, Eugene.
- Plotts, C. A. & Lasser, J. (2013). *School psychologist as counselor: A practitioner's handbook*. Bethesda, MD: NASP Publication.
- Rounsaville, B. J., Carroll, K. M., & Onken, L. S. (2001). A Stage Model of Behavioral Therapies Research: Getting Started and Moving on From Stage I. *Clinical Psychology*, 8(2), 133-142.
- Skiba, R. J., Horner, R. H., Chung, C., Rausch, M. K., May, S. L., & Tobin, T. (2011). Race is not neutral: A national investigation of African American and Latino disproportionality in school discipline. *School Psychology Review*, 40, 85-107.
- Suarez-Orozco, C., & Suarez-Orozco, M.M. (2001). Children of immigration. Cambridge, MA: Harvard University Press.
- Tran, O. K. (2007). Promoting social and emotional learning in schools: An investigation of massed versus distributed practice schedules and social validity of the Strong Kids curriculum in late elementary aged students. Unpublished doctoral dissertation, University of Oregon, Eugene.
- Vincent, C. G. & Tobin, T. J. (2010). The relationship between implementation of School-Wide Positive Behavior Support (SWPBS) and disciplinary exclusion of students from various ethnic backgrounds with and without disabilities. *Journal of Emotional and Behavioral Disorders*, 19, 217-232.

Zins, J. E., Bloodworth, M. R., Weissberg, R. P. & Walberg, H. J. (2004). *Building academic success on social and emotional learning: What does the research say?*
Danvers, MA: Teachers College, Columbia University.

Appendix A

BERS-2 YSR

BERS-2 Youth Rating Scale

Directions: Below is a list of items that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. Read each item and mark the number that corresponds to the rating that best describes you now or in the past 3 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask the person who is giving you this form.

- 3: If the statement is very much like you
- 2: If the statement is like you
- 1: If the statement is not much like you
- 0: If the statement is not at all like you

Statements

1. My family makes me feel wanted				
2. I trust at least one person very much				
3. It's okay when people hug me				
4. I join in community activities				
5. I believe in myself				
6. I let someone know when my feelings are hurt				
7. I get along well with my family				
8. I have a sense of humor				
9. I ask for help when I need it				
10. I can express my anger in the right way				
11. My parents and I talk about how I act at home				
12. If I hurt or upset others, I tell them I am sorry				
13. I care about how others feel				

14. I complete tasks when asked				
15. I get along well with my parents				
16. When my feelings are hurt, I stay calm				
17. I think about what could happen before I decide to do something				
18. I accept criticism				
19. I go to religious activities				
20. I keep myself clean				
21. I ask my friends for help				
22. I have a hobby I enjoy				
23. When I have a problem, I talk with others about it				
24. I do my schoolwork on time				
25. I feel close to others				
26. I know when I am happy and when I am sad				
27. I know what I do well				
28. I accept responsibility for my actions				
29. I get along with my brothers and sisters				
30. When I lose a game, I accept it				
31. I complete my homework				
32. I am liked by others my age				
33. I am a good listener				
34. I let people know when I like them				
35. When I make a mistake, I admit it				

36. I do things with my family				
37. I can deal with being told "no"				
38. I smile a lot				
39. I pay attention in class				
40. I am good at math				
41. I am good at reading 42. I enjoy many of the things I do				
43. I respect the rights of others				
44. I share things with others				
45. I follow the rules at home				
46. When I do something wrong, I say I am sorry				
47. I study for tests				
48. When good things happen to me I tell others				
49. I am nice to others				
50. I use appropriate language				
51. I attend school daily				
52. I listen during class and write things down to help me remember later				
53. I can name at least one thing that I want to do in my life				
54. My future looks good				
55. I have a plan for my future career				

Appendix B

Youth Self-Report (YSR)

CBCL-YSR

Directions: Below is a list of items that describe kids. For each item that describes you *now or within the past 6 months*, please circle the **2** if the item is **very true or often true** of you. Circle the **1** if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the **0**.

0= Not True

1= Somewhat or Sometimes True

2= Very True or Often True

1. There is very little that I enjoy	0	1	2
2. I cry a lot	0	1	2
3. I am afraid of certain animals, situations, or places, other than school (describe): _____	0	1	2
4. I am afraid of going to school	0	1	2
5. I am afraid I might think or do something bad	0	1	2
6. I feel that I have to be perfect	0	1	2
7. I feel that no one loves me	0	1	2
8. I feel worthless or inferior	0	1	2
9. I would rather be alone than with others	0	1	2
10. I am nervous or tense	0	1	2
11. I have nightmares	0	1	2
12. I am too fearful or anxious	0	1	2
13. I feel dizzy or lightheaded	0	1	2
14. I feel too guilty	0	1	2
15. I feel overtired without good reason	0	1	2
16. Physical problems without known medical cause:			
a. Aches or pains (not stomach or headaches)	0	1	2
b. Headaches	0	1	2
c. Nausea, feel sick	0	1	2
d. Problems with eyes (not if corrected by glasses) (describe): _____	0	1	2
e. Rashes or other skin problems	0	1	2
f. Stomachaches	0	1	2
g. Vomiting, throwing up	0	1	2
17. I refuse to talk	0	1	2
18. I am secretive or keep things to myself	0	1	2
19. I am self-conscious or easily embarrassed	0	1	2

20. I am too shy or timid	0	1	2
21. I don't have much energy	0	1	2
22. I am unhappy, sad, or depressed	0	1	2
23. I keep from getting involved with others	0	1	2
24. I worry a lot	0	1	2

Appendix C

Social Validity

SV

Please rate each of the following statements based on how you feel/think about the *Strong*

Teens program:

	Strongly Disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
1) I liked the program <i>Strong Teens</i>	1	2	3	4	5	6
2) I learned useful skills to use in life.	1	2	3	4	5	6
3) I am likely to use the skills that were taught in this program	1	2	3	4	5	6
4) I would recommend this program to others	1	2	3	4	5	6
5) I liked the way this program was taught	1	2	3	4	5	6
6) This program taught important skills to my classmates (those who were in this group)	1	2	3	4	5	6
7) I have	1	2	3	4	5	6

noticed a change in my, and my classmates', behavior since the program started						
8) I feel that the skills that were taught in this program have helped me to do better in school work	1	2	3	4	5	6
9) I think this program was designed for students like me	1	2	3	4	5	6

10) List 3 ways you think we could improve this program
