



**CoVITALITY**  
Social-Emotional Health Surveys



WHAT IF  
YOU KNEW  
EVERY CHILD'S  
SOCIAL EMOTIONAL  
STRENGTHS AND  
AREAS FOR GROWTH?

## **SEHS-S MANUAL (2015)**

### **SOCIAL EMOTIONAL HEALTH SURVEY-SECONDARY (2015)**

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## OCTOBER 28, 2019: SEHS-S (2015) AND SEHS-S (2020) VERSIONS

This manual reports on the development and validation of the original Social Emotional Health Survey-Secondary (carried out between 2012 and 2017). We shared the first version of the SEHS-S because it had sufficient validation evidence based on research completed by 2015; hence, the form reported on in this manual is called the SEHS-S (2015) version. We want to convey to our colleagues that the original SEHS-S (2015) version has an impressive body of evidence supporting its core psychometric properties, structural validity, criterion, and predictive validity (see: [www.covitalityucsb.info/research.html](http://www.covitalityucsb.info/research.html) for a list of research studies). The SEHS-S (2015) has been used in scores of research projects and by schools in 13 U.S. states to support universal monitoring of students' complete mental wellness. Hence, the SEHS-S (2015) can be used with confidence for research and applied program continuity purposes.

As should be an aim of the development of all educational and psychological measures, our UC Santa Barbara research team engages in ongoing efforts to enhance and validate the Social Emotional Health Surveys (Primary, Secondary, and Higher Education). The initiative to enhance the Secondary version is supported by an Institute of Education Sciences grant (#R305A160157, 2016-2020). This grant provides funding to refine, standardize, and accumulate additional validation evidence for the secondary version. This effort now has produced an updated version, which we call the Social Emotional Health Survey (2020) version. The SEHS-S (2020) represents our efforts to refine and standardize items and response formats and to further extend validation evidence for the covitality construct. Updated information about the SEHS-S (2020) can be requested via the UC Santa Barbara Project Covitality website: [www.covitalityucsb.info/sehs-measures/index.html](http://www.covitalityucsb.info/sehs-measures/index.html)

We encourage the non-commercial use of the SEHS surveys for research and in support of school programs designed to foster youths' complete social emotional health. Please let us know about your interest in using the SEHS surveys: [mfurlong@ucsb.edu](mailto:mfurlong@ucsb.edu)

## SOCIAL EMOTIONAL HEALTH SURVEY-SECONDARY SUGGESTED CITATIONS

Furlong, M. J., Dowdy, E., & Nylund-Gibson, K. (2018). *Modification and standardization of Social Emotional Health Survey-Secondary— 2015 edition*. Santa Barbara, CA, University of California Santa Barbara, International Center for School Based Youth Development.

Furlong, M. J., Nylund-Gibson, K., Dowdy, E., Wagle, R., Hinton, T., & Carter, D. (2020). *Modification and standardization of Social Emotional Health Survey-Secondary—2020 edition*. Santa Barbara, CA, University of California Santa Barbara, International Center for School Based Youth Development.

## Introduction

Why are we school psychologists, counselors, teachers, and other educators? What motivated us to enter this profession? Whether you are an experienced educator or a professional-in-training, pause for a moment and reconsider the passions and aspirations you had when you decided to enter the profession. What did you hope to accomplish? What influences did you want to have on children's lives? If your professional motivation is similar to our own, we suspect that you did not enter the education profession primarily with the aim of helping children to just meet behavioral goals like have a "quiet voice" and "quiet body" in the classroom. Nor, did you enter the profession because you had a particular fascination with recording the number of words per minute a student can read. While no one would argue against the invaluable benefits that behavior self-control or reading fluency bring to a child, most of us did not enter the profession only with these developmental outcomes in mind. Certainly, parents want their children to not cause disturbances in class, they want them to be respectful, and they want them to be able to decode words efficiently and use reading to expand their knowledge and love of learning. However, what parents want most is the same thing that motivated many of us to enter the school psychology profession—the aspiration of helping youth develop into human beings that live their lives with meaning, purpose, and zeal—realizing their highest potential. If your professional vision includes fostering all children's capacity to use their quiet voices, quiet bodies, reading fluency, and other academic skills to foster complete social and emotional health and thriving development, then we believe that our recent work will be of interest to you.

### SEEING YOUTH THROUGH A POSITIVE LENS

Like many educators, we wanted to know more about which attributes are related to well-being and overall thriving development. The re-emergence of positive psychology in the past 15 years (Furlong, Gilman, & Huebner, 2014; Seligman, Ernst, Gillham, & Linkins, 2009) provided us inspiration because it has brought a renewed focus on psychological dispositions such as gratitude (Froh, Bono, & Emmons, 2010) and hope (Snyder, Lopez, Shorey, Rand, & Feldman, 2003) and their relations with youths' subjective well-being and academic achievement. Similarly, the youth development (e.g., Chafouleas & Bray, 2004; Huebner & Gilman, 2003; Huebner & Hills, 2011; Lerner, Dowling, & Anderson, 2003) and Developmental Asset (e.g., Benson & Scales, 2012) literatures have emphasized the value of examining youth positive dispositions as its own desirable end. The Developmental Asset approach further provided evidence that robust developmental progress is more often found among youths who have the greatest number of internal assets and external resources. The aim of this research has been to create and validate practices that are integrated into multileveled systems of student support and function to facilitate "psychologically healthy educational environments for [all] children" (Huebner, Gilman, Reschly, & Hall, 2009, p. 565).

The Social Emotional Health Survey–Secondary was developed with the goal in mind of developing an efficient and thorough validated measure that can be used by educators to assess and monitor the positive development of all students.

### COVITALTY: THE SUM IS GREATER THAN THE PARTS

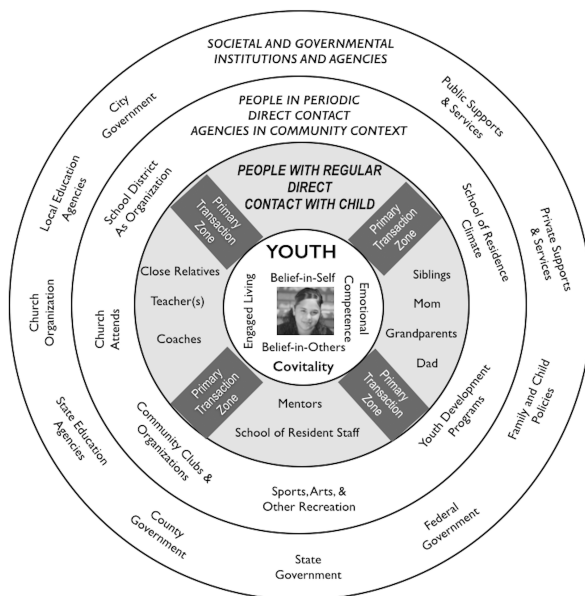
As we studied these related perspectives of youth development, we wondered if there might be some benefit to think about youth psychological strengths as being linked to some higher-order trait, as is the case for many of the cognitive developmental theories that provide the conceptual underpinnings of the tests that school psychologists use. For example, the general intelligence factor (*g*) is a higher order factor hypothesized to represent a mental energy central to all intelligent problem solving (Carroll, 1993). Could there also be a

“g” factor for psychological strengths? It also occurred to us that there was no readily available term with which to describe the combination of student psychological strengths, as there is when emotional and behavioral disorders are considered. Taking a counter approach to comorbidity, the co-occurrence of multiple disease states, we recognized that we were interested the co-occurrence of multiple positive psychological traits. We coined a new construct, “covitality” for the co-occurrence of positive traits and have defined it as the “synergistic effect of positive mental health resulting from the interplay among multiple positive-psychological building blocks” (Furlong, You, Renshaw, Smith, & O’Malley 2013, p. 3). The term covitality encompasses youths’ capacity for living a life with meaning and purpose. We have proposed that more important than developing any single psychological disposition (e.g., persistence, optimism, empathy) is fostering the development of as many of them as possible. As our research has subsequently suggested, the combination of strengths matter more than the individual

## STRENGTH FOCUSED ASSESSMENT

Recognizing the importance of internal assets for development, strength-based assessments have been developed to compliment and extend traditional assessment approaches that have focused on identifying students’ problems and deficits (Nickerson, 2007). Strength-based assessments are used to obtain a comprehensive understanding of students’ functioning and, importantly, provide actionable data for ALL students. In contrast, deficit-based measures are purposefully designed to identify the 15-20% of students with significant problems. Drawing from this strengths perspective, we developed the Social Emotional Health Survey (SEHS) as a broad measure of covitality, assessing multiple positive psychological constructs hypothesized and empirically supported as contributing to youths’ complete mental health.

## Conceptual Foundations



### Youth covitality considered within a transactional development lens

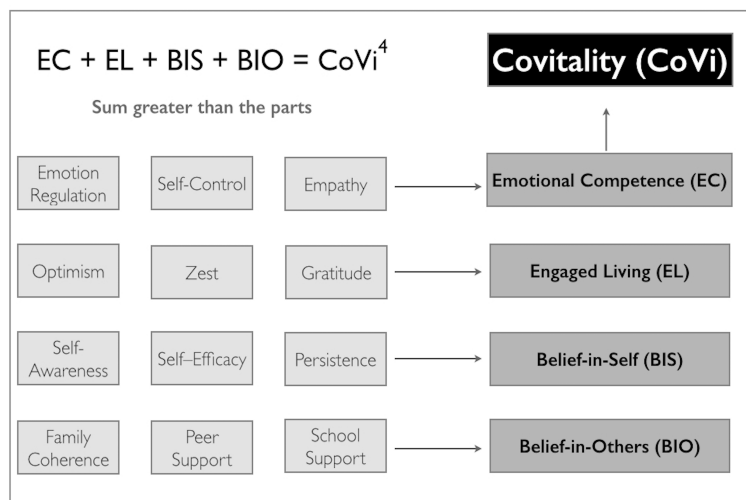
The SEHS is based on a model of social emotional health that includes a range of social and emotional skills and psychological dispositions that are associated with positive youth development. The SEHS is based on the premise that thriving and success is grounded, in part, in the conditions of a youth’s life that foster the development of internal psychological dispositions associated with (a) positive beliefs or confidence in self, (b) a sense of core trust in others, (c) a sense of emotional competence, and (d) feeling engaged in daily living. These internal assets exert their primary effect by fostering an upward spiral in the quality of the youth’s interpersonal transactions that occur in a youth’s life. For example, children who are developing a sense of gratitude for others, optimism for the future, and expressing trust for others are also positive contributors to their own development because these dispositions increase the likelihood that other people in the youth’s direct interpersonal transaction zone (mothers, fathers, siblings, teachers, etc.) will engage in development-enhancing interactions. Furthermore, the SEHS model proposes that

better developmental outcomes are realized when more of these core components are developed. However, the rationale for fostering these dispositions lies in the fact that their primary effects emerge via the day-to-

day transactions a youth has with the adults, family, and peers in their immediate social ecosystems, as depicted in Figure 1. By developing these positive psychological dispositions in schools, educators foster a youth's ability to meaningfully engage in the interpersonal transactions that facilitate his or her near- and long-term development across their bio-psycho-social developmental domains. Our basic premise is that the odds of children realizing positive developmental outcomes are increased when they have the internal dispositions and skill sets to proactively influence the quality of their daily interpersonal interactions. This conceptualization draws upon the positive youth development perspective by emphasizing the importance of creating conditions that empower youth to make things happen in their lives rather than passively letting them happen.

## What Does the SEHS-S Measure?

The SEHS has 12 subscales that represent unique positive social emotional health constructs, which are associated with four more general positive social emotional health domains (see Figure 2). The first domain, belief-in-self, consists of three subscales grounded in constructs from the Social Emotional Learning (SEL) and self-determination theory literatures: self-efficacy, self-awareness, and persistence (e.g., Bandura, Barbaranelli, Capara, & Pastorelli, 1996; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Shechtman,



**Figure 1. Figure 2. Figure 2. Social Emotional Health Survey Conceptual and Measurement Model**

DeBarger, Dornsife, Rosier, & Yarnall, 2013). The second domain, belief-in-others, is comprised of three subscales derived from constructs found mostly in the childhood resilience literature: school support, peer support, and family support (e.g., Larson, 2000; Masten, Cutuli, Herbers, & Reed, 2009). The third domain, emotional competence, consists of three subscales also based on constructs drawn from the SEL scholarship: emotion regulation, empathy, and behavioral self-control (e.g., Greenberg et al., 2003; Zins, Bloodworth, Weissberg, & Walberg, 2007). Engaged living, the final domain, is comprised of three subscales grounded in

constructs derived from the positive youth psychology literature: gratitude, zest, and optimism (e.g., Furlong, Gilman, & Huebner, 2014; Kirschman, Johnson, Bender, & Roberts, 2009). Renshaw et al. (2014) provide a detailed review of each of these scales and their associated constructs, and a description of the conceptual rationale underlying the SEHS, including a discussion of the empirical merit of each of the 12 positive psychological dispositions.



## Subscales Definitions and Research Foundation

Table 1. Definitions and Correlations of Covitality Indicators with Subjective Well-Being and Student/School Achievement

Covitality Indicator	Definition	Range of r with SWB1 [95% CI]	References	Range of r with Achievement2 [95% CI]	References
<b>BELIEF-IN-SELF</b>					
Self-Awareness	The process of attending to aspects of the self, such as private (covert) and public (overt; Abrams & Brown, 1989)	r = .24 to .35 [.17, .43]	Ciarrochi, Kashdan, Leeson, Heaven, & Jordan, 2011; Drake, Duncan, Sutherland, Abernethy, & Henry, 2008	r = ~.28 [.23, .33]	Greco et al., 2011
Persistence	Perseverance and passion for long-term goals, including working strenuously toward challenges, maintaining effort and interest over years despite failure, adversity, and obstacles (Duckworth et al., 2007)	r = .09 to .34 [-.03, .42]	Garcia, 2011; Garcia, Kerekes, & Archer, 2012	r = .24 to .32 [.15, .42]	Duckworth, & Quinn, 2009; Martin, & Marsh, 2006
Self-Efficacy	A mechanism of personal agency entailing people's beliefs in their capabilities to exercise control over their level of functioning and environmental demands (Bandura et al., 1996)	r = .09 to .48 [-.03, .51]	Danielsen et al., 2009; Diseth et al., 2012; Fogle et al., 2002; Lightsey et al., 2011; Vecchio et al., 2007; Vieno et al., 2007	r = .17 to .44 [.06, .51]	Capara et al., 2011; Zhu et al., 2011; Zuffiano et al., 2013
<b>BELIEF-IN-OTHERS</b>					
Peer Support	Processes of social exchange between peers, teachers, or family members that contribute to the development of behavioral	r = .23 to .61 [.07, .63]	Danielsen et al., 2009; Flaspohler et al., 2009; Oberle et al., 2011; Schwarz et al., 2012; Vera et al., 2008	r = .10 to .22 [.01, .33]	Chen, 2005; Danielsen et al., 2009; Ozer, & Schotland, 2011; Rosalind, 2010

Teacher Support	patterns, social cognitions, and values (Farmer & Farmer, 1996)	$r = .32$ to $.54$ [.29, .61]	Danielsen et al., 2009; Ferguson et al., 2010; Flaspohler et al., 2009; Stewart, & Suldo, 2011	$r = .15$ to $.33$ [.05, .43]	Chen, 2005; Danielsen et al., 2009; Rosalind, 2010; Stewart, Suldo, 2011
Family Coherence		$r = .32$ to $.67$ [.29, .72]	Danielsen et al., 2009; Ferguson et al., 2010; Oberle et al., 2011; Schwarz et al., 2012; Stewart, & Suldo, 2011; Vieno et al., 2007	$r = .23$ to $.27$ [.13, .33]	Chen, 2005; Danielsen et al., 2009; Rosalind, 2010; Stewart, Suldo, 2011
<hr/>					
EMOTIONAL COMPETENCE					
Empathy	The affective and cognitive skills for noticing and taking into account the emotional states of others (Garaigordobil, 2004)	$r = \sim .27$ [.08, .44]	Oberle et al., 2010	Limited available research	
Emotional Regulation	The ability to express one's positive emotions (e.g., liking of others, joy) and monitor one's negative emotions (e.g., refrain from overreacting to situations eliciting anger, frustration, embarrassment, etc.; Fry et al., 2012)	$r = -.19$ to $-.28$ [-.10, -.38]	Haga et al., 2009; Saxena et al. 2011	$r = .25$ to $.28$ [.19, .45]	Gail & Arsenio, 2002; Vidal et al., 2012; Vukman, & Licardo, 2010
Self-Control	A competence which begins to develop in infancy and empowers people to gain access to the self and alternative behavioral options even in stressful situations by using effective	$r = .36$ to $.48$ [.27, .55]	Fry et al., 2012; Hofer et al., 2011	$r = .25$ to $.42$ [.11, .48]	Bertrams, 2012; Kuhnle et al., 2012; Vidal et al., 2012

affect-regulation (Hofer et al., 2011)

ENGAGED LIVING					
Gratitude	A sense of thankfulness that arises in response to receiving any kind of personal benefit as a result of any transactional means (Emmons, 2007)	r = .11 to .60 [.06, .66]	Froh et al., 2011; Froh et al., 2009; Proctor et al., 2010	r = ~.28 [.23, .33]	Froh et al., 2011
Zest	Approaching life with excitement and energy (Park, & Peterson, 2006b)	r = .31 to .50 [.24, .59]	Park, & Peterson, 2006a; Park, & Peterson, 2006b	Limited available research	
Optimism	The degree to which a person subscribes to positive expectancies towards his or her future, including perceiving life goals as attainable (Utsey et al., 2008).	r = .24 to .65 [.11, .68]	Chang et al., 2007; Gadermann et al., 2011; Froh et al., 2009; Ho et al., 2010; Lai, 2009; Oberle et al., 2011; Piko et al., 2009; Veronese et al., 2012; Wong & Lim, 2009	r = .13 to .27 [.07, .39]	Creed et al., 2002; Lounsbury et al., 2002; Vidal Roderio et al., 2012

Note. <sup>1</sup> = Subjective well-being; <sup>2</sup> = School/student achievement

Development by: Rebelez, J. L. (2015). *Capturing complete mental health among adolescents: Investigation of latent class typologies of covitality*. Doctoral dissertation, University of California Santa Barbara.

## SOCIAL EMOTIONAL HEALTH SURVEY–SECONDARY (SEHS-S) ITEMS AND SCORING

### Self-Efficacy (3-12)

1. I can work out my problems. (1-4)
2. I can do most things if I try. (1-4)
3. There are many things that I do well. (1-4)


### Self-Awareness (3-12)

4. There is a purpose to my life. (1-4)
5. I understand my moods and feelings. (1-4)
6. I understand why I do what I do. (1-4)


### Persistence (3-12)

7. When I do not understand something, I ask the teacher again and again until I understand. (1-4)
8. I try to answer all the questions asked in class. (1-4)
9. When I try to solve a math problem, I will not stop until I find a final solution. (1-4)


## BELIEF IN SELF (RANGE 9-36)

### School Support (3-12)

10. At my school, there is a teacher or some other adult who always wants me to do my best.
11. At my school, there is a teacher or some other adult who listens to me when I have something to say. (1-4)
12. At my school, there is a teacher or some other adult who believes that I will be a success.


### Family Support (3-12)

13. My family members really help and support one another. (1-4)
14. There is a feeling of togetherness in my family. (1-4)
15. My family really gets along well with each other. (1-4)


### Peer Support (3-12)

16. I have a friend my age who really cares about me. (1-4)
17. I have a friend my age who talks with me about my problems. (1-4)
18. I have a friend my age who helps me when I'm having a hard time. (1-4)


## BELIEF IN OTHERS (RANGE 9-36)

### Emotional Regulation (3-12)

19. I accept responsibility for my actions. (1-4)
20. When I make a mistake I admit it. (1-4)
21. I can deal with being told no. (1-4)


### Empathy (3-12)

22. I feel bad when someone gets his or her feelings hurt. (1-4)
23. I try to understand what other people go through. (1-4)
24. I try to understand how other people feel and think. (1-4)


### Self-Control (3-12)

25. I can wait for what I want. (1-4)

26. I don't bother others when they are busy. (1-4)

27. I think before I act. (1-4)


### EMOTIONAL COMPETENCE (9-36)

#### Optimism (3-12)

28. Each day I look forward to having a lot of fun. (1-4)

29. I usually expect to have a good day. (1-4)

30. Overall, I expect more good things to happen to me than bad things. (1-4)


#### Gratitude (3-15)

31. Since yesterday how much have you felt GRATEFUL. (1-5)

32. Since yesterday how much have you felt THANKFUL. (1-5)

33. Since yesterday how much have you felt APPRECIATIVE. (1-5)


#### Zest (3-15)

34. How much do you feel ENERGETIC right now? (1-5)

35. How much do you feel ACTIVE right now? (1-5)

36. How much do you feel LIVELY right now? (1-5)

### ENGAGED LIVING (RANGE = 9-42)

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### Summary Scores

Belief in Self

Belief in Others

Emotional Competence

Engaged Living

Total Covitality (range = 36-150)


## Social Emotional Health Survey-Secondary Raw Score to T-Scores

<i>T-score</i>	Belief in Self	Belief in Others	Emotional Competence	Engaged Living	Covitality	<i>T-score</i>
70					149-150	70
69				42	147-148	69
68					144-146	68
67	36			41	142-143	67
66				40	140-141	66
65		36	36	39	138-139	65
64				38	136-137	64
63	35	35	35		134-135	63
62	34	34	34	37	131-133	62
61				36	129-130	61
60	33	33	33	35	127-128	60
59	32			34	125-126	59
58		32	32		123-124	58
57	31	31	31	33	120-122	57
56				32	118-119	56
55	30	30	30	31	116-117	55
54	29			30	114-115	54
53		29	29		112-113	53
52	28	28	28	29	110-111	52
51				28	107-109	51
50	27	27	27	27	105-106	50
49	26		26	26	103-104	49
48		26			101-102	48
47	25	25	25	25	99-100	47
46	24			24	96-98	46
45	23	24	24	23	94-95	45
44	22		23	22	93-94	44
43		23			91-92	43
42	21	22	22	21	89-90	42
41	20			20	87-88	41
40		21	21	19	84-86	40
39	19		20	18	82-83	39
38		20			80-81	38
37	18	19	19	17	78-79	37
36	17			16	76-77	36
35		18	18	15	74-75	35
34	16		17	14	71-73	34
33		17			69-70	33
32	15	16	16	13	67-68	32
31	14			12	65-66	31
≤ 30	9-13	9-15	9-15	9-11	36-64	≤ 30
T	Belief in Self	Belief in Others	Emotional Competence	Engaged Living	Covitality	T

## Psychometric Properties

Building upon the Resilience Youth Development Module (RYDM; Furlong, Ritchey & O'Brennan, 2009; Hanson & Kim, 2007) of the California Healthy Kids Survey (described in following section), the SEHS-S is a

multidimensional assessment of 12 positive psychological traits that are considered to be core psychological self-schemas of adolescents' psychological well-being (Furlong et al., 2014; You et al., 2014). Based on the conceptual model underlying the covitality construct described previously, the SEHS-S consists of 36 items (12 subscales with 3 items per subscale) that load onto four first-order latent traits (see Figure 3). The four first order latent traits and associated subscales are as follows: belief-in-self (self-awareness, persistence, self-efficacy), belief-in-others (school support, family coherence, peer support), emotional competence (empathy, self-control, delay of gratification), and engaged living (gratitude, zest, optimism). Together, these four first-order latent traits make up the second-order covitality meta-construct (You et al., 2014). The sources of each of the indicators in the SEHS-S can be found in Figure 1. The covitality total score ranges from 36 to 150.

Students are asked to answer questions related to their functioning in the 12 positive psychological domains using Likert-type response scales. For the gratitude and zest subscales, students are asked to select a response indicating "how true" each statement is about themselves from five response options (1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a lot, and 5 = extremely). For the other 10 subscales, students were asked to select an option from the following four response options: 1= not at all true of me, 2 = a little true of me, 3 = pretty much true of me, and 4 = very much true of me. Each of the questions and their associated response scales can be found in Table 4.

Although it is a recently developed instrument, investigations of the psychometric properties of the SEHS-S have supported the reliability and validity of the measurement model (Furlong et al., 2014; Lee, You, & Furlong, in press; You et al., 2014; You et al., 2015). In their first study regarding the development and validity of the SEHS-S, Furlong et al. (2013b) conducted a series of confirmatory factor analyses (CFA), structural equation path model (SEM), multigroup invariance tests, latent mean differences, Analysis of Variances (ANOVAs), and chi-squared tests of associations, with a sample of 4,189 California students in Grades 8, 10, and 12. Results from the two factor analyses suggested retaining 36 of the highest loading indicators from the original 51-item instrument, which corresponded to an overall adequate fitting model with all items highly loading (factor loadings from .52 to .82) onto their respective latent traits,  $\chi^2 = 401.16$ ,  $df = 50$ ,  $p < .05$ , CFI = 0.919, SRMR = 0.048, RMSEA = 0.071, 90% CI [0.067, 0.072]. Multigroup invariance analyses revealed full measurement invariance across gender. Results from tests of latent mean differences revealed that female students were more likely to strongly endorse indicators associated with the belief-in-others and emotional competence factors, whereas male students were more likely to endorse items related to belief-in-self (Furlong et al., 2014). Next, path analysis results found covitality to be a strong predictor of self-reported subjective well-being among adolescents, providing evidence to support the predictive validity of the SEHS-S. Furthermore, Furlong et al. (2013b) found evidence to support convergent validity of the SEHS-S. Specifically, overall covitality levels were associated with higher academic achievement and perceptions of school safety, whereas lower levels of covitality were related to higher engagement in substance use and experiences of depressive symptoms. Taken together, these results provide evidence to support the theoretical model underlying the SEHS-S and its capacity to accurately and reliably measure the multidimensional covitality construct.

To further examine the predictive and concurrent validity, and other psychometric properties of the SEHS-S, You et al. (2015) co-administered the Behavioral Emotional Screening System-Student Form (BESS; Kamphaus & Reynolds, 2007), and conducted a series of CFAs and SEMs with another sample of 2,240 students in Grades 9–12 from California. In the first CFA model, results replicated the factor structure of the

12 subscales, with three of the highest indicators loading onto their respective latent traits. Results from the second CFA reconfirmed the hypothesized structure underlying the SEHS-S. Using SEM, You et al. (2014) found covitality to be a significant negative predictor of social-emotional-behavioral symptoms among adolescents, as measured by the BESS. In addition, results from this investigation found that adolescents with higher covitality scores were more likely to have higher school course grades at the end of the school year. These analyses also revealed full factorial invariance for older (16-18 years) and younger (13-15 years) adolescents, suggesting its capacity to appropriately measure covitality for adolescents of all ages. When summed across all 36 items, the reliability of the total covitality score was strong,  $\alpha = .92$ , with an approximately normal distribution (skewness = -0.54, kurtosis = 0.49).

Structural stability was investigated with a sample of 115 students who completed the SEHS-S at two time periods, approximately one year apart (Furlong et al., 2014). Overall, researchers found the stability coefficients for four latent constructs of the SEHS-S, and the covitality meta-construct to have strong trait-like stability: belief-in-self ( $r_{12} = .56$ ), belief-in-others ( $r_{12} = .57$ ), emotional competence ( $r_{12} = .57$ ), engaged living ( $r_{12} = .45$ ), and covitality ( $r_{12} = .60$ ).

The SEHS-S has been translated into several languages, and data are in the process of being collected from adolescents living in Australia, Japan, Korea, Turkey, Malta, Lithuania, and Latvia (Furlong et al., 2014). Further investigations of the reliability and validity of this instrument in assessing covitality with international populations are beginning to emerge, with similar promising evidence (Dowdy et al., 2014).

Taken together, these initial investigations provide psychometric evidence supporting the SEHS-S theoretical model and its capacity to accurately and reliably measure the multidimensional covitality construct. In addition to the building body of research supporting the psychometric properties of the SEHS-S, this tool has predicted other areas of adolescent functioning, including school-based (e.g., academic achievement) and quality-of-life (e.g., subjective well-being) outcomes (see Renshaw et al., 2014 for overview of these findings).

#### Psychometric Characteristics of SEHS Total Covitality Score by Sociocultural Group

Sociocultural group	$\alpha$	Skewness	Kurtosis
Latino/a	.95	-0.50	0.37
Black	.96	-0.76	0.50
Blended	.95	-0.59	0.36
Asian	.95	-0.56	0.63
White	.95	-0.53	0.37
Total	.95	-0.55	0.42

The sample included students from 17 high schools in eight urban and suburban California school districts in communities located from San Diego to San Francisco, who completed the survey in the 2012-13 academic year. Seven of these 17 schools were large comprehensive high schools with student enrollments of 1,500 or



Alpha coefficients for the SEHS-S domains and composite covitality index.

Study	Sample Size	Age	Ethnicity	Location	BIS	BIO	EC	EL	Covitality
Furlong et al. (2014) 1	4,189 (12 schools)	15.1 years Grades 8, 10, 12	72% Latinx	California	NR	NR	NR	NR	.92
You et al. (2014) 2	2,240 (2 schools)	15.5 years Grades 9-12	72% Latinx	California	.76	.81	.78	.87	.91
You et al. (2015) 3	14,171 (17 schools)	16.0 years Grades 9-12	51% Latinx 17% White 7% Black 8% Asian	California	.78	.87	.82	.88	.95-96 across ethnic groups
Lee et al. (2015) 4	686 (13 schools)	15.9 years Grades 7-12	100% Korean	Korea	.84	.85	.82	.88	.94
Ito et al. (2015) 5	975 (2 schools)	Grades 7-9	100% Japanese	Japan	.78	.87	.82	.88	.93
Pan et al. (2016) 6	17 classes	14.7 years Secondary	100% Chinese	China	.81	.84	.85	.84	.92
Telef & Furlong (2017) 7	854 (6 schools)	16.0 years Grades 9-12	100% Turkish	Turkey	.76	.77	.74	.80	.89

Note. BIS = Belief in Self, BIO = Belief in Others, EC = Emotional Competence, EL = Engaged Living

more, three had enrollments of 1,000–1,499, and seven had enrollments less than 1,000. All 22,703 students attending these schools were invited to participate in the present study, with 14,171 (61.2%) providing usable SEHS responses. The sample was balanced across grades (27.7% ninth, 24.9% tenth, 24.4% eleventh, and 23.1% twelfth) and gender (51.2% females, 48.8% males). The students were all between the ages 14 to 18 years ( $M = 16.0$ ,  $SD = 1.2$ ). With respect to sociocultural heritage, the students were asked their preferred sociocultural group self-identification. A majority of the students identified as Latino/a (57.8%), 17.2% as

1 Furlong, M. J., You, S., Renshaw, T. L., Smith, D. C., & O'Malley, M. D. (2014). Preliminary development and validation of the Social and Emotional Health Survey for secondary students. *Social Indicators Research*, 117, 1011–1032. <http://link.springer.com/article/10.1007/s11205-013-0373-0>

2 You, S., Dowdy, E., Furlong, M. J., Renshaw, T., Smith, D. C., & O'Malley, M. D. (2014). Further validation of the Social and Emotional Health Survey for high school students. *Applied Quality of Life Research*, 9, 997–1015. <http://link.springer.com/article/10.1007/s11482-013-9282-2>

3 You, S., Dowdy, E., Furlong, M. J., Renshaw, T., Smith, D. C., & O'Malley, M. D. (2014). Further validation of the Social and Emotional Health Survey for high school students. *Applied Quality of Life Research*, 9, 997–1015. <http://link.springer.com/article/10.1007/s11482-013-9282-2>

4 Lee, S., You, S., & Furlong, M. J. (2016). Validation of the Social Emotional Health Survey for Korean school students. *Child Indicators Research*, 9, 73–92. <http://link.springer.com/article/10.1007/s12187-014-9294-y>

5 Ito, A., Smith, D. C., You, S., Shimoda, Y., & Furlong, M. J. (2015). Validation of the Social Emotional Health Survey—Secondary for Japanese students. *Contemporary School Psychology*, 19, 243–252. <http://link.springer.com/article/10.1007/s40688-015-0068-4>

6 Pan Yan-Gu, Zhang Da-Jun, Chen Wan-Fen, Liu Guang-Zeng (2016). Preliminary validation of the Social and Emotional Health Survey in Chinese secondary school students. *Chinese Journal of Clinical Psychology*, 24, 680–683. doi:10.16128/j.cnki.1005-3611.2016.04.024

7 Telef, B. B., & Furlong, M. J., (2017). Adaptation and validation of the Social Emotional Health Survey-Secondary into Turkish culture. *International Journal of School & Educational Psychology*, 5, 255–265. <http://dx.doi.org/10.1080/21683603.2016.1234988>

White, 8.2% as having a Blended (two or more groups) background, 7.6% as Black, 6.3% as Asian, 1.6% as Native Hawaiian/Pacific Islander, 0.7% as Alaskan/Native American, and 0.7% did not answer. This sample is generally representative of California's high school demographics, although it slightly overrepresented the Latino/a students, who make up 50.7% of the statewide student population, and underrepresents White students (26.8%; California Department of Education [CDE], 2013). School accountability report cards indicated the percentage of English Learners at each school ranged from 7% to 68% ( $md = 23\%$ ) and 38% to 92% ( $md = 51\%$ ) of the students were listed as being from families that were considered to be economically disadvantaged (neither of the student's parents had a high school diploma and/or the student was eligible for the free or reduced-price lunch program). Additional reliability information is provided in the table on the preceding page.

## Quality of Life Associations

Another important aspect of a measure's validity is how it is associated with other aspects of adolescents' development. A measure of social and emotional noncognitive characteristics and mindsets should correlate in expected ways with other relevant and student life experiences and conditions. The following section provides information of the relation between the SEHS-S and key quality of life indicators.

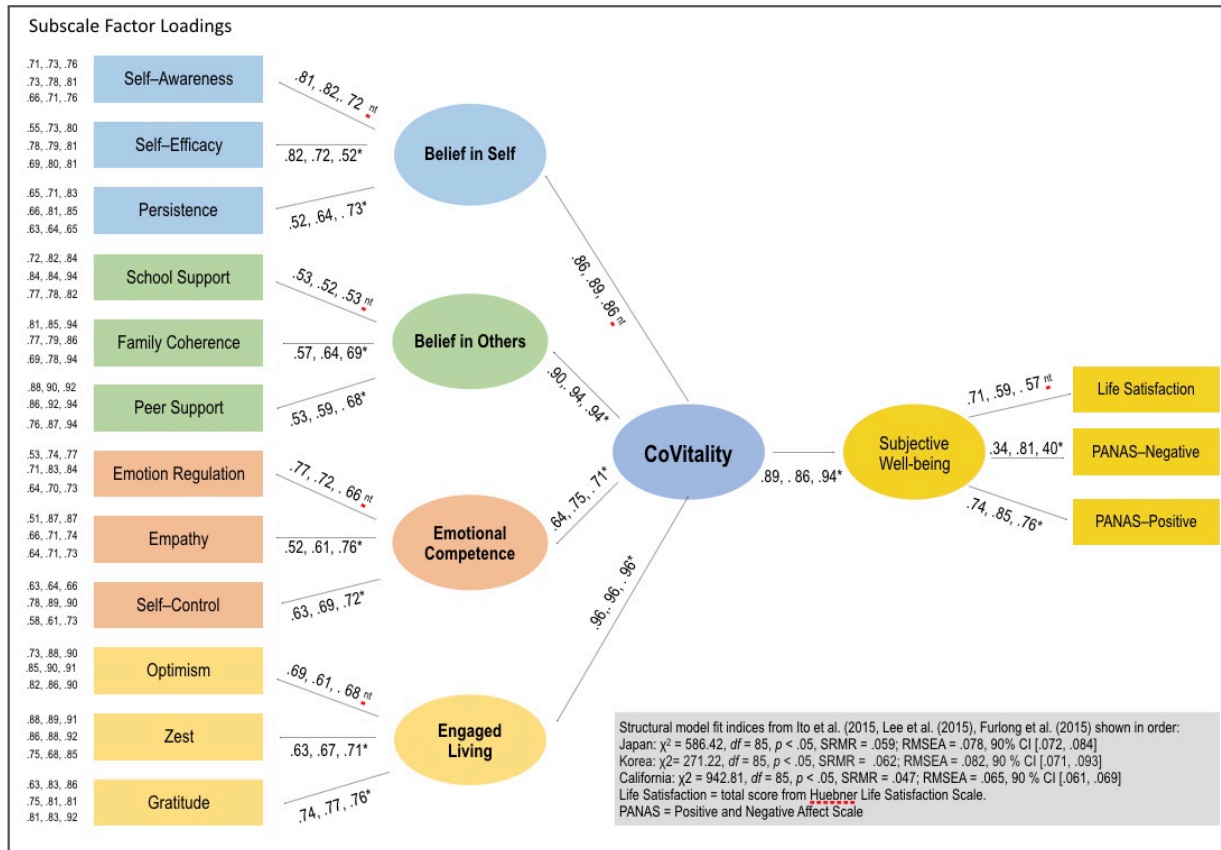
### POSITIVE SOCIAL AND EMOTIONAL WELLBEING

Social and emotional learning services provided by school at their core seek to foster the positive social and psychological development of all students. It is essential that measures such as the SEHS-S be able to show that student responses are associated with positive indicators of flourishing mental wellness and wellbeing. For example, Students reporting higher covitality are more likely to report that they have many friends at school (Ito et al., 2015) and to engage in prosocial behaviors such as enjoying helping others (Ito et al., 2015). See Figure on following page.

### PSYCHOLOGICAL DISTRESS

In addition to having associations with positive developmental indicators, the SEHS-S should also have negative associations with indicators of adolescents' psychological distress. The association between measures of psychological distress and the four identified first-order SEHS-S domains (BIS, BIO, EC, and EL) and the Covitality composite was examined by Furlong et al. (2014). For the measure of psychological distress, they used the 30-item Behavior and Emotional Scale for Children, BESS screener. Using a structural validation model, they identified a significant relation between Covitality and the total BESS score (-.63). This concurrent validity model having good fit to the data,  $\chi^2=1085.27$ ,  $df = 85$ ,  $p < .05$ , SRMR = .058; RMSEA = .072, 90 % CI [.068, .074]. Using an item from the Youth Risk Behavior Surveillance Survey Another ("During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?"), analyses by Project Covitality found that students with low

covitality (below -1.0 SD) were 2.4 times more likely than students with high covitality (above +1.0 SD) to affirm that they had impactful depressed mood.



## Relation between covitality and Subjective wellbeing

### SCHOOL GRADES

In addition to considering the psychological wellness of adolescents, educators have an obvious interest in the effects of social and emotional learning of students' academic development. Associations between indicators of student scholastic achievement have been reported in several analyses.

In an early validity analysis, Furlong et al. (2014) used a one-way ANOVA to test the relation between students' Covitality levels and students' self-reported course grades. The question for course grades was: "During the past 12 months, how would you describe the grades you mostly received in school?" (response options: 8 = mostly A's, 7 = A's and B's, 6 = mostly B's, 5 = B's and C's, 4 = mostly C's, 3 = C's and D's, 2 = mostly D's, and 1 = mostly F's). This item is used in the California Healthy Kids Survey. Results from this analysis yielded a Covitality main effect for course grades,  $F(3, 4105) = 125.49$ ,  $p < .0001$ ,  $R^2 = 0.083$ , with post hoc

tests indicating significant mean differences between all Covitality levels—the very high Covitality group having the highest course grades ( $M = 6.4$ ), followed by students in the high group ( $M = 5.9$ ), the low group ( $M = 5.5$ ), and, lastly, the very low group ( $M = 4.6$ ).

Lee et al. (2015) with a sample of Korean students also examine the relation between self-reported school course grades during the previous 12 months (response options: 5 = very good [within top 20 %], 4 = good [top 21–40 %], 3 = average [41–60 %], 2 = poor [low 21–40 %], 1 = very poor [low 1–20 %]). Self-reported school grades were significantly higher as the covitality level increased,  $F(3, 662) = 22.74$ ,  $p < 0.001$ . Creating four covitality groups as was done by Furlong et al. (2014), the very high covitality group had the highest school grades ( $M = 3.7$ ), followed by the high covitality group ( $M = 3.3$ ), the low covitality group ( $M = 3.1$ ), and very low covitality group ( $M = 2.5$ ). Post hoc analyses indicated all group differences were significant.

The relation between students' SEHS-S responses and later actual attained course grades was considered by You et al. (2015). In this validity analysis, the SHE-S was administered in September one month after the beginning of the school year's first semester and compared with semester course grading marks given the following January for 1,531 students. The GPA index ranged from 0.0 to 4.0, with 2.0 equivalent to "C" course grading marks in all classes. Creating four covitality groups as was done by Furlong et al (2014), a one-way ANOVA evaluated the relation between students' covitality level and actual GPA and yielded a main effect,  $F(3, 1363) = 18.893$ ,  $p < .0001$ ,  $R^2 = .04$ . Tukey post-hoc tests indicated that the very high and high covitality groups (both with  $M = 2.6$ ) had higher GPAs than the low ( $M = 2.3$ ) and very low covitality groups ( $M = 2.2$ ).

## Applications

The guidelines for prevention in psychology encourage school psychologists to develop and implement interventions that reduce psychological risks and promote human strengths (American Psychological Association, 2013). With this broader goal in mind, covitality can be assessed to track district and school level trends, provide unique information to be used as a part of individualized assessments, and as part of a schoolwide effort to screen students for complete mental health. The SEHS is now a module of the California Healthy Kids Survey and is being used in the state's evaluation of the federally funded Safe and Supportive Schools (S3) project.

Perhaps the more relevant use of the SEHS in applied school psychology contexts is as part of a schoolwide screening for complete mental health. The principle behind universal screening is straightforward: it is impossible to proactively help students unless school personnel take the time to ask the students how they appraise both the negative and positive aspects of their life experiences; that is, they have to watch, care, ask, and respond in support of students. Although educators might strive to create conditions that encourage and support students' willingness to seek help when they experience mental health problems — if we do not ask, they might not tell. Moving away from a referral practice heavily reliant on teacher nomination (Gerber & Semmel, 1984), the students themselves have a structured opportunity to disclose information about their life experiences. This is critical as the students who might benefit from support services are not just those who are obvious to teachers. In addition to the students who are experiencing significant mental distress, students who are not building the internal psychological assets needed to manage and cope with future life challenges might also benefit from support.

We have been working with secondary schools that use the SEHS in combination with the Behavioral and Emotional Screening System (BASC-2-BESS; Kamphaus & Reynolds, 2007) or the Strengths and Difficulties Questionnaire (Goodman, 1997) as part of universal screening conducted early in the school year. Following consent, all youth complete brief self-report measures assessing for behavioral and emotional risk and personal strengths. This approach to screening is consistent with research in support of a two-continua model of mental health which provides evidence that mental illness and wellness are not opposite ends of the same continuum, but instead are complementary, but separate dimensions (Keyes, 2005). Results from both surveys are combined to provide a straight forward mechanism for determining service delivery and prevention priorities. Using methods previously identified in research (e.g., Keyes, 2005; Suldo & Shaffer, 2008), students are placed into categories based on their levels of psychological distress and personal strengths. Then, school care coordination teams use the screening results to prioritize interventions for students; the highest priority group being those students who report the combination of elevated psychological distress and very low levels of covitality (priority group 1; see Figure 3). In addition, the schools are using the screening data to evaluate service needs and to implement strategies designed to foster students' strengths and enhance school climate. For example, we have been developing resources aligned with the SEHS model for schools to foster the psychological building blocks for complete mental health (see <http://www.michaelfurlong.info/conferences.html>). See Dowdy, Furlong et al. (2014) for a more in-depth description of how to use the SEHS as part of a complete mental health screening.

The primary way in which Project Covitality has used the SEHS-S in applied context is as part of school complete mental health screening. These surveys are coordinated with a school site care team (administrators, counselors, school psychologists, and teachers). After appropriate parental notification and consent, and student informed assent, the students complete an online survey and provide a unique identifier. The unique identifier is used so that the care team can respond to students' immediate social emotional wellness needs.

If you would like to know more about how we have implemented schoolwide social emotional wellness screening and monitoring, please contact Project Covitality and ask to have a Zoom meeting session scheduled.

## **Current Research and Future Possibilities**

Although much has been learned, we realize that there is still much to be done to further understand covitality, its developmental course, and optimal approaches to intervention. We have witnessed how assessment with the SEHS has helped to change conversations towards a strengths-based approach, and how school personnel respond positively to results that are relevant to all students. We hope that this continued work will contribute to efforts that foster the complete social and emotional health and thriving development of all students.

As we think should be true of all psychological measures, the Project CoVitality team is continuously engaged in ongoing research endeavors with an eye toward further refinement and validation of the SEHS-S. To this end, we were fortunate enough secure a four-year (2016-2020) U.S. Institute of Education Sciences grant to refine the SEHS-S and thoroughly examine its psychometric properties and extend the empirical evidence of the breadth of its validation and the parameters of appropriate research and applied uses.

When this research project is finished, we will update the SEHS-S and make it available to researchers and educators interested in supporting positive development of all youth. Until we have finished our current SEHS-S refinement and extended validation efforts, researchers should use the current version of the SEHS-S, which is backed by substantial empirical research.

Following is a summary of Project Covitality's current major research effort.

## **U.S. Institute of Education Sciences Funded SEHS-S Refinement Study**

**Title:** Validation of a Measure to Assess the Social-Emotional Health of Secondary Students

**Topic and Goal:** 84.305A, Social and Behavioral Context for Academic Learning (Goal 5)

### **Purpose**

The proposed research project aims to make available to schools an assessment that meaningfully measures key elements of a student's social-emotional health that are associated with academic outcomes. Schools are currently limited to universal assessments that focus almost entirely on the negative aspects of functioning and do not pay adequate attention to the indicators of youths' social emotional health that are associated with students' positive educational and life outcomes. This grant proposal seeks funding to assess the following aims to enhance the validity and practical utility of the Social Emotional Health Survey (SEHS): (1) Refine the content and format of the SEHS for use in high schools; (2) Verify the construct validity of the SEHS for use in high schools; (3) Investigate the criterion validity of the scores obtained from the SEHS; (4) Investigate the consistency and stability of student responses to the SEHS (5) Investigate strategies for evaluating the credibility of SEHS self-reports to facilitate interpretation and appropriate use by high schools; and (6) Investigate students' SEHS responses for the presence of empirically-defined interpretation subtypes or classes.

### **Setting**

The research will take place with high school students across California. Data for the cross-sectional sample will be collected from approximately 90 high schools using a stratified, two-stage, cluster sampling design from geographic regions of California ( $N \approx 100,000$ ). In addition, data will be collected longitudinally ( $N \approx 5,000$ ) from four high schools in California.

### **Samples**

The target population is high school students (Grades 9-12). Three samples of high school students will be used: (a) a cross-sectional sample will be drawn from 90 high schools throughout California in years 2 and 3; (b) a longitudinal sample will be drawn from four California high schools during years 2-4; and (c), a short-term stability sample will be drawn from four high schools in year 2 (these students not included in longitudinal analyses).

### **Assessment**

The Social Emotional Health Survey (SEHS) is the focal instrument. It is a 36-item self-report measure that includes 12 subscales that are linked to four first-order latent traits (belief in self, belief in others, emotional competence, and engaged living), which are hypothesized to load on to a second-order general factor called covitality.

## Research Design and Methods

A scale development strategy was used to logically organize this proposed research plan, whereby an iterative process was employed to establish the SEHS substantive, structural, and external characteristics. Following refinement of the SEHS, the SEHS, along with other key measures, will be administered to cross-sectional and prospective, longitudinal samples to establish substantive, structural, and external characteristics of the SEHS.

## Key Measures

The project will provide validity and usability information including information about how the SEHS assesses the intended constructs of social/emotional health, relates to other social/emotional factors that support or diminish learning (e.g., personal distress, school satisfaction, school connectedness, student learning strategies, subjective well-being), and can be used in schools. This project will examine relations between the SEHS and important educational outcomes (e.g., test scores, grades, attendance, credits earned, disciplinary referrals) concurrently and longitudinally. Novel approaches will examine the credibility of responses.

## Data Analytic Strategy

The primary data analytic methods to accomplish the psychometric, interpretation, and usability aims for this study include: exploratory and confirmatory factor analysis, measurement invariance analysis, internal consistency, correlational reliability and validity analyses, analysis of variance, latent profile analysis, and latent transition analysis.

## Covitality Information, Strategies, and Activities



The Social Emotional Health Surveys provide information about students' current, balanced psychological and social wellness. School student care teams use this information to monitor students' overall health and wellness as it relates building a positive, caring, and supportive school climate. By providing students the opportunity to comment on their current life experiences, care teams are also better able to rapidly engage in early prevention efforts. We presume that each school and its mental health professionals employ universal and selected strategies designed to foster student wellness.

In our work with school districts that have used the SEHS-Secondary, natural questions are asked, "Now that we have information about the students' social emotional health, what now?" "Which of the 12 covitality components should we target for prevention and intervention services?" "Is some combination(s) of student covitality strengths better than others to prevent behaviors and psychosocial risk?"

The quick answer to these questions is that years of risk and resilience research has not identified specific patterns of developmental assets that stand out from other patterns. As an aid to interpret and use the results of the SEHS-S, we (Lenzi, Dougherty, Furlong, Sharkey, & Dowdy, 2015)<sup>8</sup> examined how different

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<sup>8</sup> Lenzi, M., Dougherty, D., Furlong, M. J., Dowdy, E., & Sharkey, J. D. (2015). The configuration protective model: Factors associated with adolescent behavioral and emotional problems. *Journal of Applied Developmental Psychology, 38*, 49–59. <http://www.sciencedirect.com/science/article/pii/S0193397315000179>

configurations of SEHS-S psychological and social assets were associated with protective effects of lower levels of youth involvement in risk behaviors (tobacco and alcohol use) and the development of emotional problems (depressive feelings and suicidal thoughts).

The Lenzi et al. (2015) study examined the association between quantity, variety, and configuration of developmental assets with risk behaviors (tobacco and alcohol use) and developing emotional problems (depressive feelings and suicidal thoughts). A sample of 12,040 California high school students completed surveys investigating youth health and risk behaviors, and developmental assets. Analyses showed that adolescents reporting a higher quantity of assets, and possessing them in multiple domains, tended to have a lower likelihood of experiencing behavioral and emotional problems. The negative association between developmental assets and negative outcomes was more consistent when the quantity and variety of assets were taken into account simultaneously. A sufficient amount of strengths, in an adequate number of different domains, seems to provide the strongest protection against negative developmental outcomes.

What do the results of the Lenzi et al. (2015) study mean in practical terms?

Implementing interventions that seek to enhance the 12 SEHS-S assets is almost never feasible in most school settings; however, the Lenzi et al. (2015) study suggests that this is unnecessary. A more parsimonious approach can be taken. Interventions aimed at promoting four different SEHS-S components from at least two different domains (e.g., family and peer support, assets included in the belief in others domain; self-awareness and self-efficacy, assets included in the belief in self domain) might be effective in protecting adolescents from a wide range of negative developmental outcomes. This configuration would promote a number of different assets and a variety of skills that, according to our results, would achieve the first tipping point to protect youths from a range of emotional and behavioral problems. Although additional research is needed, our current suggested approach is to implement positive youth development strategies and programs that select from among the 12 SEHS-S individual and social assets while considering how the assets are balance across the four SEHS-S domains. That is, rather than fostering assets in a single domain all at once (e.g., gratitude, zest, and optimism from Engaged Living), it is suggested to foster assets across domains (e.g., persistence, peer support, and gratitude). In subsequent years, strategies can be expanded to include assets for other domains (e.g., empathy). Finally, which assets and which domains are targeted by a school can reflect local needs, interests, and values.

To support ongoing service options and to provoke consideration of other options we provide this list of resources organized by the 12 components of the CoVitality model. Links to brief information articles and descriptions of school/classroom activities are provided. You will note that a key resource is the Center for Greater Good located at the University of California Berkeley. Another key resource in the Collaborative for Academic, Social, and Emotional Learning (CASEL). The last section of this resources list provides links to its comprehensive review of programs/curriculums that could foster the development of Covitality related mindsets.

Of course, implementing programs/curriculums outside of a comprehensive school-based student wellness plan diminishes their potential effectiveness. When your school needs to engage in district or school-level system planning, the following resources offer support for these efforts.



## KEY RESOURCES

CASEL: Resources for implementation of social and emotional learning by school districts ([link](#))

School Mental Health Center: School Health Assessment and Performance System ([link](#))

### Belief in Self

#### Self-Efficacy

Access	Description	Source
<a href="#">link</a>	How to Help Students Believe in Themselves	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Why We Should Embrace Mistakes in School	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Art & Science of Teaching / Teaching Self-Efficacy with Personal Projects	ASCD (Educational Leadership Journal)
<a href="#">link</a>	Giving Students a Reason to Try	ASCD (Educational Leadership Journal)
<a href="#">link</a>	The Challenge of Motivating Students	ASCD
<a href="#">link</a>	What Research Says About... / Encouraging Girls to Pursue Math and Science	ASCD (Educational Leadership Journal)

#### Self-Awareness

Access	Description	Source
<a href="#">link</a>	How to Help Teens Become More Self-Compassionate	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How SEL and Mindfulness Can Work Together	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Teaching Self-Aware Minds: Using Brain Science to Boost Social and Emotional Skills	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Teach Happiness at School	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How Does Mindfulness Improve Self-Control?	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Eight Tips for Teaching Mindfulness in High School	<a href="#">Center for Greater Good</a>

#### Persistence

Access	Description	Source
<a href="#">link</a>	How Teachers Can Help Students Who Fail in Class to Succeed at Life	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	A Simple Story Can Improve Students' Grades in Science	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Two Ways to Foster Grit	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Teaching young kids persistence	<a href="#">Great Schools</a>
<a href="#">link</a>	28 Ways to Build Persistent & Confident Students	<a href="#">Teaching Community</a>
<a href="#">link</a>	The Flow Theory in the Classroom: A Primer	Teacher Thought
<a href="#">link</a>	Five Ways to Boost Student Engagement with Flow Theory	John Spencer Blog

## BELIEF IN OTHERS

### Peer Support

Access	Description	Source
<a href="#">link</a>	When Teens Need Their Friends More Than Their Parents	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Teens Overestimate the Bad Behavior of Peers	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Four Ways Music Strengthens Social Bonds	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Four Ways Social Support Makes You More Resilient	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Peers Supporting an Inclusive School Climate	<a href="#">Inclusive Schools Network</a>
<a href="#">link</a>	In-School Clubs	<a href="#">Mind Your Mind</a>
<a href="#">link</a>	Research Says / For Positive Behavior, Involve Peers	<a href="#">ASCD (Educational Leadership Journal)</a>

### School Support

Access	Description	Organization
<a href="#">link</a>	How Teachers Can Help Immigrant Kids Feel Safe	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Four Ways Teachers Can Show They Care	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Four Ways Teachers Can Reduce Implicit Bias	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Student-teacher relationships: The overlooked ingredient for success	<a href="#">Parenting Science</a>
<a href="#">link</a>	Simple Steps to Improve School Connectedness	<a href="#">Mind Matters (Australia)</a>
<a href="#">link</a>	School Connectedness: Strategies for Increasing Protective Factors Among Youth	<a href="#">U.S. Center for Disease Control and Prevention</a>
<a href="#">link</a>	Fostering School Connectedness: Information for School Districts and Administrators	<a href="#">U.S. Center for Disease Control and Prevention</a>
<a href="#">link</a>	Beyond Icebreakers: Building Student Connectedness	<a href="#">Education World</a>

### Family Coherence

Access	Description	Source
<a href="#">link</a>	Emotion Coaching: One of the Most Important Parenting Practices in the History of the Universe	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	150 Days of Family Engagement Activities	<a href="#">Project Appleseed</a>
<a href="#">link</a>	Helping Your Child Succeed in School	<a href="#">U.S. Dept. Education</a>
<a href="#">link</a>	10 Ideas for Engaging Parents	<a href="#">National Education Association</a>
<a href="#">link</a>	Parents Need to Learn: Five Ways to Engage Parents in Student Learning	<a href="#">ASCD</a>

## EMOTIONAL COMPETENCE

### Behavioral Self-Control

Access	Description	Source
<a href="#">link</a>	Four Ways to Gain Perspective on Negative Events	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Five Tips for Helping Teens Manage Technology	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Five Ways to Help Misbehaving Kids	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Can Mindfulness Help Kids Learn Self-Control?	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Wish, Outcome, Obstacle, and Plan “...helps students find and fulfill their wishes...WOOP builds self-control	<a href="#">Character Lab</a>
<a href="#">link</a>	Self-Regulation in the Classroom (games and exercises)	Wikispaces
<a href="#">link</a>	Self-Regulated Learning for Academic Success	ASCD

### Empathy

Access	Description	Source
<a href="#">link</a>	How One School is Teaching Empathy After the Election	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	If You’re Stressed, You Need Empathic Friends	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Three SEL Skills You Need to Discuss Race in Classrooms	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Stay Empathic without Suffering So Much	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Three Ways for Schools to Help Kids Cultivate Kindness	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Listen with Compassion in the Classroom	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Educating for Empathy	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Roots of Empathy program	<a href="#">Roots of Empathy</a>
<a href="#">link</a>	Building Empathy in Classrooms and Schools	<a href="#">Education Week Teacher</a>
<a href="#">link</a>	The HEROES Project: Dedicated to building the movement toward creating an emotionally wise world through the cultivation of empathy. Feel free to use or adapt any of these materials.	<a href="#">Aileen Fullchange, PhD</a>

### Emotional Regulation

Access	Description	Source
<a href="#">link</a>	Nine Things Educators Need to Know About the Brain	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Four Lessons from “Inside Out” to Discuss with Kids	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Help Teenagers Manage Risk	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	9 Tips for Teaching Emotional Regulation (& Improving Classroom Behavior at the Same Time)	<a href="#">We Are Teachers</a>
<a href="#">link</a>	Zones of Regulation® /Emotional Regulation Activities	<a href="#">School Counseling Files</a>
<a href="#">link</a>	30 Games and Activities for Self-Regulation	<a href="#">Inspired Treehouse</a>
<a href="#">link</a>	Best 25 emotional regulation ideas (quite practical ideas)	Pinterest (provided by child social worker)
<a href="#">link</a>	Emotional regulation lessons	<a href="#">Teachers Pay Teachers</a>

## ENGAGED LIVING

### Gratitude

Access	Description	Source
<a href="#">link</a>	How to Teach Gratitude to Tweens and Teens	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	What Don't We Know about Gratitude and Youth?	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Three Activities to Help Students Deepen Their Gratitude	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Stop the Culture of Complaining in Schools	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Three Gratitude Lessons for K-8 Classrooms	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Foster Gratitude in Schools	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Gratitude Works Program is part of NASP's effort to promote students' resilience, optimism, and academic success	<a href="#">National Association of School Psychologists</a>
<a href="#">link</a>	31 Gratitude Exercises That Will Boost Your Happiness (+PDF)	<a href="#">Positive Psych Program</a>
<a href="#">link</a>	The Gratitude Program for Kids	Health & Happiness
<a href="#">link</a>	Growing with Gratitude	<a href="#">Kids Matter (Australia)</a>
<a href="#">link</a>	Curriculum: Thanks! A Strengths-Based Gratitude Curriculum for Tweens and Teens. Four lessons to help students understand the meaning of gratitude and how to cultivate it in their everyday lives.	<a href="#">Center for Greater Good</a>

### Zest

Access	Description	Source
<a href="#">link</a>	Build Connections: "... helps students understand how their existing interests relate to the content they learn in school. (curiosity)	<a href="#">Character Lab</a>
<a href="#">link</a>	Tips for Helping Kids Adopt a Growth Mindset	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Help Students Feel Powerful at School	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How to Nurture Empathic Joy in Your Classroom	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Seven Ways to Help High Schoolers Find Purpose	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Can Schools Help Students Find Flow?	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	How Awe Can Help Students Develop Purpose	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Five Tips for Teaching Advisory Classes at Your School	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Meaningful Participation resources	<a href="#">Calif. Dept. Education</a>
<a href="#">link</a>	Service-Learning Curriculum Ideas	<a href="#">Wisc. Dept. Pub. Instruc.</a>
<a href="#">link</a>	High School Activities	<a href="#">Education</a>
<a href="#">link</a>	Friday Fun	<a href="#">Education World</a>
<a href="#">link</a>	Helping High School Students Find Their Purpose	<a href="#">The Purpose Challenge</a>

### Optimism

Access	Description	Source
<a href="#">link</a>	How to Help Students Develop Hope	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Can Positive Thinking Really Make Dreams Come True?	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Rethinking Optimism: Fostering confidence in children is easier than you think	<a href="#">Center for Greater Good</a>
<a href="#">link</a>	Back to School with Hope, Optimism, and, Maybe, Something More?	<a href="#">Six Seconds</a>
<a href="#">link</a>	Aussie Optimism is an evidence-based mental health promotion program for children in primary and lower secondary schools. Aussie Optimism focuses on building competencies in children, rather than alleviating problems.	<a href="#">Curtin University Aussie Optimism Program</a>
<a href="#">link</a>	Sowing Seeds of Hope	ASCD (Educational Leadership Journal)

## GENERAL SOCIAL EMOTIONAL LEARNING CURRICULUM

There are a number of general programs or curriculums that can be used to foster the development of students' positive psychological and social mindsets. The resources listed below describe options that can be used for schoolwide and classroom contexts as well as by psychologists, counselors, and social workers when supporting with individuals and small groups.

Access	Description	Source
<a href="#">link</a>	The Collaborative for Academic, Social, and Emotional Learning is a leading authority on fostering the social emotional development of children and adolescents. The two resources listed below provide link to the latest reviews of SEL programs that can be used for universal (prevention) and targeted (interventions) in school contexts.	<a href="#">CASEL Resources</a>
<a href="#">link</a>	2013 CASEL Guide: Effective Social and Emotional Learning Programs—Preschool and Elementary School	<a href="#">CASEL</a>
<a href="#">link</a>	2015 CASEL Guide: Effective Social and Emotional Learning Programs—Middle and High School	<a href="#">CASEL</a>
<a href="#">link</a>	OJJDP Model Programs “The Office of Juvenile Justice and Delinquency Prevention’s (OJJDP’s) Model Programs Guide (MPG) contains information about evidence-based juvenile justice and youth prevention, intervention...”	U.S. Dept. of Justice
<a href="#">link</a>	Book: Personal Well-Being Lessons for Secondary Schools: Positive psychology in action for 11- to 14-year-olds 1st Edition	Authors: Llona Boniwell & Lucy Ryan
<a href="#">link</a>	Curriculum: Promoting Student Happiness Positive Psychology Interventions in Schools	Author: Shannon Suldo
<a href="#">link</a>	Curriculum Activities: Reach Out is Australia’s leading online mental health organization for young people and their parents. Classroom lesson plans can be downloaded for covitality-related topics such as self-efficacy and optimism. The Reach Out web site also provide school resources and information about youth mental health and wellness.	<a href="#">Reach Out</a>
<a href="#">link</a>	Positive Psychology Exercises to do with Clients or Students	<a href="#">Positive Psychology Program</a>
<a href="#">link</a>	Kids Matter Primary is a mental health and wellbeing initiative for Australian primary schools. It provides proven methods, resources and support to identify and implement whole-school strategies to improve student mental health and wellbeing. This site provides information related to programs and services in elementary schools.	<a href="#">Kids Matter (Australia)</a>
<a href="#">link</a>	Mind Matters (adolescent): A mental health initiative for secondary schools that aims to improve the mental health and wellbeing of young people. We call it a “framework,” in that it provides structure, guidance and support while enabling schools to build their own mental health strategy to suit their unique circumstances.	<a href="#">Mind Matters (Australia)</a>



Project Covtality  
 University of California Santa Barbara  
 International Center for School Based Youth Development  
 Santa Barbara, CA 93106  
[www.project-covitality.info](http://www.project-covitality.info)

## Other Student Wellness Resources



### PROJECT COVITALITY WEBSITE

[www.project-covitality.info](http://www.project-covitality.info)

### MINDSET DOMAIN INFORMATION HANDOUTS

There is a one-page handout for each of the 12 SEHS-S subscales that can be downloaded from this from this webpage: <http://project-covitality.info/prevention-and-intervention/>.

## UCSB International Center for School Based Youth Development

The International Center for School-Based Youth Development (ICBSYD) conducts applied research in support of students' academic growth and psychological well-being. These iCSBYD resources are available to support school wellness initiatives.

### Safe School Resources ([link](#))

- California School Climate and Safety Survey
- California School Climate and Safety Survey-Progress Monitor
- California Bully Victim Survey
- California Bully Victim Structure Interview

### Multidimensional School Anger Inventory ([link](#))

## Covitality Administration, Scoring, and Reporting Software

### MOSAIC ADMINISTRATION, SCORING, AND REPORTING SOFTWARE

A software application has been developed that provides online administration of the SEHS-S (using computers, tablets, or smart phones). Individual student and whole school profile reports are immediately accessible to a site administrator. Samples of individual and school profiles reports are provided in the following page.

Contact: Mosaic Network: <http://www.covitalityapp.com/>



AN ONLINE SOCIAL-EMOTIONAL  
HEALTH STUDENT SURVEY



**CoVITALITY**  
Social-Emotional Health Surveys



Affordable, Sustainable, Universal Screening

# Building Resilience

Grounded in extensive research on positive youth development, CoVitality features the Social Emotional Health Surveys developed in collaboration with the Center for School-Based Youth Development at the University of California, Santa Barbara.

The CoVitality framework—featuring the Social-Emotional Health Surveys— is a comprehensive set of assessment tools and insights to help school mental health teams assess adolescents’ personal and social strengths and assets, in addition to psychological distress and risk factors.

## Individual Student Covitality Profile

 <b>INDIVIDUAL STUDENT PROFILE REPORT</b>																																	
STUDENT ID	123456789																																
<h3>STRENGTHS PROFILE</h3> <p><b>CoVitality-S Subdomain Results</b>            This student's CoVitality-Secondary <i>strengths profile</i> is shown in the chart below. Information about the CoVitality-S subdomains is provided to explore recommended areas for targeted intervention and support to build upon the student's personal assets.</p>																																	
GRADE	7th																																
GENDER	Male																																
SCHOOL	Hollister High School																																
DATE	10/15/16																																
RESPONSES	Valid																																
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## COVITALITY DOMAIN RESULTS

### CoVitality Domain Results

To evaluate a student’s complete social emotional health, resulting scores on measures of psychological distress (PD) and personal strengths (CoVitality-S) are combined. The combination of this student’s **Normal** personal distress and **Low Average** social emotional strengths (Covitality) falls in the **5. Getting By** complete mental health priority status, which indicates that the student has no areas of immediate concern, but could benefit from schoolwide activities that foster the SEHS-S subdomains.

### Score Summary

CoVitality Domain	Raw	T-Score	Description
<b>Belief-in-Self (BIS)</b>	<b>24</b>	<b>47</b>	<b>Low Average</b>
<b>Belief-in-Others (BIO)</b>	<b>26</b>	<b>48</b>	<b>Low Average</b>
<b>Emotional Competence (EC)</b>	<b>25</b>	<b>47</b>	<b>Low Average</b>
<b>Engaged Living (EL)</b>	<b>33</b>	<b>58</b>	<b>High Average</b>
<b>Covitality (CoVi)</b>	<b>108</b>	<b>51</b>	<b>Low Average</b>
Psychological Distress (PD)	Raw	T-Score	Description
<b>Total PD</b>	<b>16</b>	<b>44</b>	<b>Normal</b>
Complete Mental Health	CoVi	Total PD	Priority Status
<b>Complete MH Priority</b>	<b>Low Average</b>	<b>Normal</b>	<b>5. Getting By</b>
Overall Life Satisfaction	Score	T-Score	Description
<b>Life Satisfaction (1-100)</b>	<b>85</b>	<b>57</b>	<b>High Average</b>
School Connectedness	Raw	T-Score	Description
<b>Total School Connectedness</b>	<b>18</b>	<b>53</b>	<b>High Average</b>

**Belief-in-Self** assesses a youth’s overall sense of self and personal competence. This construct is drawn from the social-emotional learning research and includes self-efficacy, self-awareness, and persistence. This student’s T-score (47) was in the Low Average range. Students with Low or Low average scores are not yet developing an optimal positive mindset about their personal competence.

**Belief-in-Others** assesses a youth’s general appraisal of the quality of their social supports and general level of interpersonal trust and connectedness. The subscales comprise school support, peer support, and family coherence, constructs derived from the research on childhood resilience. This student’s T-score (48) was in the Low Average range. Students with Low or Low Average scores are not yet developing a positive sense of bonding, trust, and support in their interpersonal relationships.

**Emotional Competence** is linked with the social emotional learning research and is at the core of a youth’s ability to successfully manage emotions to enhance interpersonal relationships and to reach desired goals.



## INDIVIDUAL STUDENT PROFILE REPORT

Emotional regulation, empathy, and behavioral regulation are the subscales included in this third domain, all of which are positively related to social and academic success. This student's T-score (47) was in the Low Average range. Students with Low or Low Average scores do not yet express confidence in the personal capacity to use core social emotional skills to manage and express their emotional experiences.

**Engaged Living** is composed of constructs primarily derived from positive youth psychology research, and includes gratitude, zest, and optimism. These three subscales assess personal assets that are closely linked with a youth's happiness and enthusiastic participation in school, family, and community activities. This student's T-score (58) was in the High Average range. Students with High average or High scores express a balanced appreciation for what life has provided them, feel enthusiasm in their daily activities, and have positive aspirations for the future.

## ADDITIONAL SURVEY RESULTS

### Overall Life Satisfaction

When asked to describe their overall satisfaction with life on a scale from 1 to 100, this student indicated a score of 85 corresponding to a T-score of 57, which is in the High Average range. Overall life satisfaction, related to youth's happiness, has been shown to be a useful global indicator of mental health and predicts positive engagement and school success.

### School Connectedness

School connectedness is the students' perceptions that their teachers care about them as a person and student, which is a known protective factor against involvement in risk behaviors and promotes positive development. This student's school connectedness T-score (53) was in the High Average range. Youths with high levels of school connectedness have been shown to have higher school grades, to feel safer at school, and to be less likely to engage in developmental risky behaviors.

### Response Analysis

When asked how many of the questions were answered "honestly," this student indicated Most questions. In typical surveys of high school students, 90% indicate that they answered "all" or "most" items honestly. In addition, the survey included 7 items that are used to evaluate the authenticity of responses. This student's score (0) indicates that their CoVitality responses and scores can be considered **Valid**.

# School Level Covitality Climate Profile Report



## SCHOOL CLIMATE REPORT

SCHOOL NAME: Hollister High School

GRADES: 6th - 9th

DATE: 10/15/16

RESPONSES: Valid

## CLIMATE SUMMARY

### CoVitality-S Screener Results

To capture the overall school climate, students are placed into a **Risk Group** that helps identify which students need immediate help versus students that are thriving. Below is a graphical representation of the number of students from **Hollister High School** that fall into each group.

WHAT WAS USED?

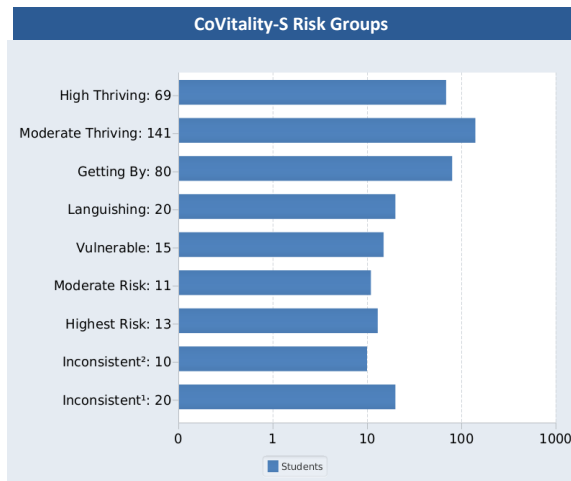
### CoVitality-S

CoVitality Secondary (CoVitality-S) is an evidence-based social emotional health survey used to screen for a student's complete mental health to help increase their positive developmental outcomes and robust psychological wellbeing.

<sup>1</sup> Students in this Risk Group have high to high average strengths and are elevated for psychological distress

<sup>2</sup> Students in this Risk Group have high to high average strengths and are at-risk for psychological distress

CoVitality-S Risk Groups



### Explanation of CoVitality-S Risk Groups

The CoVitality-Secondary (CoVitality-S) is based on research showing that youth actively engage in mastering essential developmental tasks (Belief-in-Self, Belief-in-Others, Emotional Competence, and Engaged Living). As adolescents' cognitive skills mature the conclusions about whom they are as a person (self-beliefs) become more complex and integrated. In addition, positive psychology adds the perspective that social-emotional competencies are fundamental to live engaging and meaningful lives. These dispositions do not work in isolation but in tandem, to foster higher levels of well-being. The combined and interactive effects of the CoVitality-S domains is called *covitality*, which is a general factor assessing the interplay among multiple positive psychological mindsets. Covitality is based on research showing that human strengths do not work in isolation. A combination of developmental strengths is needed to help each youth resist some of the common challenges of modern life, succeed in school, and to enjoy positive social-emotional well-being.



## SCHOOL CLIMATE REPORT

### Explanation of CoVitality-S Risk Groups (Continued)

**High Thriving** means that the students who fall into this group report low levels of distress and high levels of personal assets. These students are likely to be functioning very well in school. Based on the number of students that completed the CoVitality-S Screener, 18.21% (69) of the students at Hollister High School fall into this group.

**Moderate Thriving** means that the students who fall into this group report low levels of distress and high levels of personal assets. These students are likely to be functioning well in school. Based on the number of students that completed the CoVitality-S Screener, 37.2% (141) of the students at Hollister High School fall into this group.

**Getting By** means that the students who fall into this group have no areas of immediate concern, but could benefit from school wide activities that foster the SEHS-S subdomains. Based on the number of students that completed the CoVitality-S Screener, 21.11% (80) of the students at Hollister High School fall into this group.

**Languishing** means that the students who fall into this group do not report immediate distress, but report few personal assets. Students in this group may be vulnerable to future stressors and the school care coordination team should monitor the student for satisfactory progress. Based on the number of students that completed the CoVitality-S Screener, 5.28% (20) of the students at Hollister High School fall into this group.

**Vulnerable** means that the students who fall into this group reported less distress, but still more stress than the majority of their peers. This is the second priority group for follow-up by the school care coordination team. The school care coordination team should consider further evaluation and monitor school adjustment. Based on the number of students that completed the CoVitality-S Screener, 3.96% (15) of the students at Hollister High School fall into this group.

**Moderate Risk** means that the students who fall into this group reported less distress, but still more than the majority of other students. The school care coordination team should consider further evaluation and monitor school adjustment. Based on the number of students that completed the CoVitality-S Screener, 2.9% (11) of the students at Hollister High School fall into this group.

**Highest Risk** means that the students who fall into this group reported high levels of distress. This is the top priority group for follow-up by the school care coordination team. Following the school's student support services policy and procedures, the school care coordination team should follow up with the student, further assess social-emotional health needs, and review service delivery options. Based on the number of students that completed the CoVitality-S Screener, 3.43% (13) of the students at Hollister High School fall into this group.

**Inconsistent** means that the students who fall into this group reported high levels of distress and high levels of personal assets. The school coordination team should review responses for authentic responding, follow up with the student to assess degree of current distress and respond accordingly. Based on the number of students that completed the CoVitality-S Screener, 7.92% (30) of the students at Hollister High School fall into this group.



## STRENGTH INDICATORS

### CoVitality-S Subdomain Results

The table below provides an aggregate summary of student responses on each of the CoVitality-S Sub Domains. This summary uses student strengths to highlight recommended areas for targeted intervention and support.

Belief-in-Self		Strength	Watch	Follow-up
<b>Self-Awareness</b>	Perceiving and attending to the private and public aspects of one's self	73.09%	23.48%	3.43%
<b>Persistence</b>	Working diligently to accomplish one's goals, including maintaining interest in the face of adversity and failure	46.44%	45.12%	8.44%
<b>Self-Efficacy</b>	Sensing one's ability to act effectively to meet environmental demands	73.61%	24.54%	1.85%
Emotional Competence		Strength	Watch	Follow-up
<b>Empathy</b>	Perceiving, sharing, and considering the emotional states expressed by others	70.71%	26.12%	3.17%
<b>Emotional Regulation</b>	Effectively expressing one's positive emotions (e.g., happiness) and managing one's negative emotions	69.66%	28.5%	1.85%
<b>Self-Control</b>	Effectively expressing and managing one's behavior within given contexts	51.19%	44.33%	4.49%
Belief-in-Others		Strength	Watch	Follow-up
<b>Peer Support</b>	Appraising the caring and helpful nature of one's relationships with peers	66.75%	26.12%	7.12%
<b>School Support</b>	Appraising the caring and helpful nature of one's relationships with teachers	74.14%	21.64%	4.22%
<b>Family Coherence</b>	Appraising the caring and helpful nature of one's relationships with family	73.09%	22.43%	4.49%
Engaged Living		Strength	Watch	Follow-up
<b>Gratitude</b>	Sensing thankfulness that arises in response to one's benefitting from some kind of transactional means	45.38%	45.38%	9.23%
<b>Zest</b>	Experiencing one's life in the present moment as exciting and energizing	30.08%	38.52%	31.4%
<b>Optimism</b>	Expecting the occurrence of good events and beneficial outcomes in one's future	12.66%	51.45%	35.88%



## ADDITIONAL SCHOOL CLIMATE RESULTS

### Overall Life Satisfaction

When asked to describe their overall satisfaction with life on a scale from 1 to 100, the student average indicated a score of 79.85 corresponding to a T-score of 54.51, which is in the High Average range. Overall life satisfaction, related to youth's happiness, has been shown to be a useful global indicator of mental health and predicts positive engagement and school success.

### School Connectedness

School connectedness is the students' perceptions that their teachers care about them as a person and student, which is a known protective factor against involvement in risk behaviors and promotes positive development. The student average in school connectedness, T-score (54.03), was in the High Average range. Youths with high levels of school connectedness have been shown to have higher school grades, to feel safer at school, and to be less likely to engage in developmental risky behaviors.

### Response Analysis

When asked how many of the questions were answered "honestly," the student average indicated Most questions. In typical surveys of high school students, 90% indicate that they answered "all" or "most" items honestly. In addition, the survey included 7 items that are used to evaluate the authenticity of responses. The average student score (0.31) indicates that their CoVitality responses and scores can be considered Valid.

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Ongoing research is also being carried out on the developmentally linked Primary (Grades 4-6) and Higher Education (transition age youth). Contact Project Covitality for information about the entire Social Emotional Health Survey System. If you would like to learn more about our current research, please contact Mike Furlong to set up a Zoom conference meeting.

### SOCIAL EMOTIONAL HEALTH SURVEY SYSTEM



SEHS-Higher Education



SEHS-Secondary



SEHS-Primary

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## International Colleagues

Advancement Covitality research and measurement has also been advanced through the efforts of international colleagues. These efforts have extended the SEHS-S validation to diverse groups of youth. This has included the evaluation of language translations. For further information about these colleagues works SEHS-S translations, please contact these scholars.

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