Self-Reported Resilient Behaviors of Seventh and Eighth Grade Students Enrolled in an

Emotional Intelligence Based Program

Veronica Castro

University of Texas-Pan American

Michael B. Johnson

Georgia Highlands College

Robert Smith

Texas A&M University-Corpus Christi

Abstract

School counselors are in a unique position to help at-risk students. Research indicates that teaching resiliency skills and emotional intelligence is a promising venture (Bernard, 1997; Chavkin & Gonzalez, 2000; Henderson & Milstein, 2002). Seventy identified at-risk seventh and eighth grade students enrolled in the Teen Leadership Program (Flippen Group, 2001) served as the population for this study. Initial analysis of the data did not reveal a difference between treatment and control groups. However, non-parametric tests indicate that the experimental group had a significant difference in office referrals. Findings and recommendations for future research are further elaborated in this study.

Self-Reported Resilient Behaviors of Seventh and Eighth Grade Students Enrolled in an

Emotional Intelligence Based Program

School counselors have an ethical responsibility to promote the highest level of

personal/social and academic development in all school students (ASCA, 2004). "All

students" includes at-risk youth, perhaps the most vulnerable population. Since school

counselors work with large student populations, upwards of 1:500 (Greene & Greene,

2004) – a far cry from the American School Counseling Association recommended

maximum ratio of 1:250 (ASCA, 1999), the most effective way to serve all students is

through a comprehensive guidance program. School climate, academic scores,

attendance rates, and behavioral disruptions are all positively impacted when a

comprehensive school guidance counseling program is successfully implemented

(Brigman & Campbell, 2003; Lapan, Gysbers, & Petroski, 2001). Additionally, Green

and Keys (2001) assert that developing student self-awareness is crucial when

implementing school counseling programs.

Since school counselors' strengths lie in their knowledge, leadership, advocacy,

and counseling skills, it is reasonable to hypothesize that school counselors would be

effective in promoting programs that address students' personal and social

development. Programs that promote positive relationships among students, their

peers, and their teachers have been shown to help improve academic achievement

(Ray, Lambie, & Curry, 2007). Paone and Lepkowski's (2007) research supports the

school counselor's need to target and promote personal and social development in

students. Furthermore, Ray et al. state, "Professional school counselors (PSCs) can

support school personnel in promoting educational climates conducive to optimal

student academic and social development" (p. 2), and emphasize the need for research involving "strategies that effectively support students' educational engagement . . . and improving student peer relationship building techniques" (p. 14). The current study assessed the effects of one such program on students' self-perceptions and objective behavioral outcomes.

Due to burgeoning numbers of at-risk youth at both national and state levels, increased dropout rates, and low graduation rates, school programs designed to reduce student dropout rates and to increase resiliency tendencies of at-risk students will benefit the school and society. Christenson and Thurlow (2004) stated, "For society, the costs of dropouts are staggering, estimated in the billions of dollars in lost revenues, welfare programs, unemployment programs, underemployment, and crime prevention and prosecution" (p. 36). Due to the implications these dropouts have on our nation, it is imperative that researchers, policymakers, and educators collaborate and create effective interventions (Buckley, Storino, & Saarni, 2003; Christenson & Thurlow; Wells, 1990). Legislation such as, No Child Left Behind (2002) is an example of a policy whose primary purpose is to close the achievement gap between minority students (i.e., those with a higher propensity to be identified as at-risk) and White students. Thus, the pressure on educators to effectively identify and mediate outcomes typically experienced by at-risk individuals is great. Currently, educators including school counselors are faced with more responsibility and accountability than ever. To meet these challenges, many programs have been developed to serve students, particularly those identified as at-risk.

Since the term at-risk is considered to be multidimensional and broad in scope, a consensus about its definition is lacking. However, the most visible and identifiable group of at-risk students are those who drop out of high school (Nowicki, Duke, Sisney, Stricker, & Tyler, 2004). Therefore, this study focuses on the term at-risk from an educational stand point. Some states (e.g., Texas; TEA, 2003b) have defined at-risk students as those who are likely to drop out of school because they meet at least one of a number of criteria (e.g., the student was not advanced from one grade level to the next for one or more school years; the student did not perform satisfactorily on a state assessment instrument; the student has been placed in an alternative education program, detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, or foster group home during the preceding or current school year; or the student has been expelled during the preceding or current school year). It is important to note that a student's vulnerability to dropping out of school has been linked to factors such as culture, language, and socioeconomic status (Nowicki et al.).

Periods of adjustment are shown to have a strong relationship with the risk of dropping out of school (e.g., middle school to high school). Students usually drop out between the ages of 15 and 17 and often during critical transition points (U.S. Department of Education, 2004). Chapman and Sawyer (2001) also acknowledge this school transition period as critical. Henderson (1991) found that the sooner students can be identified as being at-risk, the higher the likelihood intervention strategies will be effective. Thus, it is critical to implement prevention efforts at the middle school or junior

high level before students begin transitioning to high school (Chapman & Sawyer; U.S. Department of Education).

Research investigating school dropouts reveals that schools which promote strong relationships between students and faculty are successful in reducing the dropout rate (Aviles, Guerrero, Howarth, & Thomas, 1999; Davis & Dupper, 2004). Similarly, Henderson (1991) found that alternative schools that add a humanistic approach to their teaching demonstrate improved attendance and grades. Aviles et al. also notes that schools in which counselors actively advocate for their at-risk students often correlates with decreases in student drop out rates.

The literature addressing at-risk students and programs designed to help these students is robust. However, many of these studies are simply descriptive in nature. Although current research is helpful in identifying the programs implemented to help at-risk students, it does little to determine whether they are effective. Therefore, studies addressing the efficacy of these programs are crucial, necessary, and beneficial for educators, students, and this line of research.

While a vast majority of at-risk students are exposed to several risk factors and are therefore in danger of academic failure, some within this group manage to beat the odds. Those students who exhibit or develop characteristics that allow them to overcome challenging obstacles are defined as having high resiliency.

Often, it is people in the lives of these youth who facilitate the student's eventual positive outcomes. Thomsen (2002) reports, "The research on resilient people often reveals that a school experience or staff person had made the most significant difference in a young person's life" (p. x). Additionally, research on resilience indicates

that resilient students have good social skills, positive self-esteem, a positive sense of

the future, support from mentors or peers, and perform well in school (Grayson, 2001).

Research on resilience also maintains the idea that the construct of resilience can

increase due to teaching certain life/social skills (Bosworth & Earthman, 2002; Werner &

Smith, 1992). "Children are inherently vulnerable, but also they are strong in a

determination to survive and grow" (Radke-Yarrow, Sherman, Mayfield, & Stilwell, 1990,

p. 97). Nelson and Low (2003) and Wolin and Wolin (1993) also affirm that resilient

behaviors can be learned and then practiced until they become internal strengths. In

other words, students who are resilient exhibit certain characteristics or qualities that

enable them to overcome difficult or devastating circumstances, and students who are

not resilient can be taught skills that will enhance their resiliency. Therefore, it is likely of

great benefit to implement programs with empirically supported positive outcomes in

schools. School counselors and teachers, for example, may be optimally positioned to

incorporate programs that enhance students' resiliency skills into the curriculum,

thereby promoting student success. The current study investigates the impact of one

such program, the Teen Leadership Program (Flippen & Associates, 2001), on the

development of student's resiliency skills.

Much of the research on at-risk students focuses on the negative causal factors

of low achievement (Dryfoos, 1990; Goodman, 1999; TEA, 2003c; U.S. Department of

Education, 2004). However, a developing line of research on the resiliency

characteristics of at-risk students focuses on positive sources of achievement. Studies

on at-risk youth reveal that those who are successful despite exposure to risk factors

have an internal locus of control, healthy internal attributions, and take personal responsibility for their actions (McMillan & Reed, 1995).

Bosworth and Earthman (2002) point out that, "School based programs, strategies, or policies designed to enhance resiliency are relatively new" (p. 299). These authors maintain that there are few empirical studies that use a resiliency-based approach and those few studies that do, involve small or ethnically homogeneous samples. Moreover, many of these studies focus on intrinsic factors while omitting external ones.

The literature involving leadership likely provides a strong foundation from which resiliency research can be furthered. Scheer (1997) reports, "Leadership skills include taking responsibility for oneself and working with others toward achieving goals" (p. 1). Leaders are identified as those who demonstrate an optimistic outlook concerning obstacles, responsibility for oneself, the ability to work with others toward achieving goals, the ability to turn values into actions, achieve their personal goals, and take risks because they are aware of the potential rewards (Bass, 1990; Issacs, 2003; Scheer). Scheer also states that leadership skills can be learned through observation, practice, and real-life experiences. Garmezy and Masten (1986) maintain that in order to be a successful leader, an individual must possess psychological and biological traits consistent with resilience. While resiliency and leadership are distinct constructs, similarities among them exist.

A second construct relevant to resilience is emotional intelligence. Nelson, Low, Stottlemyer, and Martinez (2003) operationally define emotional intelligence as,

. . . a confluence of learned skills and abilities to; (1) accurately know, value, and

accept self, (2) establish healthy supportive relationships, (3) get along and work

well with others, and (4) deal effectively with the demands and pressures of daily

life and work. (p. 7).

Additionally, Salovey and Mayer (1990) identify five domains of emotional intelligence:

self-awareness, managing emotions, motivating self, empathy, and handling

relationships. Moreover, Sternberg (1996) declares that emotionally intelligent people

accept that obstacles are part of the challenge, have a can-do attitude (i.e., emotionally

intelligent people have high self-efficacy), and actively seek out positive role models.

These factors are highly congruent with resilience.

Operationalizing the construct of resiliency within the present study is guided by

the commonalities among resiliency, leadership, and emotional intelligence. As a result,

resiliency, for the purposes of this study, is defined as learned skills and abilities that

promote (a) self awareness and acceptance, (b) the establishment of healthy supportive

relationships, (c) interpersonal skills, and (d) coping skills to help with the demands and

pressures of daily life (i.e., emotional intelligence; Nelson et al., 2003).

The current study fills a void in the existing literature by addressing the impact of

an in-school program on students' resiliency, leadership, and emotional intelligence,

which likely mediate their academic performance and pro-social behaviors. The Teen

Leadership Program (TLP; Flippen & Associates, 2001) was implemented in a real

world school setting with the goal of improving students' resiliency.

Method

The current study implemented an experimental research design with a pretest and posttest. Seventh and eighth grade middle school students from an urban region of South Texas, who were identified as at-risk, served as the population for this study. A curriculum entitled, Teen Leadership by the Flippen and Associates (2001) was administered over a 16 week period with daily 55 minute Teen Leadership class sessions. Although originally designed to cover a full academic year, the TLP was studied over the course of one academic semester in the current study due to the high migrant population, characteristic of South Texas schools. A description of this study's participants, procedures, instrumentation, data analysis, and intervention are presented next.

*Participants*

A middle school consisting of 314 sixth-graders, 323 seventh-graders, and 280 eighth-grade students (TEA, 2003a) located in a metropolitan South Texas city served as the site for this study. Approximately 58% of the school population was Hispanic, 34.5% was White, 4.9% was African-American, and 2.9% was Asian and Native-American. About 34% of the school population was economically disadvantaged. The sample for the current study included seventh and eighth grade students who were classified as at-risk. There were a total of 70 participants, 35 of whom received the treatment (*N* =35). Twenty of these were seventh-graders (57%) and 20 were males (57%). The ethnic classification of a majority of the participants was Hispanic/Mexican-American (i.e., 74%), 20% were Anglo-American, and 6% were African-American. Each participant met two or more of Texas Education Agency's (TEA; 2003b) at-risk criteria

and was nominated by his or her teacher to participate in the current study. Participants were enrolled in the Teen Leadership course during the fall school semester.

One male and one female teacher administered the TLP. Both teachers had over five years of teaching experience and were recommended by their administrators as excellent candidates to facilitate the program. The Teen Leadership teachers attended a two-week training seminar with the Flippen Group and underwent a personality survey prior to the training in order to assess their effectiveness as a TLP teacher. Both Teen Leadership teachers worked collaboratively in the delivery of the TLP curriculum, thereby improving the current study's validity.

In order to qualify as a participant in the current study, students with a high number of risk factors were nominated by their teachers, with every student having at least two at-risk criteria. Individuals from the initial pool of approximately 80 subjects were then randomly assigned to either the control group or the treatment group. Parents of the students selected for participation were contacted in order to gain permission. Members of the treatment group were enrolled in and received instruction in the Teen Leadership class, while members of the control group received instruction in the standard Texas curriculum as defined by the TEA.

*Procedures*

Participants and their parents were (a) provided written consent forms and (b) verbally informed that their participation was voluntary and that their responses would be anonymous. Prior to administration of the Personal Responsibility Map (PRM), an explanation of the instrument and the purpose of the study, as well as written and verbal instructions, were given to members of both control and treatment groups. Baseline

PRM responses were received from all participating students during the first complete week of school, immediately preceding commencement of the curriculum. Students also provided personal demographic information on the front cover of the PRM.

An incentive for participating in this study was offered to students in order to facilitate participation. Students in the control group were invited to enjoy food and beverage during their lunch hour while they completed the PRM. Students in the treatment group were administered the PRM during their Teen Leadership class and given breakfast in appreciation for their participation.

The lead researcher in this study gave oral instructions both to the treatment and control groups (e.g. providing examples to clarify PRM items students had questions about). After the students had completed the PRM, the researcher reviewed each student's questionnaire to verify that all questions were answered and that the numbers written by the students were clear and legible. If there were any ambiguities, the researcher instructed the student to clarify and revise them, if necessary. The researcher then scored each assessment to ensure accuracy.

The control group and treatment group also completed a PRM during the two weeks prior to the end of the semester. Incentives such as pizza, breakfast tacos, and juice were offered again during the posttest. Students typically took between 45 minutes and 55 minutes to complete the survey. The researcher was asked by students to define the meaning of some of the words, even though the PRM's readability is at the sixth grade level. All completed surveys were kept in the researcher's possession.

Lastly, data regarding office behavioral referrals, absences, and grades were collected for all students in the study. The aforementioned data were also collected for

each student at the end of the previous semester (i.e., prior to the start of the program) and at the end of the semester the treatment was administered. This procedure allowed for confirmation of concurrent validity of the surveys (i.e., agreement between different data sources), established by correlating PRM with other quantifiable data, such as GPA, number of absences, and office behavioral referrals.

*Instrumentation*

The PRM developed by Nelson et al. (2003) is a 120-item questionnaire targeting the following dimensions: goal achievement, emotional self control, and self-management skills/effective behavior. According to research completed by Nelson et al., these dimensions of emotional intelligence are related to effective behavior, high achievement, and personal well-being. The PRM is composed of 12 independent, albeit inter-related scales that yield a global score representing goal achievement and personal responsibility skills. The 12 subscales are: Goal Setting (GS), Self Efficacy (SEF), Values Congruence (VC), Achievement Drive (AD), Supportive Environment (SE), Self Esteem (SES), Self Control (SC), Self-Management (SM), Self-Improvement (SI), Personal Responsibility (PR), Problem Solving (PS), and Resiliency (R). Sixty questions target the first six subscales and 60 questions target the latter six. According to Nelson et al., "In its present form, the PRM can be effectively used with middle school students and age ranges of 12 to 13 years" (p. 23).

Significant relationships exist among some of the 12 subscales. The first six (i.e., Goal Setting, Self Efficacy, Values Congruence, Achievement Drive, Supportive Environment, and Self-Esteem) are strongly correlated with each other ($r$ = .53 to .86). The remaining scales (i.e., Self Control, Self Management, Self Improvement, Personal

Responsibility, Problem Solving, and Resiliency) also show a strong correlation ($r$ = .62

to .85). However, the first six sub scales only moderately correlate with the latter six.

The Alpha reliability coefficient for the PRM is .93 for the entire test. The Guttman split-

half coefficient for the PRM is .87, and the correlation between forms (i.e., items 1-60

and items 61-120) is .77, thus confirming internal reliability of the PRM which, in turn,

supports the construct validity of the instrument. To support its concurrent validity, the

PRM was compared with the Constructive Thinking Inventory (CTI; Epstein, 2001). The

CTI is a measure of key constructs in emotional intelligence and global constructive

thinking. According to Nelson et al. (2003), "Constructive Thinking Inventory (CTI) is the

most valid and reliable instrument providing measures similar to the PRM" (p. 40). Items

in the PRM use a Likert scale ranging from 1 (i.e., never, "not at all a picture of my

attitudes or behaviors-not true-totally absent") to 7 (i.e., all of the time, "a very good

picture of my attitudes or behaviors") (Nelson et al., p. 3).

*Intervention*

The theoretical underpinnings of the intervention implemented in the current

study (i.e., TLP) include person-centered theory, social control theory, and resiliency

theory. Person-centered theory, specifically the core-conditions, is used in the (a)

formulation of the infrastructure of TLP and (b) training of Teen Leadership instructors

(Flippen Group, 2005). Social control theory proposes that interventions which

encourage social bonding help in the prevention of deviant behavior (Maddox & Prinz,

2003). TLP promotes social bonding through its curriculum and its philosophy (Flippen

Group). Lastly, resiliency theory identifies protective factors found in youth, including (a)

supportive relationships with caring adults; (b) student characteristics such as self-

esteem, motivation, and acceptance of responsibility; and (c) pro-social skills training (Chavkin & Gonzalez, 2000).

The treatment program involved a daily 55 minute class over a 16-week period. The format of the class was aligned with the Teen Leadership curriculum and emphasized positive relationships. The curriculum focuses on developing pro intra- and interpersonal skills in students such as: (a) handling peer pressure; (b) communicating effectively; (c) demonstrating creative problem-solving; (d) accepting personal responsibility for their own thoughts, attitudes, and actions; (e) realizing the importance of life goals and vision; (f) making more responsible decisions; (g) realizing the importance of principles, standards, and beliefs; and (h) taking healthy risks in order to be successful. Constructs addressed by the curriculum include: attitude-developing relationships; self-concept/self-confidence; public speaking/public vs. private image; values/standards/principles; peer pressure/defending skills/rescuing skills; lateral thinking/problem solving; personal responsibility/choices have consequences; relationships/listening and affirming skills; and being proactive/vision.

*Data Analysis*

The impact of the independent variable (i.e., participation in the TLP) on the dependent variables (i.e., student self-reports or objective behaviors) were measured for students in both the treatment and control groups pre- and post-intervention. In order to accomplish this goal and to consider any preexisting differences, a multivariate analysis of covariance (MANCOVA) was initially used to analyze the data. Additionally, a series of follow-up univariate analyses of covariance were conducted on each dependent variable in order to verify which dependent variable, if any, was affected by

the independent variable, after adjusting for any covariates, if necessary (Mertler &

Vannatta, 2005).

### Results

Initial analyses identified no significant differences between the mean pretest and

mean posttest scores on any of the subjectively reported dependent variables for either

students in the treatment group or students in the control group as measured by the

PRM. In order to test the effect of the independent variable on the dependent variable

(i.e., the effect of training on objective outcomes) subsequent analyses were performed

involving the participants' (a) grade point average (GPA), (b) school absences, and (c)

number of office referrals for disciplinary reasons (i.e., salient observable behaviors that

have high ecological validity for at-risk students). Preliminary analyses evaluating the

homogeneity-of-slopes assumption indicated that the relationships among the

covariates and the dependent variables did not differ significantly as a function of the

independent variable (e.g., $F(1, 66) = .00$, $MSE = 10.62$, $p = .98$, partial $\eta^2 = .00$ for

office referrals). Results also reflected that there was no statistical difference between

the control and experimental groups in any of the initial objective measures of GPA,

absences, or office referrals (e.g., $F(1, 67) = 1.043$, $MSE = 10.47$, $p = .31$, $\eta^2 = .02$ for

the between-group comparison regarding the dependent variable of office referrals).

At this point in the data analysis, a thorough review of the objective data was

performed in order to evaluate the effects that any outliers may have had on these

results. Additionally, of the three objective outcomes utilized in the current study, office

referrals were considered the primary focus from this point forward. This was done

because the student-participants in the current study likely had more control over this

variable over the course of the study than they did over GPA or absences, both of which are more easily influenced by external factors that are less under the student's control. Furthermore, outliers were identified as being either those cases where the participants had (a) one or no office referral at both the pre-study and post-study data collection points, or (b) a large (i.e., nine or more) decrease in office referrals from the pre-study and post-study data collection points. First, the former cases were excluded due to the inability of any pro-social behavior intervention to decrease office referrals if the initial objective report is zero. This resulted in the exclusion of 20 cases from the treatment group and 14 from the control group. Second, the latter cases were excluded (i.e., three cases were eliminated from each group due to this criteria) to take into consideration environmental events that, although the participant did experience, did not validly relate to the purpose of the current study (i.e., evaluating the efficacy of the TLP). An example includes a case where a student might have had numerous office referrals that resulted in his/her removal from campus to an alternative school. So, a student who in the initial collection of the data had 17 office referrals and then had 0 or 1 office referral after the treatment was a result of his removal from campus and not necessarily the effect of the Teen Leadership class. Therefore, the revised data set was comprised of 12 participants in the treatment group and 18 in the control group (i.e., $n = 30$).

Parametric tests of the revised data set also reflected no statistical difference between the control and experimental groups in the objective measure of change in office referrals over the course of the study period (i.e., $F(1, 27) = 2.938$, $MSE = 20.76$, $p = .10$, $\eta^2 = .10$ for the between-group comparison of office referrals). These results may have been influenced by the now rather small sample size. Therefore, a second

analysis was performed using a non-parametric methodology in order to evaluate any potential impacts not identified via often utilized parametric techniques. A Mann-Whitney *U* test was conducted to evaluate the hypothesis that students in the treatment group would experience a greater decrease in the number of office referrals for disciplinary reasons from the beginning of the study to its conclusion, on average, when compared with those who experience a control condition.
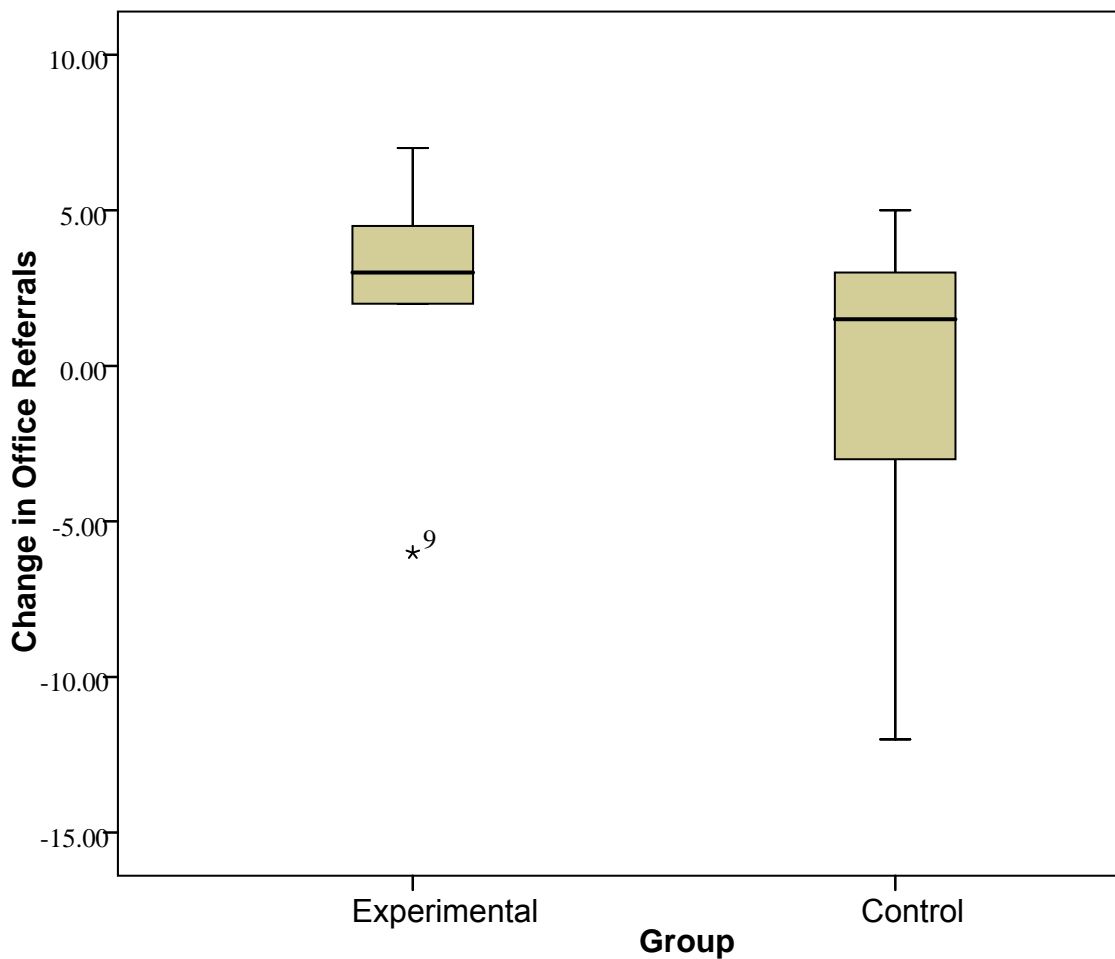


*Figure 1*. Mann-Whitney *U* Test distributions for office referral ranks pre- and post-treatment for both the control and treatment groups.

The results of the test were in the expected direction and significant (i.e., $z$ = -2.08, $p$ = .04). Those in the treatment group had an average rank of 19.54, while those in the control group had an average rank of 12.81. Average ranks in the current study reflect changes in the number of office referrals when comparing the average ranks of the participants' "changes in office referrals" in one group with those in the other. Higher ranks indicate an improvement in pro-social behavior from the beginning of the study period to the end of the study period. Figure 1 shows the raw data distribution from the pre-study to post-study for office referrals for the two groups.

<div align="center">Discussion</div>

Few research studies focus on resiliency in the education field, the impact of resiliency training programs on students' behavior, and even fewer are quantitative in nature (Christenson & Thurlow, 2004; Fears, 1997; Henderson, 1991; National Association of Social Workers, 2004). This is surprising given the potential positive impact at-risk students could experience from academic interventions such as the Teen Leadership curriculum. Therefore, there is likely great benefit to assessing the effectiveness of programs that target the development of resiliency characteristics in students.

Initial statistical analyses indicated a lack of significant difference between the treatment and control group on the PRM, suggesting that students did not perceive any changes within the subscales measured by the PRM after one semester's enrollment in the Teen Leadership class. It appears that the participants in the current study perceived themselves to have already possessed PRM skills. A major contribution to the lack of significant differences in the student self-reported PRM could be due to

students distorting their responses in order to portray themselves in a positive light, a common phenomena when using self-reports with adolescents according to Johnson and Richter (2004) who reported,

> Research in the social sciences is inherently plagued by the problem of biased or distorted self-reports of sensitive information. Participants in studies, when asked to provide truthful information about their own sensitive behaviors, might distort their responses because of self-presentation concerns or fear that their responses may not actually be completely anonymous or confidential. (p. 951).

Another possible explanation for the lack of significance in the PRM for students could be connected to the lack of sound objective measures of emotional intelligence or resiliency. Pfeiffer (2001) stated, "Unlike many carefully developed cognitive ability measures, measures of EI are almost all based on self-report instruments . . ." (p. 140). This can be a major weakness.

Lastly, emotional intelligence and resiliency may not be measurable in these seventh and eighth grade students because they are not able to validly report intrapersonal experiences. If emotional intelligence develops with age (as cited in Thomsen, 2002), then measuring emotional intelligence or resiliency would be beneficial when these students become older. This will allow researchers to ascertain whether students have begun to implement what was learned in the Teen Leadership class. Furthermore, based on the non-parametric results identified herein it would seem beneficial to implement and continue reinforcing programs such as the Teen Leadership curriculum throughout students' middle school and high school experiences.

Greater confidence in this line of research can develop with studies that include a larger sample size, longer treatment period, and if implemented across multiple schools. This is in line with recommendations from authors such as Miller, Brehm, and Whitehouse (1998) who state, "This is important because significant primary prevention effects are often detected long after a program has ended" (p. 372). Additionally, Knoff and Batsche (1995) stress the need for extended, comprehensive evaluations of prevention programs that reflect process (e.g., school climate or peer attitudes) and product (e.g., behavioral changes) outcomes across multiple systems (i.e., individual, classroom, district, and community). Such evaluations would provide the cost effectiveness data needed to convince policymakers that the benefits of early, comprehensive, school-based prevention clearly outweigh the future costs of providing services for special education students or incarcerating juvenile delinquents. As Gullotta (1994) suggests, prevention programs designed to reduce significant psychosocial maladjustment may not need to be highly successful to be worthwhile. In fact, Gullotta insists that even if only 20% of children are helped in a significant way, a primary prevention program is more effective than the customary reactive response of mental health intervention.

Henderson and Milstein (2002) state, "More than any institution except the family, schools can provide the environment and conditions that foster resiliency in today's youth and tomorrow's adults" (p. 2). Since many students lack a home environment conducive to academic success, there is a need for school counselors to provide all students, in particular at-risk students, with a school environment in which they can thrive. Research suggests that resilient children can succeed academically regardless

of minority ethnic status, single-parent families, and low socioeconomic status (Rak & Patterson, 1996; Waxman & Huang, 1996; Werner, 1989). While there is much research on protective and risk factors of at-risk students, resiliency, emotional intelligence, and leadership programs, there is minimal research exploring the impact school programs have on educational resilience (Bosworth & Earthman, 2002; Christenson & Thurlow, 2004). There is also a lack of research focused specifically on the efficacy of these programs among at-risk students (Henderson, 1991). The current study is an important addition to knowledge regarding the efficacy of current school programs and their effect on resiliency characteristics among students. The findings uncovered within this study may help school counselors identify key factors in programs that are conducive to building resiliency characteristics necessary for high achieving and developmentally appropriate behaving students, and provide teachers with strategies to help all students who are classified as at-risk.

Other considerations for future research in this domain should include a component that investigates the willingness of the student to incorporate Teen Leadership concepts in their personal lives. Goleman (1998) states, "It is important to emphasize that building one's emotional intelligence cannot--will not--happen without sincere desire and concerted effort" (p. 97). Commitment is a factor that should be considered when teaching students skills that will enhance their emotional intelligence (Goleman). In other words, success of these programs is dependent on the students' willingness to participate. Lack of choice in Teen Leadership class enrollment may prove ineffective with this particular population.

"There are seeds of resilience in all of us. Sometimes they get nurtured, and sometimes they do not. Sometimes a person can show incredible strength and resilience in one area of his life and not in another" (Thomsen, 2002, p. 170). While this study may not have shown each student's resiliency, "As educators, it is our responsibility to assist students in finding their own strengths and recognizing their own resilience so that, when faced with life's challenges, they can draw from them" (Thomsen, p. 171). This statement speaks to the heart of what school counselors were trained to do – empower students to overcome obstacles.

Therefore, this study suggests that it is beneficial for school counselors to incorporate programs such as the TLP into their guidance curriculum, in order to improve student behavior which results in less office referrals. School counselors are in an optimal position to implement programs such as TLP. Historically, school counselors have long known the benefits of implementing curriculum that focuses on the development of students' personal and social domains; however, school counselors have failed to document the success of their efforts.

Because school counselors are making a difference with the students they serve via the programs they implement, it is imperative that they demonstrate their impact on student academic achievement. School counselors are held accountable for their impact on student success (e.g. behavioral, personal, social, and academic) and it would be beneficial for them to evaluate and/or track critical data elements (e.g. student behavior).  It behooves the school counselor to become involved in collecting data which support his/her efforts, but it is also the school counselor's ethical responsibility to evaluate, assess and interpret school programs. Lastly, a school counselor's data-

driven approach will help gain support and secure their position as a valued player in school improvement.

This research reinforces the need for school counselors to continue their efforts in developing student's social-emotional domains. In an article describing the importance of social-emotional development in school children, Bencivenga and Elias (2003) eloquently state, "Schools that prepare children for the tests of life and not a life of tests is a vision truly worth of pursuit" (p. 60). In sum, results from this study offer valuable information to school counselors regarding the benefits of providing programs that target students' resiliency and emotional intelligence skills as these qualities appear to relate positively to prosocial behaviors.

References

American School Counselor Association (1999). *American School Counselor Association 1999-2000 membership directory and resource guide.* Gainesville, FL: Naylor.

American School Counselor Association (2004). Ethical standards for school counselors. Retrieved February 1, 2008, from http://www.schoolcounselor.org/content.asp?contentid=173

Aviles, R. M. D., Guerrero, M. P., Howarth, H. B., & Thomas, G. (1999). Perceptions of Chicano/Latino students who have dropped out of school. *Journal of Counseling and Development, 77*, 465-474.

Bass, B. M. (1990). *Bass & Stogdill's handbook of leadership: Theory, research and managerial applications* (3rd ed.). New York: The Free Press.

Bencivenga, A. S., & Elias, M. J. (2003). Leading schools of excellence in academics, character, and social-emotional development. *NASSP Bulletin, 87*, 60-73.

Bernard, B. (1997). *Turning it around for all youth: From risk to resilience* (Report No. EDO-UD-97-7). New York, NY: Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED412309)

Bosworth, K., & Earthman, E. (2002). From theory to practice: School leaders' perspectives on resiliency. *Journal of Clinical Psychology, 58,* 299-306.

Brigman, G., & Campbell, C. (2003). Helping students improve academic achievement and school success behavior. *Professional School Counseling, 4,* 41-49.

Buckley, M., Storino, M., & Saarni, C. (2003). Promoting emotional competence in

children and adolescents: Implications for school psychologists. *School*

*Psychology Quarterly, 18,* 177-191.

Chapman, M. V., & Sawyer, J. S. (2001). Bridging the gap for students at risk of school

failure: A social work-initiated middle to high school transition program. *Children*

*& Schools, 23,* 235-240.

Chavkin, N. F., & Gonzalez, J. (2000). *Mexican immigrant youth and resiliency:*

*Research and promising programs* (Report No. EDO-RC-00-1). Washington, DC:

Office of Educational Research and Improvement. (ERIC Document

Reproduction Service No. ED447990)

Christenson, S. L., & Thurlow, M. L. (2004). School dropouts: Prevention

considerations, interventions, and challenges. *American Psychological Society,*

*13*, 36-39.

Davis, K. S., & Dupper, D. R. (2004). Student-teacher relationships: An overlooked

factor in school dropout. *Journal of Human Behavior in the Social Environment,*

*9,* 179-193.

Dryfoos, J. (1990). *Adolescents at-risk, prevalence and prevention.* New York: Oxford

University Press.

Epstein, S. (2001). *CTI constructive thinking inventory research manual.* Lutz, FL:

Psychological Assessment Resources, Inc.

Fears, G. R. (1997). Alternative education programs in the state of Alabama: Intended

outcomes of success as perceived by students and educators. (Doctoral

dissertation, University of Alabama, 1997). *Dissertation Abstracts International.* (UMI No. 9821533)

Flippen, M. B. & Associates (2001). Teen leadership curriculum. College Station, TX: M.B. Flippen & Associates.

Flippen Group (2005). Research summary. Retrieved June 9, 2005, from http://www. leadershipsolutions.com/pdf/research_summary.pdf

Garmezy, N., & Masten, A. S. (1986). Stress, competence, and resilience: Common frontiers for therapist and psychopathologist. *Behavior Therapy, 17,* 500-521.

Goleman, D. (1998). What makes a leader? *Harvard Business Review,* 93-102.

Goodman, G. (1999). *Alternatives in education: Critical pedagogy for disaffected youth.* New York: Peter Lang.

Grayson, R. C. (2001). Summer camp as an intervention for at-risk youth. (Doctoral dissertation, Claremont Graduate University, 2001). *Dissertation Abstracts International.* (UMI No. 3015952)

Green, A., & Keys, S. (2001). Expanding the developmental school counseling paradigm: Meeting the needs of the 21st century student. *Professional School Counseling, 5,* 84-95.

Greene, H., & Greene, M. (2004, March). The endangered college counselor. *University Business, 7,* 21-24.

Gullotta, T. P. (1994). The what, who, why, where, when, and how of primary prevention. *Journal of Primary Prevention, 15,* 5-14.

Henderson, K. L. (1991). Research synthesis of 'at-risk' studies for junior and senior

high school (junior high school) (Doctoral dissertation, Texas A&M University,

1990). *Dissertation Abstracts International, 52*, 410.

Henderson, N., & Milstein, M. M. (2002). *Resiliency in schools: Making it happen for

students and educators*. Thousand Oaks, CA: Corwin Press.

Isaacs, A. J. (2003). An investigation of attributes of school principals in relation to

resilience and leadership practices (Doctoral dissertation, Florida State

University, 2003). *Dissertation Abstracts International*. (UMI No. 3109289)

Johnson, P. B., & Richter, L. (2004). Research note: What if we're wrong? Some

possible implications of systematic distortions in adolescents' self-reports on

sensitive behaviors. *Journal of Drug Issues, 34*, 951-971.

Knoff, H. M., & Batsche, J. M. (1995). Project achieve: Analyzing a school reform

process for at-risk and underachieving students. *School Psychology Review, 24*,

579-603.

Lapan, T., Gysbers, N. C., & Petroski, G. F. (2001). Helping seventh graders be safe

and successful: A statewide study of the impact of comprehensive guidance and

counseling programs. *Journal of Counseling and Development, 79*, 320-330.

Maddox, S. J., & Prinz, R. J. (2003). School bonding in children and adolescents:

Conceptualization, assessment, and associated variables. *Clinical Child and

Family Psychology Review, 6*, 31-49.

McMillan, J. H., & Reed, D. F. (1995). *Resilient at-risk students*. National Dropout

Prevention Center and Network. Clemson, SC: U.S. Department of Education.

Mertler, C. A., & Vannatta, R. A. (2005). *Advanced and multivariate statistical methods: Practical application and interpretation.* Los Angeles: Pyrczak.

Miller, G. E., Brehm, K., & Whitehouse, S. (1998). Reconceptualizing school-based prevention for antisocial behavior within a resiliency framework. *School Psychology Review, 27*, 364-380.

National Association of Social Workers 2004, Resiliency-NASW Research Website for August, 2004. Retrieved December 5, 2004, from http://www.socialworkers.org

Nelson, D. B., & Low, G. R. (2003). *Emotional intelligence: Achieving academic and career excellence.* Upper Saddle River, NJ: Prentice Hall.

Nelson, D. B., Low, G. R., Stottlemyer, B. G., & Martinez, S. (2003). *PRM personal responsibility map: Professional manual.* Oakwood Solutions.

No Child Left Behind Act of 2001, Pub. L. No. 107-110 (2002).

Nowicki, S., Duke, M. P., Sisney, S., Stricker, B., & Tyler, M. A. (2004). Reducing the drop-out rates of at-risk high school students: The effective learning program. *Genetic, Social, and General Psychology Monographs, 130,* 225-239.

Paone, T. R., & Lepkowski, W. J. (2007, October 22). No childhood left behind: Advocating for the personal and social development of children. *Journal of School Counseling, 5*(25). Retrieved February 1, 2008, from http://www.jsc. montana.edu/articles/v5n25.pdf

Pfeiffer, S. I. (2001). Emotional intelligence: Popular but elusive construct. *Roeper Review, 23,* 138-142.

Radke-Yarrow, M., Sherman, T., Mayfield, A., & Stilwell, J. (1990). Hard growing: Children who survive. In J. Rolf, A. S. Masten, D. Cicchetti, K. H. Nuechterlein,

and S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 97-119). New York: Cambridge University Press.

Rak, C. F., & Patterson, L. E. (1996). Promoting resilience in at-risk children. *Journal of Counseling & Development, 74,* 368-373.

Ray, S. L., Lambie, G., & Curry, J. (2007). Building caring schools: Implications for professional school counselors. *Journal of School Counseling, 5*(14). Retrieved April 1, 2008, from http://www.jsc.montana.edu/articles/v5n14.pdf

Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. *Imagination, Cognition and Personality, 9*, 185-211.

Scheer, S. D. (1997, Winter). Youth leadership and community service: A perfect combination. *Leadership Link.* (Available from the Ohio State University Extension Leadership Center, 109 Agricultural Administration Building, 2120 Fyffe Road, Columbus, OH, 43210-1084)

Sternberg, R. J. (1996). *Successful intelligence: How practical and creative intelligence determine success in life.* New York: Simon & Schuster.

Texas Education Agency. (2003a). *Academic excellence indicator system, 2002-2003 campus performance.* Austin, Texas: Author.

Texas Education Agency. (2003b). *At-risk indicator code.* Retrieved June 8, 2005, from http://www.tea.state.tx.us/peims/standards/wedspre/e0919.html

Texas Education Agency. (2003c). *Research & evaluation online: Secondary school completion and dropouts in Texas public schools, 2001-02.* Retrieved October 4, 2003, from http://www.tea.state.tx.us/research/dropout/0102/

Thomsen, K. (2002). *Building resilient students: Integrating resiliency into what you already know and do.* Thousand Oaks, CA: Corwin Press.

United States Department of Education 2004. *Information and research on dropouts and dropout prevention strategies.* Retrieved June 1, 2004, from http://www.ed. gov/programs/dropout/dropoutprogram.html

Waxman, H. C., & Huang, S. L. (1996). Motivation and learning environment differences in inner-city middle school students. *Journal of Educational Research, 90,* 93-102.

Wells, S. E. (1990). *At-risk youth: Identification, programs, and recommendations.* Englewood, CA: Teacher Ideas Press.

Werner, E. E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry, 59,* 72-81.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood.* Ithica, NY: Cornell University Press.

Wolin, S., & Wolin, J. (1993). *The resilient self.* New York: Villard Books.

Author Note

Veronica Castro, Educational Psychology Department, University of Texas-Pan American; Michael B. Johnson, Division of Social Sciences, Georgia Highlands College; Robert L. Smith, Counseling and Educational Psychology Department, Texas A&M University-Corpus Christi.

Correspondence concerning this article should be addressed to Veronica Castro at University of Texas-Pan American, Department of Educational Psychology, COE, EDCC 1.648, 1201 W. University Ave., Edinburg, TX 78539. Phone: (956) 318-5319, (956) 381-2395 (fax). Email: castrov@utpa.edu

---

Biographical Statements

Veronica Castro, Ph.D. is an assistant professor in the Guidance and Counseling Program at the University of Texas-Pan American. Her formal education began at UT-Austin and culminated in the completion of her Ph.D. in Counselor Education from Texas A&M University – Corpus Christi. She has eight years of experience in the public education system where she served as a high school teacher, elementary counselor and middle school counselor. Her research experience and interests encompass school counselor education, the role of the school counselor, counseling GLBT youth, emotional intelligence and resiliency in students. She has taught the following graduate

level courses: counseling techniques, personal and social development, human growth and development, introduction to school counseling, and practicum. In addition to teaching graduate students, she actively serves her community as a Licensed Professional Counselor. Her extensive contact with children and adolescents, ranging but not limited to different ethnic, gender, and sexual orientation backgrounds has provided her with a rich counseling experience. She currently lives with her family in South Texas.

Michael B. Johnson, Ph.D. is a licensed psychologist in the State of Texas, USA. He is an assistant professor for the Division of Social Sciences at Georgia Highlands College. He received his doctorate from The Florida State University in Tallahassee, FL, USA, in Counseling Psychology and his bachelor's from Brown University in Providence, RI, USA. In the two years since receiving his Ph.D., Michael has published in a number of peer reviewed journals and presented at national conferences such as the American Psychological Association. At his previous position, he was honored with the UTPA College of Education Outstanding New Faculty Researcher Award. Dr. Johnson has taught classes in educational psychology, assessment, counseling techniques, and career counseling. He currently lives in Rome, Georgia with his two Australian Cattle dogs Nole and Bruno.

Robert L. Smith, Ph.D. (University of Michigan) is a professor and department chair for the Counseling and Educational Psychology department at Texas A&M University-Corpus Christi. He is the author of over sixty referred articles and six textbooks. As coordinator of the Doctoral Program in Counselor Education he has mentored a large number of Latino graduates currently working in professorships across

the country. He was the first President of the International Association of Marriage and Family Counselors and serves as its Executive Director. Dr. Smith is a lecturer and consultant to several programs in Latin America. He has been the recipient of numerous research, teaching, and service awards. In addition to current scholarly writings in family therapy and culture, he conducts research and writes in the areas of psychopharmacology, chemical dependency, and psychotherapy efficacy. He is a Fellow Prescribing Psychologist (FPPR).