

THE EFFECT OF A CLASSROOM INTERVENTION ON ADOLESCENT
WELLNESS, SUCCESS SKILLS, AND ACADEMIC PERFORMANCE

by

Jacqueline Lee-Russell Wirth

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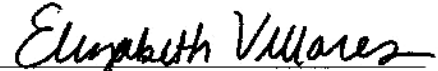
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This dissertation was prepared under the direction of the candidate's dissertation advisor, Dr. Elizabeth Villares, Department of Counselor Education, and has been approved by the members of her supervisory committee. It was submitted to the faculty of the College of Education and was accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.


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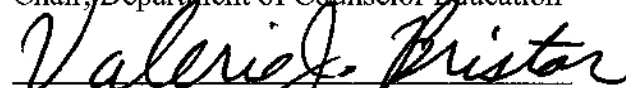
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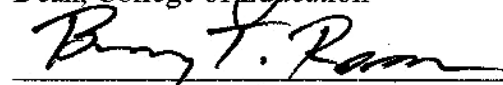
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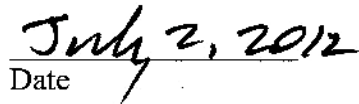
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ABSTRACT

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This study sought to measure the impact of an evidence-based school guidance counseling curriculum, Student Success Skills (Brigman & Webb, 2010), on: (a) wellness factors for early adolescences, (b) engagement in school success skills, and (c) grades in core subject areas of language arts, mathematics, science, and social studies, reported at nine-week intervals. Seventh-grade students ($N=367$) from two middle schools were randomly selected to complete the required Florida physical education course during their first semester of the school year. Students in the treatment group (School A, $n=66$) received five, 45-minute, stand-alone SSS classroom lessons delivered by their physical education teacher. School B served as the control group ($n=69$). An alpha level of .05 was used to determine statistical significance on the total scores pre- and post-intervention for all students in the sample ($N=135$), on the Five Factor Wellness Inventory Form-T 5F-Wel-T (Myers & Sweeney, 2005a) and the Student Engagement in Success Skills Survey

(SE-SSS) (Carey, Brigman, Webb, & Harrington, 2010), as well as collected nine-week grades reported in core subject areas. A series of one-way analysis of variance (ANOVA) results indicated students in the treatment group showed a statistically significant increase [$F(1,133) = 4.701, p = .032$] in total wellness as compared to the students in the control group. A Cohen's d effect size for the 5F-Wel-T of +0.37 (95% CI [0.030, 0.711]) indicated a medium ES. There was no statistically significant difference found between groups on the engagement in school success skills [$F(1, 133) = 1.600, p = .208$]. A Cohen's d effect size for the SE-SSS of +0.21 (95% CI [-.12, 0.55]) indicated a small ES. Results from a multivariate analysis of covariance (MANCOVA) showed no statistically significant differences between the participants by condition on their post, core subject areas grades.

The results of this study provide a link between the collaboration between school counselors and teachers when delivering classroom guidance interventions on wellness behaviors in adolescents. More research is needed on the impact of school counseling curriculum programs on early adolescent wellness, engagement in school success strategies, and improved academic achievement.

DEDICATION

To my family who fortified me with love, kindness and ever-present encouragement. Thank you! To my husband Ferd, you understood my journey and supported me with patience and enduring love every step along the way. Thanks for believing in me! To my daughter Julie, son-in-law Stephen, and my son Adam, you were always interested in my progress and encouraged me toward the finish. I am done! To my grandbabies, Lauren and Andrew, you always encourage me with your precious little faces and your sweet little voices. To my family, you make me smile, laugh, and sigh with pure joy. I am a blessed woman.

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I. INTRODUCTION

Adolescents in the middle school setting face many challenges as they move through the early adolescent years of transition, growth, and development. As students evolve and transition through the middle school years, their bodies and minds are rapidly growing and developing (Vernon, 2004) as they confront new and different school routines. Expectations of themselves, educators, parents, and the public in general shift when children become middle school students. The shift in expectations includes a broader educational agenda that involves enhancing social-emotional competence, character, health, wellness, and civic engagement (MetLife, 2002; Public Agenda, 2002; Rose & Gallup, 2000).

In addition to becoming culturally literate, intellectually reflective, and committed to lifelong learning, the expectations on middle school students are numerous. These expectations include: (a) the ability to interact socially with skill and respect; (b) practice positive, safe, and healthy behaviors; (c) contribute ethically and responsibly to their peer group, family, school, and community; and (d) possess basic competencies, work habits, and values as a foundation for future meaningful employment and engaged citizenship (Akos & Galassi, 2004; Elias et al., 1997; Jackson & Davis, 2000; Osher, Dwyer & Jackson, 2004; Togneri & Anderson, 2003). Rapid and multiple changes in the early adolescent mind and body bring with them a heightened potential for positive and

negative outcomes (Carlo, Fabes, Laible, & Kupanoff, 1999). Problematic outcomes during adolescence have been given substantial attention (Ketterlinus & Lamb, 1994; Pipher, 1994) with less attention being paid to the positive changes that occur during this growth period. Even less attention is devoted to early adolescent wellness factors that may have a positive outcome on middle school students as they transition into adulthood. Meanwhile, these students face academic expectations to maintain school grades in core subject areas such as language arts, mathematics, science, and social studies, to be able to promote successfully to high school and graduate with a high school diploma (Florida Department of Education, 2010-2011b). Outcome research establishing the results between school counseling interventions and academic achievement in early adolescents is a need in the school counseling field. Such research helps to evaluate the effectiveness of developmental counseling and guidance interventions in school counseling programs that contribute to the academic success of all students (Dimmitt, Carey, Hatch, 2007; Dimmitt, Carey, McGannon, & Henningson, 2005; Whiston & Aricak, 2008).

Problem/Significance of Problem

The expectation of middle school students to gain and maintain academic excellence for school success has increased since the implementation of No Child Left Behind ([NCLB]; U.S. Department of Education, 2001) and the reauthorization of NCLB by the Obama administration in the Elementary and Secondary Education Act ([ESEA]; U.S. Department of Education, 2010). In an attempt to assist middle school students to become self-regulated learners, middle schools as institutions provide students with equipment or tools intended to assist students in their achievement of academic, personal,

and social success. Tools such as planners, behavioral checklists for work completion, homework hotlines, and technology for parent/teacher/student communication are in use as efforts to promote academic success, encourage student interest, and prevent academic failure (Cushman & Rogers, 2008). There is very little development of or investigation into middle school intervention programs. Researchers have not examined interventions to see if they establish, facilitate, or undermine behavior patterns that lead to academic success (Bauer, Yang, & Austin, 2004).

Colbert and Kulikowich (2006) introduced the role of the school counselor-as-resource broker. As a resource broker, the school counselor assumes three basic responsibilities: (a) to identify resources needed for the school using assessment data; (b) to gain access to resources for the school through effective communication of assessment results; and (c) to ensure the utilization of resources in the school through effective collaboration and communication with other stakeholders in a school setting. Effectively accomplishing these three responsibilities may lead to the successful delivery of traditional counseling interventions such as classroom guidance programs by others, for example, teachers or administrators. A school counselor who is able to monitor the effects of interventions, collect data, and analyze the effects of school counseling programs, contributes to research needs. The needs of investigating the effectiveness of interventions that lead to student success can be realized when a school counselor is a resource broker.

During adolescence, students are striving for independence and autonomy (Erikson, 1968). As parental control lessens, early adolescents begin to develop behavior

patterns shaped by peer norms and actions. Behaviors developed at this stage are likely to influence long-term patterns (Erikson, 1968). Introducing wellness behaviors to create awareness within the early adolescent may assist the adolescent in the short term while influencing long-term life patterns of establishing a wellness lifestyle. Dixon Rayle and Hartwig Moorhead (2005) indicated there is a lack of literature contributing to the current research on school counseling interventions and wellness factors. There also is a lack of research contributing to an examination of the relationship between academic success and the engagement in wellness factors. Specifically, there is very little or no research to date that examines student engagement in wellness behaviors and the impact on student grades.

Purpose

The purpose of this quantitative study was to measure the impact of an evidence-based school guidance counseling curriculum, Student Success Skills, on: (a) wellness factors for early adolescents, (b) engagement in school success skills, and (c) grades in core subject areas of language arts, mathematics, science, and social studies, reported at nine-week intervals. This study contributes to the current research of school counseling interventions and wellness. An examination of the factors associated with wellness and improved academic performance, specifically grades in core subject areas (Language Arts, Mathematics, Science, and Social Studies) that affect promotion and retention through middle school is present in this study.

Research Questions

The research questions began to emerge while the researcher was working as a school counselor with middle school students experiencing failure of their core subject areas of language arts, mathematics, science, and social studies. An interest in the wellness of early adolescents caused this researcher to contemplate the possible impact of student engagement in factors of wellness on school success skills resulting in acceptable passing grades in core subject areas. This researcher began to explore any available evidence-based school guidance curriculum or programs containing factors of wellness, specifically factors that would address the creative self, coping self, social self, essential self, and physical self as defined on *The Wheel of Wellness* (Myers, Sweeney, & Witmer, 2000). In addition, when used as an intervention, could evidence-based school guidance programs containing factors of wellness engage students in skills to assist with their achieving nine-week grades that would allow them to avoid or even prevent failure in core subject areas and lead them to academic success? This became the focus of the research. The following three research questions emerged:

1. What is the impact on the engagement of wellness behaviors of seventh-grade students who participate in the Student Success Skills classroom program that includes wellness factors?
2. What is the impact on the engagement in cognitive and behavioral strategies associated with academic success when seventh-grade students participate in the Student Success Skills classroom program?

3. What is the impact on nine-week grades in core subjects when seventh-grade students participate in the Student Success Skills classroom program that includes wellness factors and academic success skills?

Hypotheses

The researcher examined the following hypotheses in the study.

Null Hypothesis 1

HO₁: There is no statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Five Factor Wellness Inventory- Teen (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b).

Alternative Hypothesis 1

Alternative 1: There is a statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention as measured by the Five Factor Wellness Inventory-Teen (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b).

Null Hypothesis 2

HO₂: There is no statistically significant difference in engagement in cognitive and behavior strategies associated with academic success between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not

participate in the SSS classroom intervention as measured, by the Student Engagement in Success Skills Survey (SE-SSS).

Alternative Hypothesis 2

Alternative 2: There is a statistically significant difference in engagement in cognitive and behavior strategies associated with academic success between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Student Engagement in Success Survey (SE-SSS).

Null Hypothesis 3

HO₃: There is no statistically significant difference in nine-week core academic subject area grades (language arts, mathematics, science, and social studies) between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention as measured by the student nine-week report card.

Alternative Hypothesis 3

Alternative 3: There is a statistically significant difference in nine-week core academic subject area grades (language arts, mathematics, science, and social studies) between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the student nine-week report card.

Definitions

1. **Adolescence** – a term originated by G. Stanley Hall (1905) at the beginning of the 20th century, the age span between *childhood* and *adulthood* beginning at puberty. Adolescence is recognized as a period of transitions, a time of unevenness and paradoxes marked by physical, emotional, moral, and intellectual change.
2. **Awareness** – to know something by means of perception or by means of information.
3. **Core Subject Areas** – the subjects of language arts, mathematics, science, and social studies in the middle-school setting.
4. **Counseling Services** – direct services to students in classroom, group, and individual settings provided to improve students’ mental, emotional, and social health.
5. **Course Recovery** – retaking a core course after failure to meet state mandates—sometimes referred to in high school as credit recovery—middle school students do not receive credit for courses but must have core courses to promote to high school. Therefore, they recover or retake a failed course.
6. **Developmental School Counseling Curriculum** – structured developmental lessons designed to assist students in achieving the desired competencies and

to provide all students with the knowledge and skills appropriate for their developmental level.

7. **Early Adolescents** – children aged 10 to 15; marks the end of childhood years and the beginning of youth and young adulthood; the least studied group of humans.
8. **Engagement** – a multidimensional construct composed of the components of behaviors, emotions, and cognitions that are dynamically interrelated and contribute to academic success (Lewis, Huebner, Malone, & Valois, 2010).
9. **Evidence-Based School Counseling Curriculum** – data-driven, structured developmental lessons designed to assist students in achieving the desired competencies and to provide all students with the knowledge and skills appropriate for their developmental level (Dimmitt et al., 2007).
10. **Evidenced -Based School Counseling Curriculum Programs** – data-driven, comprehensive school counseling programs using evidence-based school counseling curriculum, where the use of data to affect change within the school system is integral to ensure every student receives the benefits of the school counseling program (Dimmitt et al., 2007).
11. **Grades** –used for assessment of students in core subject areas, where A= 90% or better, B= 80% or better, C= 70% or better, D= 60 % or better and F= 59% or below (Florida Department of Education, 2010-2011 a).
12. **Health Education** – a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health.

13. **Healthy School Environment** – the physical and aesthetic surroundings, the psychosocial climate, and the culture of a school.
14. **Health Services** – services provided for students to appraise, protect, and promote health.
15. **Nine-week Student Grade Report** – a report of student progress at 9-week intervals to determine success or failure in all school courses taken during a 9-week interval.
16. **Nutrition** – the “science of food,” the nutrients and other substances therein, their action, interaction and balance in relation to health and disease, and the processes by which the organism ingests, absorbs, transports, utilizes, and excretes food substances.
17. **Nutrition Services in Schools** - access to a variety of nutritious and appealing meals that accommodate the health and nutritional needs of all students.
18. **Middle School** –levels of schooling between elementary and high school; a synonym for secondary school; term created in Bay City, MI in 1950.
19. **Middle School Students** - early adolescents, ages 10 through 15, in a middle-school setting.
20. **Professional School Counselor** – certified/licensed counselors who are educators with a minimum of a master’s degree in school counseling.

Professional school counselors are employed in elementary, middle/junior high, and high schools; in district supervisory positions; and counselor education positions.

21. **Resource Broker** – a professional within the school system who functions as an active force to identify, gain access to, and ensure the utilization of resources that enhance student development (Colbert & Kulikowich, 2006).
22. **School District Data Reports** – a report of individual student information such as grades, standardized test scores, attendance, and economic status that is generated by the school district database of student information and provided to each school upon request.
23. **School Wellness Policies** – policies that cover areas of nutrition education, physical activity, and nutrition standards for all foods available at school during the day. This includes nutrition value of foods, portion sizes; vending, after-school programs; parties and meetings with food; the use of food as a reward or punishment; time and surroundings during meals; and professional qualifications of food service personnel.
24. **Social Emotional Learning** – the process of acquiring a set of social and emotional skills, self-awareness, self-management, social awareness relationship skills, and responsible skills and responsible decision making within the context of a safe, supportive environment that encourages social, emotional, and cognitive development and provides opportunities for practicing social-emotional skills (Collaborative for Academic, Social and Emotional Learning, 2005).

25. **Student/Course Failure Report** – a report provided at the end of the school semester that indicates students who have earned a grade letter of “F” for the semester in a course taken during that semester.
26. **Student Success Skills** – these include (a) cognitive and meta cognitive skills; goal setting, progress monitoring, and memory skills; (b) social skills; interpersonal skills, social problem solving, listening, teamwork skills, and (c) self-management skills; managing attention, motivation, and anger (Brigman, Webb, & Campbell, 2007).
27. **Wellness** – is an outcome and a process. A way of life oriented toward achieving optimal human functioning, health, and well-being in which the individual is able to live life more fully within the human and natural community; wellness integrates body, mind, and spirit. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, & Witmer, 1998).
28. **Wellness Factors** – the IS-Wel model (Myers & Sweeney, 2006) includes five second-order factors: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Within these factors are grouped a set of 17 third-order factors (Thinking, Emotions, Control, Work, Positive Humor, Leisure, Stress Management, Self-Worth, Realistic Beliefs, Friendship, Love, Spirituality, Gender Identity, Cultural Identity, Self-Care, Exercise, and Nutrition).

Delimitations

The literature review and research design was delimited as follows:

1. The study was confined to seventh-grade middle school students, ages 12 years old or 13 years old.
2. Students participating in the study came from one school district, comprised of four middle schools on the east coast of Florida, of which two schools were participants in the study.
3. Middle school students had the option of acquiring a waiver of non-participation for middle school physical education.
4. Physical education teachers, trained to deliver the SSS classroom curriculum program, implemented the intervention.
5. The classroom guidance program is the only mode of delivery.
6. The study implementation, in the second grading period, did not include follow up booster sessions suggested in the classroom guidance program.

Limitations

Limitations to this study were as follows:

1. The dearth of guidance and counseling curriculum available for review for this study was a limitation.
2. The evidence-based curriculum programs for middle school students were limited to two well-known and documented programs, Student Success Skills and Second Step Violence Prevention Program.

3. The assignment of grades by the core curriculum teachers (Language Arts, Mathematics, Science, and Social Studies) were believed by some to be subjective and by others to be objective, therefore, introducing the potential for grade inflation, bias, and/or the general perception of grades being viewed as unfair.
4. Grades as measures of student performance compared to standardized measures do not have the same rigors of validity and reliability applied to standardized measures.
5. Student's prior knowledge, skills, and attitudes about wellness may vary among participants or be all together non-existent.
6. The measures completed by participants in the study were self reported and based on the student's perception. Therefore, completion of monitoring instruments by students was a limitation to this study.

7.

Study Design

This study followed a pre-post between-subjects experimental design (Goodwin, 2010; Hancock & Mueller, 2010). The unit of analysis was each student. Physical education teachers in each participating school were trained by the researcher to administer study instruments during the first nine weeks of the 2011-2012 academic school year. Physical education teachers in the school receiving the treatment were trained to implement the Student Success Skills (SSS) classroom program (Brigman & Webb, 2010). Five hundred and sixty (560) seventh-grade students from two middle

schools in one Florida suburban school district had the opportunity to participate in the study. To fulfill the state of Florida's requirement of physical education in the middle school, seventh-grade students in the two middle schools are randomly assigned to physical education for either the first semester (Fall) or the second semester (Spring) of the school year. This assignment partially fulfills the state of Florida's requirement of physical education in middle school. From the random selection of students assigned to first semester (Fall) physical education, a sample of students from two middle schools participated in the study. A signed parental assent and consent form determined each student's voluntary participation in this study. It should be noted that middle school students in the state of Florida are given the option to complete a physical education waiver for non-participation in physical education classes during their middle school years. Waivers submitted to the principal at each school are granted on a case-by-case basis. This experimental study examined the impact of the Student Success Skills (SSS) classroom program (Brigman & Webb, 2010), a guidance intervention program containing wellness factors and strategies associated with academic success, on seventh-grade students' engagement in success skills, leading to improved performance in nine-week core subject area grades (Language Arts, Mathematics, Science, and Social Studies). Participating seventh-grade students completed pre- and post-test measures (Five Factor Wellness Inventory–T and Student Engagement in Success Survey) to examine differences in student engagement in wellness behaviors and success skill strategies, between students who received the SSS classroom intervention and those who did not. A comparison of student academic performance in core academic subject areas,

as reported by school district first and second nine-week report cards, between students receiving the SSS classroom intervention and students who did not was examined.

Dependent Variables

The following dependent variables were included in the study:

- Engagement in wellness factors as measured by The Five Factor Wellness Inventory Form T (5F-Wel-T; Myers & Sweeney, 2005b), a student self-report;
- Cognitive and behavioral engagement in school success skills as measured by the Student Engagement in School Success Skills (SE-SSS), a student self-report; and
- Student 9-week grades in Language Arts, Mathematics, Science, and Social Studies as measured by student record cards, a teacher report.

Independent Variables

The Student Success Skills classroom guidance curriculum program (Brigman & Webb, 2010), administered by seventh-grade physical education teachers, was the independent variable.

Summary and Outline of Dissertation

School counselors collaborate with parents, administrators, and teachers to promote the success of all students in a school setting. In this study, there is collaboration between school counselors and physical education teachers to promote student engagement in a school counseling curriculum program containing wellness factors and skills associated with academic success. Chapter 1 addresses the significance of the problem, the purpose, research questions and hypotheses, delimitations, limitations, and definitions. Chapter 2 reviews: (a) early adolescence, academic success, social emotional development and engagement; (b) middle school; (c) consequences for poor transitions and adjustments; (d) wellness; (e) education reform policies; (f) comprehensive developmental school guidance programs; (g) professional school counselors; and (h) evidence-based school counseling curriculum programs. Chapter 3 provides a description of: (a) the sample and participants; (b) the pre-post experimental between subjects design used in the study; (c) dependent and independent variables; (d) instruments; (e) details regarding the study implementation; (f) treatment fidelity; and (e) data collection and statistical analysis. Chapter 4 presents the statistical results as they relate to hypotheses and problem statement. Chapter 5 presents conclusions, unresolved questions and suggestions.

II. LITERATURE REVIEW

This chapter reviews (a) early adolescence, social emotional development, academic success, and engagement; (b) middle school; (c) consequences for poor transitions and adjustments; (d) wellness; (e) education reform policies; No Child Left Behind Act of 2001, Elementary and Secondary Education Act (ESEA), Florida Education Reforms; (f) comprehensive developmental school guidance programs; (g) professional school counselors; and (h) evidence-based school counseling curriculum programs, that is, Second Step Violence Prevention (Committee for Children 1997) and the Student Success Skills classroom guidance intervention (Brigman & Webb, 2010).

Early Adolescence, Academic Success, Social Emotional Development, and Engagement

Early adolescence marks the end of childhood and is the stage of the human development process that leads to adulthood (Steinberg & Lerner, 2004). The early adolescent phase is comprised of Erik Erikson's Stage Four (school age, 6 to 12 years) and Stage Five, (adolescence, 12 to 18 years). An overlap between those individuals who are in the latency stage of industry vs. inferiority and identity vs. role confusion is possible (Erikson, 2005). During these two critical stages, adolescents no longer considered parents the complete authorities. Nevertheless, parents play an important role in the development of their children, specifically as adolescents struggle to form their

own identity. Erikson suggested successful navigation during these stages allows the individual to gravitate towards identity formation and away from role confusion when the developing adolescent is in a supportive environment.

Steinberg and Lerner (2004) investigated the history of the study of adolescence to create a better understanding of the science of adolescent study. They categorized the history of scientific adolescent study into phases. They concluded that overlapping phases known as phase one and phase two includes the time period of the launching of adolescent study in 1905 by G. Stanley Hall through the 1970s, and ongoing through the end of the 20th century. Steinberg and Lerner (2004) suggested during the 21st century an emergence in the field of adolescent study of a third phase. This third phase acts as a prototype for the developmental sciences that aids policymakers and practitioners in the advancement of civil society and the promotion of positive development.

Various researchers have addressed the impact of friendship and peer relationships on academic adjustment leading to academic success of the early adolescent (Buchmann & Dalton, 2002; Dishion, Nelson, & Bullock, 2004; Patterson, 1993; Véronneau & Dishion, 2010). These researchers viewed adolescents and their peer relationships as one large bundle of peer interactions. However, Molloy, Gest, and Rulison (2011) found that in early adolescents, especially in seventh-grade students, it is best to unbundle peer relationships to examine the effects of the relationships on academic achievement. Rather than looking at peer relationships as one large bundle of adolescent interactions, they unbundled them and identified them as three types of peer relationships. Reciprocated friendships, frequent interactions, and shared group

membership were the three identifiers of peer relationships that make an impact on academic achievement. Ryan (2011) suggested this as an important direction for research, a direction to help increase knowledge of what middle school educators can do to help support students' positive relationships with peers. Positive relationships with peers can facilitate motivation, engagement, and achievement in school (Ryan, 2011).

Social-emotional development of the early adolescent involves the process of developing one's identity while concepts of self, family, friends, and peers undergo great changes (Caissy, 1994). A unique identity, separate from one's parents, begins to emerge and individuals' need to see how their new identity fits into society. Attempting new adult behaviors while experiencing thoughts of insecurity, anxiety, stress, and worrying about what others think about their new behaviors can lead to unwelcome stress (Wigfield, Eccles, MacIver, Reuman, & Midgley, 1991). Emotional and social adjustment can bring great challenges for early adolescents. During this time, individuals learn to become self-sufficient, independent thinkers with a stronger sense of moral and ethical responsibilities. Meanwhile, they are gaining an understanding of how to respond effectively to their opposite and same sex peers as they struggle to develop a greater sense of socially acceptable behaviors. Social and emotional functioning is a core variable in effective learning (Wang, Haertel, & Walberg, 1993).

Researchers have conceptualized engagement as a multidimensional construct (Fredricks, Blumenfeld, & Paris, 2004; Jimerson, Campos, & Greif, 2003). The social, instructional, and organizational climate of schools influences students' engagement and academic success (Eccles, Wigfield, & Scheifele, 1998; Patrick, Ryan, & Kaplan, 2007;

Ryan & Patrick, 2001). Three components, behaviors, emotions, and cognitions, are part of the multidimensional construct of engagement. Behavioral engagements are the actions and practices directed towards learning and school such as positive conduct, involvement in learning, involvement in academic tasks, and participation in extracurricular activities (Finn, 1993; Finn, Pannozzo, & Voelkl, 1995). Emotional engagements are the student's identification with the school and their affective reactions to the school (Skinner & Belmont, 1993). Cognitive engagements are strategic approaches to learning, self-regulated by the student (Fredricks et al., 2004). These three components of engagement are dynamically interrelated and contribute to academic success of the early adolescent (Fredricks et al., 2004; Jimerson et al., (2003).

Reschly, Huebner, Appleton, and Antaramian (2008) found that positive effect in students was associated with adaptive coping, leading to higher levels of student engagement. In this same study, their findings suggested the importance of incorporating student emotions in comprehensive models of student engagement. They suggested future researchers develop empirically based intervention strategies to increase students' positive emotions in schools that can then give rise to broader thinking, coping, and engagement in their education.

Nowhere in the institutions of education are there larger numbers of early adolescents than in a middle school setting. Students ages 10 to 14 meet in one educational setting at one of the most vulnerable periods in human growth and development, the early adolescent phase. Erikson's Stage Four (school ages, 6 to 12 years), identified as sixth-grade students, and Stage Five (adolescence, 12 to 18 years),

identified as seventh- and- eighth-grade students come together in the middle school setting (Erikson, 2005). Successful navigation through these life stages allows the individual to gravitate towards identity formation and away from role confusion in a supportive environment (Erikson, 2005). Middle school counselors act as guides in a developmentally responsive middle-school environment to assist early adolescents as they navigate through the middle school during this life stage (Galassi & Akos, 2004).

The guidance curriculum of a comprehensive school counseling program attempts to provide all students with systematic and developmentally appropriate content related to prevention and guidance (Whiston, Tai, Rahardja, & Eder, 2011) as students move through the life stage of early adolescence and middle school.

Middle School

The label “middle school” typically refers to schools comprising grades 6 through 8 and is defined by the U.S. Department of Education as schools involving no grade lower than fifth and no higher grade than eighth (Arbolino & Dusek, 2005). The National Middle School Association ([NMSA]; 2003) reported a 404% increase in the percentage of middle schools and the percentage of children attending them since the 1970s. G. Stanley Hall (1905) began to identify the unique biological, social, and cognitive changes of early adolescent development in the late 1800s. He concluded a more exploratory curriculum than a high school setting, in a nurturing atmosphere that fostered personal growth, is needed for the early adolescent. Early adolescents in the middle school are required to make many changes in their academic routines and social life. Some students experience stress, behavioral changes, and a decline in academic achievement (Alspaugh,

1998; Barber & Olsen, 2004). A decline has consequences; academic difficulties in middle school may pave the way for long-term patterns of academic failure, school dropout, and problems entering a fulfilling career in adulthood (Alexander, Entwisle, & Kabbani, 2001).

Consequences for Poor Transitions and Adjustments

Academic achievement in middle school is associated with school bonding at grade six (Oelsner, Lippold & Greenberg, 2011). Low academic achievement, low grades, association with antisocial peers, substance use, and deviant behavior are also associated with lower levels of school bonding (Blankemyer, Flannery, & Vazsonyi, 2002; Catalano & Hawkins, 1996; Maddox & Prinz, 2003). Over time, a steep decrease in school bonding occurs, causing attitudes toward school to become increasingly negative, especially between the sixth and eighth grades (Eccles, 2004; Eccles & Midgley, 1989, Simons-Morton, Crump, Haynie, & Saylor, 1999). Given these findings, it is important that students who transition into middle school transition smoothly to promote positive bonding with the school, the teachers, and peers to attain academic success. School counselors support the efforts of teachers to assist students in achieving academic success as they move through the middle school setting.

Wellness

Through the centuries, the concept of health has gone through significant changes, beginning with the ancient Greeks and Greek mythology. Aesculapius, the god of healing, had several children from which many medical terms used throughout the world have evolved: Iaso, medicine; Aceso, healing; Aglea-Egle, healthy glow; Panacea, the

term for universal remedy; and Hygeia from which hygiene evolved (Morford & Lenardon, 1995). The efforts of Hygeia, promoting hygiene, are at the roots of the wellness approach to healing (Myers & Sweeney, 2008). Aristotle wrote that a state of happiness or flourishing is the ultimate expression of the ability to live and fare well. He addressed the philosophy of “Eudemonia” which literally translated means “nothing in excess.” Descartes in his writings linked the health of body and mind. He saw body and mind as two separate entities working together in a mechanistic manner (Morford, & Lenardon, 1995).

The concept of health moved through the 18th and 19th centuries defined as having an absence of disease or infirmity. In the 20th century, the concepts of health began to be defined by organizations such as the World Health Organization (WHO). The 1947 official definition of health was physical, mental, and social well-being, not merely absence of disease or infirmity. The WHO held this definition until 1964. In 1964, health began to be defined as a state of *complete* physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1964).

The modern wellness movement began in the early 1960s and 1970s. The architect Halbert Dunn (1959) proposed a dynamic process in direct contrast to the WHO static state of wellness. An integrated method of functioning oriented toward maximizing the potential of the individual and the capability of the individual to maintain a continuum of balance with purposeful direction within the environment where they function (Dunn, 1961).

William Hettler established the National Wellness Institute (NWI) in the 1970s; he is still considered the father of wellness. The NWI continues to provide a platform for wellness, holding an annual conference, maintaining a speaker's bureau, and providing resources for wellness. Hettler defined wellness as an active process through which people become aware of, and make choices toward, a more successful existence (Hettler, 1984). Others such as Donald Ardell (1985) and John Travis (1977) have published wellness definitions and developed models that promote the advancement of wellness. Those subscribing to the concept of wellness understand that wellness has a multidimensional, synergistic, broad nature. It is a holistic balance within each person and with his or her environment. Wellness is promoted in multiple disciplines as a "whole person" approach. It is a continuum dependent on self-responsibility and motivation (Myers et al., 2000; Myers & Sweeney, 2005a; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992; Witmer, Sweeney, & Myers, 1998). Wellness requires an emphasis on personal choice and responsibility, and wellness choices are self-empowering (Myers, Willse, & Villalba, 2011). It is more than the absence of illness and it is not an end state (Roscoe, 2009).

The Wheel of Wellness

Sweeney and Witmer (1991) were the first to present a theoretical model of wellness based on a counseling theory. This integrated model of wellness, referred to as *The Wheel of Wellness*, contains both principles from Alfred Adler's Individual Psychology (Ansbacher & Ansbacher, 1964; Witmer et al., 1998; Myers & Sweeney, 2005c) and cross-disciplinary research on characteristics of healthy people. People who

possess a balance of their thoughts, feelings, and actions exhibit the characteristics of being healthy. These characteristics associated with healthy people living longer and living high-quality lives, paved the way for the development of *The Wheel of Wellness*.

After twelve years of study, Myers et al. (2000) enhanced *The Wheel of Wellness* with an evidence-based model known as the Indivisible Self Model of Wellness (IS-Wel; Myers & Sweeney, 2005a). The IS-Wel provides an alternative perspective for viewing wellness across the life span. The IS-Wel model is grounded in Adlerian theory, and suggests an individual's wellness is based on healthy interactions between environmental and ecological factors (Myers & Sweeney, 2005a). Individual wellness includes life tasks and subtasks that permit interaction with the environment to promote and develop a healthy lifestyle. The IS-Wel model consists of a wheel representing this empirical interaction. The self as indivisible is at the center surrounded by the five interacting second-order factors of creative self, coping self, social self, essential self and physical self, each having its own interacting factors totaling seventeen. This experimental, quantitative study examined the five, second-order factors of the IS-Wel indivisible self: (a) the coping self, (b) the social self, (c) the creative self, (d) the essential self, and (e) the physical self. The IS-Wel model also operates within four ecological contexts: local, institutional, global, and chronometrical. The ecological context of institution is where education resides.

Wellness Activities

Middle school counselors facilitate opportunities for early adolescents to engage in academic, emotional, and social development. To this end, the middle school counselor

is responsible for implementing a guidance curriculum or programs that contain lesson plans and activities designed to increase awareness of wellness activities. These wellness activities can contribute to the development of healthy and positive behaviors during early adolescence. Curriculum programs containing wellness concepts can assist the early adolescent to engage in wellness behaviors that may lead to a reduction of anxiety and stress during this time of growth and development (Lewis et al., 2010). Behaviors acquired to reduce stress and anxiety and increase wellness activities in early adolescence may assist in the transitions while on the journey through adolescent development into adulthood. The reduction of stress and anxiety in early adolescence may also increase academic performance in middle school and beyond into high school and college. In an age where educational reform is a continuous process, teaching students wellness activities through a school guidance intervention at the middle school level may help to promote academic success as well as personal success.

Education Reforms and Policies

Increasingly, society views school counselors as assistants to the family who facilitate and foster the child-rearing process. The community often has expectations of the education system to: (a) offer meals to students; (b) provide health services; (c) make referrals to community organizations for substance abuse, human services, and domestic violence; (d) cooperate with law enforcement; (e) provide comprehensive health education; and (f) actively promote safety, social skills, physical activity, and overall healthy lifestyles (Dryfoos, 1994). As education systems and personnel strive to meet these expectations, they continue to be accountable for their main role of preparing

students for educational accomplishment and success in higher education and/or the work force.

No Child Left Behind Act of 2001

Accountability for educators began to be woven into the culture of educational institutions with the advent of the No Child Left Behind Act of 2001 (U.S. Department of Education, 2001). This legislation supports standards-based education through setting high standards for educators and students and establishing measurable goals in core academic areas. Standards and goals are set at the state level by requiring the state to develop assessments in basic skills for all students. Assessments are state developed based upon specific criteria taught in the classrooms across the states. For example, Florida's answer to the assessment of student competency on the state-mandated curriculum is the Florida Comprehensive Assessment Test (FCAT) (Florida Department of Education Office of Assessment, 2010). Results from the annual assessment influence student placement in the core academic subjects of language arts and mathematics. Assessment scores are also used as a measure for accountability of instructional personnel, schools, and school districts, making all educators responsible for student performance.

Elementary and Secondary Education Act ESEA Reauthorization

In March 2010, the Obama administration released a blueprint for revising the Elementary and Secondary Education Act (ESEA) (U.S. Department of Education, Office of Planning, Evaluation and Policy Development, 2010). This blueprint empowers educators and differs from NCLB (U.S. Department of Education, 2001). Building on

significant reforms made with NCLB, the blueprint addresses reform in areas of (a) improving teacher and principal effectiveness; (b) providing information to families to help them evaluate and improve their children's schools; (c) implementing college- and career-ready standards; and (d) improving student learning and achievement in lowest-performing schools by providing intensive support and effective interventions.

Florida Education Reforms

The state of Florida implemented reform measures for middle school students in response to NCLB (U.S. Department of Education, 2001). In 2006, the Florida legislature passed House Bill 7087, creating Section 1003.4156, in the Florida Statutes for middle school students in grades 6, 7, and 8 published in the *Florida Course Code Directory, 2010-2011*, which addresses promotion through middle school to high school. This is an example of promotion standards that mandate middle school students to successfully complete core subject areas to promote through middle school and on to high school.

The intent of the Florida 2006 mandate is to better prepare students for high school and for successful high school graduation (A++ Education Reform Policy Initiatives 2006 Florida Legislative Session). To do so, students are required to successfully complete at least three courses in English, three courses in math, three courses in science, and three courses in social studies while in middle school. Successful completion is defined by the state of Florida as letter grades of A, B, C, or D. The letter grade of "F" defines failure or unsuccessful completion of the course (Florida Department of Education, 2010-2011a). Explicit in the mandate is the consequence for students who do not successfully complete one or more of the core middle school

subjects within a school year. These students must retake the course until the course is successfully completed in order to promote from one grade to another in middle school and then from middle school to high school. Students who are not successful in obtaining a letter grade of “D” or better in multiple core subject areas are subject to retention within the middle-school level and failure to promote to high school. Students who find themselves in this situation are given a second chance to successfully complete courses for promotion to high school. The Florida Department of Education defines retaking a course until the student achieves a letter grade of “D” or better as course recovery or course retake.

Florida’s policy of promotion through middle school based upon grades earned by students elicits questions revolving around grading and fairness. A certain amount of perceived unfairness in grading practices is noted. There is a lack of consistency in grading standards from one school district to another as well as inconsistency of standards from one teacher to another. Grades, unlike standardized tests or assessments, do not need to meet the rigors of reliability and validity. Grading practices have an impact on student academic success and consequently, their academic wellness. Close (2009) explored fairness in grading and presupposed that teachers base their student evaluations upon the most common and shared concepts of justice. The assumption for this study is that teachers of students in the middle school setting share these concepts of justice.

Comprehensive Developmental School Guidance Programs

School counselors have moved from providing services to individual students to providing a comprehensive program that delivers services to all students (Gysbers & Henderson, 2006). A comprehensive guidance and counseling model involves the implementation of a structured, sequential, and organized program in a school district with students from kindergarten through high school graduation. Dimmitt et al. (2007) concluded that the most efficient and effective way to influence student achievement is through whole school interventions, family-based interventions, and classroom interventions.

Comprehensive developmental school guidance programs when implemented in elementary, middle, and high school promote higher achievement test scores, high grades earned, better relationships with teachers, and a greater feeling of satisfaction with school in students (Lapan, Gysbers & Petroski, 2001; Lapan, Gysbers, & Sun, 1997; Sink & Stroh, 2003). Outcome studies have reported gains in academic achievement scores on standardized tests when Student Success Skills, a classroom guidance curriculum program, has been implemented in school settings (Brigman & Campbell, 2003; Brigman et al., 2007; Campbell & Brigman, 2005; León, Villares, Brigman, Webb, & Peluso, 2011; Webb, Brigman, & Campbell, 2005). Comprehensive developmental school guidance curriculum and programs as interventions in the middle school have not been well studied (Dimmitt et al., 2007).

Professional School Counselors

Middle school counselors are professional educators with a mental health perspective. As professional counselors practicing in a school setting, they understand and respond to the unique challenges presented today by diverse student populations (Akos, 2005).

The current standard for best practices of school counseling programs is the ASCA National Model (American School Counselor Association [ASCA], 2003, 2005, 2010). The ASCA National Standards in the Academic, National Model: A Framework For School Counseling Programs, with data driven and results-based focus, serves as a guide for any school counselor who is uniquely trained to implement a counseling program in a middle school setting (ASCA, 2005, 2010). The model addresses four quadrants of school counseling in which school counselors are directly involved. Those quadrants are: (a) foundation of a school counseling program that benefits all students; (b) delivery, the activities, interactions, and methods to deliver the school counseling program; (c) management, intertwined within the delivery system to ensure the program is organized, concrete, and clearly delineates and reflects the school needs; and (d) accountability, to demonstrate the effectiveness of the school counseling program in measurable terms through data collections (ASCA, 2005,2010).

School counselors not only provide services to individual students but also provide a comprehensive program that delivers services to all students (Gysbers & Henderson, 2006). A comprehensive guidance and counseling model involves the implementation of a structured, sequential, and organized program in a school district

with students from kindergarten through high school graduation (Lapan et al., 2001).

School districts that provide the opportunity for a guidance curriculum, making it part of the educational experiences of each student, promotes the mission of ASCA (Gysbers, Lapan, & Jones, 2000).

Middle school counselors do not work in isolation; rather, they are integral to the total educational program. They provide proactive leadership that engages all stakeholders in the delivery of programs and services to help students achieve success in school. Professional school counselors align with the school mission to support the academic achievement of all students as they prepare for the ever-changing world of the 21st century. The mission is accomplished through the design, development, implementation, and evaluation of a comprehensive, developmental, and systematic school counseling program. Middle school counselors have the responsibility to create developmentally responsive practices to promote optimal student development and achievement (Akos, 2005). They are in a prime position to introduce and reinforce wellness practices during early adolescence. These counselors are able to assist in creating a school climate to promote healthy lifestyle choices that lead to wellness practices that can generalize throughout the life span of students. School counselors offering students a wellness approach that includes healthy lifestyle choices, leading to personal and social success can ultimately guide the early adolescent towards academic wellness and success.

Woolley & Bowen (2006) suggest that adults present in a school create the social climate. The social climate of a school identifies as predictive of student behavior,

psychosocial functioning, and academic performance (Woolley & Bowen, 2006). School counselors as highly trained individuals help students improve their academic achievement, personal and social development, and assist in career planning (Trusty, Niles, & Carney, 2005). They help students resolve emotional and behavioral issues, often improving the climate of a school while assisting students in developing a clear focus and sense of direction, which can improve student achievement. The school counselor as collaborator works closely with teachers and other school personnel to promote a climate of wellness within the context of the educational institution.

Middle School Counselors and Teachers

The middle school counselor-as-resource broker in a middle school identifies resources, gains access to resources, and ensures the utilization of resources for teachers (Colbert & Kulikowich, 2006). Collaboration as a resource broker affords counselors the opportunity to assist teachers with delivering developmental classroom interventions as additions to prevention education (Myrick, 2003). School counselors can become more than a referral source; they become an educational resource. As a broker of guidance curriculum school counselors can assist teachers through collaboration to engage students in wellness on a daily basis while in the middle school setting. As collaborators with other educators, school counselors who provide access for educators to evidence-based counseling curriculum that can promote academic success and engage students in wellness constructs can greatly influence educational settings (Dimmitt et al., 2007).

Evidence-Based School Counseling Curriculum Programs

Evidence-based curriculum refers to the materials and practices supported by research as the most effective and beneficial in helping students learn (Kashima, Schleich, & Spradlin, 2009). Evidence-based school counseling curriculums are an approach to the practice of school counseling that requires the use of data as evidence of effectiveness. Data-based decision making is used to drive program planning and evaluation and accountability efforts. Comprehensive, developmental school guidance programs, when implemented in elementary, middle and high school, promote higher achievement tests scores, high grades earned, better relationships with teachers, and a greater feeling of satisfaction with school in students (Lapan et al., 1997; Lapan et al., 2001; Sink & Stroh, 2003). Brown and Trusty (2005) reported very few research studies conducted with comprehensive school counseling programs even though there has been a call for more studies from the field of school counseling. Whiston et al. (2011) found in their meta-analysis of school counseling interventions a lack of middle- and- high school-level interventions with clearly articulated curriculum. They emphasized this as interesting even though most states mandate school counselors at the middle and high school levels. Their meta-analysis results also indicated a need for school-based interventions, suggesting researchers follow the example of the systematic research conducted with the SSS classroom and group interventions (Brigman & Webb, 2007; Brigman et al., 2007; Webb & Brigman, 2007; Webb & Brigman, 2006; Webb et al., 2005). The SSS K-12 curriculum program and Second Step Violence Prevention Program are two comprehensive developmental school guidance interventions found by Dimmitt

et al. (2007) that provided evidence of effectiveness to improve the practice of school counseling and related to the data driven practice for school counseling.

The Second Step Violence Prevention Program

The two programs examined for consideration in this study of the impact of wellness factors on student grades are both evidence-based school counseling curriculum programs, *The Second Step Violence Prevention Program Middle School/Junior High* (Committee for Children, 1997) and *Student Success Skills (SSS): Helping Students Develop the Academic Social and Self-Management Skills They Need to Succeed* (Brigman & Webb, 2010).

The *Second Step Violence Prevention Program Middle School/Junior High* (Committee for Children, 1997) is a high-quality violence prevention program. The Second Step Program addresses the issue of interpersonal violence among adolescents. The intervention design has three levels. Level 1 contains the foundational lessons of the intervention. This level provides middle school/junior high school students 15 lessons addressing empathy, interpersonal problem solving, behavioral skills, and anger management. Level 2 and Level 3 each contain eight skill-building lessons. Level 1 is implemented in the first year of middle school with Levels 2 and 3 implemented in subsequent years. Within foundational Level 1 for middle school, there are 15 lessons implemented once a week during a 15-week period of time. Also in this foundational Level 1, there are ten identified factors of wellness embedded within the lesson format.

The *Second Step Violence Prevention Program Middle School/Junior High* curriculum identifies behaviors associated with outbursts of anger leading to violence.

The focus is on building empathy within adolescents while decreasing bullying and violence, leading to positive social behavioral outcomes. Academic performance and student academic performance outcomes are not the focus of the curriculum.

Student Success Skills

Student Success Skills (SSS): Helping Students Develop the Academic Social and Self-Management Skills They Need to Succeed (Brigman & Webb, 2010) is the intervention selected for this study. The SSS curriculum program (SSS), grades 4-12 classroom curriculum program is a comprehensive academic and social skills improvement program (Brigman & Webb, 2010). Various studies indicate the SSS classroom program helps students develop cognition, social, and self-management skills linked to improved student performance (Brigman & Campbell, 2003; Brigman, et al., 2007; Campbell & Brigman, 2003; León et al., 2011; Villares, Frain, Brigman, Webb, & Peluso, 2012; Webb et al., 2005). The SSS classroom curriculum program provides a manual for educators that (Brigman & Webb, 2007, 2010; Webb & Brigman, 2006) includes five, 45-minute lessons spaced one week apart with embedded concepts of wellness in each lesson. After the implementation of lessons, monthly booster sessions offer students reinforcing skills and concepts taught in the previous five SSS lessons. The monthly boosters will not be used in this study.

The selection of SSS as an intervention was determined based upon the number of wellness factors in the intervention (see Appendix A) and the relationship of the wellness factors to the needs of early adolescents in the middle/junior high school setting. The number of class sessions needed for implementation of the intervention also was a

consideration. Implementing a counseling curriculum with students in the classroom can present challenges due to the increased demands of time devoted to instruction of core subject areas.

This study contributes to the body of SSS research as one of the first studies to use physical education teachers to deliver SSS, the classroom guidance intervention. It also contributes to the research addressing school counselors as brokers of data-driven programs (Colbert & Kulikowich, 2006). Unlike other studies using the SSS intervention, this study will include only the five-standalone 45-minute lessons to determine the improvement of grades in the core academic subjects (Language Arts, Mathematics, Science, and Social Studies) as well as engagement in wellness. As stated previously, there will be no implementation of the SSS booster sessions.

Goals of the Study

In the state of Florida, all middle school students must complete three courses each (one each year for three years of middle school) in the designated four core subject areas of Language Arts, Mathematics, Science, and Social Studies. The successful completion of these courses is necessary for middle school students to promote to high school. Failure of any of these courses leads to students repeating the course or not promoting to high school. To date, there have been no studies that identify guidance curriculum interventions at the middle-school level for prevention of academic failure using nine-week report card grades as a measure. Moreover, no other study has yet to measure the impact of wellness factors on academic success at nine-week report card grade intervals. The primary goal for this study is to investigate if implementing a

guidance curriculum program containing wellness factors and skills associated with academic success, will lead to an increase in middle school student's overall wellness and improve their academic performance.

This study examined seventh-grade middle school student engagement in the SSS curriculum to identify the impact on wellness behaviors, success skills strategies, and student nine-week grades in core academic subject areas. The use of an evidence-based school counseling curriculum containing a wellness component may assist students in gaining knowledge of academic, social, and physical development while introducing healthy lifestyle choices. Lifestyle choices leading to the use of success skill strategies may support students in obtaining acceptable passing grades in core subject areas, increasing academic success.

III. METHODOLOGY

This methodology section begins with a description of the characteristics of the community and the schools. Next, training of counselors to act as coordinators at each school and training of physical education teachers to administer survey assessments, inventories, and the intervention are described. Following the discussion of training procedures is a description of the participants in the sample and a description of instruments used for this study. Finally, data collection and statistical procedures to test the study hypotheses are discussed.

Description of the Sample

This study was conducted in a public school district with a county population of approximately 138,028 located on the east coast of Florida. There are 27 public schools serving the needs of 17,000 students in the county. There are 14 elementary schools, four middle schools, two high schools, one adult education school, one alternative education school, one exceptional school, and five charter schools.

The two middle schools selected for the study were located in two different geographic regions of the county, central and east. The *Florida Department of Education School Accountability Grade Report 2010-2011* (Florida Department of Education, 2010-2011b) , rated the two middle schools as “A” schools based upon their school grade calculation given by the Florida Department of Education.

Five hundred and sixty, seventh-grade students were enrolled in the two middle schools during the 2011-2012 academic school year. Based upon the results of a two-tailed a priori G-Power analysis where effect size $d=0.5$, $\alpha = 0.05$, and power- $p= 0.80$, a total sample size of 128 participants in the treatment and control groups was needed. Therefore, the study sample size of $n= 135$ was considered adequate and were divided between treatment ($n=64$) and control groups ($n=69$) based on the school the participants attended. Table 1 provides an estimate of the ethnic demographics of the total seventh-grade population by school. Table 1 provides an estimated distribution of ethnic demographics of seventh-grade students by school. Table 2 is a description of the percentage of students by gender of seventh-grade students by school.

Table 1

Total Population of Seventh-Grade Students by Ethnicity and School

Ethnicity	Treatment	Control
	School A ($n = 253$)	School B ($n = 307$)
White	143 (56.5%)	213 (69.1%)
Black	58 (22.8%)	87 (28.2%)
Hispanic	37 (14.6%)	32 (10.4%)
Asian	08 (3.4%)	04 (1.2%)
Indian	07 (2.7%)	02 (>1%)
Multi-racial	11 (4.3%)*	08 (2.6%)*

Note. n = number of seventh grade students enrolled in the school; * = student ethnicity already accounted for under White/Black/Hispanic/Asian/Indian groups.

Table 2

Percentage of Total Population of Seventh-Grade Students by Gender and School

Gender	Treatment	Control
	School A (<i>n</i> = 253)	School B (<i>n</i> = 307)
Male	57.3%	55%
Female	42.7%	45%

Note. *n* = number of seventh grade students enrolled in the school.

Participants

During the first 9 weeks of the fall 2011 semester, 560 seventh-grade students in two middle schools, from one school district, were randomly selected to fulfill the state of Florida required physical education course. At the beginning of the nine-week grading period, 121 seventh-grade students from School A and 246 students from School B were enrolled in a physical education course, and all were invited to participate in the study. All Florida students have the opportunity to waive the physical education requirement pending principal approval. Waivers submitted to the principal at each school were granted on a case-by-case basis. Once approval was given, students were able to choose an alternative as an elective and not participate in physical education.

With support from the school district superintendent via a letter (see Appendix B) to proceed and Florida Atlantic University (FAU) Institutional Review Board (IRB) approval (see Appendix C), seventh-grade students enrolled in physical education courses received parental consent and student assent forms (see Appendix D) for participation in

the study. Each student signed a student assent form after parental consent was given. The researcher only collected pre- and post-test instrument and report card information from students who returned the appropriate permission forms. Table 3 provides a description of the sample ($n=135$) in each school by gender.

Table 3

Treatment and Control Group Percentages for Gender by School

Gender	Treatment	Control
	School A ($n = 66$)	School B ($n = 69$)
Male	55.9%	56.1%
Female	44.1%	43.6%

Note. n = number of students in the sample enrolled in the school.

Treatment group. Students who participated in physical education classes in School A during the second 9 weeks of the 2011-2012 school year served as the treatment group ($n=66$) in the study. Students in the treatment group completed the pre- and post-test instruments (5F-Wel-T and SE-SSS). After attending a training session conducted by the researcher, a physical education teacher in the treatment school implemented one 45-minute SSS classroom guidance lesson one day per week for a total of 5 weeks. In addition to receiving training to implement the SSS classroom program, the physical education teacher in the treatment group was trained to administer the study instruments and complete monitoring materials (i.e., electronic weekly logs). The school counselor at School A, received training for the role of on-site liaison between the

physical education teacher and the researcher. The school counselors at each school provided participant demographic information and attendance data to the researcher before, during, and after the administration of the study instruments and during the intervention.

Control group. Students who participated in physical education class during the second 9 weeks of the school year in School B served as the control group ($n=69$). Students in the control group completed the pre- and post-test instruments (5F-Wel-T and SE-SSS) during the first and last week of the study implementation period. Physical education teachers in the control group were trained in a two-hour training session by the researcher to administer the study instruments. Physical education teachers have the opportunity to receive a one-day training session to implement the SSS classroom guidance program after the end of the 2011-2012 academic school year. The school counselor at School B received training for the role as on-site liaison between the physical education teachers and the researcher. The school counselor at School B provided participant demographic information and attendance data to the researcher before, during, and after the administration of the study instruments.

Study Design

This study followed a pre-post between subjects experimental design (Goodwin, 2010; Hancock & Mueller, 2010). The unit of analysis was each student. Physical education teachers in each participating school were trained by the researcher to implement the Student Success Skills (SSS) classroom program (Brigman & Webb, 2010) and administer study instruments (5F-Wel-T and SE-SSS) during the second 9

weeks of the 2011-2012 academic school year. Five hundred and sixty ($N=560$) seventh-grade students from two middle schools in one Florida suburban school district had the opportunity to participate in the study. A random sample of students ($n= 121$) needing physical education to fulfill the state of Florida requirement for physical education in middle school served as the treatment group (School A). Students participating in physical education in the remaining middle school (School B) served as the control group ($n= 246$). A signed parental consent form determined each student's voluntary participation in this study. Parental consent was obtained from 135 participants. Students ($n = 66$) from School A served as the treatment group. Students ($n = 69$) from School B served as the control group. As previously discussed, middle school students in the state of Florida are given the option to complete a physical education waiver for non-participation in physical education classes during their middle school years.

This experimental study examined the impact of the SSS classroom program (Brigman & Webb, 2010), a guidance intervention containing wellness factors and strategies associated with academic success, on seventh-grade student's engagement in success skills, leading to improved performance in nine-week core subject area grades (Language Arts, Mathematics, Science, and Social Studies). Participating seventh-grade students completed pre- and post-test measures (5F-Wel-T and SE-SSS) to examine differences in student engagement in wellness behaviors and success skill strategies between students who received the SSS classroom intervention and those who did not. A comparison of student academic performance in core academic subject areas, as reported

by school district second nine-week report cards, between students receiving the SSS classroom intervention and students who did not were examined.

Dependent Variables

The following dependent variables were included in the study:

- Engagement in wellness factors as measured by The Five Factor Wellness Inventory Form T (5F-Wel-T), a student self-report;
- Cognitive and behavioral engagement in school success skills as measured by the Student Engagement in School Success Skills (SE-SSS), a student self-report; and
- Student nine-week grades in Language Arts, Mathematics, Science, and Social Studies as measured by student record cards, a teacher report.

Independent Variables

The Student Success Skills classroom guidance curriculum program (Brigman & Webb, 2010), led by a certified professional educator of seventh-grade physical education, was the independent variable. The SSS classroom program is a school counselor-led classroom guidance intervention (Brigman & Webb, 2010). The focus is on helping students develop cognitive, social, and self-management skills, the link to improved student performance (Brigman & Webb, 2010). Each lesson has a beginning of 15 minutes, a middle of 15 minutes and an end of 15 minutes. The strategies taught and that reoccur in each of the five lessons are: goal setting, progress monitoring and success strategies, Kaizen- noticing even small improvements, pair share practice of attending, listening, empathy, and encouragement, optimism, imagining success, building a caring

and encouraging community, brain gym, and performing under pressure. SSS exhibits researched base outcomes, indicating increases in student academic achievement in reading and math. Previous SSS outcome studies have reported gains in academic achievement scores on standardized tests (Brigman & Campbell, 2003; Brigman et al., 2007; Campbell & Brigman, 2003; León et al., 2011; Webb et al., 2005). The SSS program focuses on three sets of skills, which include (a) cognitive and meta-cognitive skills, (b) social skills, and (c) self-management skills. SSS exhibits research-based outcomes indicating increases in student academic achievement in reading and math as measured by standardized test scores. A recent SSS meta-analysis (Villares et al., 2012) evidenced the practical significance of the SSS curriculum.

Instruments

Summaries of the instruments and samples are found in Appendices E, F, and G.

The Five Factor Wellness Inventory Form T (5F-Wel-T)

The Five Factor Wellness Inventory Form T (5F-Wel-T) is an evidence-based tool designed to assess characteristics of wellness for adolescents with a sixth grade reading level or above, to assist individuals with making healthier life style choices (Myers & Sweeney, 2005b). Using a Likert-type scale (“Strongly Agree,” “Agree,” “Disagree,” “Strongly Disagree”), students self-report their response on the inventory.

Structural Equation Modeling analysis of a large database from the Wellness Evaluation of Lifestyle (WEL) developed the Five Factor Wellness Inventory (5F-Wel) (Myers & Sweeney, 2005a). The factors of wellness have been examined in several studies in relation to the following variables: ethnic identity, acculturation, moral identity

and social interest, academic self-concept, mattering, self-esteem, transitions, chronological age, subjective age, life satisfaction, family environment and adolescent delinquency, and relationship self-efficacy (Myers & Sweeney, 2005a). First- and second-order wellness factors have been found to discriminate among a variety of populations related to the above variables (Myers & Sweeney, 2005a). Differences in wellness based on the demographic indices of age, gender, and ethnicity for the first-, second-, and third-order wellness factors were found (Myers & Sweeney, 2005a). Several studies (Myers & Bechtel, 2004; Myers & Mobley, 2004; Myers, Mobley, & Booth, 2003; Sinclair, 2001) provide evidence of the convergent and divergent validity of the 5F-Wel factors (Myers & Sweeney, 2005a).

A sample of 3,343 ($N = 3,343$) people completing the Wellness Evaluation of Lifestyle (WEL) were used to examine reliability of the instrument. The participants included 54% males and 46% females aged 18 to later adulthood. Eighty percent were Caucasian and 20% were ethnic minorities, of whom 9.1% were African American. Less than half, 44%, had completed high school, 30% had a bachelor's degree, 10.9% held a master's degree, and 4.3% held a doctoral degree (Myers & Sweeney, 2005a). Following development of the 5F-Wel-A, a new database was developed over a 5-year period and internal consistency examined for each of the factors in the IS-Wel model (Myers & Sweeney, 2005a).

The Five Factor Wellness Inventory Form T (5F-Wel-T) is the adolescent version of the 5F-Wel. This version, developed for use with children in middle schools with a sixth-grade reading level, gives a global description of wellness for the individual (Myers

& Sweeney, 2005b). It measures the total wellness or the entirety of the indivisible self. The entirety of the indivisible self is defined by the higher order wellness factors (Myers & Sweeney, 2006). Five factors build the indivisible self, referred to as the *Five Second-Order Factors*. They are the creative self, the coping self, the social self, the essential self, and the physical self. Each of the five factors of self contains sub factors or *Third Order Factors* that contribute to that particular self and to total wellness of the individual. There are a total of seventeen sub factors or *Third Order Factors*. The sub factors found within each self and described in *The Indivisible Self: An Evidence-based Model of Wellness* (Myers & Sweeney, 2004). The sub factors are (a) The Creative Self contains thinking, emotions, control, work, and positive humor; (b) The Coping Self contains realistic beliefs, self-worth, stress management, and leisure; (c) The Social Self contains friendship and love; (d) The Essential Self contains spirituality, self-care, gender identity, and cultural identity, and (e) The Physical Self contains nutrition and exercise.

The design of the 5F-Wel-T is appropriate for group or self-administration. The inventory was translated into Hebrew and used in one cross-cultural study of wellness in middle school children in Israel and the United States (Tatar & Myers, 2010). A Korean translation has been used with older adolescents and young adults (Chang, 1998; Chang & Myers, 2003), and a recent Turkish translation was used with college students (Myers & Sweeney, 2008). There are 99 items, which take between 20 and 30 minutes to administer. Seventy-four scored items and several experimental items are included in the 5F-Wel-T. The experimental items include a six-item perceived safety scale, a three-item perceived wellness scale, and an eight-item context scale (Myers & Sweeney, 2005b).

Demographic items also are included. Norm group scores for the 5F-Wel-T were developed from data collected in doctoral dissertations studies (Myers & Sweeney, 2005b). Research using the 5F-Wel-T shows promise while norms for teens are being established (Dixon Rayle, 2005; Dixon Rayle & Myers, 2004; Makinson, 2001; Mitchell, 2001). From these studies, 5% of participants were age 14 years or under and 16.3% were age 15 years. There is no demographic information provided for individuals of 12 or 13 years. The 5F-Wel-T, the primary wellness inventory, studies wellness in relation to diverse psychological constructs and demographic indices. These also are used for program evaluation. For this study, the five-second order wellness factors, Creative Self, Coping Self, Social Self, Essential Self, and Physical Self, were examined to gain a total wellness score. Students randomly assigned to physical education classes in two middle schools participated.

Student Engagement in School Success Skills (SE-SSS)

This instrument was designed to measure a student's frequency of engagement in school success skills (Carey et al., 2010). The SE-SSS is a 33-item, student self-report designed to assess a student's level of engagement and use of success skills strategies that are taught in the Student Success Skills classroom program. The SE-SSS takes approximately 10 minutes or less to complete and was administered pre- and post-intervention. Using a Likert-type scale, students rate how often they did each of the items in the last 2 weeks, "I didn't do this at all," "I did this once," "I did this two times," "I did this three times or more." Students taking physical education during the second 9 weeks in two middle schools (Schools A and B) completed the instruments administered by

their physical education teachers during the second and ninth week of the study implementation period. Validity and reliability information for the SE-SSS is currently under review and not available at this time.

Transmit Electronic Records Management System (T.E.R.M.S.)

T.E.R.M.S. is the electronic database used in the state of Florida by school districts as a database for the collection of student information. Information such as grades, standardized test scores, attendance records, student addresses, student birth dates, race/ethnicity, and parent contacts are collected and stored in this database. School counselors as well as school and district data input specialists have access to the database. Teachers input grades into a separate database from which the T.E.R.M.S. database extracts grade information for each student. Official transcripts of student grades for individual students' reports are extracted from the T.E.R.M.S. database.

Teachers input nine-week grades into a separate, parent-viewed and teacher-controlled database at the end of each nine-week period of the school year. From this database, the T.E.R.M.S. database uploads and secures the student grade information as the official transcript. For this study, the researcher used school district generated end of first nine-week grade reports and end of second nine-week grade reports for students in the control and treatment groups T.E.R.M.S.

Research Questions

1. What is the impact on the engagement of wellness behaviors of seventh-grade students who participate in the Student Success Skills classroom program that includes wellness factors?

2. What is the impact on the engagement in cognitive and behavioral strategies associated with academic success when seventh-grade students participate in the Student Success Skills classroom program?

3. What is the impact on nine-week grades in core subjects, when seventh-grade students participate in the Student Success Skills classroom program that includes wellness factors and academic success skills?

Hypotheses

The researcher will examine the following hypothesis in the study:

Null Hypothesis 1

HO₁: There is no statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b).

Alternative Hypothesis 1

Alternative 1: There is a statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b).

Null Hypothesis 2

HO₂: There is no statistically significant difference in engagement in cognitive and behavior strategies associated with academic success between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Student Engagement in Success Skills Survey (SE-SSS).

Alternative Hypothesis 2

Alternative 2: There is a statistically significant difference in engagement in cognitive and behavior strategies associated with academic success between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Student Engagement in Success Survey (SE-SSS).

Null Hypothesis 3

HO₃: There is no statistically significance difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science, and Social Studies), between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the student nine-week report card.

Alternative Hypothesis 3

Alternative 3: There is a statistically significant difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science and Social Studies) between seventh-grade students who participate in the SSS classroom intervention and

seventh-grade students who do not participate in the SSS classroom intervention, as measured by the student nine-week report card.

Implementation and Procedures

The current study was conducted during the second nine-week grading period for middle school students during the 2011-2012 academic school year. The study followed the between-subjects, pre-post experimental design (Goodwin, 2010; Hancock & Mueller, 2010). Two middle schools in one school district in southeast Florida participated in this study. The unit of analysis was the individual student. Seventh-grade students ($N= 367$) randomly assigned to first semester physical education classes of the school year were the sample population in this study. First nine-week grade reports indicating core subject area grades (Language Arts, Mathematics, Science, and Social Studies) for seventh-grade students, in physical education classes were collected as a baseline for examination of change in grade. At the end of the second nine weeks, and after the intervention, grade reports for the same four core subject areas were collected for the students in the treatment ($n=66$) and control groups ($n=69$).

Each seventh-grade student in the second 9-week physical education classes received an assent and parent consent form in order for the researcher to complete the analysis of the study instruments and core academic subject area grades. During the first week and last week of the study implementation period, all participating seventh-grade students participated in the administration of the 5F-Wel-T (Myers & Sweeney, 2005a) and the SE-SSS (Carey et al., 2010) instruments. Data collected from these instruments served as individual student pre- and post-test scores. Appendix H describes the

procedures and time frame for administrating the instruments and data collection during the study implementation period. The total scores on the 5F-Wel-T and SE-SSS instruments were used to assess wellness and engagement in cognitive and behavioral success skills.

The researcher collected individual student academic grades at two nine-week intervals of the school year for the control group and the treatment group. The first collection, individual student grades collected at the end of the first nine weeks of the school year, acted as baseline data. During the second nine weeks, two weeks post intervention, the second data collection of individual student grades was made to assess the treatment effect of the intervention on student grades.

The data collected from the T.E.R.M.S. database was used to identify differences in student grade improvement in core subject areas at the middle-school level between treatment and control groups by student resulting from the SSS intervention. The collected data was at the end of the first nine weeks, before the SSS intervention, and at the end of the second nine weeks, after the SSS intervention; this was the end of the first semester of the school year. Implementation of the SSS intervention was designed as follows: (a) Training of school counselors for providing school data reports; (b) Training of physical education teachers to administer the survey, the inventory, and the intervention, SSS, within the first nine-weeks of the school year; (c) Collection of student first nine-week grades as a base line data; (d) Prior to Week 1 student assent and parent consent forms were sent to all students in the sample population; (e) Week 1- Administration of the SE-SSS and the 5F-Wel-T as a pre-test assessment for base line

data collection; (f) Week 2-Lesson One of the SSS classroom intervention; (g) Week 3-Lesson Two of the SSS classroom intervention; (h) Week 4-Lesson Three of the SSS classroom intervention; (i) Week 5-Lesson Four of the SSS classroom intervention; (j) Week 6-Lesson Five of the SSS classroom intervention; (k) Week 7-no lessons; (l) Week 8-Administration of the SE-SSS and the 5F-Wel-T as a post test assessment; and (m) Week 9-collection of student second nine-week grades.

Fidelity of Treatment

To maintain fidelity of treatment and consistency in the delivery of the study instruments and data collection procedures, the researcher conducted a 2-hour training for participating school counselors. Two middle school counselors assisted the researcher in this study by providing the researcher with baseline grade data and student data (e.g. failure lists, enrollment in course recovery activities). The school counselors were trained in completing the required reports and accessing school district databases for data collection. Finally, the school counselors were asked to complete a report detailing any other classroom guidance, small group, workshops, or school improvement initiatives conducted during the study implementation period.

The physical education (PE) teacher teaching seventh-grade students in the treatment group (School A) participated in a one-day training session, addressing the protocol for the delivery of the SSS intervention (Brigman & Webb, 2010) and the administration of pre- and post-test instruments (SE-SSS and 5F-Wel-T). PE teachers were provided with a standardized manual that included structured outlines, scripts for lesson implementation, and a CD to facilitate the lesson delivery. Lesson materials and

instruments were supplied with pre-affixed labels to improve completion rates and standardized distribution of materials. The physical education teachers providing the intervention completed a weekly electronic report and submitted it by Friday at 3 p.m. to monitor the fidelity of the intervention (see Appendix I). The weekly electronic monitoring report completed for each lesson asked the teacher to provide the following: (a) SSS lesson number, (b) date of lesson, (c) start and finish time, (d) number of students present, (e) students who were absent, and (f) problems or obstacles encountered.

PE teachers in the control group (School B) participated in a two-hour training sessions regarding the administration of pre- and post-test instruments and data collection procedures. The control group teachers were invited to participate in follow-up training for SSS implementation after the end of the 2011-2012 academic school year.

Data Analysis

To achieve the objectives of the study, there were several different analyses performed. An alpha level of .05 was used to test the hypotheses. An analysis of variance (ANOVA) was completed to determine differences between participants' self-report on the 5F-Wel-T pre-test scores on overall wellness in the treatment and control groups prior to the implementation of the SSS intervention. An ANOVA was also employed to determine if there were differences between students by condition using their 5F-Wel-T total post-test scores.

A separate ANOVA was conducted on SE-SSS pre-test scores to determine differences among the treatment and control group participants' engagement in cognitive and behavioral success skills prior to the implementation of the SSS intervention. An

ANOVA was also employed to determine if there were differences between students by condition using their SE-SSS total post-test scores. The ANOVA was used to test for the presence of any overall significance that existed among the various levels of the independent variable (SSS). It was used to avoid the problem of multiple t tests in an independent variable design or a single factor design (Heppner & Heppner, 2004). Any variance found between the treatment group (School A) and control group (School B) came from true differences that resulted from the effects of the independent variable (SSS) (Goodwin, 2010).

An ANOVA source table was constructed to summarize the analysis. A summary of the sums of squares (SS), degrees of freedom (df), a mean square (MS) for each source of variance, and a final F ratio are presented in the source table.

To determine differences in academic performance between students in the treatment and control groups, a multivariate analysis of variance (MANOVA) was conducted on the students' core academic grades prior to the intervention. A one-way MANOVA was used to compare the effects of the independent variable (SSS) on multiple dependent variables (grades in core academic subject areas) repeatedly assessed from the same sample on the same measure was conducted (Heppner & Heppner, 2004). The use of MANOVA reduced the inflation of Type 1 error. The F statistic and the p value were examined for statistical differences.

A multivariate analysis of covariance (MANCOVA) was used to control for differences for core academic grades, prior to the intervention, and to determine differences between student's academic grades post intervention. A p value less than .05

indicated a statistically significant difference between the groups (treatment and control) on their academic grades in Language Arts, Mathematics, Science, and Social Studies.

Following the recommendations by Sink and Stroh (2006), because the research design called for the comparison between post-test mean scores, the effect size or practical significance of the intervention was determined by using a standardized differences index (Cohen's d). A sample effect size for each dependent variable (5F-Wel-T, SE-SSS, and core subject area grades) was obtained by calculating the post mean score difference of the treatment group minus the post-test mean score difference of the control group and dividing the result by the pooled standard deviation. Unbiased estimates of the population effect size were corrected by the bias in d by using Hedges' g (Hedges & Olkin, 1985). To account for the variance more accurately, a pooled standardized deviation was used in calculating the effect sizes (Hedges & Olkin, 1985; Sink & Stroh, 2006). Finally, confidence intervals were calculated and reported. The Cohen's d effect size rubric (Sink & Mvududu, 2010) is illustrated as follows: 0-.20 = small effect, .21-.50 = medium effect, $d > .51$ = large effect. Interpretation of the effect sizes is discussed in Chapter 5.

This chapter provided the methodology for the current outcome study. Proposed participants, study design, instruments to be used, research questions, hypotheses, procedures, and data analysis were discussed. The final two chapters report the actual results of this study and discuss the implications for these findings.

IV. RESULTS

This chapter reports descriptive data for participants in the current study. The findings of a series of analysis of variance (ANOVA), multivariate analysis of variance (MANOVA), and the multivariate analysis of covariance (MANCOVA) used to test the study hypotheses, and a summary of hypotheses outcomes are also presented. The alpha level was set at .05 for all analyses. Following the recommendations by Sink and Stroh (2006), because the research design called for the control between post-test mean scores, the effect size (ES) for post test analyses findings were determined by using a standardized differences index (Cohen's d). Unbiased estimates of the population effect size were then corrected for by the bias in d by using Hedges g (Hedges & Olkin, 1985). Next, the confidence intervals were calculated to provide a more accurate prediction of the amount of fluctuation in a particular sample as compared to another sample (Sink & Stroh, 2006; Vacha-Haase & Thompson, 2004; Wampold, 2001). The strength of the ES is reported using the Sink and Mvududu (2010) rubric of large, medium, and small for the Cohen's d effect (Cohen, 1988).

Descriptive Data

Prior to the main analysis, all the variables of interest were examined using the SPSS 19.0 program for accuracy of data entry, missing values, the normality of distributions, and outliers. The sample included 135 seventh-grade students.

The completion of all the items for each measure (Five Factor Wellness Inventory-Teen, Student Engagement in School Success Skills Survey, and reported grades in all core academic subject areas) at each data collection interval was required of student participants in order to be included in the analysis. Therefore, 66 students from the treatment group and 69 students from the control group were included in each of the study analyses.

Five Factor Wellness Inventory Form T

The Five Factor Wellness Inventory Form T (5F-Wel-T) is a 99-item, paper and pencil instrument for adolescents. This version, developed for use with adolescents with a sixth-grade reading level, gives a global description of wellness for the individual (Myers & Sweeney, 2005b). It measures the total wellness or the entirety of the indivisible self, defined as the higher order wellness factor (Myers & Sweeney, 2006). Table 4 displays treatment and control group pre-and post-test means, standard deviations, and change scores for the 5-FWel-T.

Table 4

Treatment and Control Group Means, Standard Deviations, and Change Scores for the 5F-Wel-T by Condition

Condition	<i>n</i>	Pre-test <i>M</i> (<i>SD</i>)	Post-test <i>M</i> (<i>SD</i>)	<i>M</i> +/-
Total T	66	77.50 (9.89)	78.83 (8.46)	+1.33
Total C	69	78.73 (9.93)	75.46 (9.40)	-3.27

Note. 5F-Wel-T; *n* = number; *M* = Mean; *SD* = standard deviation. T= Treatment group; C = Control group; *M*+/- = mean change score.

Student Engagement in School Success Skills (SE-SSS)

The Student Engagement in School Success Skills (SE-SSS) instrument is a 33-item, self-report designed to assess a student's level of engagement and use of success skills strategies taught in the Student Success Skills classroom program (Carey et al., 2010). The SE-SSS measures engagement in cognitive and behavioral success strategies taught in the SSS curriculum. Table 5 displays treatment and control group means, standard deviations, and change scores for the SE-SSS.

Table 5

Treatment and Control Group Means, Standard Deviations, and Change Scores for the SE-SSS by Condition

Condition	<i>n</i>	Pre-test <i>M (SD)</i>	Post-test <i>M (SD)</i>	<i>M +/-</i>
Total T	66	71.30 (20.71)	70.74 (17.48)	-0.56
Total C	69	70.84 (16.76)	70.74 (17.48)	-0.10

Note. SE-SSS = Student Engagement in School Success Skills; *n* = number; *M* = Mean; *SD* = standard deviation; T= Treatment group; C = Control group; *M +/-* = mean change score.

Transmit Electronic Records Management System (T.E.R.M.S.)

Transmit Electronic Records Management System (T.E.R.M.S.) is the electronic database used by Florida school districts to collect student demographic information, maintain academic history, and gather current academic grade reports. At the end of each grading period, teachers input grades on a scale from A to F into a separate database from which the T.E.R.M.S. database extracts grade information for each student. The participants' (*N*=135) academic grades in the core subject areas of Language Arts,

Mathematics, Science, and Social Studies were collected by the researcher at the end of the first and second nine-week grading periods. Table 6 displays the treatment and control group means, standard deviations, and change scores for the core academic grades by condition.

Table 6

Treatment and Control Group Means, Standard Deviations, and Change Scores for the Core Academic Grades by Condition

Condition (<i>n</i>)	Subject Area	Pre-test <i>M</i> (<i>SD</i>)	Post-test <i>M</i> (<i>SD</i>)	Pre-to-Post <i>M</i> +/-
Treatment (66)	Language Arts	3.14 (1.03)	2.64 (1.23)	- 0.50
	Mathematics	3.06 (.943)	2.85 (.949)	- 0.21
	Science	3.00 (.804)	2.94 (1.00)	- 0.06
	Social Studies	2.88 (.851)	2.89 (1.11)	+ 0.01
Control (69)	Language Arts	2.99 (1.10)	3.20 (.994)	+ 0.21
	Mathematics	3.32(.866)	3.23 (.984)	- 0.09
	Science	3.38 (.688)	3.42 (.755)	+0.04
	Social Studies	3.49 (.720)	3.38 (.802)	- 0.11

Note. *n* = number *M* = Mean; *SD* = standard deviation; +/- = mean change score.

Tests of Hypotheses

The dependent measures examined in this study included, The Five Factor Wellness Inventory Form-T (5F-Wel-T) by Myers and Sweeney (2005b), Student Engagement in School Success Skills Survey (Carey et al., 2010), and student nine-week

grades in Language Arts, Mathematics, Science, and Social Studies. The following section the researcher will presents the results from a series of analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA), and multiple analysis of covariance (MANCOVA) analyses used to test the three null and alternative study hypotheses. An alpha level of .05 was used when testing all hypotheses. Effect size estimates and strengths are presented for each finding.

Wellness Behaviors

In order to test the hypothesis that students receiving the SSS intervention (treatment group) would report an increase in wellness behaviors on the 5F-Wel-T compared to students who did not receive the SSS intervention (control group), an analysis of variance (ANOVA) was performed. A preliminary one-way ANOVA was conducted to determine if there were statistically significant differences between the participants' ($N=135$) pre-test scores on 5F-Wel-T by condition. Results from the preliminary one-way ANOVA revealed no statistically significant difference between the participants by treatment condition [$F(1,133) = .520, p = .472$]. Table 7 displays the results from the preliminary ANOVA analysis.

Table 7

Summary Table for One-Way Analysis of Variance for 5F-Wel-T at Pre-test by Condition

Source of Variance	df	SS	Mean Square	F
Between groups	1	51.130	51.130	.520
Within groups	133	13079.210	98.34	
Total	135	837341.685		

Note. df = degrees of freedom. SS = Sum of Squares. F = F distribution.

To determine if there was a statistically significant difference between participants' ($N=135$) post-test scores on the 5F-Wel-T, an ANOVA was performed. Results from the ANOVA revealed a significant main effect at post-test by condition [$F(1,133) = 4.701, p = .032$]. The ANOVA findings on the 5F-Wel-T post-test scores are displayed in Table 8.

Table 8

Summary Table for One-Way Analysis of Variance for 5F-Wel-T at Post-test by Condition

Source of Variance	df	SS	Mean Square	F
Between groups	1	380.325	380.325	4.701*
Within groups	133	10759.461	80.898	
Total	135	813800.447		

Note. df = degrees of freedom. SS = Sum of Squares. F = F distribution. * $p < .05$.

An effect size for 5F-Wel-T of +0.37 indicated a medium ES, as determined by the benchmarks set forth by Sink and Mvududu (2010) for the main effect of the intervention on 5F-Wel-T post-test scores by condition with a variance of .03 (95% CI [0.030, 0.711]).

The results were used to test the following hypothesis H_{O1} : There was no statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participated in the SSS classroom intervention and seventh-grade students who did not participate in the SSS classroom intervention as measured by the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeny,

2005b). Based on the above findings, the researcher rejected the null hypothesis because a statistically significant difference was found in engagement of wellness behaviors between seventh-grade students in the treatment and control groups. As noted in Table 8 the F test for the 5F-Wel-T at post-test by condition was significant [$F(1,133) = 4.701, p = .032$].

Student Engagement in School Success Skills

In order to test the hypothesis that students receiving the SSS intervention (treatment group) would report an increase in the engagement of success skills on the SE-SSS compared to students who did not receive the SSS intervention (control group), an analysis of variance (ANOVA) was performed. A preliminary one-way ANOVA was conducted to determine if there were statistically significant differences between the participants' ($N=135$) pre-test scores on the SE-SSS by condition. Results from the preliminary one-way ANOVA revealed there was no statistically significant difference between the participants by treatment condition [$F(1,133) = .020, p = .887$]. Table 9 displays the results from the preliminary ANOVA analysis.

Table 9

Summary Table for One-Way Analysis of Variance for SE-SSS at Pre-test by Condition

Source of Variance	df	SS	Mean Square	F
Between groups	1	7.214	7.214	.020
Within groups	133	47005.186	353.422	
Total	135	728826.000		

Note. df = degrees of freedom. SS = Sum of Squares. F = F distribution. * $p < .05$.

To determine if there was a statistically significant difference between participants' ($N=135$) post-test scores on the SE-SSS an ANOVA was performed. Results from the ANOVA showed there was not a significant main effect at post-test by condition [$F(1, 133) = 1.600, p = .208$]. The ANOVA findings are displayed in Table 10.

Table 10

Summary Table for One-Way Analysis of Variance for SE-SSS at Post-test by Condition

Source of Variance	df	SS	Mean Square	F
Between groups	1	561.277	561.277	1.600
Within groups	133	46663.123	350.851	
Total	135	761393.000		

Note. df = degrees of freedom. SS = Sum of Squares. F = F distribution. * $p < .05$.

An effect size for SE-SSS of +0.21 indicated a small ES, as determined by the benchmarks set forth by Sink and Mvududu (2010) for the main effect of the intervention on SE-SSS post-test scores by condition (95% CI [-.12, 0.55]). The effect for the SSS classroom program accounted for .02% of the variance of the group-differences plus related error variance.

The results were used to test the following hypothesis H_{O2} : There was no statistically significant difference in engagement of cognitive and behavior strategies for associated with academic success between seventh-grade students who participated in the SSS classroom intervention and seventh-grade students who did not participate in the SSS classroom intervention, as measured by the Student Engagement in Success Skills Survey (SE-SSS).

Based on the above findings, the researcher failed to reject the null hypothesis because no statistically significant difference was found in engagement in success skills behaviors between seventh-grade students in the treatment and control groups. As noted in Table 10 the F test for SE-SSS at post-test by condition was not significant [$F(1, 133) = 1.600, p = .208$].

Core Academic Grades

In order to test the hypothesis that students receiving the SSS intervention (treatment group) experienced an increase in nine-week core academic grades different from the grade reports of students who did not receive the SSS intervention (control group), a preliminary multivariate analysis of variance (MANOVA) was completed. Results from the MANOVA revealed no statistically significant differences between the participants by condition on their pre-Language Arts grade [$F(1, 133) = .668, p = .415$] and pre-Mathematics grade [$F(1, 133) = 2.751, p = .100$]. However, there were statistically significant differences among the participants ($N=135$) by condition on their pre-Science grade [$F(1, 133) = 8.585, p = .004$] and pre-Social Studies grade [$F(1, 133) = 20.555, p = .000$]. Therefore, a multivariate analysis of covariance (MANCOVA) was performed, using the participant's pre-Science and pre-Social Studies grades as the covariates, to determine if there were statistically significant differences between the participants' ($n=135$) post-test core academic grades by condition.

Results from the MANCOVA showed no statistically significant differences between the participants by condition on their post-Language Arts [$F(1, 133) = 1.1777, p = .280$], post-Mathematics [$F(1, 133) = .202, p = .654$], post-Science [$F(1, 133) = 1.210,$

$p = .273$], and post-Social Studies [$F(1, 133) = .270, p = .604$] grades. An effect size for core academic grades of > 0 indicated no effect, as determined by the benchmarks set forth by Sink and Mvududu (2010) for the main effect of the intervention on core academic grades post-test scores by condition (95% CI [-.59, -.25]). The effect for the SSS classroom program accounted for .007% of the variance of the group-differences plus related error variance.

The results were used to test the following hypothesis H_{O3} : There is no statistically significant difference in nine-week core academic subject area grades (language arts, mathematics, science, and social studies), between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who did not participated in the SSS classroom intervention, as measured by the student nine-week report card. Based on the above findings, the researcher failed to reject the null hypothesis because there was no statistically significant difference found in nine-week core academic subject grades between seventh-grade students in the treatment and control groups.

Summary of Hypotheses

A series of analysis of variance (ANOVA), a multivariate analysis of variance (MANOVA), and a multivariate analysis of covariance (MANCOVA) were used to determine statistically significant differences between students who received the SSS classroom intervention (Brigman & Webb, 2010) and the students who did not receive the intervention. The alpha level was set at .05. Decisions about the three null and three alternative hypotheses are presented.

Null Hypothesis 1

HO₁: There is no statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b).

There was statistically significant difference in wellness behaviors as measured by 5F-WEL-T post-test scores between seventh-grade students in the treatment and control groups; therefore, the null Hypothesis 1 was rejected.

Alternative Hypothesis 1

Alternative 1: There is a statistically significant difference in student engagement in wellness behaviors between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b).

There were statistically significant differences in student engagement in wellness behaviors as measured by 5F-Wel-T post-test scores between seventh-grade students in the treatment and control groups; therefore the alternative Hypothesis 1 was not rejected.

Null Hypothesis 2

HO₂: There is no statistically significant difference in engagement in cognitive and behavior strategies associated with academic success between seventh-grade students

who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Student Engagement in Success Skills Survey (SE-SSS).

There was no statistically significant difference in the engagement of cognitive and behavior strategies, as measured by SE-SSS post-test scores between seventh-grade students in the treatment and control groups; therefore the null hypothesis was not rejected.

Alternative Hypothesis 2

Alternative 2: There is a statistically significant difference in engagement in cognitive and behavior strategies associated with academic success between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the Student Engagement in Success Survey (SE-SSS).

There was no statistically significant difference in the engagement of cognitive and behavior strategies, as measured by SE-SSS post-test scores between seventh-grade students in the treatment and control groups; therefore the alternative Hypothesis 2 was rejected.

Null Hypothesis 3

HO₃: There is no statistically significance difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science, and Social Studies), between seventh-grade students who participate in the SSS classroom intervention and seventh-

grade students who do not participate in the SSS classroom intervention, as measured by the student nine-week report card.

There was no statistically significant difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science, and Social Studies) between seventh-grade students in the treatment and control groups, as measured by the student nine-week report card; therefore the Null Hypothesis 3 was not rejected.

Alternative Hypothesis 3

Alternative 3: There is a statistically significant difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science and Social Studies) between seventh-grade students who participate in the SSS classroom intervention and seventh-grade students who do not participate in the SSS classroom intervention, as measured by the student nine-week report card.

There was no statistically significant difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science and Social Studies) between seventh-grade students in the treatment and control groups as measured by the student nine-week report card; therefore the Alternative Hypothesis 3 was rejected.

Chapter Summary

This chapter included a summary of the statistical analyses used to examine the research questions and above referenced hypotheses. Descriptive statistics for the instruments used in this study and summaries of pertinent findings resulting from the series of ANOVA, MANOVA, and MANCOVA tests, along with calculated effect size estimates for each of the measures were provided. A statistically significant difference was found in engagement of wellness behaviors between seventh-grade students in the treatment and control groups. However, there was no statistically significant difference in the engagement of cognitive and behavior strategies or difference in nine-week core academic subject area grades (Language Arts, Mathematics, Science and Social Studies) between seventh-grade students in the treatment and control groups. Chapter 5 will discuss the implications of the study's results, the connection to the school counseling professional literature, limitations of the study, and suggestions for future research.

V. DISCUSSION

This chapter provides a summary of the study and conclusions drawn from the results reported in Chapter 4. First, the preliminary and main findings will be discussed, including possible connections and/or explanations found in the literature. The methodological implications of the study follow, as well as a discussion of the study limitations, and recommendations for further research in the field of school counseling.

Discussion of the Results of the Hypotheses

The purpose of this quantitative study was to measure the effects of an evidence-based school classroom guidance curriculum *Student Success Skills (SSS): Helping Students Develop the Academic Social and Self-Management Skills They Need to Succeed* (Brigman & Webb, 2010) on (a) wellness factors for early adolescents, (b) engagement in school success skills, and (c) grades in core subject areas of language arts, mathematics, science, and social studies, reported at nine-week intervals. This study contributed to the current research on school counseling in several ways. For example, the study: (a) brought an awareness of early adolescence wellness into the conversation of current school counseling practices; (b) provided a link between school counseling interventions and wellness of early adolescents, and (c) stressed the importance of the delivery of school counseling interventions as part of a comprehensive school counseling program in conjunction with teachers.

The participants in this study were 135 seventh-grade students randomly assigned to physical education classes in two different middle schools. School A served as the treatment school and included 66 students. School B served as the control school and included 69 students. A physical education teacher in the treatment school delivered the evidenced-based SSS classroom intervention (independent variable) in all seventh-grade physical education classes. Results of the study were examined using pre and post-test data for each of the dependent variables: (a) the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b), (b) the SE-SSS, and (c) student grades in core subject areas at the end of the first and second 9 week grading periods. The main findings of study included a statistically significant difference in total wellness between the treatment group (School A) and the control group (School B); however, no statistically significant difference, by treatment condition, was found regarding participants' engagement in success skills or change in grade in core academic subject areas.

Hypothesis 1

Hypothesis 1 stated a statistically significant difference in student engagement in wellness behaviors would be found between students who received the SSS classroom intervention and those that did not, as measured by the Five Factor Wellness Inventory (5F-Wel-T) for adolescents (Myers & Sweeney, 2005b). This hypothesis was supported by the results. A statistically significant difference in total wellness scores was found between students in the treatment and control groups, where students in the treatment group reported an increase in wellness behaviors as reported on the 5F-Wel-T. An effect

size of 37% indicated the SSS classroom intervention had a medium effect (Sink & Mvududu, 2010) on engagement in wellness behaviors.

The findings support conclusions of Lewis et al. (2010) that curriculum programs containing wellness concepts can assist the early adolescent to engage in wellness behaviors. These findings indicate that there is a contribution to the total wellness of students exposed to wellness strategies. School counselors can offer exposure to wellness strategies for early adolescents when they collaborate with teachers to promote, teach, and support curriculum programs such as *Student Success Skills*.

Hypothesis 2

Hypothesis 2 stated that there would be statistically significant differences in engagement in cognitive and behavior strategies associated with academic success between students who received the SSS classroom intervention and those who did not, as measured by the Student Engagement in Success Skills Survey (SE-SSS). This hypothesis was not supported by the results.

Evidence of the engagement in cognitive and behavior strategies associated with elementary school student academic success, has been measured using the SE-SSS in a previous study (Mariani, 2011). However, this study differed from the previous study in that the SSS classroom intervention was implemented at the middle school level, by a certified physical education teacher, and only measured the engagement in cognitive and behaviors associated with academic success skills at pre and post intervention.

Interestingly, in this study, an effect size of 21% was found indicating a small effect

(Sink & Mvududu; 2010) of the SSS intervention on the engagement in cognitive and academic behaviors.

Hypothesis 3

Hypothesis 3 stated that there would be statistically significant differences in nine-week core academic subject area grades (Language Arts, Mathematics, Science, and Social Studies), between students who received the SSS classroom intervention and those who did not, as measured by their nine-week report cards. The results did not support this hypothesis. The expectation of middle school students to gain and maintain academic excellence for school success has increased since the implementation of the NCLB Act of 2001 (U.S. Department of Education, 2001) and the reauthorization of NCLB by the Obama administration in the ESEA (U.S. Department of Education, 2010). There is very little development of, or investigation into, middle school counseling intervention programs. Researchers have not examined counseling interventions to see if they establish, facilitate, or undermine behavior patterns that lead to academic success (Bauer et al., 2004). Previous outcome studies have reported gains in academic achievement scores on standardized tests when the SSS classroom intervention was implemented by school counselors in school settings (Brigman & Campbell, 2003; Brigman et al., 2007; Campbell & Brigman, 2005; León et al., 2011; Villares et al., 2012; Webb et al., 2005). This study was the first to examine the impact of the SSS intervention on core academic grades and to use a certified teacher to deliver the intervention.

Relationship Between the Results and School Counseling Literature

Comprehensive school counseling programs implemented in the K-12 setting promote higher achievement tests scores and grades, better relationships with teachers, and a greater sense of student satisfaction with schools (Lapan et al., 1997; Lapan et al., 2001; Sink & Stroh, 2003). Brown and Trusty (2005) reported very few research studies conducted with comprehensive school counseling programs even though there has been a call for more studies from the field of school counseling. Whiston et al. (2011) in their meta-analysis of school counseling interventions found a lack of middle and high school level interventions with clearly articulated guidance curricula. The authors further emphasized this as interesting, given that most states mandate school counselors at the middle and high school levels. Their meta-analysis results also indicated a need for school-based interventions, suggesting researchers follow the example of the systematic research conducted with the SSS classroom and group interventions (Brigman & Webb, 2007; Brigman et al., 2007; Webb & Brigman, 2007; Webb & Brigman, 2006; Webb et al., 2005). The SSS intervention has been thoroughly researched, and when implemented with fidelity, equivalent results can be expected (Dimmitt et al., 2007). A recent meta-analysis (Villares et al., 2012) confirmed the continued effectiveness of the SSS program. This study contributed to the research base of school counseling concerning evidence-based school counseling programs implemented in the middle school setting.

School counselors, in collaboration with other educators, providing evidence-based counseling curricula that promote academic success and engage students in wellness constructs can greatly influence educational settings (Colbert & Kulikowich,

2006; Dimmitt et al., 2007). This study contributed to the body of SSS research as one of the first studies to use teachers to deliver the SSS classroom intervention. Unlike previous studies on the SSS intervention (Brigman & Campbell, 2003; Brigman et al., 2007; Campbell & Brigman, 2005; León et al., 2011; Villares et al, 2012; Webb et al., 2005) this study included the five-standalone, 45-minute lessons, implemented by a physical education (PE) teacher once per week in PE class. In this study, the middle school counselor acted as a resource broker who identified the resources, gained access to resources, trained teachers to ensure the utilization of resource (Colbert & Kulikowich, 2006) and monitored fidelity of implementation. This study contributed to the “how” school counselors can provide access to evidenced-based school counseling programs when collaborating with other educators in schools. School counselors can become more than a referral source; they become an educational resource. Students in the treatment group showed an increase in total wellness, which contributes to the physical education teachers’ mission of assisting students to be more physically active and healthy. This result provided evidence that the collaboration between school counselors and teachers can lead to improvements in wellness behaviors among middle school students.

Researchers conceptualize engagement as a multidimensional construct (Fredricks et al., 2004; Jimerson et al., 2003). The social, instructional, and organizational climate of schools influences students’ engagement and academic success (Eccles et al., 1998; Patrick et al., 2007; Ryan & Patrick, 2001). Three components, behaviors, emotions, and cognitions are part of the multidimensional construct of engagement. Behavioral engagements are the actions and practices directed towards learning and school such as

positive conduct, involvement in learning, involvement in academic tasks, and participation in extracurricular activities (Finn, 1993; Finn et al., 1995). Emotional engagements are the student's identification with the school and their affective reactions to the school (Skinner & Belmont, 1993). Cognitive engagements are strategic approaches to learning, self-regulated by the student (Fredricks et al., 2004). These three components of engagement are dynamically interrelated and contribute to academic success of the early adolescent (Fredricks et al., 2004; Jimerson et al., 2003).

Reschly et al. (2008) found positive affect in students was associated with adaptive coping, leading to higher levels of student engagement. They suggested future researchers develop empirically based intervention strategies to increase students' positive emotions that can then give rise to broader thinking, coping, and engagement in their education. Various studies indicate the SSS classroom program helps students develop cognition, social, and self-management skills linked to improved student performance (Brigman & Campbell, 2003; Brigman, et al., 2007; Campbell & Brigman, 2005; León, et al., 2011; Villares et al, 2012; Webb et al., 2005) as measured by state mandated standardized tests. In the elementary school setting, students have one or possibly two teachers throughout their school day, as opposed to the middle school where students interact with five or more teachers per day. In this study, once the students left the physical education classes where the success skills concepts were taught other teachers in the school did not reinforce the specific skills. The results indicated there were no statistically significant differences in student's engagement in success skills.

This result points to the need that specific cognitive and academic success skills should be reinforced throughout the student's academic day by a variety of educators.

Florida's policy of promotion through middle school based upon grades earned by students elicits questions revolving around grading and fairness. A certain amount of perceived unfairness in grading practices was noted in this study. There is a lack of consistency in grading standards from one school district to another, as well as inconsistency of standards from one teacher to another. Grades, unlike standardized tests or assessments, do not need to meet the rigors of reliability and validity. Grading practices have an impact on student academic success and consequently, their academic wellness. Close (2009) explored fairness in grading and presupposed that teachers base their student evaluations upon the most common and shared concepts of justice. The assumption for this study was that teachers of students in the middle school setting share these concepts of justice.

This is one of the first studies to examine the effects of the SSS intervention on grades in core academic subject areas. The results indicated there was no change in grade in core subject areas of language arts, mathematics, science, and social studies between participants by treatment condition. This finding contributes to the need to include standardized measures as a means for determining improvements of student academic performance (Anderson & Kuman, 2009)

Methodological Implications

This study has several methodological implications that can strengthen future research in the area of school counseling. With regards to methodology, the study sought

to: (a) address multiple areas of concern for schools (wellness, student behavior, and accountability) through the use of a school counselor intervention; (b) explore additional student outcomes/skill areas supporting the use of the SSS program; (c) provide a replicable study supported by treatment fidelity considerations, and (d) incorporate multiple measures to control for bias or error related to the findings.

Implications and Recommendations for Future Research

The findings in this study support conclusions of Lewis et al. (2010) that curriculum programs containing wellness concepts can assist the early adolescent to engage in wellness behaviors to help reduce anxiety and stress. During this time of rapid growth and development for the adolescent, when expectations of themselves, educators, parents, and the public in general shift, the early adolescent taught wellness concepts may be better equipped to navigate through this life stage. This shift in expectations also includes a broader educational agenda (MetLife, 2002; Public Agenda, 2002; Rose & Gallup, 2000). Researchers have not examined interventions to see if they establish, facilitate, or undermine behavior patterns that lead to academic success (Bauer et al., 2004). *Student Success Skills (SSS): Helping Students Develop the Academic Social and Self-Management Skills They Need to Succeed* (Brigman & Webb, 2010) was the intervention selected for this study. The selection was based upon the number of factors within the intervention directly relating to wellness (see Appendix A). Future studies that target the contribution of specific factors of the indivisible-self wellness model, defined by Myers & Sweeney (2005a), to adolescent engagement in wellness behaviors are recommended. In addition to the relationships of wellness factors to the needs of early

adolescents in the middle/junior high school setting, the SSS intervention has provided evidence of contributing to wellness behaviors of adolescent middle school students.

The delivery of the SSS classroom intervention in this study took place during physical education classes of seventh grade students, by a certified physical education teacher. The lack of a statistically significant difference between the participants who received the intervention and those who did not could indicate that students did not generalize strategies taught in physical education classes to engagement in total school success skills. Brokering the SSS classroom guidance curriculum through the physical education teachers supported the potential impact on wellness. The lack of generalization of skills acquired from SSS to academic success may be a result of the professional expertise of the physical education teacher stressing the physical activity and nutritional skills in the SSS program. Future studies should examine a whole-school approach, where school counselors implement the SSS curriculum as a schoolwide initiative and teachers in all subject areas reinforce the content of the SSS curriculum.

As stated previously Florida's policy of promotion through middle school based upon grades earned by students elicits questions revolving around grading and fairness. A certain amount of perceived unfairness in grading practices was noted in this study. Also noted is that grades, unlike standardized tests or assessments, do not need to meet the rigors of reliability and validity. Grading practices have an impact on student academic success and consequently their academic wellness. Close (2009) explored fairness in grading and presupposed that teachers base their student evaluations upon the most common and shared concepts of justice. Future research into Florida's policy of

promotion through middle school based upon student grades in core subject areas warrants investigation. A future research study to include core subject area teachers in the delivery of evidence based school counseling curriculum programs may be helpful to the literature regarding brokering evidence-based school counseling curriculum programs.

Limitations

Several limitations were encountered in the implementation of this study. The dearth of counseling curricula available for review in this study was a major limitation. For example, there were only two evidence-based counseling curriculum programs available for implementation in the middle school setting, *Second Step Violence Prevention Program* and *Student Success Skills (SSS): Helping Students Develop the Academic Social and Self-Management Skills They Need to Succeed*. Of these programs, only one, the SSS program, contained lessons that directly addressed the five factors of wellness as defined by Myers & Sweeney, (2008).

The SSS classroom intervention was originally designed as a school counselor-led intervention. In this study, the physical education teacher delivered the intervention in isolation, raising another study limitation. Additionally, rather than isolating one school subject area, such as physical education, for delivery of school counseling curriculum programs, a school wide implementation may be more effective. School counselors as brokers of counseling curriculum programs need to be aware they are the professionals trained to deliver programs designed for the field of school counseling. Other professionals in the school setting are quite capable to teach and deliver a curriculum, but this study raises the question, “Are these professionals better at reinforcing concepts

taught by the school counselor in classroom settings?” This is an area for future study. Also, the core subject area teachers were not aware of the success skills taught in the physical education classes and were unable to reinforce success skills taught through the intervention.

The assignment of grades by the core curriculum teachers (Language Arts, Mathematics, Science, and Social Studies) are believed by some to be subjective and objective, therefore, introducing the potential for grade inflation, bias, and/or the general perception of grades being viewed as unfair. Grades as measures of student performance compared to standardized measures do not have the same rigors of validity and reliability applied to standardized measures. Although school districts are moving toward standardized grading practices, the lack of standardized grading practices was a limitation to this study.

A delay in implementation may have contributed to students not being able to employ the success skills taught for a longer period to see the benefits in their grades. In this study, first and second nine-week grades were examined for a change in grade. Adding the third or fourth nine-week grading periods as additional data points may allow researchers the opportunity to detect increases in participants’ grades over a longer time frame.

The sample size in this study was adequate. However, the original design of the study included two treatment schools and two control schools. Using the four schools, as originally intended, would have increased the sample size and thus, may have influenced

the results. The results relating to engagement in wellness factors and grades showed no significance. The number of participants may have been a contributing factor.

The study was implemented in one Florida school district and therefore the results may not be generalizable to other school districts within the state or nationally.

This study involved only the SSS classroom intervention. However, the school counselor–led, *Parent Success Skills* (Brigman & Peluso, 2008) component delivered in tandem with the classroom program may engage parents to reinforce skills taught. This reinforcement could have provided support to students when generalizing success skills across their core curriculum courses. The SSS small group intervention (Brigman & Webb, 2010) is school counselor-led intervention that can be used to provide additional reinforcement of the SSS constructs in a small group setting for students who need additional support to master foundational learning skills. Future studies that include the SSS parent or SSS small group components may yield positive results.

The measures completed by participants in the study were self reported and based on the students’ perception. Therefore, student completion of the monitoring instruments is a limitation to this study.

This study did not measure the impact of the SSS intervention over time. Additional follow-up studies to support the long-term effect of the SSS intervention led by teachers and professional school counselors on total wellness of adolescents, success skills and grades are needed.

Summary and Conclusion

The dissertation study results supported the prediction that students who received the *Student Success Skills (SSS): Helping Students Develop the Academic Social and Self-Management Skills They Need to Succeed* (Brigman & Webb, 2010) classroom intervention would have an effect on engagement in wellness behaviors. Given the gap in research related to adolescent wellness, this finding has merit. More research in the area of early adolescent wellness in relation to school counseling curriculum programs is needed.

Early adolescence is a difficult time of human development. Successful navigation through this life stage allows students to gravitate towards identity formation and away from role confusion in a supportive environment (Erikson, 2005). Teaching wellness in this developmental age may make it a less difficult time for early adolescent and those who are involved in their lives.

APPENDICES

Appendix A

Wheel of Wellness Constructs Present in SSS and Second Step

Wellness Wheel Constructs	Evidence-Based	
	SSS	2nd Step
I. Spirituality		
<ul style="list-style-type: none"> • Belief in a power beyond oneself • Hope and Optimism • Purpose and Meaning are a part of one's philosophy for life • Worship, prayer, meditation or self-reflection in relationship to the Infinite • Love, compassion and service to others • Moral and ethical values for guiding everyday life • Transcendence, going beyond the rational limits for insights or mystical experiences; frequently accompanied by a sense of timelessness, inner peace, harmony, oneness with nature, the universe of the Infinite 	 X X X X 	 X X X X
II. Self-Direction		
<ul style="list-style-type: none"> • Sense of Worth • Sense of Control • Realistic Beliefs • Emotional Awareness and Coping • Problem Solving and Creativity • Sense of Humor • Nutrition • Exercise • Self-Care • Stress Management • Gender Identity • Cultural Identity 	 X X X X X X X X 	 X X
III. Work and Leisure		
<ul style="list-style-type: none"> • Work • Leisure 	 X X	
IV. Friendship		
V. Love		
	X	

Note: Wheel of Wellness (Myers, J.E., & Sweeney, 2005c; SSS = Student Success Skills (Brigman & Webb, 2010); 2nd Step = *Second Step Violence Prevention Program Middle School/Junior High* (Committee for Children, 1997).

Appendix B

Letter of Support from School District of Indian River County Superintendent

School District of Indian River County

1990 25th Street • Vero Beach, Florida 32960-3395 • Telephone: 772-564-3000 • Fax: 772-569-0424

Frances J. Adams, Ed.D.

Superintendent

Letter of Cooperation

September 12, 2011

To the Florida Atlantic University (IRB):

I am familiar with Jacqueline L. Wirth's research project entitled, "The Effects of a Classroom Intervention on Adolescent Wellness, Success Skills and Academic Performance".

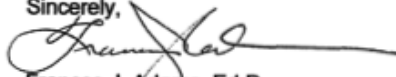
I understand the School District of Indian River County's involvement to be;

- (a) permitting the researcher to train physical education teachers
- (b) the distribution of consent forms to parents and students through physical education classes
- (c) the participation of seventh grade students in physical education classes as study participants during the 2011-2012 school year
- (d) providing student grade information in core academic subject areas for seventh grade study participants
- (e) providing demographic information (i.e. ethnicity, race, lunch status) of study participants.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research study is strictly voluntary and provides confidentiality of research data, as described in the protocol.

Therefore, as the institutional authority of the School District of Indian River County, I agree that Jacqueline L. Wirth's research project may be conducted in Gifford Middle School, Oslo Middle School, Sebastian River Middle School, and Storm Grove Middle School located in the School District of Indian River County.

Sincerely,



Frances J. Adams, Ed.D.
Superintendent of Schools

pp

**"Educate and inspire every
student to be successful"**

Karen Disney-Brombach
District 1

• Matthew McCain
District 2

• Carol Johnson
District 3

• Claudia Jiménez
District 4

• Jeffrey Pegler
District 5

"To serve all students with excellence"
Equal Opportunity Educator and Employer

Appendix C

Institutional Review Board (IRB) Approval Letter



Institutional Review Board

Mailing Address:

Research Integrity

777 Glades Rd.

Boca Raton, FL 33431

Tel: 561.297.0777 Fax: 561.297.2319

www.fau.edu/research/researchint

Nancy Aaron Jones, Ph.D., Chair

DATE: November 18, 2011

TO: Elizabeth Villares, Ph.D., Jacqueline Wirth
FROM: Florida Atlantic University IRB

IRBNET ID #: 269316-2
PROTOCOL TITLE: [269316-2] The Effects of a Classroom Intervention on Adolescent Wellness, Success Skills, and Academic Performance

PROJECT TYPE: *New Project*
ACTION: APPROVED

APPROVAL DATE: November 18, 2011
EXPIRATION DATE: November 17, 2012

REVIEW TYPE: Expedited Review
REVIEW CATEGORY: Expedited review category # B7

Thank you for your submission of Response/Follow up materials for this research study. The Florida Atlantic University IRB has APPROVED your *New Project*. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

- This study is approved for a maximum of 540 subjects.
- It is important that you use the approved, stamped consent documents or procedures included with this letter.
- ****Please note that any revision to previously approved materials or procedures, including modifications to numbers of subjects, must be approved by the IRB before it is initiated.** Please use the amendment form to request IRB approval of a proposed revision.
- All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All regulatory and sponsor reporting requirements should also be followed, if applicable.
- Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.
- Please note that all research records must be retained for a minimum of three years.
- **This approval is valid for one year.** A Continuing Review form will be required prior to the expiration date if this project will continue beyond one year.

If you have any questions or comments about this correspondence, please contact Elisa Gaucher Clear at:

Institutional Review Board
Research Integrity/Division of Research
Florida Atlantic University
ADM Bldg. 10, Suite 239
Boca Raton, FL 33431
Phone: 561-297-0777

* Please include your protocol number and title in all correspondence with this office.

**This letter has been electronically signed in accordance with all applicable regulations,
and a copy is retained within our records.**

Appendix D

Teacher Consent for Florida Atlantic University Study

TEACHER CONSENT FOR Florida Atlantic University Study

- 1) **Title of Research Study:** THE EFFECTS OF A CLASSROOM INTERVENTION ON ADOLESCENT WELLNESS, SUCCESS SKILLS AND ACADEMIC PERFORMANCE
- 2) **Investigator(s):** Florida Atlantic University, Elizabeth Villares, Ph.D. and Jacqueline L. Wirth, Doctoral Candidate.
- 3) **Purpose:** The purpose of this research study is to examine the impact of a school guidance curriculum when delivered through physical education classes by physical education teachers, on early adolescent wellness, use of success skills, and the effect on student grades on core subject areas of language arts, mathematics, science and social studies.
- 4) **Procedures:**
 - As a part of this study, you will administer one written inventory and one written survey. The two instruments: A wellness inventory called, The Five Factor Wellness Inventory for Teens (5F-Wel-T) and an academic success survey, Student Engagement in Success Skills Survey known as the SE-SSS. You will administer both the inventory and the survey during one class period. The scores on the inventory and the survey will be used to assess the overall wellness of 7th grade students in middle school and their engagement in success skills leading to academic success.
 - Volunteer teachers in the treatment schools will be trained by the researcher to administer the study instruments and implement the study intervention, the Student Success Skills (SSS) Classroom Guidance Program (Brigman & Webb, 2010). Volunteer teachers in the control schools will be trained to administer the study instruments and will be eligible to participate in a training to deliver the SSS classroom program after the study has been completed.
 - If you choose to volunteer at the two intervention schools (Storm Grove Middle School and Oslo Middle School) you will be asked to deliver five, forty-five minute classroom lessons of a school guidance program one day per week for five weeks in each of your seventh grade classes. If you are not part of the intervention group you will be asked to only administer the inventory and the survey. The control groups will be Sebastian River Middle School and Gifford Middle School.
- 5) **Risks:** The risks involved with participation in this study are no more than you would experience at regular school activities. It is unlikely you will experience any harm or discomfort.
- 6) **Benefits:**

You will gain skills to assist you with successful implementation of a SSS Classroom Guidance Program that can contribute to promoting factors related to a wellness lifestyle for students, skills that can contribute to the social success of students, and skills that can assist students in their academic success. There are no costs associated with the training you receive and all materials will be donated to your school as a result of your participation in the study.
- 7) **Data Collection & Storage:**

Any information collected will be kept confidential and secure and only the people working with the study will see the data unless required by law. The data will be kept for five years in a locked cabinet or password-protected computer in the investigator's office. After five years, paper copies will be destroyed by shredding and electronic data will be deleted. We may publish what we learn from this study. If we do publish what we learn from this study, we will not let anyone know your name/identity unless you give us permission. At the completion of the study you will be provided with an outcome report relating to entire study. Your name and your school will not be identified in this report.

Initials _____



Approved on:	11/18/2011
Expires on:	11/17/2012

Institutional Review Board

8) Contact Information:

For questions or problems regarding your rights as a research participant, you can contact the Florida Atlantic University Division of Research at (561) 297-0777. For other questions about the study, you should call or contact the principal investigator(s), Jacqueline L. Wirth, at (772) 564-6339 Jacqueline.Wirth@indianriverschools.org or Dr. Elizabeth Villares at (561) 799-8628. evillare@fau.edu

(Please sign and complete)

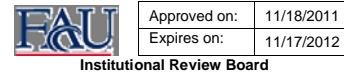
9) Consent Statement:

I have read, or had read to me, the information describing this study. All of my questions have been answered to my satisfaction I _____ agree to take part in this study. First Name / Last name

I can refuse to participate or stop participating at any time without giving any reason and without penalty. I can ask to have the information related to me, removed from the research records, or destroyed. I have received a copy of this consent form.

Signature of Teacher: _____ Date: _____

Signature of Investigator: _____ Date: _____



CHILD ASSENT

The Effects of a Classroom Intervention on Adolescent Wellness, Success Skills, and Academic Performance

Researchers from Florida Atlantic University are trying to learn about academic success and wellness activities in middle school seventh grade students ages 12 to 14 years old. Your Physical Education teacher will be teaching you skills to help improve your study habits, peer relationships, and choices about living a healthy lifestyle. You have been asked to participate because you are participating in seventh grade physical education classes this school during the 2011-2012 school year. If you decide to participate in the study, you will be asked to complete two written assessments (The Five Factor Well-T and Student Engagement in School Success Skills). These assessments will ask about your studying, exercise, and nutrition habits. Some things may make you uncomfortable such as not being aware of any of the habits in your daily routine, but please know that all your answers will be kept confidential and no one else will know your name or identification number. This study will take place in your Physical Education classroom, 45 minutes per week, for five consecutive weeks.

The researchers hope this study will help you gain strategies to help you improve your academic success in Language Arts, Math, Science and Social Studies as well as teach to you how to make healthy lifestyle choices by engaging in wellness activities. An introduction to wellness concepts such as nutritional habits and exercise will also help you begin to establish a healthy lifestyle.

You do not have to be in this study if you don't want to and you can quit the study at any time. If you don't like a question, you don't have to answer it and, if you ask, your answers will not be used in the study. No one will get mad at you if you decide you don't want to participate.

Only the researchers and your parents if they ask will know your answers. Your answers will remain private, no one, including your teachers, the administration, or your friends will know your answers. If you have any questions please contact Mrs. Wirth at Storm Grove Middle School at 564-6339.

This research study has been explained to me and I agree to be in this study.

_____ **First Name**

_____ **Last Name**

_____ **Subject's Signature for Assent**

_____ **Date**

Check which applies (to be completed by person conducting assent discussion):

The subject is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.

The subject is not capable of reading the assent form, however, the information was explained verbally to the subject who signed above to acknowledge the verbal explanation and his/her assent to take part in this study.

_____ **Name of Person Obtaining Assent (Print)**

_____ **Signature of Person Obtaining Assent**

_____ **Date**



Approved on:	11/18/2011
Expires on:	11/17/2012

Institutional Review Board

Appendix E

Instrument Information

Instrument	Measures	Number of Items	Time	Cost	Responder
SE-SSS	Self report designed to assess student's level of engagement and use of success skills	33 items	10 minutes or less	Free	Students: Pre-Test & Post- Test
5F-Wel-T	Self report designed to assess wellness factors	98 items	30 minutes	Free	Students: Pre-Test & Post- Test

Note: SE-SSS = Student Engagement in Success Skills Survey (Carey, Brigman, Webb, & Harrington, 2010). 5F-Wel-T = Five Factor Wellness Inventory –T (Myers & Sweeney, 2005b). The researcher received permission to reproduce from all authors.

Appendix F

Five Factor Wellness Inventory Form T (5F-Wel-T)

For use by Jacqueline Wirth only. Received from Mind Garden, Inc. on February 2, 2011

Five Factor Wel Inventory Form T

The purpose of this inventory is to help you make healthy lifestyle choices. The items are statements that describe you. Answer each item in a way that is true for you **most of the time**. Think about how you most often see yourself, feel or behave. Answer all the items. Do not spend too much time on any one item. Your honest answers will make your scores more useful.

Name: _____ Gender: _____

Highest grade completed: _____ Birth Date: _____

ID #: _____

Mark only one answer for each item using this scale:

Strongly Agree If it is true for you most or all of the time
Agree If it is true for you some of the time
Disagree If it is usually not true for you
Strongly Disagree If it is almost or never true for you

EXAMPLE

	Strongly Agree	Agree	Disagree	Strongly Disagree
I like meeting new people.	A	X	C	D

Note. This instrument reproduced with permission from the authors (Myers & Sweeney, 2005a).

Appendix G

Student Engagement in School Success Skills (SE-SSS)

Student ID: _____ Date: _____

School: _____ Teacher: _____

Below is a list of things that some students do to help themselves do better in school. No one does all these things. No one does any of these things all the time. Please think back over the last two weeks and tell us how often you did each of these things **in the last two weeks**. Circle the answer that tells us what you really did. Please try your hardest to be as honest as possible. There are not any right or wrong answers. We will not share your answers with your parents or teachers. We will not grade your answers.

In the last two weeks:

1) I tried to encourage a classmate who was having a hard time doing something.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

2) After I didn't reach a goal, I told myself to try a new strategy and not to doubt my ability.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

3) I checked my progress towards a goal.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

4) I imagined being in a quiet place to feel less stressed.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

5) I spent time with my friends when I needed to take a break from school work.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

6) I checked with a friend to see if I knew the most important things to study for a test.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

7) I focused on positive thoughts so I would feel less stressed.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

8) I stayed up all night to study for a test.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

- 9) I imagined myself being successful in reaching a goal.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 10) I reviewed the most important facts before taking a test.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 11) I tried to keep myself motivated by imagining what it would be like to achieve an important goal.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 12) I made an outline to help me remember important ideas.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 13) I set a goal to do something that would help me feel better (for example to get more exercise, to eat better food, or to get more sleep).
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 14) I used note cards to help me remember important facts for a test.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 15) I noticed when another student was having a bad day.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 16) I focused on slowing my breathing so I would feel less stressed.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 17) I noticed a strategy that a classmate was using to do better in school and I tried it myself.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 18) I searched the internet for extra math problems to get more practice.
 I didn't do this at all. I did this once I did this two times I did this three or more times
- 19) I made a picture or diagram to help me remember important ideas.
 I didn't do this at all. I did this once I did this two times I did this three or more times

20) I set a goal for myself to do something that would help me do better in school (for example to study math 10 minutes each day).

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

21) I listened to music so that I would feel less stressed.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

22) I stopped when I was reading to ask myself if I understood the most important parts of the story.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

23) I tried something different when I noticed that my plan did not work.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

24) I made sure to tell a classmate about a small improvement that they had made.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

25) I checked with another student to see when an assignment was due.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

26) I tried hard to listen to what a classmate said so that I would really understand them.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

27) I tried to help a classmate learn how to do something that was difficult for them to do.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

28) I took a nap during recess so that I would be fresh for the rest of the day.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

29) I made sure to pay attention to a small improvement that I made towards a goal.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

30) After I made a mistake, I told myself that I should try a new strategy and not doubt my ability.

I didn't do this at all.	I did this once	I did this two times	I did this three or more times
-----------------------------	--------------------	-------------------------	-----------------------------------

31) I made sure to say something encouraging to myself.			
I didn't do this	I did this	I did this	I did this
at all.	once	two times	three or more times
32) I made up a new strategy that I could try to help me to do better in school.			
I didn't do this	I did this	I did this	I did this
at all.	once	two times	three or more times
33) I made sure to say something to encourage a classmate.			
I didn't do this	I did this	I did this	I did this
at all.	once	two times	three or more times

Note. This instrument reproduced with permission from the authors (Carey, Brigman, Webb, & Harrington, 2010). For further information concerning this instrument, refer to Carey, J., Brigman, G., Webb, L. & Harrington, K. (2010). *The development of Student Engagement in School Success Skills: A measure of meta-cognitive abilities related to academic achievement.* Unpublished report.

Appendix H

Summary of Procedures and Timetable

Month	Researcher	Participant		
		School Counselor	Teacher	Student
August - September	Assigns participants to groups & conducts training workshops	Attends Training Workshops	Attends Training Collects informed consent forms	Receives permission and informed consent forms
October	Collect baseline data on student indicators	Reports baseline data on student indicators	(Pretest) Administers SE-SSS 5FWEL-T	(Pretest) Completes SE-SSS 5FWEL-T
October – November	Collects monitoring reports electronically from school counselors	Weekly monitoring sent to researcher electronically	Implementation of SSS classroom program – 5 sessions for 5 weeks (Posttest) Completes Administers SE-SSS 5FWEL-T	Participates in 5 sessions of SSS classroom program for 5 weeks (Posttest) Completes SE-SSS 5FWEL-T
January-March	Data Analysis			

Note: SE-SSS = Student Engagement in Success Skills Survey (Carey, Brigman, Webb, & Harrington, 2010), 5FWEL-T= The Five Factor Wellness Inventory-T for Adolescence (Myers, J.E., & Sweeney, 2005b).

Appendix I

Weekly Electronic Submission Form

[Activity Selection Form](#) | [Summary Log](#) | [Printout](#)

SSS Research

Lesson <input type="text" value="SSS lesson 1"/>	Intervention Date <input type="text"/>	Start Time <input type="text"/>	End Time <input type="text"/>
Classroom <input type="text" value="Period 1"/>	Number of Students Present <input type="text"/>	School Counselor Effectiveness 1 (low) to 5 (high) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input checked="" type="radio"/>	
Student(s) Absent <input type="text" value="None"/> Student 1 Student 2 Student 3 Student 4 Student 5 Student 6 Student 7 Student 8 Student 9	Problems/Obstacles <input type="text"/>		
<input type="button" value="submit"/>			

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