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I Can Thrive!: Fostering Well-Being in Adolescent Girls via the Unified Approach

Jennifer L. Mills

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctor of Psychology

Department of Graduate Psychology

August 2017

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Acknowledgements

I would like to begin by acknowledging my advisor, mentor, and dissertation committee co-chair, Dr. Gregg Henriques. You have seen me through this dissertation process from the very beginning to its final stages and I thank you for your careful attention in conceptualizing, editing, and transforming this manuscript into what I hoped it would be. Throughout my doctoral training your constant support and encouragement has allowed me to develop both personally and professionally. Thank you for encouraging me to challenge myself and for helping me to become the clinician, researcher, advocate, and person I am today.

I would also like to recognize my dissertation committee members, Dr. Elena Savina and Dr. Debi Kipps-Vaughan. Dr. Savina, I am grateful for all you have taught me and the guidance and encouragement you provided as a professor, supervisor, mentor, and co-chair of my dissertation committee. Your knowledge and passion for child development and school psychology has helped me to develop my own goals as both a practitioner and researcher. Dr. Kipps-Vaughan, I am appreciative of all of your guidance and encouragement on this dissertation. Thank you for sharing my passion for school mental health and for your expertise in both adolescent well-being and curriculum development. Furthermore, I would like to thank Dr. Constance Pilkington at the College of William & Mary and Dr. Lisa Sanetti at the University of Connecticut. Before this dissertation was even an idea, you both welcomed me into your research labs, encouraged me, mentored me, and taught me the value of psychological research.

To my family, Mom, Dad, and Ben, I want to thank you for your continued love and encouragement throughout this journey. Words cannot begin to express how grateful I am for your endless support and patience throughout the years as I have pursued this

dream. Thank you for always encouraging me to do and be anything that I want and for always believing in me.

Finally, I would like to acknowledge my friends, old and new, near and far. Thank you for the many ways in which you have helped me to maintain my own well-being.

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Abstract

With the rise of positive psychology as a subfield of psychology, there has been increased focus and attention on the construct of well-being. Unfortunately, lack of agreement regarding the ultimate goal of positive psychology has contributed to fragmentation within the field of psychology. Thus, literature on well-being has not been integrated into a broad model for understanding psychology and human nature, as is the case with much psychological research. Connecting such research to a deep theoretical and philosophical model is important with a construct like well-being, as it is a complicated and central construct for the field, for both practitioners and researchers. There were two main objectives of the current project. The first was to develop a coherent conceptualization of well-being in adolescent females using Henriques' (2011) unified theory/unified approach (UT/UA). The second objective was to use UT/UA to design a theoretically-informed program to enhance well-being in that population. To address these objectives, this project offers a theoretical review of the literature relevant for developing a comprehensive, unified system for conceptualizing adolescent well-being, as well as an example of how this theoretical framework can be applied to the design of a pilot intervention program. The value is both in demonstrating the feasibility of this new comprehensive approach to conceptualizing human well-being for young girls, as well as in offering a demonstration of the application of this conceptualization in an applied study targeting the promotion of well-being. The implications and limitations of the current project are also discussed.

CHAPTER I:

Introduction and Overview

Applied and professional psychology has historically been focused on mental illness and psychopathology, leading the field to rely mostly on a medical model involving the diagnosis and treatment of disorders. Recognizing this as problematic, in the 1990's positive psychology was created as a subfield of psychology that shifted the focus away from exploring pathology and instead examined human strength, resiliency, and positive functioning. Positive psychology has seen tremendous growth over the past decade, and there has been a great increase in research on well-being and related domains of positive functioning in both research and in practice.

Although the positive psychology movement was necessary in order for the field to have a more holistic and balanced view of human functioning, the lack of agreement regarding the ultimate goal of positive psychology and how constructs like happiness and well-being are operationalized has contributed to fragmentation within the field of psychology and the proliferation of competing paradigms. For instance, although the concept and value of human well-being is arguably the central driving factor in the health professions and one of the most central concepts in both positive and professional psychology, there remains much dispute about the meaning of the term.

In response to this lack of a definition and the conceptual fragmentation throughout psychology, Henriques (2003, 2004) has offered a new Unified Theory (UT) of psychology (Henriques, 2011) that aims to assimilate and integrate key insights from the field into a more coherent whole. The goal in creating this integrative framework is that psychology can then generate a more cumulative knowledge base grounded in a

philosophical and theoretical system that can describe the complexities of human nature. From this unified theoretical organization, theoretically-informed interventions can be designed and implemented. For example, Henriques and colleagues have utilized the Unified Approach (UA) to develop an effective map of character functioning called Character Adaptation Systems Theory (see e.g., Henriques & Stout, 2012; Henriques, 2016) and a coherent map of well-being called the Nested Model (Henriques, Kleinman, & Asselin, 2014).

The purpose of the current project was to use the unified theory/unified approach (UT/UA) to conceptualize well-being in adolescent females and to design a theoretically-informed program to enhance well-being in that population. Adolescence is an important period for psychological development, especially for girls, as they experience significant changes which impact their relationships, self-image, and school performance. Furthermore, while there are several programs in existence that work to serve the needs of young girls in their community, they fall short in conceptualizing a global construct of well-being. As such, a second goal of the current project was to utilize the UT/UA framework developed by Henriques and colleagues to provide an understanding of adolescent well-being, which then lent itself to the development of an intervention. Thus, this novel and holistic perspective of human well-being served as the theoretical underpinnings for a pilot intervention project, as well as for future empirical studies that address the implementation of this project. The value of this current project is both in demonstrating the feasibility of this new comprehensive approach to conceptualizing human well-being for young girls, as well as in offering a demonstration of the

application of this conceptualization in an applied study targeting the promotion of well-being.

Project Overview

This dissertation thus incorporated two major parts. First, a conceptual analysis of the theoretical understanding of well-being in adolescent females, through the lens of Henriques' (2011) unified approach to psychology. This part offers a theoretical review of the literature relevant for developing a comprehensive, unified system for conceptualizing adolescent well-being, as outlined in Chapters Two and Three.

Second, this theoretical framework was applied to the design of a pilot intervention program. This part was a program development study, as discussed in Chapter Four. This was the first study that applied the UT/UA framework to the development of an intervention program for adolescents. The goal of the current project was to develop a curriculum manual for a small group intervention with five to seven adolescent females, which could then be implemented at a larger scale if this project determined it to be feasible and potentially useful.

Two broad research questions were addressed in this current project: (1) Can the UT/UA be used to develop a comprehensive framework for understanding well-being in adolescent females?; and (2) Can a group curriculum for adolescent girls be developed that effectively utilizes this approach and incorporates key elements of well-being based on the latest research in psychology?

This project was proposed because a preliminary review of the literature suggested that the answer to the first question was yes. Henriques' Unified Theory, discussed in Chapter 2, provides a framework from which to explore human well-being.

Furthermore, the existing literature base on well-being in adolescent females and existing intervention groups targeting this population provide evidence that no comprehensive framework has yet been designed to integrate all domains of functioning. Chapter 3 provides an overview of the existing literature for well-being theory and interventions for adolescent females and offers a comprehensive, conceptual framework for understanding well-being in this population via the Unified Approach.

Regarding the second research question, the ten-week curriculum is reviewed in Chapter 4 and described in detail in Appendix A. The program was organized by the unified approach to conceptualization and covers the major components of well-being in a comprehensive manner.

CHAPTER II:

Literature Review

The Positive Psychology Movement

The attention and focus of the study of applied psychology has shifted due to historical events and the needs of society. Before World War II there were three major objectives of professional psychology: 1) to treat mental illness; 2) to make the lives of all people more productive and fulfilling; and 3) to identify and nurture talent (Seligman & Csikszentmihalyi, 2000). After World War II ended, the founding of the Veterans Administration (now Veteran Affairs; VA) in 1946 and the National Institute of Mental Health (NIMH) in 1947 changed the focus of applied psychology to the study and treatment of pathology and mental illness. Many have suggested that these changes pushed the field to adopt a "medical model," associating psychological disorders with medical diseases and treatment (Seligman & Csikszentmihalyi, 2000).

This medical model is also present within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; current edition, DSM-5; American Psychiatric Association, 2014), the classification system that clinical and counseling psychologists use to diagnose mental disorders. The DSM is the guiding resource for understanding, diagnosing, and treating psychopathology and has been increasingly utilized since its first edition was published in 1952. Although it has provided an organizational structure, the DSM has historically categorized and pathologized behavior; thus, it was not a resource that oriented professional psychologists to focus on making people's lives more productive and fulfilling and to identify and nurture individual talent.

In response to concerns that the field of psychology was drifting away from its original mission, positive psychology emerged as a formalized subfield of psychology, promoted by Martin Seligman and colleagues. Positive psychology is the scientific study of the specific strengths and virtues that allow individuals and communities to thrive (Seligman & Csikszentmihalyi, 2000). The field empirically examines positive subjective experiences, positive individual traits, and positive institutions with the intention to improve people's quality of life and prevent pathologies associated with feeling meaningless and unfulfilled.

It is becoming increasingly more evident that mental health is not simply the absence of psychopathology or illness, but it is also the presence of positive indicators, such as subjective well-being (SWB). For example, in 1946 the World Health Organization defined health in terms of "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Furthermore, research studies have consistently found benefits of traits associated with well-being, such as happiness, optimism, positive emotions, engagement in life, relationships, finding meaning in life, and accomplishment (Seligman, 2011). The proliferation of ideas, studies, and researchers within the subfield of positive psychology has led to many differing, yet overlapping definitions. Indeed, in 2005 during the creation of the journal, the Editorial Board of the *Journal of Positive Psychology* emphasized that, "Positive psychology is about scientifically informed perspectives on what makes life worth living. It focuses on aspects of the human condition that lead to happiness, fulfillment, and flourishing."

The subfield of positive psychology was designed to supplement what is known of human suffering and psychopathology to foster a greater understanding of both positive and negative elements (Seligman, Steen, Park, & Peterson, 2005). That is, there is a full continuum of the human experience, with mental illness representing one pole of the spectrum and optimal psychological health on the other end. A state of mental illness is when an individual attempts to coordinate the flow of resources in a way that is associated with significant distress and dysfunction in themselves or those associated with them. A state of optimal mental health, on the other hand, is when an individual effectively coordinates resources in a manner that maximizes their well-being and the well-being of those around them (Henriques et al., 2014). Although developed in response to concerns, positive psychology was not created to replace the focus on human suffering and psychopathology, but rather to augment what is already known and developed.

Linley, Joseph, Harrington, and Wood (2006) proposed three possible future directions for positive psychology. First, that positive psychology will become obsolete because it will become effectively integrated into psychology. A second possible future is that positive psychology will become somewhat integrated into psychology so that researchers and clinicians understand the full range of human functioning, but that it will remain a specialty area. Finally, the third possibility is that integration will fail and positive psychologists will continue as specialized and marginalized group within the broader field of psychology. This project is an exercise in integration and hopes that, with the appropriate theoretical framework, Linley and colleagues' (2006) first direction will

be realized by the assimilation and integration of the many different approaches into a single coherent framework.

The Construct of Well-Being

As suggested by the prior review, positive psychology is not an entirely new field or concept. Its origins can be dated back to the 1950s when psychology as a discipline was interested in examining the concept of the human potential. Humanistic psychologists, like Abraham Maslow and Carl Rogers, embodied this movement by asking questions about health, functioning, and striving (Seligman & Csikszentmihalyi, 2000). What emerged from their studies was an interest in what helped people function well. Even today, potentially the single most important concept in positive psychology research and practice is the construct of well-being. Broadly, "well-being" refers to an individual's optimal psychological functioning and experience (Ryan & Deci, 2001).

Despite the importance of the construct of well-being in psychology, there remains much ambiguity about what the term actually means. First, well-being is not synonymous with happiness (Ryan & Deci, 2001). That is, while researchers acknowledge that happiness is an important and central component in well-being, recently researchers and practitioners alike have begun to understand the intricacies of measuring and attaining "well-being" and have agreed that a more holistic approach is warranted (Henriques et al., 2014; Kahneman, 2010).

Furthermore, the study of well-being within psychology has a long history stemming from two distinct philosophical perspectives: one emphasizing the pursuit of pleasure and life satisfaction (hedonic well-being) and one emphasizing the pursuit of a meaningful life and optimal functioning (eudaimonic well-being). The philosophical

origins of this division can be traced as far back as ancient Greece and the writings of Aristotle (Deci & Ryan, 2000; Henriques et al., 2014). Aristotle claimed that well-being could be achieved through the expression of virtue or in living a meaningful life; and his concept of eudaimonia referred to living life to its fullest potential. This view is consistent with eudaimonic approaches to conceptualizing well-being (Ryan & Deci, 2001; Ryff, 1989), whereas the hedonic perspective conceptualizes well-being based on one's subjective experience of pleasure and life satisfaction.

Hedonic and eudaimonic perspectives emphasize two distinct understandings of well-being. However, experiences of pleasure and meaningful life achievement are clearly not entirely distinct or unrelated. Human beings experience pleasure in response to meaningful achievement, and the subjective experience of satisfaction and happiness can lead us to pursue meaningful and fulfilling opportunities in the future. Thus, while the hedonic and eudaimonic perspectives offer differing perspectives, in many ways they are complementary. Both perspectives are discussed in detail below.

Hedonic well-being. The hedonic approach to well-being focuses on happiness and defines well-being broadly in terms of maximizing pleasure and minimizing pain. This conceptualization is based on the notion of subjective well-being (SWB) and suggests that increased internal experiences of pleasure and positive affect, relative to experiences of pain and negative affect, lead to happiness and well-being (Ryan & Deci, 2001). This notion has been extensively studied and supported across decades of psychological research, and is central to several prominent and influential psychological theories (Eysenck & Eysenck, 1985). In hedonic literature it is now understood that humans are influenced by two broad systems: pain and pleasure. People generally tend to

act in ways that move them towards desired outcomes (i.e., maximize “pleasure”) and help them avoid undesired outcomes (i.e., minimize “pain”).

Kahneman, Diener, and Schwartz wrote one of the seminal books on hedonic well-being in 1999, defining hedonic psychology as the study of “what makes experiences and life pleasant and unpleasant” (p. ix). Research in this area has found that there are two main systems of affect, positive and negative, and that both are embedded in the evolutionary design structure of the brain (Morris, 1999; Hoebel, Rada, Mark & Pothos, 1999; Henriques et al., 2014). Since the 1980s, Ed Diener has been examining and measuring what makes people “happy.” SWB is a subjective experience, that is, it is a first-person perspective that is based on personal experiences and felt emotions- both the presence of positive factors and absence of negative factors (Henriques et al., 2014). Diener developed a hierarchical model of SWB to include four major constructs: two “emotional” and two “cognitive” (Diener, Scollon, & Lucas, 2003). The two “emotional” factors to consider are the levels of positive affect an individual experiences and the level of negative affect an individual experiences. The two “cognitive” factors are an individual’s overall or global life satisfaction and an individual’s sense of satisfaction within specific domains. Diener suggested that SWB is the overarching construct and that these four constructs are the independent correlates that make up a person’s sense of well-being (Diener et al., 2003).

This hierarchical model has gathered support from quantitative studies, though it is noted that Diener’s “cognitive” and “emotional” components call on different states of consciousness. Specifically, Kahneman has demonstrated that the positive and negative affects refer to experienced states of consciousness, while the two domains of satisfaction

are based on reflected self-conscious evaluations that collapse elements and domains across time**.** Research has demonstrated, for example, that reflected appraisals do not emerge simply as the sum total of positive or negative experiences, but instead are influenced by how an experience unfolds, how it begins relative to how it ends, and whether or not one reaches their goal (Kahneman, 2011).

Despite the fact that SWB is an important construct, many researchers exploring well-being believe it may be too limited in its scope and that it fails to consider relevant variables that go into the full construct of well-being. Many of these critics argue for a more holistic approach to well-being, claiming that the concept is more than feeling good, but it is about living a good, productive, meaningful life (Ryff, 1989). Along these lines, van Deurzen (2009) cautioned against simplistic approaches to psychotherapy and intervention that use techniques to maximize happiness without reflecting or grappling with questions of meaning, purpose, or living ethical lives. The emphasis on effective functioning, values, and meaning drives the other major conceptualization of well-being in psychology.

Eudaimonic well-being. The second conceptualization of well-being is the eudaimonic framework, which emphasizes both psychological functioning and a more holistic approach to well-being. This framework claims that well-being is much more than the hedonic perspective of objective happiness or “feeling good,” but rather about living a good and meaningful life (Ryff, 1989). While hedonic well-being emphasizes the subjective well-being, eudaimonic well-being emphasizes “psychological well-being” and there are many prominent theories for what qualities constitute and contribute to eudaimonic well-being (Waterman, 2008). A commonality across these perspectives is

that well-being is derived from the fulfillment of some fundamental and intrinsic psychological needs. However, eudaimonic approaches vary considerably in their identification and emphases of these core needs.

Within the eudaimonic framework, three systematic approaches have been prominent and each of these three major approaches claims that there are core needs or characteristics that make up "well-being." Researchers claim that well-being occurs when these specific domains or characteristics are met or achieved (Waterman, 2013). First, self-determination theory suggests that there are three fundamental human psychological needs, which are autonomy, relatedness, and competence. The theory claims that when an individual meets these three needs according to their own potential capabilities, they will achieve a high state of well-being (Deci & Ryan, 2000). A second model of human flourishing and well-being was posited by Martin Seligman; he suggested that well-being consists of positive emotion, engagement in life, finding meaning or purpose in life, positive relationships, and a sense of accomplishment (these qualities are represented by the acronym PERMA; Seligman, 2011).

The third, and arguably the most prominent and influential model of eudaimonic well-being is Carol Ryff's model of Psychological Well-being (PWB; Ryff, 1989). Indeed, Ryff has been credited with creating the term "psychological well-being" in order to advocate for a more holistic understanding of the construct. Ryff argues that well-being is best defined by aspects of personal growth and achievement, rather than an individual's subjective sense of satisfaction or prevalence of positive versus negative affect (i.e., SWB). She identified six major domains of well-being and proposed that when an individual strives towards excellence based on their "unique potential" in these

six areas it suggests evidence of optimal mental health (Ryff & Singer, 2008). The six areas included are: self-acceptance, positive relationships with others, a sense of autonomy, environmental mastery, a feeling of purpose in life, and a sense of personal growth (Ryff, 1989). A fundamental assertion of the PWB model is that well-being is determined by living a "virtuous" life which involves capitalizing on one's human potential. Furthermore, the model proposes that the pursuit of excellence and engagement in purposeful goal-oriented activity will result in the secondary enhancement of SWB.

There are critics of the eudaimonic approach to well-being who point out several limitations of the models. One such criticism is that eudaimonic definitions of well-being are inherently value laden in accord with a broader context of cultural beliefs and values. Critics claim that eudaimonic perspectives offer little insight regarding the extent to which a person's functioning may or may not be adaptive at the individual level. Relatedly, although eudaimonic approaches are implied to be more "objective" than "subjective" in their assessment of well-being, constructs such as "autonomy" and "personal growth," are difficult to operationally define and the measurement of these domains is typically dependent on an individual's subjective, self-reported assessment of functioning in these areas.

Integrative Models of Well-being

In recent years, many well-being researchers have questioned the benefit of distinguishing between hedonic and eudaimonic perspectives, suggesting that these models may simply represent two complementary perspectives. Indeed, Kashdan, Biswas-Diener, and King (2008) argued against the categorical dichotomy of hedonic and eudaimonic well-being, recommending instead that researchers be explicit in whatever

construct is under investigation (e.g., meaning in life), rather than a general reference to the philosophical tradition that the construct might be aligned with (e.g., eudaimonia). Furthermore, this assertion is supported by empirical research demonstrating high correlations between measures of SWB and eudaimonic measures (Keyes, Shmotkin, & Ryff, 2002). Factor analyses of these correlations indicate that while SWB and eudaimonic measures represent separate factors, these factors share up to 49% of their variance (Keyes et al., 2002). A variety of integrative well-being models have subsequently attempted to clarify the association between these factors.

One such integrative model, proposed by Keyes (2007), conceptualizes well-being as overall human “flourishing,” comprised of both hedonic and eudaimonic indices of functioning. According to his model, mental health is determined not only by the absence of mental illness, but also the presence of positive characteristics. Keyes supported a model of ‘mental health’ that consists of three different layers of functioning: (1) the emotional; (2) the psychological, and (3) the social, and argued that people range from languishing to flourishing in their functioning in each of these domains (2002). The emotional layer of Keyes’ model is similar to the hedonic framework of well-being, whereas the psychological layer is derived from Ryff’s psychological model. The social domain consists of one’s positive engagement with community and society at large, including elements such as belonging and seeing one’s actions as being valued by the larger community. As such, Keyes’ notion of flourishing highlights the relevance of both hedonic and eudaimonic variables in determining an individual’s overall sense of well-being, and attempts to operationally define well-being according to these variables. However, the model does not clarify how these factors relate to one another, nor does it

acknowledge and address the two theoretical frameworks from which the model was derived.

Another integrative model of well-being was proposed by Tomer (2011). Tomer more explicitly acknowledges the relative contributions of hedonic and eudaimonic frameworks in his "formula" approach to conceptualizing well-being. In an attempt to clarify the nature of well-being, Tomer's work offers a revised model of human happiness based on an earlier model proposed by Seligman (2002). Tomer (2011) suggests that the hedonic input to the happiness "formula" is associated with the attainment of material goods, status, and wealth, as well as useful skills. In addition, happiness is additively determined in this "formula" by eudaimonic influences, such as an individual's capacity to exert control over regulating their emotions and move toward achieving their goals and maximizing their potential. Thus, Tomer (2011) argues that the cultivation of both hedonically-oriented external resources and eudaimonically-oriented intrinsic capacities will contribute to one's potential for experiencing of happiness.

Yet another framework was proposed by Jayawickreme, Forgeard, and Seligman (2012) as a more comprehensive model for understanding well-being, referred to as the "engine model." This model attempts to unite hedonic and eudaimonic conceptualizations by placing them in a context of "input", "process," and "outcome" variables associated with well-being. "Input" variables consist of specific predictors of well-being, including "exogenous" or environmental variables (i.e., income, education) and "endogenous" or personality variables (i.e., traits, values, talents). "Process" variables refer to the internal states and processes that influence an individual's choices and actions (i.e., beliefs, cognitions, feelings). "Outcome" variables refer to any voluntary behaviors that

characterize well-being (i.e., achievement, positive relationships). Jayawickreme and colleagues (2012) suggested that the various approaches to well-being can be located within the engine approach, such that approaches to well-being tend to be either focused on inputs, processes, or outputs, or combinations of these variables.

These three integrative models help to clarify and organize the theoretical problems of hedonic and eudaimonic frameworks by proposing a functional relationship between variables emphasized in those approaches. However, the models proposed do not fully succeed in effectively mapping the conceptual organization of well-being. Indeed, Jayawickreme and colleagues (2012) acknowledge their engine model was not intended to be a theory of well-being, but rather an attempt to form an adequate conceptualization of the construct of well-being and a call for more clarity around the construct. It is evident from the division between the major frameworks for well-being, as well as in former attempts of integration, that it is vital for psychologists to have an integrative framework in order to understand what well-being is, what causes it, and how it can be promoted and enhanced.

Given these three differing models, as well as fragmentation in the field of positive psychology and psychology in general, Henriques (2011) argues that a conceptual structure that has the capacity to assimilate and integrate new findings is needed. He offered such a framework in his Unified Theory (UT) of psychology. A major point of the current project was to explore the concepts that the UT provides as a theoretical grounding for the construct of well-being as they apply to adolescent girls.

The Unified Theory: Providing a Theoretical Framework

Over the past few decades, there has been growing dissatisfaction between competing "single-school" theoretical approaches within the field of psychotherapy. Out of this concern, the "psychotherapy integration movement" emerged, beginning in the 1970s and gaining momentum during the 1980s and 1990s. As such, "integrative" is the theoretical orientation of many psychotherapists today. Indeed more therapists identify as integrative than they do with any individual school of thought (Norcross & Goldfried, 2005). This movement represents a new broad-based integrative model which offers an inclusive framework to assimilate otherwise divergent theories and practices. The integration movement allows for the joining of theoretical and empirical studies, and allows for the joining or unification of several domains of psychology.

The Unified Theory (UT) is a framework that Henriques (2011) argued can provide a more comprehensive and coherent theoretical framework for the science and profession of psychology. The UT is relevant for positive psychology and research on well-being because it provides a meta-theoretical perspective that can assimilate and integrate key lines of research into a coherent theoretical formulation that will result in cumulative knowledge. Indeed, the systems that comprise the UT can be used as a lens to connect the science of psychology with the profession, unify the primary paradigms in professional psychology, and provide a comprehensive approach to conceptualizing people, including a deepening in our understanding of human psychopathology and well-being.

Broadly speaking, the UT attempts to do three things. First, it introduces four theoretical concepts that interconnect in order to provide a much needed macro-level

view to assimilate and integrate key findings from across the major paradigms in psychology. Second, the UT directly addresses the problem of fragmentation within the field of psychology by offering the field a clear definition, conceptual foundation, and shared language. Finally, the UT offers psychology a new scientific humanistic worldview (Henriques, 2011).

A detailed outline of the UT has recently been offered (Henriques, 2011) and readers are referred to that work for more a more comprehensive and specific description of the theory. The objective in this work is to describe the key components of the UT that have relevance for well-being theory and practice, and to provide an overview of how the unified theory has led to the development a holistic conceptualization of well-being. The UT consists of four main ideas, which are as follows: 1) the Tree of Knowledge System; 2) Behavioral Investment Theory; 3) the Influence Matrix, and 4) the Justification Hypothesis. Each component is briefly described in the sections that follow.

The Tree of Knowledge System. The broadest component of the UT is the Tree of Knowledge (ToK) System (Figure 1). Henriques (2003) argued that psychologists lack a meta-level view from which to conceptualize subject matter and define their field, and he offered the ToK System in order to address this shortcoming. To the modern psychologist, the ToK System most directly corresponds to the bio-psycho-social conception of human functioning, or the idea that psychologists understand human behavior from various levels of interpretation (Henriques & Stout, 2012). Recognizing that this generic biopsychosocial model has a number of inadequacies, including generalizations that may be too broad, a lack of resolution regarding problems of reduction, and the absence of explanations for *how* and *why* certain domains of human

functioning are separate from others, Henriques proposed his ToK System. This system offers a new view of the biopsychosocial model that helps to amend these deficiencies by segmenting reality into four dimensions of complexity – Matter, Life, Mind and Culture – which results in a Physical-Bio-Psycho-Social view of human functioning (Henriques, 2003). The explicit differentiation of the physical from the biological speaks to the way that the ToK System organizes reality and how it offers a new understanding of the issues of reductionism and emergence.

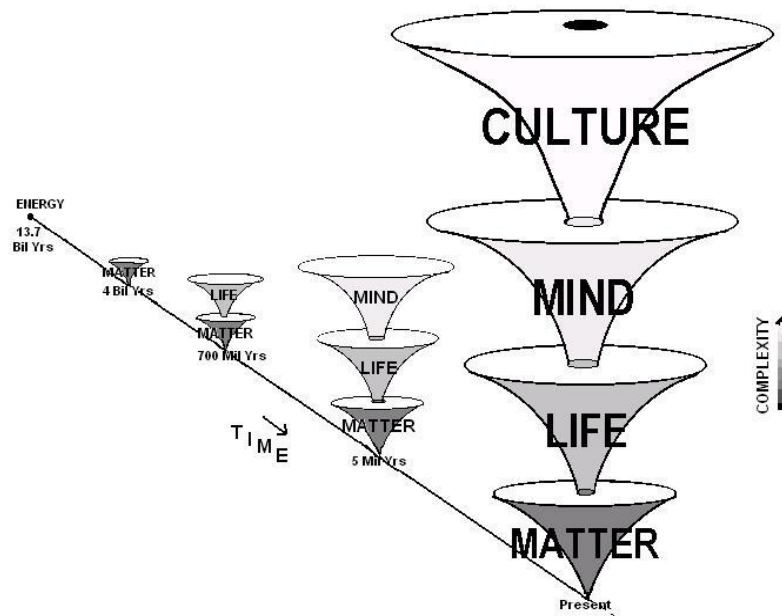

Figure 1. The Tree of Knowledge system.

The separate dimensions of complexity in the ToK diagram are connected to two of the three other pieces that make up the UT: the Behavioral Investment Theory and the Justification Hypothesis. These ideas are referred to as “joint points” in the ToK System, as they are the links between the dimensions of complexity (Henriques, 2003). They provide the theoretical framework that explains how the higher dimension evolved out of the lower dimension. From the perspective provided by the ToK System, the modern

evolutionary synthesis is the joint point between Matter and Life because it is biology's unified framework, and provides the basic frame for understanding the evolution of biological complexity (Mayr & Provine, 1998). Using the ToK diagram, Henriques further explores the joint points between Life and Mind and between Mind and Culture. These are referred to as the Behavioral Investment Theory and the Justification Hypothesis, respectively.

Behavioral Investment Theory. Utilizing the meta-epistemological framework provided by the ToK System, Henriques (2003) argued that scholars should consider a "joint point" between "Life" and "Mind." This joint point would be found in the central organizing principle of the nervous system that combines evolutionary, learning, and cognitive science perspectives. From a review of various brain-behavior paradigms (e.g., neuroscience, behavioral science, ethology, cognitive science, etc.), Henriques argued that there is a shared implicit understanding of the conceptual nervous system that underlies the various approaches to animal behavior. From this perspective, the nervous system can be viewed as a computational control system that has evolved to compute energy expenditure of increasingly complex behaviors.

The Influence Matrix. The Influence Matrix (IM) is an extension of BIT to human social motivation and emotion, which means that it incorporates the principles of energy economics, evolution, behavioral genetics, computational control, learning, and development. The IM is represented in a three-dimensional map of how humans process social information, develop social goals, and are guided by emotions in navigating the social environment (Figure 2).

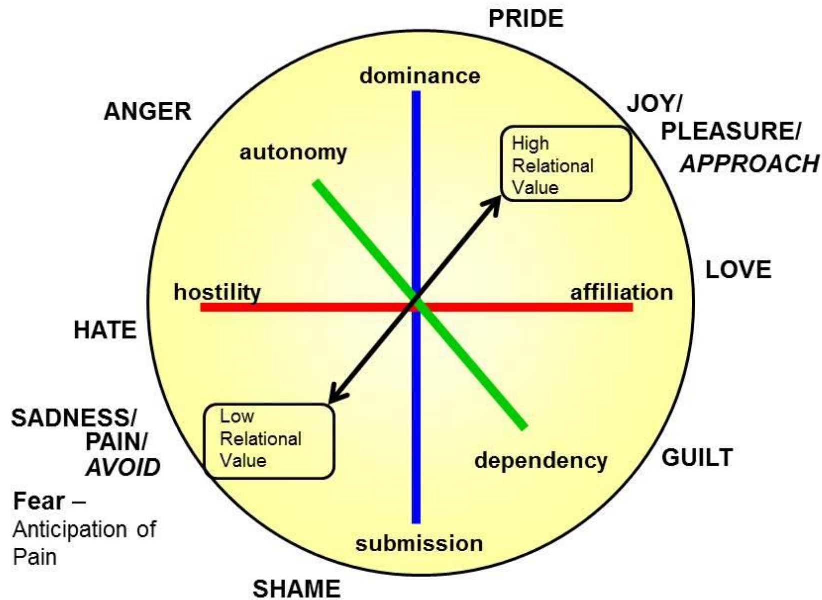

Figure 2. The Influence Matrix.

Looking at the diagram, primary human social motivations are inside the circle, whereas the emotions are listed on the outside. Starting with the motivations, the two boxes inside the circle, one toward the upper right and the other toward the lower left; these are labeled high and low relational value, respectively, representing core motivational templates that function as reference ideals. The first foundational assumption of the IM is that the experience of relational value is the fundamental dimension and guiding barometer underlying social exchange. Relational value is defined by many components, but is characterized by being known and valued by others. Social influence, defined as the capacity to get other individuals to act in accordance with one's interests, is a resource all humans are motivated to acquire. Thus, people "measure" core aspects of their social influence via the experience of relational value (see Leary, 2005).

The second foundational assumption is that there are three conceptually distinct dimensions underlying the computation of social influence in adults, *Power* (dominance–submission), *Love* (affiliation–hostility), and *Freedom* (autonomy–dependence).

According to the IM, higher levels of relational value and social influence are associated with higher levels of power and affiliation and a healthy balance between autonomy and dependency. In contrast, lower levels of social influence are associated with hostile and submissive orientations and relative extremes of independence or dependence. Furthermore, the IM posits that human relational processes can be conceptualized as a form of social exchange, whereby people are negotiating the acquisition of social influence with one another. To effectively negotiate such exchanges, individuals have motivational and emotional structures that allow for the representation of one's self-interests and the interests of important others. In sum, the relational process dimensions of power, love, and freedom are secondary to navigating this fundamental need for relational value.

The Justification Hypothesis. The fourth and final component of the UT is the Justification Hypothesis (JH). Just as BIT was the joint point between (Organic) Life and (Animal) Mind within the ToK system, the JH is the joint point between (Animal) Mind and (Human) Culture. According to the UT, human behavior represents a different and additional dimension of complexity relative to animal behavior. This fundamental difference is human self-consciousness and culture mediated via symbolic language.

The JH interprets both human self-consciousness and culture as *justification systems*. Justifications are the linguistic reasons we use to legitimize our claims and actions, and justification systems are interlocking networks of specific justifications that legitimize a particular version of reality (Shealy, 2005). Using the lens of the JH, one can see that processes of justification are ubiquitous in human affairs. In virtually every form of social exchange, from warfare to politics to family struggles to science, humans are

constantly justifying their behaviors to themselves and to others. Moreover, justification processes are a uniquely human phenomenon.

The JH consists of three basic postulates (Henriques, 2003). First, the evolution of language created a new and unique adaptive problem for our hominid ancestors, namely the problem of social justification, which is the fact that the evolution of language resulted in humans becoming the first animal in evolutionary history that had to justify why they did what they did. The second postulate of the JH is the claim that the human self-consciousness system functions as a justification system that constructs narratives for why one does what one does in a manner that takes into account one's social context and relative degree of social influence, and filters out unacceptable images and feelings. Henriques (2003; 2011) has reviewed a large body of work in cognitive, social, developmental and neuropsychology, cognitive dissonance, self-serving biases, implicit and explicit attitudes, reason giving, and the nature of self-knowledge and showed that language-based beliefs are in fact organized in a manner that tends to facilitate social justification. The third postulate is that the JH provides the basic framework for understanding cultural levels of analyses. These large-scale cultural justification systems offer beliefs and values about what is morally right and wrong and make claims about how one should organize their personal and public lives accordingly (Henriques, 2011).

The JH also provides the link between an individual's mind and the minds of others through the ability to process and communicate symbolic information. Relevant for the current discussion, the JH ultimately yields a map of human consciousness that has much integrative potential. The map divides human consciousness into three domains that are connected by two distinct filters (Figure 3).

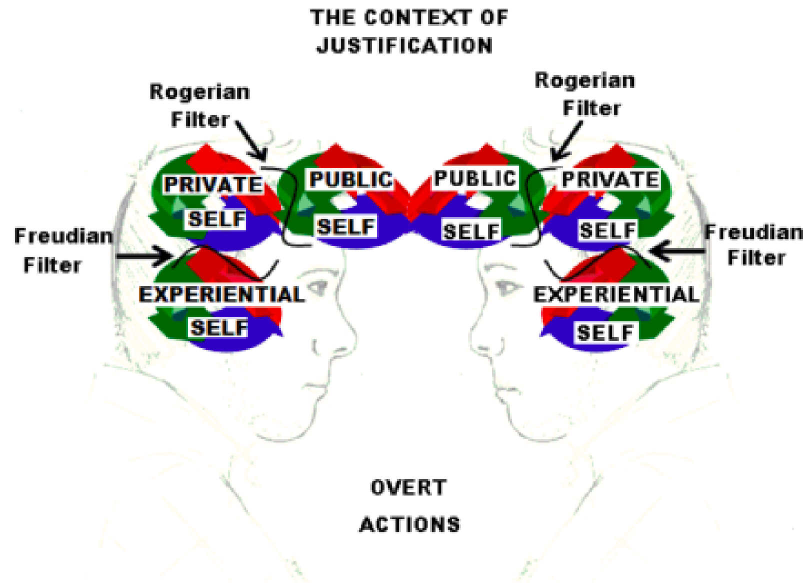

Figure 3. The Tripartite Model of Human Consciousness.

The first domain is called the experiential self and refers to sensations, perceptions, feelings, and desires (e.g., anger, hunger, smell) and is primarily organized through emotion. The experiential self also can be connected to Freud’s conception of the unconscious mind, which he postulated contains a great deal of anxiety-provoking material that must be kept from consciousness (e.g., the ego). The second domain or, the private self, refers to an individual’s private self-consciousness system, which is the center of self-reflective awareness and is made up most immediately of the self-narrative, internal dialogue of what is happening and why. Finally, the third system is the public self, which exists between individuals and is the explicit articulation to others of what one is thinking, as well as the image one tries to project.

In order to maintain consistency and equilibrium along these three selves, individuals tend to filter their internal experiences at two distinct levels (see Figure 3): a Freudian Filter (between the experiential self and the private self) and a Rogerian Filter (between the private self and the public self). In this way, Henriques (2011) labeled the

filter between the experiential and private selves the “Freudian filter” because this filter is responsible for the process by which unjustifiable or painful images and impulses are filtered out and/or are reinterpreted to be consistent with the individual's conscious justification system. The second filter, the “Rogerian Filter,” is responsible for filtering out true desires and putting on a mask-a "social self"-to appease influential others.

A Unified Approach to Character Functioning and Well-being

As discussed above, the Unified Theory (UT) is Henriques’ (2011) outline developed to provide a more comprehensive and coherent meta-theoretical framework for the science and profession of psychology. The UT allows us to integrate research into a coherent theoretical formulation and provides the scientific theory and background necessary for understanding adaptive living. The Unified Approach (UA) is an outgrowth from this theory and provides an applied model from this theoretical framework. This UA allows for the development of a comprehensive approach to conceptualizing people, and from this approach more applied practices for human psychology and well-being have been developed, such as the Nested Model (NM) (Henriques et al., 2014) and the Character Adaptation Systems Theory (CAST), which are discussed below.

To date, the study of well-being has included many theories and measures, most notably that of subjective well-being and psychological well-being. While various conceptualizations and frameworks have served to enhance the study of positive psychology and well-being, there still remains weakness in theory and measurement, as well as competition between multiple approaches. The unified approach to well-being consolidates these competing theories into a single, comprehensive conceptualization of well-being using the Unified Theory discussed above. The UA addresses the concern of

competition between existing approaches to understanding well-being, as it recognizes the important contributions of various researchers and theories and assimilates them into a comprehensive and compatible whole. Furthermore, the unified approach to well-being is drawn directly from theories not only in well-being (e.g., SWB, PWB, flow, etc.), but as it is also grounded in the UT, it is connected to the larger field of psychology rather than functioning as an independent field or subdivision. This contributes to the greater goal of assimilating and integrating the field of psychology as outlined by Henriques (2011).

The unified approach to well-being consists of two interrelated frameworks the Nested Model (NM) (Henriques et al., 2014) and the Character Adaptation Systems Theory (CAST) (Henriques, 2011) which are discussed in further detail below. The NM attempts to explicitly define the domains that comprise the concept of well-being in a way that is both clear and straightforward and that is anchored in a theoretically sophisticated formulation of the human condition. It includes four nested domains that make up the construct of human well-being: 1) the Subjective Domain; 2) the Health and Functioning Domain; 3) the Environmental Domain; and 4) the Values and Ideology Domain. The NM works to resolve many of the long standing debates in the field by integrating hedonic and eudaimonic approaches to well-being and offering a coherent way to think about well-being in relationship to illness and pathology.

CAST is a second framework that emerges after examining the field of psychology through the lens of the UT. CAST provides a model of five systems of adaptation to consider when analyzing how a person will react to a particular situation. This framework suggests that there are five characteristic adaptations: 1) the Habit

System; 2) the Experiential System; 3) the Relational System; 4) the Defensive System; and 5) the Justification System. These systems develop in this order, with the habit system forming the foundational base, then the experiential system and relationship system first emerging in early interactions with the environment and other people, and finally the justification and defensive systems emerging with language and self-conscious identity. This system is essential for understanding the development and maintenance of well-being from a unified perspective. Both the NM and CAST are discussed in more detail below.

The Nested Model of Well-being. As discussed above, we have seen significant fragmentation and competition regarding defining and conceptualizing the concept of well-being. Based on this unified perspective, an alternative, more integrative model has been proposed in order to clarify the relationships between multiple domains associated with the construct of well-being (Henriques et al., 2014). Previous models have emphasized some of these areas with the exclusion of others, or have offered more holistic well-being conceptualizations without clear delineation between the component parts. Based on the new, unified framework for understanding the field of psychology (Henriques, 2011), the Nested Model (NM) attempts to provide a holistic and comprehensive framework to conceptualizing well-being across four clearly defined domains. These separate, but related domains include: (1) the Subjective Domain, which is the first-person, phenomenological, conscious experience of happiness, as well as the self-conscious, reflected levels of satisfaction with life and its various domains; (2) the Domain of Health and Functioning, which includes both physical and mental health and functioning; (3) the Environmental Domain, which includes the quality and availability of

resources in the subdomains of material and social environments; and (4) the Values and Ideology of the Evaluator, which acknowledges that well-being is ultimately determined by the extent to which one’s functioning across other domains aligns with the context of an evaluator’s beliefs and values. See Figure 4.

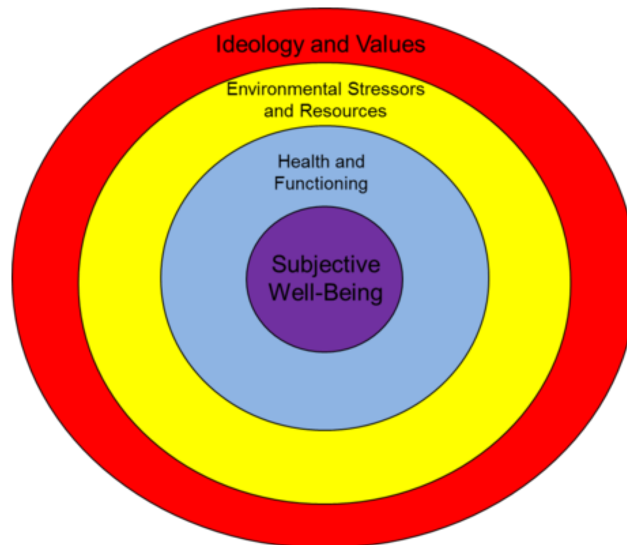

Figure 4. The Nested Model of Well-Being.

Subjective domain. The Subjective Domain of the NM refers to an individual’s first person conscious experience of wellness. This domain can be broken down into the following: the frequency, intensity and duration of positive and negative emotional states, and a general felt sense of satisfaction with life overall, along with a sense of specific life domains. Thus, this domain is concerned with the frequency, intensity, and duration of an individual’s positive and negative emotional states; as well as the general felt sense of satisfaction with his/her life overall life. This domain acknowledges that the conscious experience is a necessary prerequisite for well-being.

The Subjective Domain of the NM incorporates the concept of subjective well-being (SWB; Diener, 1984), which defines the subjective phenomenological experience of well-being based on two general components: experiential consciousness and

reflective self-consciousness. Experiential consciousness refers to the sensory, perceptual, and affective experience of living. Research in this area has found that there are two main systems of affect, positive and negative, and both are embedded in the evolutionary design structure of the brain (Morris, 1999; Hoebel et al., 1999; Henriques et al., 2014). Neurologically mediated signals of pleasure and pain provide information to direct behavior, which tell us when and what to approach and avoid. Generally speaking, increased positive emotion with decreased negative emotion typically serves as a neuro-biological indicator of an organism’s positive adaptation to their surroundings. Therefore, one’s conscious experience of a positive versus negative emotional state is a foundational component of well-being. In addition to the basic experiential consciousness, human beings are unique in their capacity to use language and thereby narrate their conscious experiences and share them with others (Henriques, 2003). This capacity for language sets the stage for an additional component of the Subjective Domain: reflective self-consciousness.

Reflective self-consciousness refers to our ability to verbally interpret, understand, and develop greater meaning and insight regarding ourselves and the world we live in. As we narrate our experience, we have the ability to consider ourselves and the environment and we reach narrative conclusions regarding the extent to which we are satisfied with our circumstances. Therefore, our subjective appraisal of our own well-being can be assessed by both affective indices (e.g., positive versus negative affect) and cognitive appraisal (e.g., level of self-reflective satisfaction). As this project is specifically focused on adolescent girls, it should be acknowledged that this Subjective Domain focuses on a young girl’s frequency, intensity, and duration of positive and

negative emotional states; and her general felt sense of satisfaction with her life overall, along her sense of specific life domains.

These two consciousness streams (experiential and reflective) align with domains of emotion and cognition outlined by hedonic psychology and the SWB model (Diener, 1984; Diener et al., 2003). However, the NM regards these subjective components as “one piece of the puzzle” of well-being and also considers the broader context of adaptive functioning as critical for the overall assessment of the construct. The nested domains outlined below are intended to clarify eudemonic concepts of adaptive living, often associated with an individual’s overall well-being.

Health and functioning domain. This domain of the NM acknowledges health as a crucial element of overall well-being. The Health and Functioning domain distinguishes between two sub-components: biological and psychological functioning. In the NM, these two domains are regarded as highly interrelated; though theoretically separate aspects of overall health. According to the UT, the biological dimension is a function of genetic information processing, whereas the psychological dimension is a function of mental behavior (Henriques, 2004) and is a property of neuro-information processing. The distinction between the two is found in the distinction between bio-physical health and mental health (Henriques et al., 2014).

The biological sub-domain refers to aspects of organismic functioning across various levels of biology, including genetic, cellular, organ, and larger biological system operations (e.g., endocrine, nervous system, etc.). Biological functioning is crucial for one’s overall well-being. Effective biological functioning often dramatically impacts an individual’s psychological functioning in terms of attention and the ability to function in

other areas of life (e.g., considering general nutrition, biological processes, and chronic pain). For adolescent girls this sub-domain includes general physical health, effective organ functioning, and any experiences of physical pain. As such, the biological context and the health and functioning of the biological systems that mediate consciousness are essential elements of well-being (Henriques et al., 2014). As biological functioning is often examined at the bio-medical level we will not examine the biological context further here, but note where it exists on this new map of human well-being.

The psychological sub-domain of the Health and Functioning domain considers broader patterns of mental behavior (i.e., personality) which is not fully accounted for in the subjective domain of the NM. Stable patterns of personality are defined and shaped by experiential and reflective self-consciousness, and mediated by neuro-biological processes – which are all acknowledged above. However, clarifying specific patterns in mental behavior allows for the functional assessment of an individual's capacity to adapt and thrive. Psychological health is thus considered an essential component in determining one's overall well-being. Patterns of mental behavior considered for adolescents in this sub-domain include: (1) temperament and traits (i.e., stable dispositional tendencies); (2) characteristic adaptations and identity (i.e., an individual's beliefs, motives, etc. regarding self and others); and (3) adaptive potentials (i.e., one's intelligence, skills, and abilities which contribute to adaptive functioning). For adolescent girls these domains include emerging dispositional traits, lifestyle habits such as eating and exercise patterns, emotional functioning, relationships, resiliency, and managing stress.

Indeed, the Health and Functioning domain encompasses the CAST system, which is discussed in further detail below. This framework provides both a biological and

psychological context for human behavior. It focuses on defining five systems of adaptation, which include: (1) Habits and Lifestyle; (2) Emotions and Experiential Functioning; (3) Relational Functioning; (4) Coping and Defensiveness; and (5) Self-Conscious, explicit beliefs and values. These five systems, known as the Character Adaptation Systems Theory (CAST), are embedded within an individual's biological and social context. Thus, we can consider the adaptive systems within CAST in line with the Health and Functioning domain of the NM.

Environmental domain. This domain recognizes the relationship between person and environment as essential to understanding an individual's adaptive functioning and well-being. According to the NM, environmental context is crucial for understanding both the opportunity for cultivating personal well-being, as well as well-being outcomes. As human beings, we each have basic physical needs, as well as psycho-social needs, such as a fundamental need to belong (Baumeister & Leary, 1995) and need to develop competence and autonomy (Deci & Ryan, 2000). An environment that allows opportunity for those needs to be met is therefore a necessary component of well-being.

The NM of well-being clarifies two broad sub-domains of environment: material and social. The material environment refers to physical resources which benefit an individual's adaptive functioning, including natural ecological resources such as food, shelter and the habitability of one's environment (e.g., absence of pathogens, etc.). In addition, the availability of man-made technological resources is also relevant to well-being. Access to manufactured goods and services and technological innovations can help conserve energy, reduce stress and frustration, and provide greater ease as we work toward accomplishing our goals. Thus, the material sub-domain refers to the general

environmental surrounding that an adolescent finds herself in and the presence or absence of resources or stressors. These include the presence of adequate water, food, and shelter; manufactured goods and resources, such as access to necessary technology which provides much greater freedom of choice and opportunity to control the environment; and financial and economic security.

The social environment sub-domain is defined by the context of social networks and inter-personal relationships that a person is connected to. This level of the nested model aligns with Bronfenbrenner's socio-ecological systems model, which also visualizes individual functioning within a broader context of nested systems (Bronfenbrenner, 1979). According to the socio-ecological model, individuals function in a context of: (1) a microsystem, defined by close relationships with family, peers, and local institutions; (2) a "mesosystem," characterized by the inter-relationships between individuals and systems in the microsystem and generally refers to the community context in which an individual resides; (3) an "exosystem," which involves the indirect effects of third party connections engaging individuals and systems in the microsystem; and (4) a "macrosystem" of the broader cultural context, including political, religious, and socio-economic systems. Finally, a fifth context, the "chronosystem," accounts for the notion that patterns of influence from each of the above systems may change over time, resulting in various degrees of influence over the course of an individual's lifespan. Thus, for an adolescent girl, the social domain consists of the macro-level functioning of the society (e.g., stable and prosperous versus chaotic and destructive), her general social status (the perceived value of her social identity in the social context), and her immediate relationship connections in her family, peers, and romantic partners.

Values and ideology domain. Taken together, the above three domains reflect a holistic view of well-being, as it accounts for an individual's subjective experience of happiness and satisfaction within the context of adaptive functioning across various domains. Each of these domains has been discussed in well-being literature; however, less attention has been given to considering the underlying values and ideologies that guide our determinations of what constitutes "adaptive functioning." The final domain of the NM highlights a broader context of beliefs and values that shape our appraisals of well-being.

According the Henriques, Kleinman and Asselin (2014), well-being is an inherently evaluative construct that is inextricably linked to underlying values and ideologies. A central value of the World Health Organization is the promotion of well-being. Similarly, the American Psychological Association (APA) Ethics Code requires that psychologists make value judgments about broad aspects of an individuals' functioning. Additionally, many epistemological frames exist to guide one's assessment of an ethical or "virtuous" life (e.g., religious, political) and the NM does not attempt to dispute the legitimacy of various worldviews. As such, it is evident that the concept of well-being overlaps at least in some ways with living an ethical life. This value-based element plays a role in the assessment of well-being that goes beyond the description of the other domains in the model. Thus, the NM aims to acknowledge that any assessment of well-being will inevitably be influenced by the evaluator's underlying ideology. Therefore, a reflective awareness and discussion of values is a crucial component of any well-being conception and evaluation and represented by a separate, fourth domain.

Taking the perspective of a modern psychologist, we therefore view the construct of well-being through the lens of professional psychology, and evaluate well-being in accordance with the ethics and values of our profession (e.g., American Psychological Association (APA) Ethics Code; APA, 2010). For example, the APA ethics code posits that an evaluation of well-being must consider principles of beneficence, non-maleficence, integrity, and dignity. Ultimately, regardless of an individual’s sense of happiness, satisfaction, or monetary successes in life, psychological well-being must also consider the extent to which an individual is living in accordance with these values. For example, a sadist who enjoys hurting others might describe himself as happy, might be functioning well biologically and, depending on one’s framework, psychologically, and might be in an environment that meets his needs. However, the NM would question whether he has high well-being because his lifestyle exists in marked contrast to basic human values. Regarding the evaluation of well-being in adolescent females, the same principles hold. We reflectively acknowledge our lens as modern psychologists and apply basic standards regarding the extent to which she is a moral individual and fosters the dignity and well-being of others in her actions.

For another example of this fourth domain of the NM, imagine the individual Mr. X. When a psychologist asks him about his life, Mr. X reports that he is happy and satisfied. He believes in the work that he is doing, holds a high rank in his occupational organization, and reports good relationships with his peers and family. He also reported having significantly more resources than others and believing strongly in the current cultural Zeitgeist of his time. On the surface, this description corresponds well to what we have outlined as well-being in the NM and living an adaptive, meaningful life, and by the

variables we have considered so far, Mr. X would appear to have high levels of well-being. And, yet, now imagine that the individual is a Nazi SS guard in 1940, and is working on convincing others that the “Jewish problem” requires a “final solution”. This fourth domain of the NM argues that well-being is an evaluative construct and we must consider these factors influence one’s assessment of this individual’s “well-being” (Henriques et al., 2014).

The NM provides a framework that is conceptually grounded in the unified theory of psychology and considers the four domains of well-being discussed above: (1) the Subjective Domain; (2) the Health and Functioning Domain; (3) Environmental Domain; and (4) the Values and Ideology Domain. By recognizing these elements and how they work together to form a holistic concept of well-being, practitioners and researchers alike will be able to coordinate their efforts with much greater harmony. In addition, the UT has informed a new approach to character functioning, systems of character adaptation, and character formulation. Character Adaptation Systems Theory (CAST) links recent developments in personality theory with integrative psychotherapy via five systems of character adaptation: (1) the Habit System; (2) the Experiential System; (3) the Relationship System; (4) the Defensive System; and (5) the Justification System, described in more detail below.

Character adaptation systems theory. Recently, research in personality theory has also surged to be more inclusive of a unified framework. For example, McAdams and Pals (2006) developed a broad framework for assimilating the historically divergent schools of thought in personality. Their model was an attempt of integrating dominant areas of psychological science for the purpose of conceptualizing the holistic individual.

McAdams and Pals’ (2006) work sets the stage for Henriques’ (2011) unified approach to understanding human nature.

McAdams and Pals (2006) draw from empirical and theoretical findings in personality psychology literature and articulate five major principles for understanding an integrative picture of a whole person. They posited these five components as: (1) an individual’s unique variation on the general evolutionary design for human nature, expressed as a developing pattern of (2) dispositional traits, (3) characteristic adaptations, and (4) self-defining life narratives, complexly and differentially situated (5) in culture and social context. Going in to a bit more detail at each level, McAdams and Pals consider unique human lives as individual variations on a general evolutionary design and thus, an integrative framework for understanding personality begins with human nature and how humans are alike at a biological level. This evolutionary perspective helps spell out the design of psychological individuality and which variations are most likely to be selected. At the next level are dispositional traits, which are characterized as “broad, non-conditional, decontextualized, generally linear and bipolar, and implicitly comparative dimensions of human individuality (McAdams & Pals, 2006). It is clear that no theory of personality would be complete without including traits, as they are important in predicting behavioral trends, are generally stable in adulthood, and have been well researched.

Characteristic adaptations refer to the idea that human lives vary in respect to a wide range of motivational, social-cognitive, and developmental adaptations that occur in the context of time, place, and social role. Some things to consider in this domain are motives, goals, plans, strivings, strategies, values, virtues, schemas, self-images, mental

representations of developmental abilities, and other aspects of human individuality that speak to motivational, social-cognitive, and developmental concerns (McAdams & Pals, 2006). Self-defining life narratives refer to the idea that human beings construct individual life stories or personal narratives to make meaning and identity in the world; these meaning-making narrative identities become part of the structure of an individual's unique personality. Finally, McAdams and Pals note the role that culture has on personality including the impact it has on the expression of traits, the content and timing of characteristic adaptations, and in the construction of a narrative identity.

Though McAdams and Pals (2006) provide a comprehensive integrative frame for understanding the whole person, from the vantage point of the UA, the framework lacks a detailed and more micro-level approach to understanding characteristic adaptations. Fortunately, a model of specific domains of characteristic adaptations has been introduced. Henriques (2011) and Henriques and Stout (2012) offer a framework for understanding the whole person across five specific domains, therefore elaborating on the model provided by McAdams and Pals' (2006), and filling in missing levels of detail. In this conceptualization model there are five systems of adaptation to consider when analyzing how a person handles specific situations or stressors, thus the UT proposes another "Big Five" for the characteristic adaptations. These are (1) the Habit System; (2) the Experiential System; (3) the Relational System; (4) the Defensive System; and (5) the Justification System (Henriques, 2011; Henriques & Stout, 2012). Operating through the lens of these five systems allows clinicians to conduct a more micro-level analysis to conceptualize a whole person. In this way, the model outlined by Henriques and Stout (2012) provides a bridge between McAdams and Pals' (2006) macro-level principles of

human personality and an idiographic, integrative, and applied clinical approach to conceptualization and treatment.

Henriques (2003) introduced his UT as a method of defining the field of psychology as it relates to the other branches of science. In order to do so, he presented a coherent frame for integrating the dominant schools of thought in psychotherapy for the purposes of research, conceptualization, and practice. Henriques (2011) introduced an integrative, contextualized biopsychosocial model termed the Unified Component Systems Approach to Conceptualizing People and later renamed the Character Adaptation Systems Theory (CAST). See Figure 5.

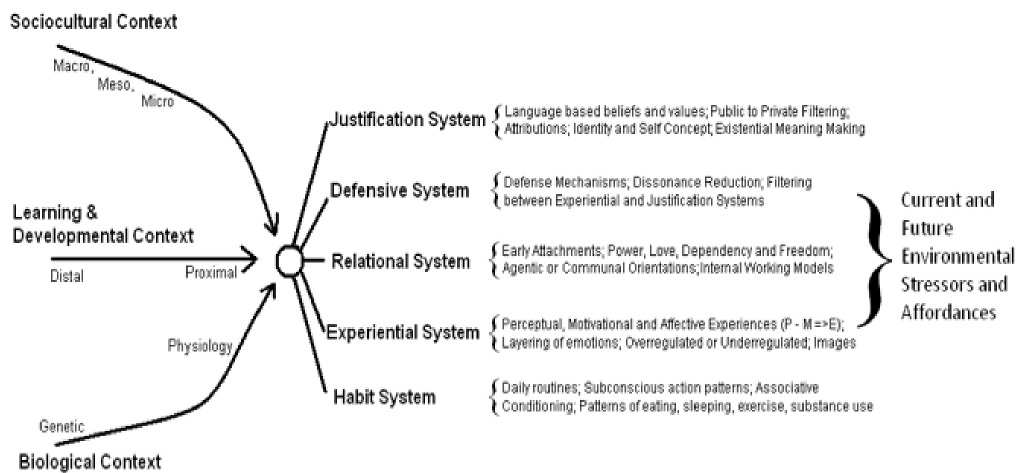

Figure 5. Character Adaptation Systems Theory.

To briefly describe this model, consider the diagram (Figure 5) as a whole consisting of various components. Notably, there are four general, yet interrelated, aspects. First, the circle in the middle of the diagram represents the individual in question, with a specific focus on the individual's psychological systems and processing. Second, on the left side of the figure, are the three contextual systems in which the individual's psychological systems are imbedded: the biological, the developmental, and

the social. Third, to the right of the circle representing the individual are the five systems of character adaptation: the Habit System, Experiential System, Relational System, Defensive System, and Justification System. Fourth, on the far right of the diagram are current and future environmental affordances and stressors.

The three contextual systems of the CAST approach are the Biological, Learning and Development, and Sociocultural Contexts. The Biological Context refers to three subdomains: (1) an individual's evolutionary history; (2) an individual's genetic makeup; (3) current physiological functioning (Henriques, 2011). An assessment of this context is done through investigating a number of specific areas, such as: prior history of family illnesses, known allergies, infections, diseases, and temperamental side effects in order to determine the impact of biological factors on well-being. Recall that on the NM, this is represented by the biological sub-domain under Health and Functioning. Once again, for adolescent girls this sub-domain considers general physical health, effective biological functioning, and any history of biologically-based health concerns and how they impact current physiological and psychological functioning.

The Learning and Developmental Context examines the impact of early life experiences and present events on current functioning. In particular, clinicians assess for early attachment and parenting histories, whether or not core needs were satisfied, the ways in which individuals were reinforced or punished, their successes and failures, episodic memories that caused a particular impact on their understanding of self, and also the psychosocial stage that individuals currently endorse. Information is obtained regarding developmental stages, parental styles and styles of discipline, and major traumatic events. This system is distinguished between distal elements (those of early

learning) and proximal elements (those of recent events) (Henriques, 2011). For adolescent girls, the Learning and Developmental Context encompasses early attachment and parenting histories, whether or not core needs were satisfied, the ways in which individuals were reinforced or punished, their successes and failures, episodic memories that caused a particular impact on their understanding of self, and also the psychosocial stage that individuals currently endorse.

The final context of the CAST approach is the Sociocultural Context. This refers to the societal and relational context in which the child is embedded. Similar to Bronfenbrenner's (1979) model, influences range from the larger scale macro-level context (e.g., society), to an intermediate context (e.g., community, school, SES), and then to a micro-level relational environment (e.g., family, friends). The sociocultural context pertains to an individual's macro-level cultural practices, values, and environmental stressors. It also relates to the social role that she plays within her family, work and educational setting, and peer group. Socioeconomic status, as well as an individual's social status within their community, is also a crucial component to consider when conceptualizing the whole person (Henriques, 2011). Recall the Environmental Domain on the NM above. This Sociological context, along with the "Current and Future Environmental Stressors and Affordances" pictured on the far right side of the CAST diagram (Figure 5) represent the Environmental Domain on the NM. For adolescent girls, we consider an individual's macro-level cultural practices, values, and environmental presses. It also relates to the social role that she plays within her family, educational setting, and other peer groups. Socioeconomic status, as well as her individual and

family's social status within their community, are also crucial components to consider when conceptualizing the whole person.

After conceptualizing individuals according to their Biological, Learning & Developmental, and Sociological contexts, clinicians utilizing the CAST approach (Henriques, 2011) then evaluate individuals according to the five systems of characteristic adaptation. These five systems are: (1) the Habit System; (2) the Experiential System; (3) the Relational System; the (4) Defensive System; and (5) the Justification System.

Habit system. The Habit System consists of automatic, or habitual, mental behavioral processes (Henriques & Stout, 2012). In doing so, this system provides the clinician with a deeper understanding of basic levels of mental processes (e.g., sensory motor patterns, procedural memories, and reflexes; Henriques, 2011). Henriques (2011) argued that the Habit System represents the most basic system of adaptation and that all the other systems emerge out of this system. For adolescent girls, the Habit System investigates an individual's daily routines, activities, sleep hygiene, eating patterns, substance use, exercise routines, and sexual activity. Because of its routinized nature and the manner in which it is shaped without conscious thought via association and contingencies (i.e., incorporating the understanding of operant and classical conditioning and how the environment acts on a person's behavior) the Habit System corresponds to traditional behavioral perspectives in psychotherapy.

Experiential system. The Experiential System then refers to various affective states, such as: nonverbal feelings, images, and sensory aspects of mental life. This system is responsible for connecting our perceptions, motivations, and emotions into a

behavioral guidance system. Thus, according to the UT/UA (Henriques, 2011; Henriques & Stout, 2012) this system includes a complex process where individuals reference their current position against a particular goal state, compute the amount of energy that would be required to reach that goal state, behave, and evaluate their given outcome. The Experiential System corresponds to mental health in that it is where positive and negative feeling states (i.e., states of happiness or distress) reside. For adolescent girls, the Experiential System focuses on nonverbal feelings, images, and sensory aspects of mental life. In sum, this system targets emotional health and well-being. Many psychological approaches focus on this system. Most notable for this system, are the findings and theory of emotion-focused therapy (Greenberg, 2002), where the focus is on emotional health and the experience of the person in question (Henriques & Stout, 2012).

Relational system. The Relational System refers to social motivations and feeling states, along with internal working models and self-other schema that guide people in their social exchanges and relationships. The Relational System is experiential in nature, as it is guided by emotional feedback, but relational behaviors and relational value are integral to the human experience, such that they warrant a distinct system as well as a sophisticated guiding framework (Henriques & Stout, 2012). The Influence Matrix (IM; Henriques, 2011), discussed above, provides that frame. Recall that the IM is a multi-dimensional map of the human relationship system, which theorizes that human beings strive to achieve relational value by operating along the relational process dimensions (Henriques, 2011). Those process dimensions are power (anchored by the poles of dominance and submission), love (affiliation and hostility), and freedom (autonomy and dependency). The strategies that individuals engage in are informed by their attachment

histories, relational experiences, environmental contingencies, social motivations, temperament, and beliefs about self and other. If their strategies are successful and a higher degree of relational value is achieved, the IM suggests that individuals will be met with positive emotions, such as happiness and a feeling of satisfaction. If their strategies are unsuccessful; however, they will be met with negative emotions, such as sadness and guilt. Thus, the UT posits that relational value is the key organizing factor in the Relational System and that humans are motivated to seek high relational value, moving along the dimensions of power, love, and freedom, mapped on the Influence Matrix (Henriques & Stout, 2012). For adolescent females, the Relational System involves these social motivations and feeling states, along with internal working models and self-other schema that guide girls in their social exchanges and relationships. Specifically, examining current relational strategies, successes and failures, and relational value as compared to what the individual had experienced in the past, as well as relative to other same-age peers. The Relational System incorporates the theories and research from the psychodynamic perspective.

Defensive system. The fourth system of adaptation is the Defensive System, which refers to methods an individual employs in order to cope with distressing thoughts and experiences (Henriques, 2011). Broadly, the Defensive System is an adaptive mechanism for coping with distress and maintaining a sense of psychological homeostasis. Recall from the discussion of the Justification Hypothesis above, that according to Henriques (2011), individuals are made up of three "selves". The first is the experiential self, which relates to the experiential system. The experiential self also can be connected to Freud's conception of the unconscious mind, which he postulated

contains a great deal of anxiety-provoking material that must be kept from consciousness (e.g., the ego). The second is the private self-consciousness system, which is the center of self-reflective awareness and is made up most immediately of the self-narrative, internal dialogue of what is happening and why. Finally, the third system is the public self, which exists between individuals and is the explicit articulation to others of what one is thinking, as well as the image one tries to project. In order to maintain consistency and equilibrium along these selves, individuals tend to filter their internal experiences at two distinct levels: a Freudian Filter (between the experiential self and the private self) and a Rogerian Filter (between the private self and the public self). In this way, Henriques (2011) labeled the filter between the experiential and private selves the “Freudian filter” because this filter is responsible for the process by which unjustifiable or painful images and impulses are filtered out and/or are reinterpreted to be consistent with the individual's conscious justification system. The second filter, the “Rogerian Filter,” is responsible for filtering out true desires and putting on a mask-a "social self"-to appease influential others. This outline of coping and defenses provides a framework to understand how people inhibit threatening material from entering the self-consciousness and work to maintain desired social impressions, as well as defense mechanisms (Henriques & Stout, 2012).

Through this map of human consciousness, we can see two major processes at play in the Defensive System. First, there is an inhibiting filter of information, images, impulses, and feelings that result in an “unjustified” state of being (Henriques & Stout, 2012). In this process, when there is a feeling or impulse that elicits anxiety, which then causes defense, this turns to an experiential shift to avoid the anxiety-producing material

and redirect attention to a new source. Popular terms for this process include repression, experiential avoidance, denial, suppression, and compartmentalizing (Henriques, 2015b). The second process involves a more active construction of justifications that allow anxiety-producing information into awareness, but an individual alters the meaning of the information, images, impulses, and feelings such that it is no longer as disruptive to the consciousness system. This process is often referred to as rationalizing, intellectualizing, or minimizing (Henriques, 2015b). As one can see, this Defensive System corresponds to phenomena like cognitive dissonance and psychodynamic defense mechanisms and refers the way in which an individual regulates their feelings, thoughts, and behaviors. For adolescent girls, this system targets how an individual copes with distressing thoughts and experiences, her adaptive and maladaptive ways of managing stressors, and her resiliency in these events. This system also aligns with a psychodynamic orientation.

Justification system. The final system of the CAST approach is the Justification System. Henriques explains that this system refers to language-based beliefs and values that the individual uses to legitimize actions. This system is similar to a cognitive system that emphasizes automatic thoughts, self-talk and rational/irrational beliefs; however, this system emphasizes an individual's expanding self-narrative and understanding of where they fit into the larger system (Henriques, 2011). The Justification System can be thought of in terms of the immediate interpretations that people make and the kind of self-talk they engage in to make sense out of their surroundings. This system corresponds to both the Health and Functioning Domain of the NM, as well as the Subjective Domain. The in-the-moment, self-conscious reflective evaluations that are made refer to the Subjective Domain, whereas the functional context out of which self-consciousness emerges refers

to Health and Functioning Domain (Henriques et al. 2014). This system also encompasses the concept of the “identity.” For adolescent girls, the Justification System refers to language-based beliefs and values that an individual uses to legitimize her actions. This system is similar to a cognitive system that emphasizes automatic thoughts, self-talk, and rational/irrational beliefs. Thus, this system aligns with a cognitive theoretical orientation.

With the understanding that the contextual and intrapsychic systems are influencing the individual, this map recognizes current and future environmental affordances and stressors. This is represented on the far right side of the diagram. For adolescent females, this far right side of Figure 5 denotes the concept that this diagram represents an individual at a moment in time, and that an individual will be influenced by numerous current stressors in the environment, and will also be impacted by their future stressors and affordances.

When taken as a whole, this framework provides a clear visualization of the key components inherent in human functioning and lends itself towards providing a framework for complete conceptualization. As a conceptualization of the UT, the CAST approach recognizes the already prevalent conceptualizations and theoretical orientations, but does so in a way that allows space for the validity of each. See Figure 6.

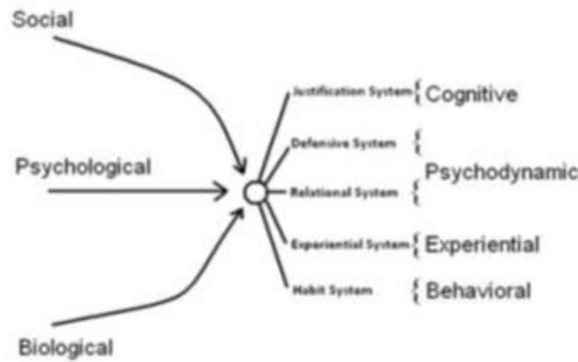

Figure 6. Depiction of the Overlap Between the Character Adaptation Systems Theory Approach and the Major Theoretical Orientations

Specifically, the Habit System aligns with the domain of behavioral psychotherapy. Behaviorally oriented clinicians seek to explain an individual's presenting concerns based on their unique learning history, which refers to the events and contingencies that an individual has experienced, including the behaviors that have been reinforced as well as those that have been punished. Behavioral therapy aims to identify specific triggers for maladaptive behaviors, to alter the individual's environment, and to change their responses to that environment so as to shape more adaptive behaviors. For example, behavioral therapy may operate within the individual's Habit System to identify environmental and behavioral reinforces for substance use, unhealthy eating and exercise habits, and the maintenance of other risky habitual behaviors.

The Experiential System aligns with more experiential approaches to intervention, such as emotion-focused therapy (EFT). EFT asks individuals to reflect on felt emotions, which are signals to the self that assist individuals in monitoring their environments and their relationships, as well as in determining whether they should approach or avoid specific stimuli (Greenberg, 2002). The outward expression of emotion is an adaptive tool that allows others to perceive what an individual is feeling and to further organize

behavior. However, dysfunction may occur when individuals are not aware of their own emotions, are experiencing emotions that are secondary to more primary, or core, emotions, act impulsively on those emotions, or begin to use their own emotional expression as instruments designed to elicit behaviors from others. Practitioners who operate from an EFT framework motivate individuals to allow themselves to feel their primary emotion, or one that lies at the core of their experience.

Psychodynamic theory provides a framework for conceptualizing both the Relational and Defensive Systems. Broadly, psychodynamic theory centers on early childhood experiences, attachment and relational templates, and various motivational drives toward core human needs. Psychodynamic approaches incorporate Young’s (1990; Young, Klosko, & Weishaar, 2003) schema therapy, which represents a theoretical integration of cognitive and psychodynamic models. Schema therapists identify individuals’ early maladaptive schemas, which are the product of underlying neurotic temperament, unmet core needs, and early traumatic experiences. As adolescents and adults, individuals continue to act from these early maladaptive schemas, which generally results in self-defeating concepts, distortions, and maladaptive relational patterns. Operating through the lens of the Relational System, both theories posit that healing should occur with increased insight into one’s own relational histories and current patterns, self-awareness, and identifying healthy strategies for obtaining one’s core needs. From the lens of the Defensive System, the psychodynamic approach can also be applied. Recall that the Defensive System involves a filtering between self-conscious and subconscious processes, and processes like cognitive dissonance and psychodynamic defense mechanisms. Thus, psychodynamic literature suggests acknowledging and

understanding one’s defenses. Healing and growth occurs in relation to this insight, self-awareness, and in the identification of more adaptive ways of dealing with stressful and threatening information.

Finally, the Justification System aligns with a cognitive theoretical orientation. Recall that this system refers to the self-conscious, language-based belief-value networks that an individual uses to make meaning out of her world, and to consciously understand herself and others. Thus, cognitive and narrative/existential therapies allow a lens to view aspects of this portion of the psyche by allowing for the expression of an individual’s justification narrative (the story they have about themselves in relationship to the world) and automatic thoughts, inferences, and core beliefs.

It is clear that the various approaches in psychotherapy are emphasized in different domains of character adaptation. However, the unified perspective posits that the time has passed for the single schools with their specific interventions targeting only a part of the system. Instead, interventions targeting well-being and psychopathology alike will lay out a truly comprehensive vision of psychotherapy, one that connects the major schools and incorporates the science of human psychology in a manner that allows us to appreciate our humanity grounded in the knowledge of science.

CHAPTER III:

A Conceptual Framework for Well-being in Adolescent Girls

A Mental Health Crisis in Children and Adolescents

It is evident that children and adolescents in America today are facing a mental health crisis. Rates of depression and anxiety among youth in the United States have been increasing steadily for the past 50 to 70 years. Indeed, by some estimates five to eight times as many high school and college students today meet the criteria for a diagnosis of major depression and/or an anxiety disorder as was true 50 years or more ago (Twenge et al., 2010). According to the National Institute of Mental Health (NIMH, 2010) about 46% of children and adolescents between the ages of 13 to 17 will be diagnosed with any mental illness, either currently or at some point during their life. Furthermore, just over 20% (or one in five) of this age group, either currently or at some point during their life, have had a seriously debilitating mental disorder. For a slightly younger population, children ages 8 to 15, about 13% currently have or were diagnosed with any mental illness (NIMH, 2010).

Similarly, the U.S. Surgeon General estimates that as many as one in 10 American children and adolescents a year have "significant functional impairment" as a result of a mental health disorder (Parens & Johnston, 2008). Research has also examined doctor visits from 1995 to 2010 to study the frequency that particular diagnoses are given to children and adolescents. Results indicated that in 2010 for every 100 youths (age 20 or younger) who visited the doctor, there were 15 visits that resulted in the diagnosis of a mental disorder; this was a significant increase from eight out of 100 visits in 1995 (Olfson, Blanco, Wang, Laje, & Correll, 2013). This means that children and adolescents

who visit a doctor have become almost twice as likely to be diagnosed with a mental disorder (and treated with psychotropic medications) now compared to in 1995.

A 2013 report from the Centers for Disease Control and Prevention (CDC, 2013), *Mental Health Surveillance Among Children- United States, 2005–2011*, describes federal efforts on monitoring mental disorders in youth, and presents estimates of the number of children with specific mental disorders. In this first report describing children ages 3 to 17, information from various data sources revealed a trend of increasing mental disorders in youth. This report revealed that millions of American children live with depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorders (ASD), Tourette's syndrome, and a variety of other mental health issues. The report also acknowledged that the number of children diagnosed with any mental health disorder (with the exception of ASD) increased with age. Thus, many of these disorders begin or significantly worsen during adolescence.

ADHD was the most prevalent current diagnosis among children aged 3–17 years. According to the CDC (2013) report, 6.8% of children and adolescents between the ages of 3 to 17 currently meet the criteria for a diagnosis of ADHD. In 2010 the NIMH stated that there is a 9% lifetime prevalence for adolescents between 13 to 18 years of age to be diagnosed with ADHD (Merikangas et al., 2010). Reports from the CDC estimate this number to be closer to 11% and claim that a history of ADHD diagnosis by a health care provider increased by 42% between 2003 and 2011 (Visser et al., 2014). Based on these findings, there is an average annual increase in ADHD diagnosis of about five percent. However, it should be noted that the symptoms of ADHD (i.e., inattention, trouble

concentrating, hyperactivity) can also be indicative of other mental health concerns or comorbid diagnoses.

Similarly, rates of anxiety and depression in children and adolescents have been steadily increasing over the past several decades. This appears to be a global problem. A 2014 review of 19 studies from 12 countries across Europe, China, North America, and Australia found that in the majority of countries teenage boys and girls are experiencing increased rates of depression and anxiety than they were a decade ago (Bor, Dean, Najman, & Hayatbakhsh, 2014). Studies indicate that today’s teens report feeling significantly more isolated, misconstrued, and emotionally fragile or unstable than in previous decades. Adolescents are also more likely to be self-absorbed, have low self-control, and to express feelings of concern, sadness, and dissatisfaction with life (Twenge et al., 2010).

Indeed, 20 years ago depression and other mental health disorders in children were largely unknown and often overlooked. Many physicians doubted the existence of depression and anxiety in children because they believed children lacked the mature cognitive structure to experience such problems (Gillon, 2015). However, today the CDC reports that about 3% of children and adolescents between the ages of 3 to 17 are currently diagnosed with an anxiety disorder (CDC, 2013) and lifetime prevalence rates for anxiety disorders in teens between 13 and 18 years of age fall at about 25% (Merikangas et al., 2010). Similarly, the CDC reports that about 2.1% of children between the ages of 3 to 17 are currently diagnosed with a depressive disorder. Expanding to all mood disorders, in 13 to 18 year old adolescents these disorders have a lifetime prevalence of 14% (Merikangas et al., 2010). Additionally, rates of suicide and

suicidal behaviors have also increased for children and adolescents. Suicide is currently the third leading cause of death among all children and adolescents in the United States (CDC, 2007). Adolescent suicide rates declined somewhat between the late 1980s and early 2000s; however, they increased dramatically between 2003 and 2004 (Kochanek, Kirmeyer, Martin, Strobino, & Guyer, 2012), and again between 2008 and 2009 (CDC, 2007). Studies have indicated that adolescent boys aged 12–17 years were more likely than girls to complete suicide; however girls were more likely to attempt suicide (CDC, 2013).

Rates of children diagnosed with Autism Spectrum Disorders (ASD) have steadily increased since 2000, when 1 in 150 children were expected to be diagnosed with ASD, leading to a prevalence rate of about 6.7 (CDC, 2016). Most recently, the CDC reported that about 1.1% of children and adolescents between the ages of 3 to 17 are currently diagnosed with ASD (CDC, 2013). According to estimates from the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network, about 1 in 68 children have been identified as meeting the criteria for ASD, which translates to a prevalence rate of 14.6. This is about 1 in 42 boys and 1 in 189 girls (Christensen et al., 2016).

Research from the CDC also shows an increase in behavioral or conduct problems, with about 3.5% of children and adolescents between the ages of 3 to 17 currently diagnosed with these difficulties (CDC, 2013). Estimates of current prevalence in the U.K. are about 2.3% for Oppositional Defiant Disorder (ODD) and 1.5% for Conduct Disorder (CD), whereas somewhat higher rates were found in U.S. studies with ranges of 2.8% to 5.5% for ODD and 2.0% to 3.32% for CD (Merikangas, Nakamura, & Kessler, 2009). Relatedly, the CDC (2013) found that in the past year about 4.7% of

adolescents had an illicit drug use disorder and 4.2% had an alcohol use disorder. While national trends monitoring drug and alcohol use in adolescents largely show a decline in illicit drug use, these surveys often do not collect information on substance use disorders. While there has been a steady decline in cigarette dependence over the past several decades (currently about 2.8% of teens; CDC, 2013), alcohol use is rising, with median estimate of alcohol or drug abuse or dependence in community surveys of adolescents at five percent with a range from 1 to 24% (Merikangas et al., 2009).

A problem for adolescent girls. Research indicates that the prevalence of these disorders increases with age and, for many disorders, spikes in adolescence and early adulthood. For instance, regarding substance use disorders, in the Great Smoky Mountains Survey, there was a dramatic increase in the rates of substance use disorders with age, with a three-month prevalence rate of 0.3% at age 13,1.4% at age 14,5.3% at age 15, and increasing to 7.6% at age 16 (Merikangas et al., 2009). Professionals and researchers attribute this dramatic increase in difficulties and sharp rise in mental illness to many factors. Most prominently, children are faced with all sorts of challenges, in their home and school life, and these difficulties become increasingly complex during adolescence, as teens manage their relationships with their family and with peers, face growing academic and societal pressures, increasing responsibilities, and their emerging identity (Richardson, 2016). Additionally, research shows that children with untreated anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse, which further contributes to difficulties during adolescence (CDC, 2013).

Researchers are now finding that this increase in mental health disorders is especially significant for teenage girls. While boys are more likely to be diagnosed with ASD, ADHD, or a behavioral “externalizing” disorder, teenage girls are much more likely to be diagnosed with anxiety or depression (CDC, 2013). This dramatic increase in feelings of anxiety and depression seems to have a stronger impact on adolescent and preadolescent girls, across countries and even cultures. For instance, recent reports from Scotland indicate that in 2010, 28% of 15-year-old-girls had a "borderline or abnormal emotional problems score" which increased to 41% in 2013 (“Rise in 15-year-old Girls Experiencing Emotional Problems,” 2015). Bor, Dean, Najman, and Hayatbakhsh, (2014) discuss that it is difficult to isolate the reasons for this gender difference. However, it should be noted that early sexualization, body image, and high cultural expectations are playing a part. Bor and colleagues also note that the increasing academic stress emerging from modern education systems appears to be "more problematic for girls" (2014). While this remains largely a “western” problem, recently there is evidence that this same pattern of increasing difficulties for adolescent girls also holds for China and other eastern countries (Bor et al., 2014). These trends become relevant as we think about how to effectively talk about and promote well-being in adolescent populations.

Teaching Well-Being to Adolescent Females in a Unified Framework

Adolescence is an important period for psychological development, especially for girls, as they experience significant changes which impact their relationships, self-image, and school performance. Based on previously developed interventions, it is clear that carefully designed interventions targeting girls’ well-being are necessary to prevent socio-emotional difficulties and to promote a successful developmental trajectory.

However, to our knowledge, there are no existing programs with a comprehensive framework promoting well-being. In order to systematically implement Henriques’ unified conceptualization as the theoretical framework for designing a group intervention for adolescent girls, this project considers a component-based model derived from the unified perspective. This model consists of five separate, yet related domains: (1) physical health and fitness; (2) emotional well-being; (3) relational well-being; (4) coping and resilience; and (5) self-efficacy/sense of agency (see Figure 7). This theoretically informed, component-based framework of well-being is designed to inform interventions with adolescent girls.

Figure 7. A Component-Based Framework of Well-Being for Adolescent Girls

This component-based model of well-being is derived from the larger UT/UA, the NM, and the CAST system (Henriques & Stout, 2012). As noted, the UT provides the

general theoretical framework from which the NM and CAST system emerge to form the unified approach to well-being. The NM provides a clear and straightforward model that explicitly defines the domains that comprise the concept of well-being. It includes four nested domains that make up the construct of human well-being: 1) the Subjective Domain; 2) the Health and Functioning Domain; 3) the Environmental Domain; and 4) the Values and Ideology Domain. As discussed above, several elements of the CAST system are located within the NM framework, and we can similarly place this new Component-Based Framework of Well-Being for Adolescent Girls within the Health and Functioning domain on the NM. However, the four domains of the NM must also be considered as part of this new framework for adolescent girls, as the four domains of the NM represent four contexts that must be considered when analyzing and when teaching adolescent well-being. Thus, the NM provides a larger contextual framework for what adolescent girls are moving towards and aspiring to when we conceptualize "well-being."

The individual systems of adaptation in the CAST approach map onto this simplified iteration of a framework for well-being interventions. The habit system aligns with the component of physical health; the experiential system in the CAST model relates to the emotional well-being domain in this model; and the relational system of adaptation directly corresponds to the relational well-being. The defensive system of adaptation maps onto the coping component in this model, which encompasses learning coping strategies for regulating internal states and overt behaviors. The major difference listed in this model is that the justification system is now termed the self-efficacy/sense of agency. The rationale for this change in the model is that in early adolescence, girls are still developing an emerging identity and are just developing a narrative about their self and

place in the world. This self-efficacy/sense of agency component addresses key insights from the justification system, but in language that is more relevant and attainable for adolescents. The five components, as they relate to adolescent girls, are described in more detail below.

Physical health and fitness. Physical health encompasses exercise, healthy eating, and body image. Participating regularly in physical activity provides significant health benefits for young girls, such as obesity prevention, improved psychological well-being, cardiovascular fitness, and bone health (Bailey, Wellard, & Dismore, 2005). Additionally, physical activity habits and behaviors that are founded during adolescents are likely to be maintained into adulthood, highlighting the importance of teaching adolescent girls about physical health (Telama, Yang, Laakso, & Viikari, 1997). The Center for Disease Control and Prevention (CDC, 2015) recommends that children and adolescents participate in at least 60 minutes of moderate to vigorous physical activity for at least three days of the week. However, the Youth Risk Behavior Surveillance System estimates that only 27.7% of girls meet these guidelines (CDC, 2009). Furthermore, regardless of family socioeconomic status, neighborhood characteristics, and youth physical health, time spent in leisurely physical activity declines across adolescence, with a greater decline for girls than for boys (Lam & McHale, 2015). This decline in physical activity in adolescent girls is attributable to many factors, including losing interest, a lack of sport competence, fear of crossing traditional gender roles, other time commitments placed on individuals, and social concerns including not fitting in with others, fear of teasing, and increased self-consciousness about physical appearance and image while exercising (Slater & Tiggerman, 2011).

Starting in elementary school, girls report restrictive eating for weight concerns and being teased regarding their physical appearance (Vander Wal & Thelen, 2000). At the age when peer interaction becomes important, body image concerns also appear to arise, especially if drive for thinness and/or body dissatisfaction is a regular topic of conversation. The increase in body fat during puberty is also associated with greater body dissatisfaction, especially in girls (Olive, Byrne, Cunningham, & Telford, 2012). With these early behaviors, combined with media exposure, girls may be predisposed to have poor self-esteem and potentially engage in unhealthy behaviors. Body image concerns and devaluations increase in adolescence when girls begin to experience greater peer pressure (Ruther & Richman, 1993). In addition, adolescence is the period of pubescent changes and shifts in the physical body, making this an appropriate time to discuss the importance of physical health.

Research regarding the most effective programs for enhancing physical activity in adolescent girls suggests that multicomponent school-based interventions that also offer a physical education component that address the unique needs of girls seem to be the most effective in promoting healthy habits and changing behavior (Camacho-Miñano, LaVoi, & Barr-Anderson, 2011). These programs create opportunities for physical activity that is enjoyable and positive, social, and collaborative in order to increase feelings of competency surrounding physical exercise. Essential to developing a sense of physical well-being is to have a positive body image. Effective intervention programs help girls to increase their self-esteem and confidence surrounding their body by highlighting the four components of a positive body image: favorable opinions of the body, body acceptance, respect for the body by attending to its needs and engaging in healthy behaviors, and

protecting the body by rejecting unrealistic ideal body images (National Eating Disorders Collaboration, 2011). Additionally, the effectiveness of interventions designed to promote physical health among adolescent girls might be further enhanced by engaging support from friends, family, and other caring adults, addressing real and perceived time constraints, and helping girls feel more confident about themselves and their ability to engage in healthy habits (Neumark-Sztainer, Story, Hannan, Tharp, & Rex, 2003). Thus it is important for interventions aimed at promoting physical health in adolescent girls to have appropriate role models that show how they make time to be active, provide encouragement and support to increase healthy habits, and to foster this supportive network in the peer group.

Emotional well-being. Emotional well-being includes emotional awareness, acceptance of one’s emotions, and successful emotion regulation. “Emotional intelligence” is a concept that is gaining popularity as psychologists, and society as a whole, works to understand people’s emotional capacity. Mayer and Salovey (1993) define emotional intelligence as “a type of social intelligence that involves the ability to monitor one’s own and other’s emotions, to discriminate among them, and to use the information to guide one’s thinking and actions” (p. 433). This is critical to mental health, academic achievement, and positive social relationships, as students who have emotional competency can better deal with peer pressure, higher academic demands, and temptations of risky teen behaviors (Goleman, 1995). Furthermore, from a hedonic perspective, the overall balance of an individual’s positive and negative emotions has been shown to predict subjective feelings of well-being, which play a role in an

adolescent's feeling of self-esteem and reported levels of "happiness" (Diener et al., 1991).

We are witnessing a concerning worldwide trend, where the current generation of children and adolescents are experiencing an exponentially greater number of emotional concerns than previous generations (Goleman, 1995). Henriques (2015a) describes an emotional "sweet spot" between attunement and regulation; however, as a society we do a poor job of educating people about their feeling states and the acceptability of these feelings, many individuals err on one side of the dialectic or the other rather than finding this "sweet spot". Some individuals under-regulate their emotions, such that they become overwhelmed and have difficulty managing their fears, feelings of anger, and impulsive behaviors. In contrast, other individuals tend to avoid or over-regulate their emotions, and they do not allow themselves to feel difficult emotions, believing their emotional experience would be too painful, that it would not be accepted by others, or that they would lose control (Henriques, 2015a). Finally, many individuals, especially those with anxiety and depressive disorders, engage in both over- and under-regulation at various times, and are caught in vicious emotional cycles of trying to avoid emotions only to be overwhelmed with a flood of them at a later point (Henriques, 2015a). Teaching adolescents the value of understanding emotions, being mindful of current feelings, openly talking about emotions, and being accepting of what you are feeling can help individuals more accurately find this "sweet spot".

Teaching adolescents about their emotions and how they regulate and monitor these feelings, as well as their actions, can be very helpful in both treating and preventing these emotional difficulties. Furthermore, emotional intelligence is a component of

determining psychological well-being, so teaching these concepts and skills early on will help ease the transition between adolescence and adulthood (De Lazzari, 2000). According to Salovey and Mayer (1990) emotional intelligence involves abilities that can be categorized across five domains: 1) self-awareness (e.g., observing oneself and recognizing one’s emotional experience); 2) managing emotions (e.g., appropriately handling both positive and negative emotions); 3) motivating oneself (e.g., channeling emotions to service a goal, emotional self-control, delayed gratification); 4) empathy (e.g., sensitivity to others’ feelings and concerns, taking another person’s perspective); and 5) handling relationships (e.g., managing emotions of others).

Research regarding the most effective programs for teaching emotional well-being to adolescent girls suggests that the first step in learning about emotional intelligence and emotional well-being is to develop self-awareness about recognizing one’s own emotional experience. It is also important that intervention groups teach girls how to acknowledge, understand, and cope with both positive and negative emotions in a healthy way (Rodriguez, 2013). Research has found teens’ environments, including their parents and family, school, and neighborhood and community impact their emotional well-being (Zaff, Calkins, Bridges, & Margie, 2002). As such, as important factor of many effective programs is the use of parent-directed strategies to enhance the home-based conversation surrounding emotional expression. Included in this is the use of empathy training to understand and be sensitive to the emotions and feelings of others and to have a reflective conflict resolution process (Stepney, White, Far & Alias, 2014). Additionally, fostering the social support systems for adolescent girls with anxious or depressive symptoms may also contribute to reducing symptoms and enhancing well-

being (Zaff et al., 2002). Overall, existing recommended interventions to enhance emotional well-being in adolescent girls target and teach Salovey and Mayer's (1990) five components of emotional intelligence.

Relational well-being. Recall from above that relational value is the extent to which one feels valued by important others. An individuals' relational value can be measured through their relationships with parents and family of origin, peers, romantic partners, larger group memberships, and through self-evaluations and self-identity (Henriques, 2012). We achieve relational value through two process dimensions. One is via agentic (self-focused) processes, which includes successful competition with others that demonstrates one's effectiveness, social status, self-reliance, achievement, competency, and power. The other is via communal (other-focused) processes, which includes the capacity to be giving, nurturing, loving, self-sacrificing and compassionate (Henriques, 2012). Individuals are most successful in attaining relational value when they can find a balance of these two processes. Understanding relational value is essential because positive relationships for adolescent females require the ability to resolve interpersonal conflict, engage social support systems, and satisfy affiliative needs in a healthy manner. Adolescence is an especially stressful time for friendships and peer relations, characterized by increased conflicts and relational aggression (APA, 2015). Indeed, recent surveys suggest that between 10 to 17% of middle and high school students report some form of mistreatment by their peers (Eisenberg, Neumark-Sztainer, & Percy, 2003). This increased level of conflict, especially relational aggression between female peers, has significant documented consequences for adolescent females in

personal and social development, academic success, and career development (Eisenberg et al., 2003).

As girls mature, there is a resultant change in their physical and emotional needs, which suggests that their relationships adapt in order to meet these new needs (Kirchler, Palmonari, & Pombeni, 1993). Specifically, it is the normal developmental trajectory for adolescents to move away from their parents and towards independence. During this process, adolescent peer relationships and influence are strong, especially for females, and they rely on peer feedback and approval for self-worth and self-esteem (Gilligan, 1982). The development and maintenance of interpersonal relationships is pivotal to girls’ well-being because of females’ tendencies to be attuned to the needs and desires of others and to maintain relationships with high levels of interpersonal sensitivity (Rudolph, 2002). Due to these changing relationships and increased conflicts, adolescence is an appropriate time to introduce and teach the concept of relational well-being.

Research regarding the best practices for teaching about and fostering healthy relationships in adolescents suggests several psychoeducational and experiential activities that may be helpful. First, interventions should target respectful communication and interpersonal problem solving skills through peer mediation and increasing diversity in social interaction and friendship groups (Zaff et al., 2002). Specifically, teens might benefit from activities such as social skills training, psychoeducation surrounding successful age-appropriate friendships, and exploring the successful and problematic elements of friendship (Rayle, Moorhead, Green, Griffin, & Ozimek, 2007). Teaching these elements, as well as basic emotion regulation skills, is essential because adolescents

must be able to recognize and moderate their own emotions in order to have appropriate interactions and successful relationships with their peers. Research suggests that this can be orchestrated via role playing, empathy training exercises, and addressing relational aggression in adolescent girls (Rayle et al., 2007). Interventions are recommended to involve adolescents’ parents in order to help set good examples, teach interpersonal skills, and help girls learn about positive relationships (Spelling, 2005). Interventions should also address handling conflict in relationships and peer pressure (Jellinek, Patel, & Froehle, 2002).

Coping and resiliency. Coping refers to responding to challenging or difficult situations in order to prevent or reduce distress, loss, harm, or threat (Carver & Connor-Smith, 2010). Coping strategies may be maladaptive or adaptive, that is, the tactics used can either be effective or not in promoting psychological well-being and in reducing negative outcomes (Clarke, 2006). Researchers have found that adolescents who use maladaptive coping strategies correlate with and predict poorer psychological well-being (Michl, McLaughlin, Sheperh, & Nolen-Hoeksema, 2013), while adolescents who develop and use adaptive coping strategies correlate with and predict better psychological well-being (Frydenberg & Lewis, 2009). Evidence suggests that adolescents’ well-being is negatively related to avoidant coping and positively related to active coping.

The ability to engage in healthy coping strategies to manage distressing thoughts and experiences, as well as the ability to regulate thoughts, feelings, and behaviors in order to maintain a psychological homeostasis is developed during adolescence. Research indicates that adolescent girls rely on emotion-focused coping to resolve conflicts and feelings of distress, rather than problem-focused coping strategies (Washburn-Ormachea

& Hillman, 2000). While emotion-focused solutions can at times be adaptive, relying solely on this strategy rather than problem-focused coping may cause long-term implications such as an increased chance of developing depression later in life (Raheel, 2014). Notably, many emotion-focused coping strategies may be unhealthy or damaging, such as isolating themselves, getting into a verbal argument or a fight, or eating a lot. Due to increases in stress, from internal pressures, relationships, or external sources (e.g., academics), adolescence is an appropriate and relevant time to introduce and teach the concept of healthy coping strategies.

Recent research initiatives have explored the best strategies for teaching coping skills to adolescents. Intervention programs are recommended to teach adolescents general coping techniques and stress management skills (Zaff et al., 2002). For instance, teaching problem-focused coping skills that directly address a difficult situation are more likely to promote overall well-being. Additionally, teaching active coping skills, rather than passive coping strategies, are also suggested (Michl et al, 2000). Folkman and Moskowitz (2000) identified three positive coping strategies that can be beneficial during stressful situations: positive reappraisal, problem-focused coping, and thinking about an event's meaning. Successful strategies include teaching adolescents to handle difficult situations through self-soothing, distracting themselves, learning how to express their emotional experience, teaching mindfulness techniques, and having resources available in case of a crisis.

Self-efficacy/Sense of agency. Self-efficacy is the belief in one's capacity to perform and accomplish specific tasks, while a sense of agency refers to the subjective awareness that one can initiate actions and control outcomes (Bandura, 1977; 1991).

Perceived self-efficacy reflects a person's beliefs about their capabilities to produce target levels of performance that then influence their lives. Thus, self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment because self-efficacy beliefs determine how people feel, think, motivate themselves, and behave. Such beliefs produce these effects through cognitive, motivational, affective, and selection processes (Bandura, 1977). Adolescence is a key developmental period in which youth develop these self-efficacy beliefs, as well as an emerging sense of personal identity and agency.

Research consistently demonstrates that as adolescents experience personal, academic, and physical changes, there are changes in their self-efficacy beliefs (Zimmerman & Cleary, 2006). Thus, providing adolescents with an understanding of their own capabilities and sense of control over the environment is crucial to create lasting change. However, teaching self-efficacy skills and a sense of agency can be difficult, as these techniques are more abstract and underlie the other elements of well-being. Interventions are recommended to begin with psychoeducation about Bandura's (1977) self-efficacy theory. Additionally, in the context of a situation, Bandura (1977) suggests six sources that help develop one's self-efficacy and goal-directed behavior: performance (or mastery) experiences, cognitive experiences, vicarious experiences, social (verbal) persuasions, imaginal experiences, and emotional and psychological states.

Existing Well-Being Programs for Adolescent Girls

A survey of the literature provides evidence on the importance of promoting well-being in children, adolescents, and adults. For instance, research indicates that people

who report more positive emotions in adolescence and young adulthood live longer and healthier lives (Danner, Snowdon, & Friesen, 2001). Additionally, people who report higher levels of happiness and SWB demonstrate better performance in work, school, and sports, are less depressed, and report more positive relationships with others (Lyubomirsky, King, & Diener, 2005). Similar patterns have been found for children and adolescents. Research suggests that youth with complete mental health (defined as high SWB and low psychopathology) perform better in school and have more positive social relationships compared to their peers who do not have clinical levels of psychopathology but who have low SWB (Greenspoon & Saklofske, 2001; Suldo et al., 2008).

There is substantial evidence from controlled research studies to suggest that skills designed to increase resilience, positive emotion, engagement, and meaning can be taught (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). Furthermore, as the prevalence of depression among youth is shockingly high worldwide and the age of first onset has decreased from adulthood to adolescence (Lewinsohn, Rohde, Seeley, & Fischer, 1993), it is evident that interventions should be utilized to foster well-being and decrease depressive symptoms with this age group. Based on evidence suggesting the benefits of well-being and its role in preventing depression in children and adolescents, Seligman, Ernst, Gillham, Reivich, and Linkins (2009) posit that well-being should be explicitly taught in order to treat depressive symptoms, to increase life satisfaction and SWB, and as an aid to better learning and creative thinking.

It is clear that adolescence is an important period for psychological development, especially for girls, as they experience significant changes which impact their relationships, self-image, and school performance. Indeed, a recent study has suggested

that adolescent males have higher well-being than their female peers, based on ratings of physical self-concept and ratings of emotional health (BasqueResearch, 2009). Based on discussions of the theoretical approaches to well-being, there is a distinct need for holistic approaches to mental healthcare and conceptualizations of well-being for adolescents. However, the fields of positive psychology and well-being largely remain divided among the types of interventions implemented, as well as the focus or these interventions and, to our knowledge, there are no existing programs with a comprehensive framework promoting well-being. Therefore, carefully designed interventions targeting girls' well-being are necessary to prevent socio-emotional difficulties and promote a successful developmental trajectory.

Positive psychology interventions. Several programs and initiatives have been developed for schoolchildren with the goal to reduce depression. Most interventions with children and adolescents currently utilize predominantly Cognitive Behavioral Therapy (CBT) techniques (Dawood, 2014). One such empirically-tested intervention is the Penn Resiliency Program (PRP), a group intervention for late elementary school and middle school students, which teaches cognitive-behavioral and social problem-solving skills based on the cognitive-behavioral theories of depression by Aaron Beck, Albert Ellis, and Martin Seligman (Gillham et al., 2011). Research evaluating the PRP has demonstrated that it prevents symptoms of depression and anxiety in children (Brunwasser, Gillham, & Kim, 2009). However, despite the efficacy of CBT-based interventions there is an argument that these interventions only decrease depressive symptoms, but do not increase SWB or overall life satisfaction among students (Dawood, 2014). Research has consistently found that simply aiming to prevent and reduce psychopathology is not

sufficient; SWB must be fostered (Suldo, Savage, & Mercer, 2014). Thus, there is an emerging movement to examine the efficacy of psychological interventions designed to increase SWB in youth.

A growing body of research with adult samples has demonstrated improvements in individuals' SWB as a result of specific intentional positive activities which are purposefully designed to increase well-being and decrease depressive feelings through the facilitation of positive feelings, behaviors, and thoughts (Sin & Lyubomirsky, 2009; Bolier et al., 2013). Lyubomirsky and Layous (2013) define these positive activities as simple, intentional, and regular practices intended to teach healthy thoughts and behaviors. These positive psychology interventions (PPIs) include: writing letters to express gratitude (Boehm, Lyubomirsky, & Sheldon, 2011; Seligman, Steen, Park, & Peterson, 2005), increasing grateful thinking (Emmons & McCllough, 2003; Seligman et al., 2005), performing acts of kindness (Lyubomirsky, Sheldon, & Schkade, 2005), the identification and use of character strengths (Seligman et al., 2005), and writing about and visualizing ideal future selves and goals (Boehm et al., 2011). Furthermore, these PPIs can have a lasting effect as evidenced by increased levels of SWB and lower levels of depression when measured 6-months to a year after intervention (Boehm et al., 2011; Bolier et al., 2013). These PPIs support Seligman's (2002) multidimensional framework for increasing SWB through intentional activities related to one's past, present, and future. These empirically-based PPIs allow practitioners many choices in intervention activities which help maximize SWB for clients through consideration of activity and person features that contribute to the appropriateness of the PPI or "person-activity fit"

(Lyubomirsky & Layous, 2013). Additionally, this menu of effective PPIs allows clinicians to create comprehensive interventions that include multiple PPIs.

Recently, these PPIs have been implemented to increase SWB in children and adolescents. Specifically, studies have demonstrated PPIs targeting gratitude, hope, and character strengths to be effective in increasing SWB (Marques, Lopez, & Pais-Ribero, 2011; Seligman et al., 2009; Seligman et al., 2005). Studies have examined the efficacy of both targeted intervention programs for children and adolescents displaying depressive symptoms, as well as the efficacy of universal intervention programs focused on increasing the SWB of all youth in a school-based setting (Sin & Lyubomirsky, 2009; Seligman et al., 2005). Most recently Suldo, Savage, and Mercer (2014) developed a 10-week school-based comprehensive program combining PPIs proven to be effective in increasing SWB in children and adolescents. The program includes multiple empirically-tested PPIs including gratitude journals, gratitude visits, simple acts of kindness, identification and use of character strengths, optimistic thinking, and envisioning the future. This targeted intervention program successfully increased students' feelings of life satisfaction and SWB compared to students' ratings of life satisfaction and SWB in the control group both post-intervention and at a 6-month follow-up.

Other well-being interventions. In addition to these PPIs and interventions developed from a hedonic perspective of well-being, there have been several other projects and programs that offer to enhance "well-being" for young girls. While these groups and intervention programs have served a need in their community, they fall short of enhancing the global construct of "well-being" for young girls as they often only focus on only one domain of the Component-Based Framework of Well-Being for Adolescent

Girls. In addition, these programs are largely atheoretical, informed by no larger psychological theory of well-being connecting the principles or interventions implemented during the group.

One such group is a program focused on improving pre-teen (Girls on the Run) and young teen (Girls on Track) girls' self-esteem and fostering a healthy lifestyle through running and promoting "well-being" (Sifers & Shea, 2013). The GOTR/T curriculum claims to foster physical, psychological, and social well-being through education, team building, and physical activity. However, a closer look at the curriculum reveals an emphasis on only the Physical Health component of well-being. Program outcome studies have found that the GOTR/T program may help improve self-esteem in relation to physical appearance and body image; however, with emphasis in only one domain of well-being, improvements in other domains were not found, and the program did not improve behavioral and emotional functioning (Sifers & Shea, 2013).

A similar program, entitled "Girls on the Go!," was developed by Thomson, Yates, and Tirlea (n.d.). Again, this program claims to enhance both physical and psychological well-being via promoting positive body image, self-esteem, and healthy lifestyles. However, the curriculum and activities are focused solely in the Physical Health domain. Finally, the "Girls on the Go!" program brings up another shortcoming of many existing well-being groups for young girls: they are not designed by psychologists or other mental health professionals who have a complete theoretical and conceptual understanding of the factors that contribute to promoting and maintaining psychological health in young girls.

In a similar vein, the “Dove Self-Esteem Project” has developed a series of separate “toolkits” for adolescent girls designed to help parents and teachers address difficult topics including boosting self-esteem, friendships and relationships, teasing and bullying, and body image (Unilever, n.d.). The organization has created a “Self-Esteem Activity Guide” designed as a curriculum to foster self-esteem and positive body image in adolescent girls (Lever Fabergé Ltd, 2010). This project is efficient in sharing information with parents and educators; however it does not discuss all the components of well-being and it is not developed and informed by a psychological theory.

Another curriculum, “Full of Ourselves: A Wellness Program to Advance Girl Power, Health, and Leadership” has a similar focus on physical health and healthy habits (Steiner-Adair & Sjostrom, 2006). This curriculum focuses on healthy body image, healthy eating, preventing eating disorders, and promoting self-esteem. The program emphasizes girls’ personal power and overall mental and physical well-being. This was the first group curriculum designed to demonstrate sustained, positive changes in girls’ body image, body satisfaction, and body esteem (Steiner-Adair & Sjostrom, 2006). However, from a unified framework, the program does not consider the other domains of well-being in a coherent, integrative structure.

The “Healthy Girls Save the World (HGSW)” program is a 501(c)3 tax-exempt organization in association with UNC’s CUBE (Creating University Born Entrepreneurs). This program is organized around three pillars: healthy bodies, healthy minds, and healthy relationships (Healthy Girls Save the World (HGSW), 2015). While multiple domains of the Component-Based Framework of Well-Being for Adolescent Girls are addressed in this program, a comprehensive organizational structure is not clear.

Additionally, the "healthy minds" pillar is simplified to address self-esteem and self-confidence, and does not clearly discuss the components of emotional well-being, coping, or self-efficacy (HGSW, 2015).

Other existing groups designed to promote well-being in adolescent girls are either designed as group therapy, with an emphasis to decrease psychopathology, or are designed as mentorship programs that do not have an explicit group design or structure. For example, the "Healthy Minds Institute" promotes group therapy work suggesting an increase or enhancement in well-being. However, in reviewing the programs offered, it appears these are targeted interventions for specific diagnoses: reducing anxiety, social skills, personal hygiene, and relationship difficulties (Volpe-Johnstone, 2015). While these skills are on the continuum of well-being, the purpose of this project is to enhance well-being with a focus on flourishing and human potential, rather than simply a decrease in symptomatology. Additionally, some existing well-being programs are less structured, and have a mentorship model, rather than explicitly teaching psychological concepts and pairing activities with them. For example, the "Go Girls" program by Big Sisters Canada offers such a mentorship model, where concepts such as physical activity, balanced eating, and positive self-esteem are discussed and practiced between a mentor (Big Sister) and mentee (Little Sister; Go Girls Group Mentoring, 2015). However, this program does not account for the entire model of well-being discussed above and it does not provide a psychoeducational framework in which activities are taught and discussed with planned activities. Thus, mentoring programs like "Go Girls" often fall short of being a planned "curriculum" to enhance well-being.

As demonstrated by this survey of existing programs available to adolescent girls, while there are several programs in existence that work to serve the needs of their community, they fall short in conceptualizing a global construct of well-being, as outlined above. The fields of positive psychology and well-being largely remain divided among the types of interventions implemented, as well as the focus of these interventions. Many programs function on only one domain, such as physical health, believing that physical health and self-esteem are the basis of well-being. While it is true that these are two components of well-being spanning different components of the unified framework defined above, programs with this limited structure do not have a holistic conceptualization of well-being. As such, these programs fall short in enhancing the global construct of "well-being" for young girls. Similarly, many programs are largely atheoretical, informed by no psychological theory of well-being connecting the principles or interventions implemented during the group. However, based on discussions of growing concerns about adolescent mental health, and the new, unified theoretical approaches to well-being, there is a distinct need for holistic approaches to mental healthcare and conceptualizations of well-being for adolescents. To our knowledge, there are no existing programs with a comprehensive framework promoting well-being. Therefore, this project was proposed to fill that void, as the first carefully designed, theoretically-informed intervention based on a unified model to target well-being in adolescent girls in order to both prevent socio-emotional difficulties and promote a successful developmental trajectory.

***I Can Thrive!*: Well-Being Intervention for Adolescent Girls**

To summarize the research gaps addressed in this project, which have been discussed throughout the course of these first two sections, the first major task was to provide a complete conceptual analysis of the theoretical understanding of well-being in adolescent females, through the lens of Henriques' (2011) unified approach to psychology. This project uses Henriques' (2011) NM and CAST approach as a framework for understanding human well-being, and then culminates in the development of a theoretically-informed, component-based framework derived from this theory and developed to inform interventions to enhance well-being in adolescent girls. Second, this dissertation serves as a pilot feasibility study to address the fact that, to date, there has not been any attempt to use this unified approach to inform a curriculum or intervention group for well-being with an adolescent population. The theoretical rationale for how implementation can occur in a systematic way with this population is assessed via the incorporation of this unified, component-based conceptualization as the framework for designing a pilot group curriculum.

CHAPTER IV:

Development of a Group Curriculum

The Development of a Small-Group Curriculum for Adolescent Girls

Henriques' (2011) UT provides a comprehensive and coherent meta-theoretical framework for the science and profession of psychology. When applied to positive psychology and research on well-being and adaptive character functioning, two major frameworks emerge: the NM and CAST system (Henriques et al. 2014; Henriques & Stout, 2012). These two models then serve as the framework for a comprehensive theoretical understanding of well-being in adolescent females. As discussed above, a component-based model was derived from this unified perspective, which is theoretically grounded in both the science and practice of psychology. This framework, incorporating the major elements of the NM and CAST system and applying them to adolescent girls, was then utilized to develop theoretically informed prevention and treatment interventions.

For the purpose of this project, this framework served as a guiding template in the development of a ten-week integrative group curriculum for adolescent females. The aim of the group was to see if a curriculum could be developed that would incorporate the major elements from the NM and CAST system in an engaging and informative manner. Using the new component-based framework of well-being for adolescent girls, the purpose was to develop a curriculum for teaching, discussing, and practicing the components of well-being, in the context of a small-group intervention, which could hypothetically enhance and foster well-being. With this in mind, the group "*I Can Thrive!:* Well-Being Curriculum for Adolescent Girls" was created. Protocols for each

group session were created to aid in the facilitation of the intervention program. Appendix A contains the program curriculum that was developed.

Using the unified approach to well-being as a theoretical guide, the content for each group session was selected on the basis that it covered those areas deemed most essential by a unified model. The *I Can Thrive!* group tied together ideas from various theoretical orientations by examining five separate, yet related domains of well-being: (1) physical health and fitness; (2) emotional well-being; (3) relational well-being; (4) coping and resiliency; and (5) self-efficacy/sense of agency. Within each of these areas, interventions from positive psychology and clinical psychology were also incorporated in order to develop a well-rounded, evidence-based program.

Group structure. The ten-week *I Can Thrive!* group aimed to help participants understanding the five components of well-being (physical, emotional, relational, coping, and self-efficacy/sense of agency) and how these domains are related to one another. In addition, participants developed an understanding of how these components could be applied to their everyday lives. The group was focused on the participants as individual agents of change, via understanding this holistic conceptualization of well-being and how they could apply these components and set goals for their own well-being.

Group sessions were designed to each last one hour. The group consisted of four main components: (1) psychoeducation; (2) small group discussions; (3) group activities; and, (4) individual reflection. Psychoeducation and small group discussion typically occurred during the first half of the session, followed by group activities and individual reflections designed to enhance individual understanding and the application of these concepts. A description of each of the session topics can be found below, and the

complete “I Can Thrive!: Well-Being Curriculum for Adolescent Girls” can be found in Appendix A.

Session descriptions. Each weekly session is described in detail below, including the psychoeducational topic, small group discussion, group activities, and individual reflection topics included for that session.

Session 1. During the first session, the focus was on establishing group cohesion by going through introductions and defining group expectations. An overview of the group structure was provided, which involved discussion about expectations for confidentiality, group discussion, and participation. Participants then engaged in a series of activities and “ice breakers” designed to build rapport between group members and help them feel comfortable talking with one another and sharing details about their lives. During each session, a “word of the day” was introduced and group members discussed what that word meant to them, where they have heard the word in previous contexts, and how that word fits in to their emerging framework of well-being. The word discussed during the first week’s session was “individual.” The psychoeducation portion during the first week focused on distinguishing between the public self (outside self) and the private self (inside self). The activities for this session were related to this concept of public and private selves and meeting new people. Finally, for each session, participants were given time to reflect upon what they had learned in that week’s session and took time to reflect in a journal response. During the first week, participants were given time to decorate their journal in a way that represented her as an individual. Then each participant was prompted to journal about what she had learned about her body, herself, or her relationships with others during that session.

Session 2. For each session, beginning during the second week, the group spent the first few minutes of discussion reviewing the concepts from the previous week. This enabled facilitators to see what impressions the previous session had made on the participants, allowed participants to share how they applied the topics discussed to their daily lives, and helped to inform participants who may have missed a session. During the second session, the main topic discussed was planning and goal setting, and the word of the day was "goal." The psychoeducation portion of this session related to understanding the goal-setting process, differentiating between short- and long-term goals, discussing process and outcome goals, and learning about overcoming obstacles in order to achieve goals. Group activities included setting up a physical obstacle course to represent the process of attaining a particular goal, a collaborative project where the participants worked together to reach a common goal, and individuals each completed a goals exercise where each participant identified some of their most important goals and then identified potential barriers and how they would plan to overcome these barriers. The session concluded with time for individual journal entries.

Session 3. In addition to reviewing concepts from the previous week, the start of session three included a brief check-in with participants to assess how they were doing and feeling about the group. The primary focus of week three was about physical health and exercise, aligning with the first component of the framework of well-being for adolescent girls: physical health. The word of the day was "body" and group discussions on this topic focused on the importance of physical fitness and the connection between physical and mental health. The psychoeducation portion of the session discussed the formal definitions of physical fitness and healthy forms of exercise. Group activities

incorporated movement-related activities, as participants shared their favorite exercises and learned from one another, a collaborative teaching activity where participants created a brochure on the importance of physical fitness and creative ways to get more exercise, and a goal-setting component where participants set goals for their own fitness plan. The session concluded with time for individual journal entries.

Session 4. The primary focus of session four was on physical health and healthy eating, aligning with the first component of the framework of well-being for adolescent girls: physical health. The word of the day was "healthy eating" and group discussions on this topic focused on what participants enjoyed eating, when they liked to eat, and the connection between healthy eating and mental health. The psychoeducation portion of the session discussed what healthy eating means, how to maintain a healthy diet and body weight, and ways to eat healthier. Group activities included a collaborative teaching activity where participants created a poster about the importance of healthy eating and creative ways to eat healthily, a collaborative planning project in which participants created a healthy menu for a restaurant, a movement-based activity where participants competed against each other and a clock to organize choices into a healthy meal, and a goal-setting component where participants set goals for their own healthy eating plan. The session concluded with time for individual journal entries.

Session 5. Session five was about self-esteem, aligning with the first and second components of the framework of well-being for adolescent girls: physical health and emotional well-being. The word of the day was "self-esteem" and group discussions on this topic focused on high and low self-esteem, as well as the factors that impact self-esteem. The psychoeducation portion of the session distinguished between self-image and

self-esteem, discussed high versus low self-esteem, discussed how self-esteem develops, and taught ways to improve self-esteem. Participants participated in several activities including: completing a worksheet about qualities they like about themselves, an experiential activity where participants described how they believed others view them, two group activities where participants and group members shared what they like about themselves and other group members offered compliments, and a collaborative media project which examined how women and bodies are portrayed in the media. The session concluded with time for individual journal entries.

Session 6. Session six focused on understanding emotions, aligning with the second component of the framework of well-being for adolescent girls: emotional well-being. Conceptions from component four, coping, were also introduced. The word of the day was "feelings" and group discussions on this topic focused on what emotions participants felt most often, the benefits of emotions, and how participants cope with negative emotions. The psychoeducation portion of the session focused on teaching participants the process of naming and understanding their emotions, discussed the importance of emotions, and explained some common emotions. Group activities focused on practicing coping strategies for managing difficult emotions, such as practicing deep breathing and progressive muscle relaxation, making a stress ball, and discussing how to handle angry thoughts. Participants also made a coping skills book, as a reminder of strategies that work or have worked in the past for times when they might experience negative emotion. The session concluded with time for individual journal entries.

Session 7. The focus of session seven was on navigating and understanding relationships, aligning with the third component of the framework of well-being for

adolescent girls: relational well-being. The word of the day was "relationships" and group discussions on this topic focused on different types of relationships, how to meet new friends, and varying levels of comfort in relationships. The psychoeducation portion of the session taught participants about these concepts, examining different types of relationships, how relationships are formed, and how relationships can grow and change. Group activities included creating a relationship map for each participant to understand her network of relationships, activities determining what makes a friend, and a gratitude-based journaling activity. Movement and relationship-building activities within the group were also utilized. The session concluded with time for individual journal entries.

Session 8. The focus of session eight was on managing conflicts in relationships, aligning with the third and fourth components of the framework of well-being for adolescent girls: relational well-being and coping. Session eight began with a review of concepts covered in session seven (i.e., understanding relationships) before the word of the day ("conflict") was introduced. Group discussions on this topic focused on the definition of conflicts, past experiences with conflicts, and common reasons for conflicts in relationships. The psychoeducation portion of the session taught participants about the types of conflicts in relationships, how to resolve conflicts, and the distinction between healthy and unhealthy relationships. Group activities included an acting component where participants acted out common awkward and uncomfortable situations in relationships and navigated the best solution, a sharing circle where participants discussed conflict with family members, and an activity where participants brainstormed and discussed conflicts with a bully. Movement and relationship-building activities

within the group were also utilized. The session concluded with time for individual journal entries.

Session 9. Session nine focused on understanding and fostering self-efficacy and a sense of agency, aligning with the fifth component of the framework of well-being for adolescent girls: self-efficacy/sense of agency. The word of the day was "self-efficacy" and group discussions on this topic focused on what self-efficacy means, times when participants felt that they had high self-efficacy, and times when they felt they had low self-efficacy. The psychoeducation portion of the session taught participants about the meaning of the term self-efficacy, what can detract from self-efficacy, and how to enhance self-efficacy. Group activities included completing a worksheet on how to practice self-efficacy, compiling a jar of strengths (I Can! Jar) to help practice celebrating success, offering advice to other girls described in case vignettes, and an activity linking participants' sense of agency with the goals they established in session two. The session concluded with time for individual journal entries.

Session 10. The final group session, session ten, began just as the other groups began, with a review of the previous week's materials, as well as an opportunity to check in with questions and share about how the previous week's materials were applied during the week. The group discussions for this session focused on how the different topics discussed during the ten-week group have related to each other and provided an opportunity to discuss and share things that the participants had learned about their bodies, selves, or relationships over the course of the group. The final word of the day was "well-being" and participants took the ten words of the day from all of the sessions (individual, goals, body, healthy eating, self-esteem, emotion, relationships, conflict, self-

efficacy, and well-being) and created a group collage based on what they had learned about each of these topics. After completing this collage, participants were read case vignettes from adolescent girls facing common dilemmas similar to those discussed in each weekly session, and based on the knowledge they gained by participating in the *I Can Thrive!* group, participants offered the characters advice. The session concluded with time for individual journal entries and participants took their journals home at the end of this session.

Results from Initial Implementation of the *I Can Thrive!* Curriculum

The *I Can Thrive!* curriculum was developed and amended based on experience implementing the group curriculum on two separate occasions with two distinct groups of adolescent females. The curriculum was led by one Group Facilitator and one Assistant Facilitator, who were both graduate students in psychology. Participants in both the Spring 2015 and Fall 2015 group were 12- and 13-year-old girls from a small town in the southeastern United States. These participants were recruited through online and community advertising conducted by the occupational therapy clinic that hosted the program. The participants in each group reported feeling that they were not thriving within their respective environments. Many of these individuals endorsed negative affect, including feelings of stress, guilt, anxiety, and depression. These individuals also reported struggling interpersonally with emotional sensitivity, affective dysregulation, and unmet relational needs, as well as feelings of low self-esteem, poor body image, and issues with personal identity. This information was gathered via brief questionnaires administered to parents/guardians and to the participants themselves prior to the first group meeting. These brief questionnaires were also given to participants and their

parents/guardians at the end of the 10-week group to examine any changes in objective ratings of well-being. Qualitative data was also examined based on participants' weekly "journal" entries, as well as feedback received from participants and their parents/guardians. Participation in each group was voluntary and participants and their parents/guardians signed consent that anecdotal information would be used in order to develop this program curriculum.

The first implementation of the *I Can Thrive!* curriculum was in Spring 2015, between February and April. Four participants were recruited for this session and the participants endorsed many of the symptoms noted above. Most parents/guardians reported that they hoped their girls would be given a chance to practice social skills and to make new friends in the group. Some highlighted specific areas of concern for their child, such as anxiety, feelings of depression, or poor self-esteem. The curriculum implemented was similar to the final version outlined in Appendix A. During this first iteration of the group, the psychoeducation portion was developed to be succinct and to present relevant information. Additionally, several activities were planned that were not successful due to lack of time or participant interest, and were thus removed from future iterations of the curriculum.

At the conclusion of the 10-session group, participants noted slight, but positive, changes on brief objective measures of several domains of well-being. Their journal entries throughout the 10 sessions also demonstrated some changes in cognition about themselves, their body image, and their relationships with others. For example, participants documented that they were surprised to learn about healthy habits and wrote in their journal about their feelings of self-confidence and self-efficacy regarding their

areas of strength. Many participants also wrote about their areas of weakness, and how they planned to set goals to improve along specific domains of functioning in the future. One major challenge addressed during this session was attrition, as some participants missed several sessions. Thus, the curriculum was amended so that each week participants reviewed the topics covered during the prior session, in order to make sure participants were exposed to content they had missed. In addition, another challenge addressed during this group was the varying maturity level of group participants. While all participants were 12- and 13-year-old girls, it became apparent that some struggled to interact appropriately with other members. Thus, activities were amended in order to help those who had difficulty sustaining attention and allowed group members to divide into pairs rather than all work on collaborative projects together. Overall, after the Spring 2015 implementation, the *I Can Thrive!* curriculum was successfully amended in order to address these challenges and to ensure activities were appropriate and feasible with this population.

The second implementation of the *I Can Thrive!* curriculum was in Fall 2015, between September and November. Five participants were recruited for this session and all endorsed many of the symptoms noted above. Again, most parents/guardians expressed interest in general socialization and basic relationship building skills to be addressed during the group. Again during this implementation, some of the parents/guardians reported specific concerns related to anxiety, depression, and low self-esteem. The participants also completed self-report measures and indicated similar concerns related to anxiety, feelings of sadness, dissatisfaction with their social life, and low self-esteem. The curriculum implemented was identical to the final version outlined

in Appendix A. During this second iteration of the group, the psychoeducation portion was further honed to focus on teaching relevant skills. The discussion sections were adapted to help participants better understand the concepts. Finally, new activities were added and old activities were amended in order to develop the most appropriate curriculum for teaching skills related to well-being. Furthermore, the “journal” process was formalized with rubrics and topic suggestions presented for each group session.

At the conclusion of this second implementation of the 10-session group, participants again indicated slight, but positive, changes on objective measures of several domains of well-being. Their journal entries throughout the 10 sessions again demonstrated several changes in cognition about themselves, their body image, and their relationships with others. In addition, the journals provided evidence that the participants understood the concepts presented and were practicing the new skills they learned at home, at school, and in the community. During this second iteration of the group, parents/guardians were also asked about their impressions of the group in a brief feedback form. Parents/guardians reported being very satisfied with the group, its content, and the skills taught during the sessions. Participants were also asked about their impressions of the group in a brief feedback form. All participants stated they enjoyed coming to the group, learned from the group activities, and would recommend this group to a peer. Thus, this second implementation of the *I Can Thrive!* curriculum, using the outline found in Appendix A, provided evidence that this curriculum can be implemented successfully with the target population.

CHAPTER V:

Discussion and Future Directions

The goal of this project was twofold. First, this dissertation utilized the unified theoretical framework developed by Henriques and colleagues (2011, 2012), to provide a comprehensive approach to adolescent well-being. Second, that framework was used to develop a user-friendly and comprehensive intervention program for adolescent girls. In doing so, the hope was that a holistic and comprehensive understanding of well-being in adolescent girls could be developed in order to assist in the development, implementation, and evaluation of prevention and intervention groups on the subject. The curriculum developed can be used in a wide variety of settings, including a medical setting by transitioning the curriculum into a psycho-educational group. Furthermore, this project is potentially influential in schools and community-based settings as a preventative measure aimed at teaching the components of a healthy lifestyle and adaptive coping strategies prior to the emergence of psychopathology.

The first research question this project addressed was whether or not the Unified Theory/Unified Approach (UT/UA) could be used to develop a comprehensive framework for understanding well-being in adolescent females. In order to develop a conceptual understanding of well-being in this population and eventually develop a curriculum, a review of the literature on well-being was conducted and organized through the perspective of a new meta-theoretical framework (Henriques, 2011; Henriques & Stout, 2012; Henriques et al., 2014). Furthermore, the existing literature base on well-being in adolescent females and existing intervention groups targeting this population

provided evidence that no comprehensive framework has yet been designed to integrate all domains of functioning.

This review and conceptual analysis resulted in the identification of five different and relevant domains of well-being for young girls. The first domain, physical health, encompasses exercise, healthy eating, and body image. The second domain, emotional well-being, includes emotional awareness, acceptance of one's emotions, and successful emotion regulation. Third, relational well-being, includes the ability to resolve interpersonal conflict, engage social support systems, and satisfy affiliative needs in a healthy manner. Fourth, coping and resiliency, includes responding to challenging or difficult situations in order to prevent or reduce distress, loss, harm, or threat. The final domain, self-efficacy and a sense of agency, is the belief in one's capacity to perform and accomplish specific tasks and the subjective awareness that one can initiate actions and control outcomes. These five domains were developed based on Henriques and colleagues (2014) comprehensive approach to well-being, as well as an extensive review of existing well-being models for adolescent females. While most well-being models are unidimensional, this new framework proposed a holistic approach in order to more comprehensively capture and comprehend adolescent well-being.

The second research question this project addressed was if a group curriculum for adolescent girls could be developed utilizing the unified approach to conceptualizing individuals in order to incorporate key elements of well-being based on the latest research in psychology. This curriculum is necessary because it is evident that adolescence is an important period for psychological development, especially for females, as they experience significant changes which impact their relationships, self-image, and school

performance. Furthermore, there has been a rise in mental health concerns affecting adolescents, especially increasing rates of depression and anxiety in adolescent and pre-adolescent girls. Currently, there are no major initiatives to study and prevent these difficulties and, while there are several programs in existence that work to serve the needs of their community, they fall short in conceptualizing a global construct of well-being. Thus, the group curriculum, *I Can Thrive!*, was developed to be implemented in a small group format with five to seven adolescent females in an outpatient setting.

This project demonstrated how Henriques and colleagues’ (2011, 2012, 2014) UT/UA can move from a theoretical method of conceptualization to a conceptual framework from which a curriculum can be developed. Specifically, this project systematically implemented Henriques’ (2011) unified conceptualization as the theoretical framework for designing a group intervention for adolescent girls. A new, component-based model derived from the unified perspective was developed consisting of five separate, yet related domains: (1) physical health and fitness; (2) emotional well-being; (3) relational well-being; (4) coping and resilience; and (5) self-efficacy/sense of agency.

This component-based model of well-being was derived from the larger UT/UA, the NM, and the CAST system (Henriques & Stout, 2012). The UT provides the general theoretical frame from which the NM and CAST system emerge to form the unified approach to well-being. The NM provides a clear and straightforward model that explicitly defines the domains that comprise the concept of well-being. Additionally, several elements of the CAST system are located within the NM framework, and we can similarly place in this new framework for well-being in adolescent girls within the NM.

However, the four domains of the NM must also be considered as part of this new framework for adolescent girls, as these domains represent four contexts that must be considered when analyzing and when teaching adolescent well-being. Thus, the NM provides a larger contextual framework for what adolescent girls are moving towards and aspiring to when we conceptualize “well-being.”

Although a manualized treatment intervention has been developed previously from the UT, this intervention was targeted towards adults in an inpatient psychiatric hospital and the group was aimed at teaching adaptive living skills (Glover, 2013). A further implementation of this design was applied in a classroom format to teach university students about well-being (Kleinman, 2012). However, this project demonstrates the first time such a curriculum has been developed for adolescents and it reliability mapped onto the unified approach. That is, all important aspects of the theory were addressed either through the psychoeducational teaching portion, the group discussion time, group activities, or individual reflection time.

Although many psychologists view the field of psychology as being unified by its commitment to the scientific method, this project is based on the understanding that the field can be unified on theoretical and conceptual frameworks. While examining human behavior via the scientific method is valuable and has utility, Henriques (2013) posits that unifying psychology via the commitment to research methodology fails at the levels of specificity and sensitivity, and based on the idea that facts derived from the scientific method must be interpreted by conceptual frameworks to have meaning and applicability. Furthermore, Machado, Lourenco, and Silva (2000) argue that excessive reliance on methods and a failure to attend to the interplay between facts, theories, and concepts

leads to the proliferation of information with no genuine growth in cumulative knowledge. Thus, instead of relying on empirical evidence and the scientific method, this project provides a theoretical framework or context on which to map key variables of well-being in order to answer sophisticated questions about how to define, teach, measure, and promote well-being. This project serves to link research and practice by creating the conceptual framework and theory for well-being in adolescent females, which can be utilized to make sure empirical studies have meaning and applicability.

Limitations and Future Directions

The most prominent limitation of this study is that no empirically-based pilot intervention study was conducted to test the implementation, feasibility, and outcome of this group curriculum. While the group was developed and amended based on experience implementing the curriculum on two separate occasions with two distinct groups of adolescent females, these groups were formed in order to inform the group development, rather than to obtain outcome data. Future studies should assess the feasibility and utility of the *I Can Thrive!* curriculum in a pilot experimental group through the administration of pre- and post-intervention measures using a within group design. During this implementation study, participants in the pilot experimental group should complete an intake assessment before the first session of the *I Can Thrive!* group. An intake assessment should consist of self-report measures of well-being and broad screening measures for symptoms of depression, anxiety, or other problem behaviors. Participants' parents/guardians should also complete parent/guardian-report measures regarding their daughter's level of well-being. Following the ten session group, the participants should complete an exit assessment, which would be identical to the intake. Both participants

and their parents/guardians should be asked to complete the same measures on well-being and symptoms of psychopathology. Additionally, qualitative data from each session should be collected to understand any changes in cognitive "process" that take place during the ten sessions and participants and their parents/guardians should participate in brief semi-structured interviews. Based on the group's careful theoretical design, it is hypothesized that the intervention will have a minimal, but positive, impact on measures of well-being, assessed by comparing the group's pre- and post-intervention materials in terms of: (1) qualitative data; and (2) standardized self- and informant-report measures of well-being. However, a pilot intervention study will be able to determine any real impact that this group curriculum may have.

Future research should also address the setting in which the curriculum is implemented. The *I Can Thrive!* curriculum was originally designed for a small group of adolescents in an outpatient setting; however, future research should examine other settings in which this group might be beneficial. For instance, this curriculum would do very well as a prevention group in schools to teach adolescents about healthy habits and coping skills necessary for psychological well-being. This curriculum could be amended to be appropriate in a classroom setting, such as expanded psychoeducation and larger group activities. Alternatively, this curriculum could be amended and implemented in other settings, such as hospitals, by expanding the psychoeducation portion and individual reflection activities.

Given the direction that the field of positive psychology is headed, it appears as if a tremendous potential has been created for continued research in the area of well-being, and in particular for curriculum design. The primary hope for this project is that it will be

adapted to fit the needs of schools and communities in teaching adolescents about well-being in a multi-tiered systems of supports (MTSS) model. Although this dissertation serves as a primary conceptual model of well-being in adolescents and offers anecdotal evidence about the intervention program, it is the hope that this research will set the stage for larger, more universal curriculum design. For instance, the *I Can Thrive!* curriculum can be expanded for both adolescent males and females in a general classroom setting in order to teach all young adolescents about healthy and adaptive well-being in the domains of physical health, emotional well-being, relational well-being, coping and resilience, and self-efficacy. This classroom-based group would serve as a universal intervention, implemented by teacher or school counselors in the MTSS framework. A second tier intervention would be available for students who need additional support after the curriculum is implemented, identified by standardized measures and/or facilitator recommendation. This second tier would consist of small-group curriculums designed to target a specific domain of well-being in which the identified group of students need additional support (i.e. physical health, emotional well-being, relationships, coping skills, or self-esteem). The third tier of this system would then be individual counseling. As this project is a dissertation, limited by both time and resources, this extensive program layout was neither possible nor appropriate. However, with a growing movement to emphasize mental health care in schools and greater concerns about the psychological well-being of the next generation of youth, this project provides an illustration for how this conceptualization of well-being utilizing the Unified Theory can be used to implement curriculums similar to *I Can Thrive!* to create multi-tier systems of supports within our schools to teach basic concepts of health and well-being to all adolescents.

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Appendix A

I Can Thrive! Group Curriculum

Session 1: Getting to Know Each Other

Goals:

1. Establish group norms and rituals
2. Build rapport
3. Introduce the concept of "public" and "private" selves

Supplies Needed For Session 1:

- Pre-intervention questionnaires for participants and their guardians
- Large poster board
- Art supplies (markers, crayons, colored pencils, etc.)
- One folder for each participant
- One "rubric" for each participant
- Paper for each participant
- 2 mask drawings for each participant
- Ball to toss

Sharing and Ice Breakers:

1. Get To Know Each Other
   Group Facilitator will select a question then pass a soft ball around the circle. Each participant will catch the ball, state her name, and then answer the question posed. Example questions include:
   a) What is your favorite color?
   b) What is your favorite flavor of ice cream?
   c) What is the last book you read?
   d) What is your favorite food?
   e) What is one thing you are afraid of?
   f) What do you want to be when you grow up?
   g) What is your favorite breakfast food?
   h) If you could visit anywhere in the world, where would you go?
   i) If you had a superpower what would it be?
   j) What is your middle name?
   k) What is the farthest place you have ever traveled?
   l) What is your favorite thing about school?
   m) Where did you grow up?
   n) What is your favorite season?
   o) What is your most prized possession?
2. Group Discussion
   Group Facilitator will lead a discussion about sharing and meeting new people:
   a) Participants will have the opportunity to answer the question: What do you like about meeting new people?
   b) Participants will discuss what they do not like about meeting new people

c) Participants will discuss some ways that a person might feel when they meet new people
    i. Participants will discuss some feelings they have when they meet new people
    ii. Participants will discuss if people act the same way when they meet someone for the first time compared to how they interact with old friends
    iii. Participants will discuss why there are differences between meeting someone new and interacting with old friends

3. Two Truths and a Lie
   Group Facilitator will ask each participant to write *three* things about themselves, which may not be known to the others in the group, on a piece of paper. Two (2) items are true and one (1) is not. Participants will take turns reading their three (3) "facts" about themselves out loud and the rest of the group will vote on which items are true and which are false.
4. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#1): INDIVIDUAL

Psycho-education:

1. Define an "outside-self": the self or image that we show other people
   a) Public self: How we want others to see us
2. Define an "inside-self": things that we do NOT show other people
   a) Private self: How we see ourselves on the inside, including our feelings, emotions, who we really are and what we are really thinking
3. Discuss that sometimes a person's outside-self and inside-self are the same
   a) Discuss when we show our true selves to the people around us
   b) Provide examples of this (Ex. Close friends, family, etc.)
4. Discuss that sometimes our outside-self and inside-self are different
   a) Sometimes we want to hide what we are really feeling or not show everything
   b) Provide examples of this (Ex. Meeting someone for the first time, if your feelings are hurt but you don't want to admit it, etc.)

Activity:

1. Putting on a "Mask"
   Group Facilitator will give each participant two (2) pieces of paper with the outline of a mask printed on them. Participants will be provided art supplies.
   a) On one of these images participants are instructed to draw a picture that represents some aspect of the self that they show to others- the "Public Self"
   b) On the other side, participants are instructed to draw what they hide from others- the "Private Self"

c) Participants will be invited to show and tell their masks (if they choose), explaining either mask's significance

Journal:
At the end of each session, participants will be provided time to write about what they learned during that session in a “journal”

1. Decorate Journals
   a) During first session participants will be given time to decorate their journal using art supplies
   b) Participants are instructed to decorate their journal in a way that represents her as an individual
2. Participants will be provided a “rubric” each week to outline what areas to write or draw about:
   a) What did I learn about my body?
   b) What did I learn about myself?
   c) What did I learn about my relationships with others?

Session 2: Planning and Goals

Goals:

1. Understand process for independently navigating through life events
2. Distinguish between short-term and long-term goals
3. Demonstrate the goal-setting process

Supplies Needed For Session 2:

- Large poster board with "word of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Supplies for building an obstacle course (i.e., cones, tape, boxes, etc.)
- Ball to toss

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#2): GOAL
2. Group Discussion
   a) Participants will define what a goal is
   b) Participants will discuss some goals that they have for themselves
   c) Participants will each identify 3-5 goals to work on during the group

Psycho-education:

1. Define the goal setting process
   a) Define the goal
   b) Outline the steps needed to achieve it
   c) Consider possible obstacles and how to get around them
   d) Set deadlines for goals
2. Discuss how people set goals for themselves
   a) Define a short-term goal
   b) Define a long-term goal
   c) Discuss the differences in how people make short and long-term goals
3. Discuss what happens when something gets in the way of a person accomplishing their goal
   a) Describe how people overcome obstacles that get in the way of accomplishing their goals
4. Describe how other people can help an individual accomplish their goal
   a) Discuss who participants can ask to help them accomplish their goals
5. Describe how a person will know when they have reached their goal
   a) Discuss what it feels like to accomplish a goal

Activities:

1. Goal Setting Obstacle Course
   This activity is designed to put the goal setting process into action
   a) Have each participant define an attainable goal (i.e. graduate HS, get into college, make new friends, etc.)
   b) Have each participant identify and outline the steps needed to accomplish this goal using the goal-setting process
   c) Build a group obstacle course around an open space in a gym or outdoors
      i. Identify a starting point (now)
      ii. Identify ending point (reaching goal)
   d) Have each participant identify smaller goals to accomplish along the way
      i. Participants address how they will accomplish each of those smaller goals
      ii. Smaller goals are placed around the obstacle course based on when they can be attained
   e) Each participant will identify possible obstacles in the way of them achieving their goal
      i. These obstacles are placed along the obstacle course as "roadblocks"
      ii. Participant will identify what she must do at each obstacle in order to continue on to reach her goal
   f) Participants will identify individuals who can help them reach their goal.
   g) Each participant will go around the obstacle course several times until they can name all of their smaller goals and overcome all of the obstacles in their path
      i. Obstacle course will be individually tailored for each participant
      ii. Participants will discuss what it feels like when they accomplish the goal/finish the obstacle course
2. Collaborative Project: Group Goals
   This activity is designed to practice collaboration in goal setting and accomplishing a task together
   a) Participants will be read the following case scenario: "Your friend's birthday is coming up in 2 weeks! You are planning her surprise party together! How will you set goals and get everything done in that time?"
   b) Participants will discuss the goal-setting process and the steps that they will use for planning this party together
      i. Define the goal
      ii. Outline the steps needed to achieve it
      iii. Consider possible obstacles and how to get around them
      iv. Set deadlines for goals
3. Mapping Out My Goals
   This is an exercise for participants who may favor a more visual activity regarding the goal setting process
   a) Group Facilitator will have each participant identify two short-term goals they would like to work on for the rest of the year

b) Participants will then “map out” their plan to reach these goals by walking through the steps and drawing their plan on a “map” and identifying any obstacles to their plan

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a “journal”

1. Participants will be provided a “rubric” each week to outline what areas to write or draw about:
    a) What did I learn about my body?
    b) What did I learn about myself?
    c) What did I learn about my relationships with others?

Session 3: Physical Health and Exercise

Goals:

1. Introduce healthy types and amounts of exercise
2. Brainstorm how to exercise more on a daily basis
3. Understand the connection between physical exercise and mental health

Supplies Needed For Session 3:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Large open space for yoga/exercises
- "Healthy Exercises" Handout
- Construction paper
- My "Fitness Goals" Worksheet

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#3): BODY
2. Group Discussion
   a) Participants will answer the question: What is "physical fitness"?
   b) Participants will discuss why physical fitness is important
   c) Participants will discuss how physical health plays a role in mental health

Psycho-education:

1. Define "physical fitness"
   a) Cardiorespiratory (aerobic or endurance) fitness
   b) Muscular fitness
      i. Muscular strength
      ii. Muscular endurance
      iii. Flexibility
   c) Body composition
      i. Measured as a percentage of body fat
      ii. Measured as body mass index (BMI)
2. Define how physical activity helps maintain health and a healthy body weight
   a) It helps make the heart and lungs more efficient.
   b) It helps make the muscles more efficient
   c) It burns calories, reducing storage of energy as fat
   d) It makes the muscles and joints stronger
   e) It reduces the chances that a person will develop certain diseases

   f) It helps people feel less depressed/anxious and more positive
   g) It helps people generally feel better and have more energy
3. Define what is considered exercise
   a) At least 30 minutes of moderate-intensity physical activity is recommended for everyone on most days of the week
      i. Doesn't have to be in a gym
   b) An alternative is to participate in vigorous-intensity exercise for at least 20 minutes, at least three days per week (on alternate days)

Activities:

1. <u>Sharing our Favorite Exercises</u>
   This activity encourages participants to be more active and explore what they already know about physical fitness
   a) Participants will share their favorite stretches
      i. Each group member will be given a turn to share stretches that they use to warm up before exercising
   b) Conduct a mini yoga class
      i. Group Facilitator familiar with basic yoga will lead participants in several yoga poses
      ii. Suggestions for poses include: mountain pose, side stretches, bending forward, warrior pose, tree pose, plank pose, upward facing dog, bow pose, child's pose, cat and cow stretch, butterfly, leg twists, arm stretches
   c) Participants will practice exercises from a handout (to be placed in their folder) describing healthy exercises
      i. Lower back stretch, butterfly stretch, "pretzel" stretch, quad stretch, hamstring stretch
      ii. Neck rolls, shoulder raises, arm circles
2. <u>Collaborative Project: Brochure on Getting Physically Fit</u>
   This activity is designed to practice collaboration while helping participants brainstorm creative ways to get more exercise
   a) Participants will be read the following: "So by now you probably know it's important to be physically active- you hear about it all the time, in P.E. class, at the doctor, today… all the time! But- it's so hard to find the time to get active! Together let's brainstorm ways that we can be more active every day and make a brochure/poster to remind everyone and ourselves how easy it is."
   b) Each participant will be given supplies to make a flyer or brochure on a piece of construction paper for her to keep
   c) As a group, participants will come together to discuss the brochure they made and then as a group write down creative ways to get more exercise in various settings
      i. At home
      ii. At school
      iii. While playing with friends

3. My Fitness Goals
   This activity is designed to practice implementing goal-setting skills related to physical fitness
   a) Group Facilitators will help each participant write down attainable personal goals for getting more exercise on a "Fitness Goals" worksheet (to be placed in their folder)
   b) Thinking back to the goal planning session last week, participants will identify smaller fitness goals they can set along the way
   c) Participants will identify any obstacles or barriers to accomplishing their goal
   d) Participants will identify simple exercise they can easily do each day of the week

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
   a) What did I learn about my body?
   b) What did I learn about myself?
   c) What did I learn about my relationships with others?

Session 4: Physical Health and Healthy Eating

Goals:

1. Introduce healthy eating habits
2. Understand the relationship between healthy eating and overall well-being
3. Set goals for healthy eating

Supplies Needed For Session 4:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- MyPlate printouts for each participant
- Poster board for collaborative activity
- Clues for Name that Food! Game
- Names of foods written on notecards for the Creating MyPlate activity

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#4): HEALTHY EATING
2. Group Discussion
   a) Participants will discuss what and when they like to eat
   b) Participants will define "healthy eating"
   c) Participants will answer the question: Why is maintaining a healthy diet important?
   d) Participants will discuss how healthy eating plays a role in mental health

Psycho-education:

1. Define the term "healthy eating"
   a) Not about strict dietary limitations, staying unrealistically thin, or not eating what you like
   b) About feeling good inside and out, having more energy, and having a better mood
2. Discuss how healthy eating helps maintain health and a healthy body weight
   a) Helps people generally feel better and have more energy
   b) Helps people have a better mood
   c) Helps people maintain a desired weight and body image
3. Define what food groups people should be eating
   a) Make sure we are including: Vegetables, fruits, proteins, vitamins (calcium, fiber), and whole grains
4. Describe how people can eat healthier

   a) "Go" foods: foods that you know are healthy and are good to eat almost anytime; like vegetables
   b) "Slow" Foods: foods that are ok to eat sometimes, maybe like a few times a week; like pasta, hamburgers
   c) "Whoa" Food: foods that you should stop and think about before you eat.
      i. These are the least healthy foods and most likely to cause weight problems and make you feel unhealthy; like potato chips, ice cream, etc.

5. Teach participants to focus on *how* they feel after eating certain foods
   a) What foods make you feel good after eating them!
   b) What foods make you want to take a nap?
6. Teach about the importance of portion size
   a) Foods are not "off-limits"
   b) Just remember to portion sizes and think about how often you eat sweets
7. Discuss when participants should be eating throughout the day
   a) Remember to eat breakfast!!
   b) Eat smaller meals during the day
   c) Avoid eating at night

Activities:

1. Collaborative Project: Creating a Poster on Healthy Eating
   This activity is designed to practice collaboration while helping participants brainstorm creative ways to eat healthy foods and share those strategies with the community
   a) Group Facilitators will help participants make a poster about healthy eating to be displayed for others to see
   b) Use the "Choose My Plate" as a resource to demonstrate portion size
      i. http://www.choosemyplate.gov/
   c) Ideas to include:
      i. Why healthy eating is important
      ii. Strategies to help with healthy eating
      iii. Incorporate group members' favorite foods
2. Collaborative Project: Creating a Healthy Menu
   This activity is designed to practice collaboration while helping participants brainstorm creative ways to eat healthy foods when they are tempted by unhealthy options, or when planning their regular choices
   a) Participants will be read the following: "Pretend you get to control the lunches that are served at your school. You want to make sure that people eat food that tastes good, but also is healthy and nutritious. Together, plan the meals for one school week (5 days)"
   b) Group Facilitators will help participants discover if there is any way to make healthier choices
      i. Healthy Grains: look for "whole" grains
      ii. Healthy Dairy: reduced and low fat ingredients
      iii. Healthy Proteins: Skinless meats, lean meats, nuts and seeds, substitute tofu or beans

  - iv. Healthy Fruits and Vegetables: side dishes, fruit desserts, sauces and soups
  - v. Healthy Oils: healthy types of oil, healthy amounts
- c) Participants will develop ideas to incorporate more vegetables, fewer carbohydrates, etc.
  - i. Participants will discuss portion size and substitutions for "junk" foods

3. Planning My Diet
   This activity is designed to practice implementing goal-setting skills related to healthy eating
   - a) Group Facilitators will help participants write down attainable personal goals for healthy eating
   - b) Participants will think about the ways to eat healthier and about changes to their diet that they could easily make
   - c) Thinking back to goal planning, participants will identify smaller goals to set along the way
   - d) Participants will identify potential obstacles they may face when working towards their goal
4. Name That Food! Trivia Game
   This activity is designed to teach participants fun facts about healthy foods they may not be familiar with and may want to try in the future
   - a) Participants will guess what certain healthy foods are by the name and/or clue
   - b) Group facilitators will have index cards with clues for various foods (i.e., what is quinoa? What fruit is brown and furry on the outside and green and sweet on the inside?)
5. Creating My Plate
   This activity is designed to practice collaboration, as well as to help participants understand the development of healthy eating habits and implementing goal-setting skills related to healthy eating
   - a) Group Facilitator will place post-its or notecards with tape up on a board filled with food choices (both good/bad). For example: frozen yogurt, apple pieces, Big Mac, spinach, Dr. Pepper, etc.
   - b) Participants will be divided into pairs or small groups and go up and scramble to pull off the food choices they would like to create a meal with and bring them back to their desk
   - c) Participants will explain their choices and what they were able to grab in the competition
   - d) Group Facilitators will pass out MyPlate templates and have the participants attempt to sort out what they got to see if these fit into the suggested categories
   - e) Participants will identify what else they would need to make their plate/meal complete.
   - f) Notecards can be put back on the board for a "Round 2"

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
    a) What did I learn about my body?
    b) What did I learn about myself?
    c) What did I learn about my relationships with others?

Session 5: Self Esteem

Goals:

1. Introduce concept of high and low self-esteem
2. Relate healthy eating and exercise to developing healthy self-esteem
3. Make a plan and set goals for individual body image
4. Learn to identify positive qualities in self and others
5. Identify coping strategies for low self-esteem

Supplies Needed For Session 5:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Magazines
- Jars or boxes or each participant
- Self-esteem worksheet
- Paper for each participant
- Small mirror
- Body outline handout (or supplies to trace each participant's outline)

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#5): SELF-ESTEEM
2. Group Discussion
   a) Participants will discuss what high self-esteem means
   b) Participants will discuss what low self-esteem means
   c) Participants will discuss what impacts their self-esteem

Psycho-education:

1. Define self-esteem
   a) The term *self-image* is used to refer to a person's mental picture of herself.
      i. A lot of our self-image is based on interactions we have with other people and our life experiences
      ii. This mental picture contributes to our self-esteem
   b) Self-esteem is about how much we feel valued, loved, accepted, and thought well of by others, as well as and how much we value, love, and accept ourselves
2. Describe high self-esteem

a) People with healthy self-esteem are able to feel good about themselves, appreciate their own worth, and take pride in their abilities, skills, and accomplishments

3. Describe low self-esteem
    a) People with low self-esteem may feel as if no one will like them or accept them or that they can't do well in anything
4. Describe how self-esteem develops
    a) Self-esteem is influenced by the opinions of important others- parents, teachers, peers, etc.
        i. Can be damaging when it feels like they are constantly putting you down
        ii. Criticism doesn't have to come from other people. Some teens also have an "inner critic," a voice inside that seems to find fault with everything they do.
        iii. Unrealistic expectations can also affect someone's self-esteem. People have an image of who they want to be (or who they think they should be), which is good, but we want to make sure this “ideal” isn’t too far away from our “real” selves
5. Describe how to improve self-esteem
    a) Try to stop thinking negative thoughts about yourself
        i. When you catch yourself being too critical, counter it by saying something positive about yourself. Each day, write down three things about yourself that make you happy.
    b) Aim for accomplishments rather than perfection
        i. Instead of holding yourself back with thoughts about not trying something until you can do it perfectly, instead think about what you're good at and what you enjoy, and go for it
    c) View mistakes as learning opportunities.
        i. Accept that you will make mistakes because everyone does! Mistakes are part of learning
    d) Recognize what you can change and what you can't
        i. If you realize that you're unhappy with something about yourself that you can change, start today. If it's something you can't change (like your height), then start to work toward loving yourself the way you are
    e) Set goals for yourself
    f) Help others
        i. Tutor a classmate who's having trouble, help clean up your neighborhood, participate in a walkathon for a good cause, or volunteer your time in some other way. Feeling like you're making a difference and that your help is valued can do wonders to improve self-esteem.
    g) Exercise and eat well!

Activities:

1. Self-Esteem Worksheet
   Group Facilitator will provide each participant with a worksheet which asks them about particular qualities that they like about themselves
   a) Participants will fill out the worksheet about their positive qualities, which can then be used as ideas for the subsequent activities
2. How Others See Me
   This activity is used to visualize how other people view each participant; although we can be quite critical of ourselves it is important to remember that we have people who see us quite differently
   a) Each participant will divide a piece of paper into four equal parts
      i. In one section she will write words to describe herself
      ii. In one section she will write words her friends would use to describe her
      iii. In one section she will write words her parents would use to describe her
      iv. In one section she will write words her teachers would use to describe her
   b) Participants will discuss: What words are the same?
   c) Participants will discuss: What words are different?
3. Pass the Mirror
   Group Facilitator will instruct participants to sit in a circle and pass a small mirror around to each participant
   a) When it is her turn, each participant will looks at herself and name one thing she likes about herself on the outside (e.g., I have pretty eyes); then each group member will say one thing that they like about that participant on the outside
   b) The Group Facilitator will pass the mirror around a second time. During the next time around each participant will take the mirror and say one thing she likes about herself on the inside (e.g., I am a good friend); then each group member will say one thing that they like about that participant on the inside
4. My Body and Me
   Group Facilitator will provide participants with an outline of a body, or give participants the opportunity to trace the outline of their own body (depending on time and supplies)
   a) After participants have a body outline, they will label or color key features or qualities of themselves (inside or outside) that they are proud of
   b) Participants may use the descriptors of self and others used during the previous activity
   c) If time permits, invite participants to "share" their drawings to discuss positive qualities that they chose on the outside and inside
5. The Media and Body Image
   This activity is designed to target the idea of ideal and realistic body image and how adolescent girls are often uncomfortable in their own body

a) Group Facilitator will instruct participants to look through magazines and identify a few articles or advertisements of women
    i. Participants will discuss: What do these women look like?
    ii. Participants will discuss: Is this an ideal? Is this realistic?
    iii. Participants will discuss: How would you like to see women in ads?

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
    a) What did I learn about my body?
    b) What did I learn about myself?
    c) What did I learn about my relationships with others?

Session 6: Understanding Our Emotions

Goals:

1. Learn more about everyday emotions
2. Learn to discuss difficult emotions
3. Identify effective coping strategies to help with difficult emotions

Supplies Needed For Session 6:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Balloons and play-doh for stress balls
- Rocks and paint for worry rocks
- Construction paper
- Coping strategies exercises: breathing exercises, progressive muscle relaxation, mindful eating
- Raisins for Mindful Eating
- Scripts for Mindful eating, progressive muscle relaxation, guided imagery, and deep breathing exercises
- Small colored chocolate candies
- Coloring pages

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#6): FEELINGS
2. Group Discussion
   a) Participants will discuss what emotions they feel most often
   b) Participants will discuss why people need emotions
   c) Participants will discuss how they deal with feelings of stress, sadness or disappointment, and feelings of anger or frustration

Psycho-education:

1. We have many different emotions, which can be confusing and difficult to deal with at times. Here are a few steps to approach dealing with difficult emotions:
   a) Start by naming the emotion you are experiencing
   b) Accept what you're feeling. It can be helpful to try to understand why you are experiencing a particular emotion
   c) Express your emotion. Some people like to write about what they are feeling, some people talk to someone they can trust others express their feelings by crying, relaxing, or exercising

- d) Pick a healthy way to take care of yourself

2. Describe why people need emotions
   - a) They let us know what we are feeling and for good reasons
   - b) When we are scared or upset or overwhelmed our emotions help clue us in
3. Provide specific psycho-education about various emotions:
   - a) What is stress?
     - i. The uncomfortable feeling you get when you're worried, scared, angry, frustrated, or overwhelmed
     - ii. Stress and Anxiety have 3 components
       - a. Thoughts: how we think affects how we feel and act
       - b. Behavior: What we do affects how we think and feel
       - c. Emotions: What we feel affects how we think and how we act
     - iii. Signs of Stress Overload
       - a. Anxiety or panic attacks
       - b. Feeling of being constantly pressured and hurried
       - c. Irritability, moodiness, aggression
       - d. Physical symptoms
       - e. Allergic reactions like eczema or asthma
       - f. Sleeping problems
       - g. Poor coping skills
       - h. Feeling sad or depressed
     - iv. How to manage stress/anxiety?
       - a. Changing the way we think (managing those self-critical thoughts)
       - b. Developing planning techniques
       - c. Relaxation techniques
       - d. Asking for help
       - e. Taking care of ourselves, physically and mentally
   - b) What is sadness?
     - i. Sadness is a difficult emotion to cope with because it can feel so intense
     - ii. How to manage feelings of sadness?
       - a. Changing the way we think
       - b. Developing planning techniques
       - c. Relaxation techniques
       - d. Asking for help
       - e. Taking care of ourselves, physically and mentally
   - c) What is anger?
     - i. Anger is an intense emotion. It can be overwhelming, scary and confusing.
     - ii. Everyone feels angry at times. That's natural.
     - iii. How to manage anger?
       - a. Changing the way we think
       - b. Developing planning techniques
       - c. Relaxation techniques

d. Asking for help
e. Taking care of ourselves, physically and mentally

Activities:

1. Coping Skills
   This activity is designed to help participants confidently practice coping skills to manage difficult emotions
   a) Group Facilitator begins with a brief reminder about what happens internally when our bodies feel tense or stressed
      i. Heart rate, breathing rate, blood pressure, and metabolism speed up
      ii. Blood vessels dilate to allow more blood flow to muscles
      iii. The body's reaction to stress helps us to perform well under pressure. However, when the stress response overreacts or fails to turn off properly, it can cause problems!
   b) Group Facilitator discusses the benefit of relaxation techniques during times of stress or anger when the nervous system is activated
      i. Guide participants to use mind to think about positive thoughts and how we can use relaxation techniques to calm our minds and bodies
   c) Participants are guided through a Progressive Muscle Relaxation exercise
   d) Participants are guided through Deep Breathing exercises
   e) Participants are guided through a Mindful Eating exercise
   f) Participants are guided through a Guided Imagery exercise
2. Make a Stress Ball
   This is a hands-on activity to demonstrate a good outlet for feelings of stress and anger
   a) Group facilitator can choose to have participants either make a stress ball or paint worry rocks with helpful messages to themselves for when they are feeling upset
      i. For stress ball: participants will fill uninflated balloons with play dough or flour/rice
      ii. For worry rocks: participants will paint and decorate rocks with helpful, calming messages on them
3. Write a Coping Skills Book
   For this activity, participants will demonstrate understanding of coping skills for various emotions by creating her own "coping skills" book to refer to during times of stress, anger, or frustration
   a) Group Facilitator will provide construction paper, makers, and magazines for a collage
   b) Each participant will make her own coping-skills book based on strategies she has learned (or has used in the past) that she can use when she feels overwhelmed.
      i. Examples include: going for a walk, reading a book, playing with friends, asking for help, etc.

4. Managing Angry Thoughts
   This activity asks participants to share events and strategies related to their feelings of anger
   a) Group Facilitator will have a bag of colored chocolate candies and ask each participant to select several (about 4-5). Before eating these, participants will be asked to share responses based on the color of their candy:
      i. For every red candy say one thing that makes you angry
      ii. For every brown candy share something you feel in your body when you are angry (i.e., breathing, clenched fists, etc.)
      iii. For every green candy tell one thing you do to calm yourself down when feeling upset (breath, take a walk, etc.)
      iv. For every yellow candy say one person you can usually talk to when you are feeling upset
      v. For every blue candy say one poor choice you made when you were angry and what you could have done differently
      vi. For every orange candy say one good choice you made when you were angry
5. Coloring
   This activity demonstrates another coping strategy that many people find relaxing during times of stress or anxiety
   a) Group Facilitator will provide each participant with printed mandalas and coloring pages to be colored or blank paper for doodling

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
   a) What did I learn about my body?
   b) What did I learn about myself?
   c) What did I learn about my relationships with others?

Session 7: Navigating Relationships

Goals:

1. Introduce different types of relationships
2. Begin to identify support networks and classify types of relationships
3. Learn about forming new relationships and qualities and strategies for making new friends

Supplies Needed For Session 7:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- A Gratitude Journal Worksheet
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Construction paper
- Paper with three concentric circles
- Slips of paper

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#7): RELATIONSHIPS
2. Group Discussion
   a) Participants will discuss the types of relationships they have
   b) Participants will discuss their friend groups
   c) Participants will discuss how they make new friends
   d) Participants will discuss the differences they feel in their relationships

Psycho-education:

1. There are many different types of relationships
   a) Friendships, school classmates, teachers, family (parents, siblings, grandparents, cousins, aunts, etc.), romantic relationships, etc.
2. Sometimes these groups can overlap
   a) For example, classmates can be friends, family can be friends
3. People may feel more comfortable in some relationships than others
   a) Sometimes we do some activities with particular groups and other activities with others
   b) Example: Going to the movies with friends, vs. with mom, vs. on a date
4. Discuss how people form relationships
   a) Some relationships are not really a "choice" we are born into those (i.e. family)

b) Some relationships we aren't born into, but we also don't really choose (i.e., teacher, boss at job)
c) Lots of relationships we choose (ex. Friends)
d) People form these relationships by finding people that have something in common and who they enjoy spending time with

Activities:

1. Relationship Map
   This activity encourages participants to understand the various relationships in her life in different layers or "systems"
   a) Group Facilitator will provide each participant with a piece of paper with three (3) concentric circles drawn on it
   b) In the first, smallest circle, participants will list people that they feel closest to
      i. Examples include family members, one or two best friends, pets, etc.
   c) In the second circle, participants will list people they are close to and that support them, but more separate than those in the first circle
      i. Examples include school friends, teachers, volunteer friends, etc.
   d) In the last circle, participants will list people in the community that they feel support them
      i. Examples include church members, school bus drivers, librarians, etc.
   e) Participants will discuss their "relationship map"
   f) Participants will notice differences in their maps. Sometimes people feel more comfortable with 1-3 close friends, other people desire more
   g) Participants will each discuss how they decided how close they were to a person on their map
2. What Makes a Friend?
   This activity teaches participants the qualities that people look for in friendships
   a) Group Facilitator will give each participant several slips of paper and instruct them to write down qualities that they look for when deciding who will be their friends
   b) Participants will "turn in" their responses to the Group Facilitator, who will read all of the qualities listed out loud
   c) After all of the qualities are read aloud, participants will work together to list the five qualities that are most important to have in a close friend
   d) Participants will rank the qualities "1" for the most important and "5" for the least important
   e) Participants will then discuss a series of questions:
      i. Was it easy or difficult to decide which five qualities were most important? Why?
      ii. How did participants decide which quality was most important? Was there disagreement? What were some of the other choices in your group?
      iii. Which qualities are especially difficult to find in a friend?

iv. What desirable qualities do you bring to friendships?

f) Participants will be given several more slips of paper and instructed to write down qualities that they believe their friends value in them
   i. Participants will discuss if any of these qualities were on the list previously made

3. Gratitude Journal
   This activity teaches participants to practice reflecting on being grateful for the people and relationships in their life
   a) Group Facilitator will provide participants with a "Gratitude Journal" page and prompt them to think about the relationships in their life
   b) Participants will write an entry about a person they want to thank for helping, supporting, or loving, them
4. I've Got Your Back!
   This activity incorporates physical activity into a relationship and team-building activity
   a) The Group Facilitator will divide the group into pairs
   b) Each pair of participants will sit on the floor with their partner, with their backs facing each other, their feet out in front of them, and their arms linked.
   c) Participant pairs will be instructed to attempt to stand up together without unlinking arms
   d) Once each pair has successful executed this activity, Group Facilitator will instruct two pairs join together and each group of four tries to repeat the task
   e) After they succeed, the Group Facilitator will add another pair and try again
   f) The Group Facilitator will keep adding people until the whole group is trying to stand together
5. The Human Chair
   This activity also incorporates physical activity into a relationship and team-building activity
   a) The Group Facilitator will invite all participants to stand in a circle shoulder to shoulder
   b) Each participant will then turn to the right to face the back of the person in front of them
   c) The Group Facilitator will ask them to place their hands on the shoulder of the person in front. On the count of three all participants will slowly begin to sit down on the lap of the person behind. As long as everyone is helping the person in front of him or her to sit, then everyone should be supporting the weight of everyone else

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:

a) What did I learn about my body?
b) What did I learn about myself?
c) What did I learn about my relationships with others?

Session 8: Relationship Conflicts

Goals:

1. Introduce the concept of uncomfortable situations and conflicts in relationships
2. Identify experienced conflicts or discomforts in relationships with others
3. Learn effective strategies for handling stressful situations and conflicts in relationships

Supplies Needed For Session 8:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Construction paper
- The Relationship Spectrum Handout
- Outline of a body

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#8): CONFLICT
2. Group Discussion
   a) Participants will respond to the question: What is a conflict?
   b) Participants will discuss previous conflicts they may have had with a friend or family member
   c) Participants will discuss common reasons for conflict

Psycho-education:

1. Define four types of conflict in relationships
   a) Within people (intrapersonal)
   b) Between people (interpersonal)
   c) Within groups (intragroup)
   d) Between groups (intergroup)
2. Discuss different ways to resolve a conflict
   a) Avoiding- Issue and relationship both are insignificant
   b) Accommodating- Relationship is more important than the issue
   c) Forcing- The issue is more important than the relationship.
   d) Compromising- Cooperation is important (give a little, get a little)
   e) Collaborating- Relationship and issue are both important (takes more time)
3. Distinguish between healthy and unhealthy relationships

a) Relationships can change over time, sometimes they start out healthy and become unhealthy
b) Provide handout on The Relationship Spectrum (to be placed in folders)

4. Define healthy relationships
    a) Qualities: Mutual respect, trust, honesty, support, fairness/equality, separate identities, good communication, fun and happy
    b) Signs of healthy relationships:
        i. Take care of yourself and have good self-esteem independent of your relationship
        ii. Maintain and respect each other's individuality
        iii. Maintain other relationships
        iv. Have activities apart from one another
        v. Are able to feel secure and comfortable
        vi. Take interest in one another's activities
        vii. Do not worry about violence in the relationship
        viii. Trust each other and be honest with each other
        ix. Compromise- relationships are give and take
5. Define unhealthy relationships
    a) Qualities: Do not respect each other, no trust, dishonesty, do not support each other, no fairness/equality, enmeshed, poor communication
    b) Signs of an unhealthy relationship:
        i. Put one person before the other by neglecting yourself or your partner
        ii. Feel pressure to change who you are for the other person
        iii. Feel worried when you disagree with the other person
        iv. Feel pressure to quit activities you usually/used to enjoy
        v. Pressure the other person into agreeing with you or changing to suit you better
        vi. Notice one of you has to justify your actions
        vii. Notice arguments are not settled fairly
        viii. Experience yelling or physical violence during an argument
        ix. Attempt to control or manipulate each other

Activities:

1. How to Handle a Conflict
    This activity requires active participation and theatrical skills while participants practice resolving a conflict
    a) Group Facilitator will provide a common conflict that participants may experience and ask for volunteers to help act it out
        i. Example conflict: Someone tells you that your best friend was saying mean things about you behind your back at lunch. You are really upset by this. What are you going to do to work this out with your best friend?
    b) In each of scenario, participant volunteers will be instructed to act out three different resolutions to the conflict story
        i. The participant ignores the conflict

ii. The participants fights about the conflict
iii. The participant calmly confronts the conflict

c) After each skit, participants will discuss the pros and cons of each scenario

2. <u>Confronting Awkward Moments In A Relationship</u>
This activity requires active participation and discussion for participants to think about how they would handle certain awkward moments in a relationship
    a) Group Facilitator will read aloud social scenarios where friends and/or significant others in relationships are having a conflict.
        i. Scenario 1: Maddie is over at her friend Hannah's house. Maddie has recently started dating a new boy from school. She's constantly texting her new boyfriend, even though Hannah has all sorts of activities planned and was really looking forward to her time with her friend. What should Hannah do?
        ii. Scenario 2: Amanda is mad at her best friend, Sally, because she likes the same boy that she does and Sally knew she liked him. What should Amanda do?
        iii. Scenario 3: Kathy's friend Anna is having a birthday party and Anna did not invite Debbie, one of both Kathy and Anna's close friends. How should Kathy approach this situation with Kathy and with Anna?
        iv. A boy Emily like asks if he can borrow her homework to answer a couple questions he was stuck on. What should Emily do?
        v. Participants can volunteer conflicts or scenarios that they have experienced or have thought about
3. <u>Standing up to a Bully</u>
This activity discusses one of the most common conflicts that adolescent girls face, when they are experiencing bullying either as a victim or a witness
    a) Group Facilitator will bring a large drawing of a person and as a group the participants will write negative statements that have been said to each of them personally or that they have heard other people say to others
    b) Participants will then be asked questions and will discuss what they have experienced when encountering a bully
        i. Did you ever believe what the bully said?
        ii. What happened when those words were said?
        iii. How did it make you/the person feel?
    c) Participants will have a discussion about what they can do to stop bullying
        i. Ignore it
        ii. Tell an adult
        iii. Stick up for the person being bullied
4. <u>Conflict with Family</u>
This activity explores conflict between members of a family
    a) Group Facilitator will relate this activity back to the different types of relationships that were discussed in the previous session, stating that family is one relationship that we cannot choose
    b) Participants will be asked to stand in a circle and each will be given the opportunity to complete the sentence, "I feel angry when ..."

        i. Participants will be encouraged to discuss specific conflicts within their family and how they have been resolved in the past

    c) During the next time around the circle the Group Facilitator will change the emotion word to "I feel hurt/upset/sad when..." and participants will have another opportunity to share about conflicts that have occurred within the family

5. <u>Human Knot</u>
   This activity incorporates physical activity into a fun team-building and conflict resolution activity
    a) Group Facilitator will divide group into teams of 6-8.
    b) Each team will stand in a small circle. Participants will be asked to extend their right hand across the circle and hold the right hand of a team member on the opposite side of the circle
    c) Then participants will extend their left hand across the circle and hold the left hand of a different group member
        i. Participants cannot be holding both hands of the same participant
    d) The Group Facilitator announces that the task is to unravel their interlocking arms without letting go of anyone's hands.
        i. Participants are encouraged to use communication to work through solving the problem

Journal:
At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
    a) What did I learn about my body?
    b) What did I learn about myself?
    c) What did I learn about my relationships with others?

Session 9: Self-Efficacy

Goals:

1. Introduce the concept of "self-efficacy"
2. Identify experiences of low self-efficacy and experiences of high self-efficacy
3. Learn effective strategies and coping mechanisms to use when feeling low self-efficacy

Supplies Needed For Session 9:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Construction paper
- Slips of paper
- 1 jar or box for each participant
- Practicing Self-Efficacy Handout
- My Goals and Self-Efficacy Worksheet

Sharing and Ice Breakers:

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) During the final session, participants will have the opportunity to make a collage about all of the words they have learned about
   c) Word of the day (#9): SELF-EFFICACY
2. Group Discussion
   a) Participants will discuss the definition of self-efficacy
   b) Participants will identify times when they have felt that they can't make it through a tough situation
   c) Participants will identify times when they have felt very strong, that they could make it through a tough situation and maybe even help others

Psycho-education:

1. Define self-efficacy
   a) The belief that you have skills that you can rely on to help you navigate life and reach your goals
   b) A person's belief in their capability to perform in ways that allow them to influence the events that affect their lives
2. Discuss what causes poor self-efficacy
   a) Lack of successful experiences
   b) Not providing opportunity for mastery
   c) Lack of encouragement and support
   d) High stress or anxiety

e) Competitive environment
f) Inadequate feedback

3. Discuss what helps people increase self-efficacy
    a) Use moderately-difficult tasks
    b) Use peer models
    c) Capitalize interests, strengths, and favorite activities
    d) Let yourself make choices!
    e) Encourage yourself along the way!
    f) Ask for feedback to make sure you are on the right track
    g) Encourage accurate attributions
4. Identify sources of self-efficacy
    a) Performance (or mastery) experiences:
        i. Interpretations of one's own experiences.
        ii. Actions perceived as successful raise self-efficacy whereas perceived failures lower it
    b) Vicarious Experiences:
        i. Observing the actions of others.
        ii. Seeing the success of a close friend may raise the self-efficacy, while seeing failures of close friends/family members will lower it
    c) Imaginal Experiences
        i. We can influence self-efficacy beliefs by imagining ourselves or others behaving effectively or ineffectively in hypothetical situations
    d) Social (Verbal) Persuasions
        i. Evaluative feedback from parents, teachers, peers
        ii. Efficacy beliefs are influenced by what others say to us about what they believe we can or cannot do
    e) Psychological and emotional states:
        i. Anxiety, fatigue, and mood while performing an action
        ii. If a strong negative feeling is associated with the task/action, the self-efficacy is lower

Activities:

1. <u>Practicing Self-Efficacy Worksheet</u>
    This worksheet provides an illustration for participants to understand how to practice self-efficacy and map out this new construct
    a) Group Facilitator will provide each participant with a Practicing Self-Efficacy Worksheet
    b) Group Facilitator will define negative thoughts and discuss how to challenge these thoughts
        i. Group facilitator will explain that people can learn to identify and challenge negative thoughts that undermine beliefs in their ability to master a task. After identifying, they then replace the negative thought with a positive, truthful idea
        ii. Participants will provide examples
    c) Group Facilitator will emphasize the importance of goal setting

i. Learning how to set realistic goals and strategies for persisting in achieving those goals when we encounter obstacles helps us to experience greater mastery in life
ii. Participants will provide examples and think back to their goal-setting activities

d) Group Facilitator will instruct participants on how to notice, analyze, and celebrate their successes
   i. Group Facilitator will instruct that participants can increase self-efficacy by teaching themselves to identify successes and to accurately assess their contribution
   ii. Participants will provide examples
e) Group Facilitator will help participants focus on what they can control
   i. Group Facilitator will emphasize effort and strategy of how participants solve problems and approach a new situation
   ii. Participants will provide examples
f) Group Facilitator will discuss how participants can provide opportunities for mastery experiences
   i. Group facilitator will explain how participants can be sure that they make decisions, use and practice skills, and try different paths to achieve goals
   ii. Participants will provide examples
g) Group Facilitator will discuss the importance of being honest and realistic
   i. Group facilitator will encourage participants that when they fail or have a setback, don't pretend it didn't happen, but learn from mistakes
   ii. Participants will provide examples

2. <u>When I Don't Feel Strong</u>
   This activity acknowledges that there are times when all of us don't feel at our best, but this is an exercise in challenging those negative thoughts
   a) Group Facilitator will give each participant several slips of paper
   b) Participants will be instructed to write down statements of why they believe they cannot be successful in different situations (i.e. with friends, in school, etc.).
   c) Participants will then be instructed to write down other negative thoughts about themselves, such as "I feel I am too fat" or "I feel I will never amount to anything".
      i. Group Facilitator will provide statements or examples to help them and can share negative thoughts they had when they were the participants' age
   d) Group Facilitator will remind participants that no one will see what they write and this is for their eyes only
   e) Participants will then make a show of discarding these negative thoughts
      i. Participants rip these papers and throw them in the trashcan or crumple it into a ball and toss it in the trashcan

3. <u>I Can! Jar</u>
   This activity helps practice celebrating success. Sometimes it's hard to notice when we are doing something well, so this activity puts a list of successes all in one place
   a) Group Facilitator will give each participant a clean can or jar and have her decorate it with construction paper, markers, stickers, etc.
   b) Then Group Facilitator will give participants several slips of paper
   c) Participants will be instructed to write down positive statements about their abilities
      i. For instance, participants can complete the statement, "I believe I am smart enough to…" and write action statements
      ii. Participants can write down some of the things they are very good at
      iii. Other participants will also be provided slips of paper to write statements for the other group members in order to help her "fill her jar"
   d) Participants are instructed that when they are feeling down or lacking self-confidence, they can open their jar and take out a slip of paper to read to remind herself of her strengths
4. <u>What Would You Do?</u>
   This activity is intended to help with the application of the different experiences that lead to self-efficacy
   a) Group Facilitator will read the following social story aloud, then participants will discuss ways in which the character can increase her self-efficacy
      i. Situation: Your best friend Sarah comes to you and tells you that she is dropping out of the school play, even though she practiced very hard to get the lead role. You know that she loves acting and she was very excited to be a part of the play. However, she tells you that she is so nervous about opening night and performing in front of people and she "knows she isn't good enough." She thinks that people will just laugh and her. She is so upset that she gets butterflies in her stomach every time she thinks about the play and can't even sleep she is so upset.
   b) Group Facilitator will lead participants in a discussion about how they could talk to Sarah to increase her self-efficacy about the play. Discussions will focus on the following:
      i. Performance (or mastery) experience: How could you help Sarah change her beliefs about her ability to perform in the school play?
      ii. Vicarious Experiences: How would you use friends or other people who have been through a similar experience to show her it is ok?
      iii. Imaginal Experiences: How could you help Sarah imagine her success in the play?
      iv. Social (Verbal) Persuasions: How could you give Sarah feedback about her performance to decrease her anxiety?

v. Psychological and emotional states: How do Sarah's emotional and psychological factors (anxiety, butterflies in stomach) play a role in her feelings of low self-efficacy?

5. Accomplishing MY Goals
   This activity is designed to help participants map their goals while understanding how specific experiences can increase self-efficacy
   a) Group Facilitator will distribute the Self-Efficacy and My Goals worksheet
   b) Participants will each be asked to recall one of the goals that they made for themselves at the very beginning of group when we practiced setting goals for ourselves (Session 2)
   c) In each of the segments on the worksheet participants will demonstrate (write, draw) how they can use these techniques for building self-efficacy to accomplish their goals. Discussions and techniques will focus on the following:
      i. Performance (or mastery) experiences
      ii. Vicarious Experiences
      iii. Imaginal Experiences
      iv. Social (Verbal) Persuasions
      v. Psychological and emotional states:

Journal:
At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
   a) What did I learn about my body?
   b) What did I learn about myself?
   c) What did I learn about my relationships with others?

Session 10: Bringing it All Together

Goals:

1. Discuss what was learned during time in this group over the past 10 sessions
2. Identify how the various psychological themes fit together
3. Apply concepts to everyday situations and use knowledge and coping strategies to solve problems or conflicts

Supplies Needed For Session 10:

- Large poster board with "words of the day"
- Art supplies (markers, crayons, colored pencils, etc.)
- Each participant's Journal (created in Session 1)
- One journal "rubric" for each participant
- Ball to toss
- Construction paper

Sharing and Ice Breakers:

1. Group Discussion
    a) Participants will discuss how the different topics over the past nine sessions relate to one another
    b) Participants will each share at least one thing that they have learned about their body during group
    c) Participants will each share at least one thing that they have learned about herself during group
    d) Participants will each share at least one thing that they have learned about their relationships during group

Psychoeducation:

1. Participants will be reminded of the various topics covered over the previous weeks
    a) These include the words: Individual, Goals, Body, Healthy Eating, Self-Esteem, Feelings, Relationships, Conflict, and Self-Efficacy
2. Discuss how these topics relate to one another
    a) Self-efficacy is a driving feature underlying these areas
    b) Physical Health including exercise and healthy eating impacts what our body can do and how we feel emotionally
    c) Emotional Health/Regulation relates to how to maintain relationships, can process information, and handle our feelings
    d) Our relationships impact us on a daily basis and are connected to how we feel emotionally, as well as to
    e) Our ability to handle conflict within ourselves and with other people is an important skills, and can affect how we feel on the outside and inside
    f) Finally, our ability to set goals for ourselves, accomplish tasks, and feel achievement and efficacy leads us to be successful and accomplished individuals

g) These components all work together to make us who we are and to develop a true sense of "well-being" on the inside and on the outside

Activities

1. Word of the Day
   Each session, the Group Facilitator will introduce a new "word of the day"
   a) Participants will discuss what the word means to them
   b) Word of the day (#10): WELL-BEING
2. Word of the Day Collage:
   a) Group Facilitator will take out the large poster board with the 10 "words of the day" printed neatly
   b) Group Facilitator will invite participation in a review of these words and their meaning
   c) Participants will make a collage using art supplies to represent all they have learned about the words
3. What Would YOU Do?
   This activity works to solidify the teachings from the program by having the participants give advice to other young girls who are experiencing a common difficulty
   a) Group Facilitator will read 8 scenarios out loud and the participants will be responsible for coming up with some suggestions to help the individual in the social story
   b) Participants may wish to respond to each girl in a "Dear Abby" format, or just brainstorm ideas together
   c) Scenarios are as follows:
      i. Amanda really wants to join her school's basketball team. What are some strategies that Amanda could use to accomplish this goal? What are the steps to achieving a goal? What are some short-term goals that Amanda could set for herself? What might some obstacles be? How could Amanda overcome any setbacks that she encounters?
      ii. Katherine learned about the importance of physical exercise in her gym class in school. She has decided that she wants to make an effort to get more exercise every day. Based on what you know, what are some easy ways that she could get more exercise? Are there things she could do differently at home, school, or while playing? Could she set some goals for herself?
      iii. After learning about the importance of healthy eating in her health class, Susie and her mother have decided to make some changes to their diet. Why would you tell Susie and her mother that eating healthy is good? What are some different foods that you might recommend that Susie and her mother could add to their diet? Is there other advice that you might have for Susie and her mother about foods or about their portion or when they eat?
      iv. You've noticed that your friend Madeline has been very critical of how she looks lately. You were at her house for a sleepover and

she kept complaining about how fat she was and that nobody thinks she is pretty. She keeps comparing herself to other people at your school and to pictures that she sees in magazines. You think she is beautiful and wish that she would stop saying such hurtful things about herself. What might you tell her to help improve her self-esteem?

v. Your best friend Cassidy shares with you how worried she has been recently. She says that school (particularly tests) cause the most anxiety for her and that she often has panic attacks, feels sick, has trouble breathing, has trouble sleeping, and feels sad or upset whenever she has to manage all of her school work. What are some strategies that you could share with Cassidy to help decrease her stress and anxiety?

vi. Rebecca is a new student at your school. You overhear her in the hallway saying that she just moved to town from California and is having a difficult time meeting people. What are some ways that you could help Rebecca feel more welcome? How did you meet your friends- could Rebecca meet friends in similar places?

vii. Keyona and her mother have had a big conflict because Keyona really wants to go over to her best friend's house for a sleepover this coming weekend, but her mother really needs her to be home to help her prepare for her grandparent's visit. Keyona got really upset and now she and her mother aren't talking to one another. Keyona comes to talk to you because she is really upset about the situation and asks for some advice on how to handle this situation. What would you tell her?

viii. Your best friend Elizabeth comes to you and tells you that she is quitting the volleyball team, even though she practiced very hard to get on the team. You know that she loves playing volleyball. However, she tells you that she is so nervous about games, feels like she is the worst player on the team, and she "knows she isn't good enough." She thinks that people will just laugh and her. She is so upset that she thinks it is better for her to just quit now.

Journal:

At the end of each session, participants will be provided time to write about what they learned during that session in a "journal"

1. Participants will be provided a "rubric" each week to outline what areas to write or draw about:
   a) What did I learn about my body?
   b) What did I learn about myself?
   c) What did I learn about my relationships with others?
2. Following this session, participants will be instructed to take their journal home in order to reflect on all they have learned during the *I Can Thrive!* Group in the future