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MEASURING THE IMPACT OF A SCHOOL-BASED CONTEMPLATIVE PRACTICE FOR ADOLESCENTS

A Dissertation

Presented to

The Faculty of the School of Education

The College of William & Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

By

Jennifer Niles-Orefice

March 2023

MEASURING THE IMPACT OF A SCHOOL-BASED CONTEMPLATIVE PRACTICE FOR ADOLESCENTS

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To all of the students who shaped my life.

To Sam in the green-cushioned chair.

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Abstract

Throughout growing literature, contemplative practices have been identified as effective approaches to promote wellness in adolescence and young adulthood, with calls to incorporate contemplative approaches in the school setting. One type of contemplative practice called loving-kindness meditation (LKM) offers practitioners with a method for extending compassion toward self and others, and shows promise for strengthening individuals' wellbeing. Yet, despite its indicated benefits, studies of LKM with youth are minimal, and studies of LKM interventions in the school setting are scarce. The goal of this study was to examine students' inner resources and protective factors prior to and following a school-based intervention of a daily LKM practice. I employed a nonequivalent control group quasi-experimental design and measured students' levels of resilience, hope, inner peace, and emotional intelligence. I conducted a repeated measures multivariate analysis of variance to determine differences between groups and across time. Findings indicated that there was not a statistically significant difference between treatment and control groups in students' reported levels of resilience, hope, inner peace, and emotional intelligence. Yet, when students' frequency of practice was included in the model, the results showed that the between-subjects effects for frequency of practice was significant. The results suggest potential influence between the intervention and students' reported outcomes; however, the findings should be interpreted with caution due to limitations of the study, and further examination is warranted. Following interpretation of the results, I provide a discussion of the limitations, implications for school-based interventions, and suggestions for future research.

MEASURING THE IMPACT OF A SCHOOL-BASED CONTEMPLATIVE PRACTICE FOR ADOLESCENTS

Chapter One: Introduction

School counselors are charged with serving all students' academic, career, and personal-social domains at multiple tiers of support (American School Counselor Association [ASCA], 2019) and have the potential to positively impact individual students as well as whole school communities (McMahon et al., 2014). However, meeting all students' needs is a challenging aspect of the school counseling profession, particularly when the severity of youth's mental health symptoms (e.g., stress, depression, and anxiety) and risk for harm (e.g., substance use and suicidal ideation) continues to increase (Hawes et al., 2021; Miron et al., 2019; Wang et al., 2020). School counseling approaches have evolved to enhance service delivery and programming, to mitigate students' risk, and to bolster students' protective factors and strengths (Galassi et al., 2008; Galassi & Akos, 2004; Lemberger, 2010; McMahon et al., 2013; McMahon & Mason, 2019). A growing area of interest includes the application of school-based mindfulness practices for the reduction of risk factors and the bolstering of protective factors.

Often defined as the process of paying attention purposefully to the natural unfolding of the present moment (Kabat-Zinn, 1994), mindfulness-based practices arise from contemplative practice. The term *contemplative practice* encompasses the activities and rituals for bio-psycho-spiritual (body, mind, and spirit) connection, awareness, and transcendence. Finley (2000) described contemplative practice as "any act, habitually entered into with your whole heart, as a way of awakening, deepening, and sustaining a contemplative experience of the inherent holiness of the present moment" (p. 46). Contemplative practices may hold a range of benefits for individuals across developmental phases, backgrounds, physical, and mental health needs (Felver et al., 2015; Miller et al., 2021; Oman et al., 2008). School counseling scholars have proposed the integration of contemplative practices into the school counseling curriculum as a way to

facilitate positive change for individual students and school communities (Greenberg & Harris, 2012; Kielty et al., 2017a; Morgan, 2015; Napora, 2017; Roeser & Pinela, 2014; Shapiro et al., 2015). Further research is needed to examine the integration of contemplative practice as a school counseling intervention. In particular, contemplative-based interventions in the school setting often take the form of mindfulness practice (Bleasdale, et al., 2020; Bluth et al., 2015, 2018; Phan et al., 2022). Other contemplative practices, such as loving-kindness meditation, have yet to be examined with student populations in school settings. In the following sections, I will describe the existing school counseling approaches and address their limitations.

School Counseling Approaches

School counselors attend to both breadth and depth of services to students. School counseling programs must be expansive enough to address all students' experiences, while also individualized enough to impact students' unique and varying needs. Subsequently, school counseling approaches include attention to both. Frameworks such as the Comprehensive Developmental Guidance Program (CDGP; Gysbers, 2004; Gysbers and Henderson, 2001), the Contextual School Counseling Model (CSC; Basken & Slaten, 2014), and the ASCA National Model (2003; 2005; 2012; 2019) offer school counselors with guidelines for the breadth of school counseling program development and delivery.

According to the CDGP, delivery of services occurs in multiple domains, including curriculum development, individual student planning and interventions, responsive services, school-wide system support, and leadership (Slaten et al., 2019; Gysbers & Henderson, 2001). The Contextual School Counseling Model (CSC; Basken & Slaten, 2014) addresses the relational aspects of school counseling with the inclusion of Frank and Frank's (1991) four common factors in counseling: (a) *confiding counseling relationship*, (b) *healing setting*, (c)

rationale, and (d) *active participation in a ritual* (Basken & Slaten, 2014; Slaten et al., 2019). The ASCA National Model (2003, 2005, 2012, 2019) integrated various models of school counseling into a singular model from which school counselors across the nation could design cohesive and comprehensive school counseling programs (Slaten et al., 2019. While school counseling frameworks offer guidelines for breadth of practice, school counseling theories provide perspectives and strategies for addressing the depth of students' needs.

School Counseling Theories

Scholars have proposed a variety of theoretical approaches for effective school counseling practice (Akos et al., 2019; Galassi & Akos, 2004; Galassi et al., 2008; Lemberger, 2010; McMahon et al., 2013). A common theme of school counseling theoretical frameworks includes the emphasis on strength and resilience promotion. For example, the Strengths-Based School Counseling approach (SBSC; Galassi et al., 2008), Advocating for Student-within-Environment theory (ASE; Lemberger, 2010), and Ecological School Counseling orientation (ESC; McMahon et al., 2013; McMahon & Mason, 2019) seek to promote positive intrapersonal and interpersonal change. The SBSC incorporates humanistic elements and positive psychology, and emphasizes personal growth and wellness. From a SBSC lens, school counselors would consider contextual factors of student development, promote the strengths of students and their environments, prioritize strengths-promotion over problem-reduction, incorporate evidence-based practice, and implement strengths-oriented strategies at individual and school-wide levels (Akos et al., 2019).

Similarly, ASE (Lemberger, 2010) builds upon humanistic elements as well, and incorporates social justice approaches to foster students' natural strengths while also addressing systemic barriers affecting historically marginalized students (Lemberger, 2010; Lemberger-

Truelove & Bowers, 2019). Through ASE, school counselors can promote student and community wellness through reflexive interventions at all levels of support. Reflexive interventions may include dialogue or contemplative practices, with the ultimate goal of strengthening students' internal resources as they learn to navigate the nuances of the world around them (Lemberger-Truelove & Bowers, 2019). An understanding of students' environment is closely related to other school counseling models, such as ESC (McMahon et al., 2013; McMahon & Mason, 2019).

The ESC theory (ESC; McMahon et al., 2013; McMahon & Mason, 2019) emphasizes the school counselor's conceptualization of students within the ecosystems of their school, family, and community settings. Similar to the ASE theoretical model, the ESC-based school counselor works both individually with students and advocates for systemic change on students' behalf. Through ESC, school counselors integrate Bronfenbrenner's (1979) ecological model in order to understand students within their relationships to their intersectional systems, and then respond appropriately. The ultimate goal of ESC, then, is to promote optimal intrapersonal and interpersonal change for students, in schools, and in communities (McMahon & Mason, 2019).

Regardless of specific theory, school counseling scholars emphasize the importance of integrating evidence-based practices (EBPs) in school counseling programming (Dimmit & Zyromski, 2020; Zyromski et al., 2018, 2022). Evidence-based practices are interventions that have empirical support for their effectiveness (Zyromski et al., 2018), however, intervention research in school counseling remains limited (Dimmit et al., 2005; Griffith et al., 2020; Villares & Dimmit, 2017). The ASCA National Model (2019) underscores the importance of school counselors' use of evidence-based practices and empirically-supported interventions. One area of

school counseling interventions that is gaining traction is mindfulness (Kielty et al., 2017b; Phan et al., 2020).

Mindfulness-Based School Counseling Interventions

Mindfulness-based interventions are a growing area of school counseling intervention research (Bleasdale, et al., 2020; Bluth et al., 2015, 2018). Mindfulness-based interventions in school can include multi-leveled approaches, including student-focused interventions and educator-focused interventions. Kielty and colleagues (2017b) collaborated with school counselors to implement mindfulness interventions at a middle school, which included guided listening and breathing activities and showed positive results related to students' behavior management and stress reduction for students and teachers (Kielty et al., 2017b). Similar outcomes have been reflected in various studies of mindfulness-based interventions. Phan et al. (2022), conducted a meta-analysis of mindfulness-based school interventions (MBSI) across 77 studies. Outcomes were related to enhanced prosocial behaviors, resilience, attention, mindfulness, as well as reduced mental health symptoms and behavior problems (Phan et al., 2022). An important consideration is that mindfulness-based practice is only one of many avenues for contemplative practice. Few scholars have examined school counseling interventions that include more types of contemplative practice. Expanding intervention research in school counseling literature is necessary in order to capture the full range of potentially beneficial interventions available to school counselors and students (Griffith et al., 2019), especially with regard to contemplative practice.

Limitations of Current Approaches

Although there appears to be a shift toward wellbeing indicators in school counseling approaches (ASCA, 2019), school counseling remains oriented toward behavioral regulation and

achievement, prioritizing external student outcomes (e.g., academic achievement) as markers of success, rather than wellness. For example, inner resources related to spirituality are rarely examined; yet, counseling scholars have asserted that, for truly optimal outcomes for individuals, counselors should adopt a holistic wellness orientation with spirituality at the core (Myers et al., 2000; Myers & Sweeney, 2004; Ohrt et al., 2019; Witmer et al., 1998). Through their study of youth populations across the globe, Benson and colleagues (2012) found that for the majority of adolescents, spirituality is a core value and transcends religious or cultural backgrounds. When students feel that their spirituality is valued within the school setting, they exhibit reduced risk behaviors (Debnam et al., 2016) and enhanced growth and learning (Chapman et al., 2021). However, spirituality and its related constructs remain a largely unexplored area of school counseling research, training, and practice (Sink, 2004; Sink & Devlin, 2011). Incorporating strategies for spiritual development, such as contemplative practices, into school counseling practice and research may promote student wellness and bolster key protective factors during adolescent development.

Adolescent Development

In the period of adolescence, students face developmentally unique challenges through the rapid and multifaceted nature of adolescent development (Akos, 2005; Field & Ghoston, 2020; Piaget, 1972; Siegel, 2015). When youth reach adolescence (ages 12 to 15), their thinking and reasoning expands, influencing cognitive and relational development (Field & Ghoston, 2020; Piaget, 1972). Neurological development in the limbic system and prefrontal cortex affect adolescents' decision-making and emotional experiencing (Field & Ghoston, 2020). Such neurological, physical, and social changes can impact students' mental health in positive and negative ways. For example, as adolescents seek opportunities to learn and make decisions, they

may also exhibit impulsive behaviors and increased risk-taking (Rosenbaum & Hartley, 2019). Adolescents experience and express increased emotional depth, which expands emotional awareness, and also leads to more emotional dysregulation and reactivity (McLaughlin et al., 2022). A new understanding of abstract concepts and experiences provides opportunities for meaning-making, yet it may also cause a sense of lacking purpose (Lindo & Ceballos, 2020; Piaget, 1972). School counselors must consider the nuanced complexity of each milestone in adolescence in order to respond effectively to adolescents' needs, especially when natural developmental challenges compound with increased risk factors.

Potential Risk

Inevitably, various threats to resilience arise throughout students' lifetimes. Some challenges occur as a natural part of adolescent development, while others occur as a result of trauma or marginalization. Potential risks may include the occurrence of adverse childhood experiences, substance use, or mental health concerns and suicidal ideation. Additionally, adolescents' sense of hopelessness may be a predictive factor for risk and maladaptive coping. In the following sections, I describe potential risks adolescents may face and the implications for adolescent wellbeing.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are events that occur between infancy and 17 years old that may be potentially traumatic for youth (Center for Disease Control and Prevention [CDC], 2019). ACEs may include incidents of violence, child abuse and neglect, witnessing domestic violence, or having a loved one attempt suicide or die by suicide. Environmental aspects of a child's life that threaten their attachment to caregivers or sense of safety and stability are also considered to be ACEs. For example, a child or adolescent may grow up in a household

with prevalent substance use or severe mental health concerns that may cause instability or be experienced as traumatic (CDC, 2019). Scholars have argued that COVID-19 pandemic should be considered an ACE due to challenges of social isolation, the widespread impact of the illness on individuals' health, and loss of loved ones (McManus & Ball, 2020; Sonu et al., 2021). The impact of ACEs can have persistent effects for adolescents into adulthood related to educational attainment, work, physical health, and mental health (CDC, 2019). Although ACEs are severe and can have lasting deleterious effects on a person's life experience, the CDC (2019) asserts that ACEs and their negative outcomes can be prevented. In particular, youth benefit from learning strategies for reducing stress, regulating emotions, and traversing daily challenges (CDC, 2019).

Substance Use, Mental Health Concerns, and Suicidal Ideation

As adolescents learn to navigate new challenges, they find themselves at greater risk for mental health concerns and risk behaviors. Substance use is not uncommon for adolescents; approximately one in three students reports using alcohol, one in five students reports marijuana use, and one in seven students reports engaging in binge drinking (Jones et al., 2020). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2020), 13.8% (3.4 million) of adolescents aged 12 to 17 used illicit drugs in the past year. Hawes et al. (2021) found that symptoms of depression, anxiety, and psychiatric illness rose during the pandemic. According to SAMHSA (2020), 33.6% of youth aged 12 to 17 sought mental health services in 2020. Of those who sought mental health support for their symptoms, 3.1 million adolescents received mental health services in an educational setting (e.g., from school counselors, school social workers, or school psychologists).

Suicide is the second leading cause of death for adolescents aged 14 to 18 in the United States (Ivey-Stephenson et al., 2020) and the fourth leading cause of death in adolescents aged 15 to 19 worldwide (World Health Organization, 2022). Students of historically marginalized identities may be at higher risk of suicidal ideation and attempts. According to the Youth Risk Behavior Survey, Black and Hispanic adolescents reported higher rates of attempted suicide as compared to their white peers (Black: 11.8%; Hispanic: 8.9%; white: 7.9%; Ivey-Stephenson, et al., 2020). Rates were also significantly higher for female adolescents of color (Black: 15.2%; Hispanic: 11.9%; white: 7.9%; Ivey-Stephenson, et al., 2020). Suicidal ideation, plans, and attempts were also markedly higher for adolescents who identified as LGBTQIA+, with rates over three times higher than their non-LGBTQIA+ peers (Ivey-Stephenson et al., 2020). Compounded with the impact of the COVID-19 pandemic, students face increasing threats to their wellness and mental health, marked by growing symptoms of stress, depression, anxiety, and hopelessness (Grubic et al., 2020; Hawes et al., 2021; Hertz & Barrios, 2020).

Hopelessness

Hopelessness may be a predictive factor for substance use (Bolland, 2003), suicidal ideation (Zhang & Li, 2013), mental health concerns (Liang et al., 2020; Zhang & Li, 2013) and reduced resilience (Karatas et al., 2011). Hopelessness is a growing phenomenon, with adolescents reporting that their feelings of hopelessness increased significantly from 2009 to 2019 (Hertz & Barrios, 2020). The impact of the COVID-19 pandemic may have further increased youth's hopelessness, adverse mental health, and maladaptive behaviors (Hertz & Barrios, 2020; Liang et al., 2020; Stebnicki, 2021). If school counselors are to reduce adolescents' risk factors and behaviors, addressing adolescents' feelings of hopelessness is paramount. Scholars suggest that interventions designed to promote adolescents' spiritual

development and related inner resources may be efficacious for the reduction of risk (Benson et al., 2003, 2012; Debnam et al., 2016; Scales et al., 2014).

Adolescent Spirituality

Spiritual development is linked to adolescents' drive toward connection, purpose, and contributing to their world (Benson et al., 2003; Roehlkepartain et al., 2006), and is integral to cognitive, social, and emotional development (Benson et al., 2012). Through spiritual development, an adolescent develops a greater sense of self- and other-awareness (Benson et al., 2012). Spirituality offers adolescents a sense of belonging, subsequently increasing feelings of hope and compassion (Benson, et al., 2012). Adolescent spirituality is linked with reduced risk behaviors and correlates with elements of wellbeing (Scales et al., 2014). Adolescents who report higher levels of spirituality may be less likely to engage in substance use than their peers who report lower levels of spirituality (Debnam et al., 2016). When students feel that their spirituality is valued at school, they may be more likely to exhibit reduced risk behaviors (Debnam et al., 2016) and enhanced growth and learning (Chapman et al., 2021). Because contemplative practices are grounded in spirituality, they serve as a mechanism for enhancing students' spiritual development (Davidson et al., 2012). When students engage in contemplative practice with consistency, they demonstrate improved psychosocial and behavioral outcomes that, in turn, positively impact their relationships and school environments (Davidson et al., 2012).

The Benefits of Contemplative Practice

Contemplation and contemplative practices are grounded in spiritual traditions across the globe, and various approaches to contemplative practices exist. Inherently strengths-based, contemplative practices operate under the assumption that we already have what we need to discover self-transcendence. Contemplative practices, often in the form of mindfulness-based

practices, have been implemented into various interventions with the intention of building upon individuals' innate protective factors and to reduce distress (Brown et al., 2013). There are various branches of contemplative practice, including stillness, movement, activism, generative practices, creativity, relational experiences, and rituals; each are rooted in the core tenets of awareness, connection, and community (Contemplative Mind in Society, 2021). Throughout the growing literature, contemplative practices have been identified as effective approaches to promote student wellness in adolescence and young adulthood (Dahl & Davidson, 2019; Dorais & Gutierrez, 2021a; Farb et al., 2015; Felver et al., 2015; Goralnik & Marcus, 2020; Oman et al., 2008).

Contemplative practice has been associated with reduced stress (Miller et al., 2022; Oman et al., 2008), reduced anger (Felver et al., 2015), and reduced mental health concerns (Hofmann et al., 2011). Contemplative practice is also associated with positive neurological development (Shapiro et al., 2015), increased health (Farb et al., 2015), and increased connection to others (Goleman & Davidson, 2017). Contemplative practices are rituals grounded in spirituality, connection, awareness, and community and may include meditation, centering, mindfulness, prayer, yoga, and breathwork (Contemplative Mind in Society, 2021). One type of contemplative practice called loving-kindness meditation offers practitioners with a method for extending self-compassion and compassion toward others. Scholars suggest that loving-kindness may be effective for building inner resources and strengthening wellbeing outcomes (Fredrickson et al., 2008; Hutcherson et al., 2008; Kearney et al., 2014; Leppma & Young, 2016; Leung et al., 2013; Masters-Waage et al., 2022; Telke et al., 2022; Totzeck et al., 2020).

Loving-Kindness Meditation

Loving-kindness meditation (LKM) is a compassion-based contemplative practice arising from Buddhist traditions. In LKM, practitioners engage in contemplation by extending thoughts of compassion inwardly toward themselves and outwardly in widening circles toward others (Salzberg, 1995). LKM may offer a number of benefits for individuals of varying identities and needs, including increased social connection and emotional regulation (Fredrickson et al., 2008; Hutcherson et al., 2008; Leung et al., 2013). LKM interventions have been implemented and studied with varying adult populations often with positive interpersonal and intrapersonal outcomes (Kearney et al., 2014; Leppma & Young, 2016; Masters-Waage et al., 2022; Telke et al., 2022; Totzeck et al., 2020). LKM may be effective in reducing symptoms and bolstering key psychosocial factors in ways that mindfulness practices do not (Hafenbreck et al., 2021). Yet, despite its many indicated benefits, LKM intervention research is heavily focused on adult populations. Studies of LKM with youth are minimal, and studies of LKM interventions in the school setting are scarce. The proposed study serves to fill this existing gap in the literature.

Statement of the Problem

In adolescence, students face increased turbulence as a result of rapid developmental changes. Scholars have identified increased symptoms of stress, depression, anxiety, hopelessness, and suicidality in adolescents and young adults (Hawes et al., 2021; Hertz & Barrios, 2020). Contemplative practice-based interventions may be effective in relieving stress and mental health symptoms and building protective factors and optimal functioning (Felver et al., 2015; Miller et al., 2022; Oman et al., 2008). Scholars have found the psychosocial protective factors of *hope*, *resilience*, *emotional intelligence,* and *inner peace* to buffer against risk

behaviors in adolescence (Bressler et al., 2010; Datu, 2017; Datu et al., 2018; Marques et al., 2013; Padilla-Walker et al., 2011; Snyder, 2002).

Contemplative practice has been associated with reducing individuals' experiences of stress (Miller et al., 2022; Oman et al., 2008), anger (Felver et al., 2015), and mental health concerns (Hofmann et al., 2011), and promoting health and wellbeing (Farb et al., 2015; Goleman & Davidson, 2017). Although it has been proposed as an intervention to promote students' optimal functioning in schools (Kielty et al., 2017a), research examining a daily, school-based contemplative practice intervention with adolescents has not been explored. Students would benefit from an intervention that promotes their resilience, hope, emotional intelligence, and inner peace. LKM is a potential treatment that could enhance the lives of students and their psychosocial outcomes. While the majority of existing literature evaluates mindfulness-based interventions in schools, research that evaluates the implementation of LKM with adolescents in schools is scarce. Generally, in school counseling literature, there is limited research on school counselor interventions (Griffith et al., 2019) despite scholars' emphasis on the need for more intervention research (Dimmit et al., 2005; Villares & Dimmit, 2017). Therefore, the proposed study fills the gap in the literature by testing the impact of a school-based LKM practice on students' levels of hope, resilience, emotional intelligence, and inner peace.

Constructs of Interest

In extant literature of contemplative-based practices, *hope* (Munoz et al., 2018), *resilience* (Dorais & Gutierrez, 2021b), *emotional intelligence* (Leppma & Young, 2016) and *inner peace* (Xi & Lee, 2021) have emerged as related outcomes. Each of the constructs of interest are related to improved wellbeing outcomes for adolescents or young adults. Scholars

suggest that engaging in contemplative practices may influence their development and ultimately strengthen inner resources (Catalino et al., 2014; Davidson et al., 2012; Dorais & Gutierrez, 2021a; Dorais & Gutierrez, 2021b; Munoz et al., 2018).

Hope

Snyder (2002) conceptualized hope into two elements: pathways and agency. An individual explores pathways by imagining and creating directions toward their goals. Agency involves the motivation to follow self-identified directions to achieve goals (Snyder, 2002; Snyder et al., 1991). Hope relates to students' perception of themselves and of the world around them and enhances their progress toward goals and wellbeing. Scholars suggest that hope is a predictor of adolescents' academic, psychosocial, personal, and professional growth (Bressler et al., 2010l Snyder, 2002). When students have higher levels of hope, they are able to set goals and take appropriate risks toward achieving their goals (Bressler et al., 2010). In adolescence, hope reduces risk factors and increases prosocial behaviors and engagement in school (Padilla-Walker et al., 2011). Hope has ties to spirituality and may predict adolescents' levels of life satisfaction (Marques et al., 2013). There is evidence to suggest that contemplative practices (i.e., meditation) are effective in increasing hope (Munoz et al., 2018). Because of hope's connections to optimal student outcomes, scholars have posited that school counselors should incorporate hope-oriented interventions, particularly for adolescents navigating life challenges (Akos & Kurz, 2016; Niles et al., 2022; Pedrotti et al., 2008). Thus, prioritizing the promotion of students' hope will also help to promote their resilience in response to adversity (Leung et al., 2017).

Resilience

Richardson (2002) described resilience as "a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength" (p.

313). Resilience arises from both internal and external resources (Fergus & Zimmerman, 2005) and is demonstrated in an individual's ability to bounce back following a setback or adversity (Smith et al., 2008). An individual's resilience helps to interrupt the trajectory toward risk behaviors and promotes healthy development despite risk exposure (Zimmerman et al., 2013). When adolescents have opportunities for connection and meaningful experiences, they bolster their resilience (Zimmerman et al., 2013). Scholars have identified resilience as linked to spirituality, contemplation, and mindfulness (Cheung et al., 2020; Crawford et al., 2006; Dorais & Gutierrez, 2021; O'Connor et al., 2021). Having a sense of mindfulness and spirituality strengthens resilience (Cheung et al., 2020; Dorais & Gutierrez, 2021b), which helps adolescents better regulate emotions and resolve interpersonal conflict (Cheung et al., 2020). The identified studies demonstrate that spiritual wellness, resilience, and skills for emotional regulation are interwoven processes for youth.

Emotional Intelligence

Salovey and Mayer (1990) coined the term *emotional intelligence* and defined the concept as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (p. 189). As such, emotional intelligence is both an intrapersonal and interpersonal process and comprises both verbal and nonverbal appraisal (Salovey & Mayer, 1990; Mayer & Salovey, 1993). One must be able to identify, communicate, and regulate their own emotions while also processing similar information of those around them. Emotional intelligence is the specific process of using information about emotional states to help guide problem-solving and behavior (Salovey & Mayer, 1990). In the original model of emotional intelligence, Salovey and Mayer (1990) included three branches of emotional intelligence, including (a) appraisal and expression of

emotion (in self and others), (b) regulation of emotion (in self and others), and (c) the utilization of emotion to promote flexible planning, creative thinking, attention, and motivation.

Through strengthened emotional intelligence, individuals learn to navigate their emotional and social experiences with greater competence. For adolescents, scholars have found emotional intelligence to correlate with increased prosocial behaviors (Charbonneau & Nicol, 2002) and increased levels of happiness (Guerra-Bustamante et al., 2019). Further, higher levels of emotional intelligence are correlated with lower levels of stress and anxiety (Cejudo et al., 2018); therefore, emotional intelligence may be predictive of adolescent wellbeing. Interventions designed to enhance adolescents' emotional intelligence development may help them to improve relational skills and emotional growth (Cejudo et al., 2018). Emotional awareness and regulation has close ties to maintaining a sense of mental balance and inner peace.

Inner Peace

The concept of inner peace is related to wellbeing and flourishing. Inner peace has been conceptualized for centuries and across cultures, yet researchers have only recently begun to operationalize and measure the presence of inner peace in community samples (Lee et al., 2013; Xi & Lee, 2021). Xi and Lee (2021) defined inner peace as "a calm and balanced mental state and disposition, one characterized by an attitude of healthy acceptance and an absence of unhealthy grasping" (p. 436). Xi and Lee developed their definition to reflect inner peace as a trait or disposition that can be cultivated over time. The authors hypothesized that when individuals exhibit a disposition of inner peace, they are more likely to share their sense of peace with the world around them (Xi & Lee, 2021, p. 437).

Scholars have examined the correlations between peace of mind and positive outcomes, finding inner peace to be predictive of indicators of students' success (Datu, 2017; Datu et al.,

2018). Adolescents' sense of peace is positively correlated with academic achievement, autonomous motivation, and academic engagement (Datu, 2017; Datu et al., 2018). When students experience peace of mind, they may also be more likely to engage in school, achieve academic success, and to be motivated toward optimal academic performance (Datu, 2017; Datu et al., 2018). When adolescents experience a sense of mental and emotional peace and harmony, they may also be more engaged at school cognitively, behaviorally, and emotionally (Datu et al., 2018).

Purpose of the Study

The purpose of the present study was to examine the effectiveness of the Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project on adolescents' (a) hope, (b) resilience, (c) emotional intelligence and (d) inner peace. The SPACE Project was a four-week intervention in which students engage in a ten-minute daily contemplative practice derived from LKM. Scholars have examined the application and outcomes of mindfulness-based interventions in schools (Bleasdale, et al., 2020; Bluth et al., 2015, 2018), yet studies of LKM-based interventions are scarce. The practice of LKM has gained growing support in the literature over the past decade (Kearney et al., 2014; Leppma & Young, 2016; Masters-Waage et al., 2022; Telke et al., 2022; Totzeck et al., 2020). Scholars suggest LKM is associated with outcomes related to overall wellbeing in adult populations. I proposed that a four-week, ten-minute daily intervention adapted from LKM would result in a significant increase in students' hope, resilience, emotional intelligence, and inner peace.

Significance of the Study

The proposed study offered multiple possible contributions to the field. The proposed nonequivalent control group design study helped to fill a gap in the literature both within the

field of school counseling and across counseling disciplines. Generally speaking, there is an opportunity to bridge the gap between two fields of counseling that typically exist in discrete spheres. In many ways, school counseling and contemplative practice are separate and distinct; despite the multifaceted opportunities to integrate the two, spirituality-related concepts remain a largely unexplored area of school counseling research, training, and practice (Sink, 2004; Sink & Devlin, 2011). Further, school counseling scholars have noted that research on school counselor interventions continues to be narrow in scope (Griffith et al., 2019). More intervention research would benefit the profession of school counseling, provide data on modalities for service delivery, and enhance services to students (Dimmit et al., 2005; Villares & Dimmit, 2017). By testing a daily LKM intervention within schools on students' levels of inner peace, emotional intelligence, hope, and resilience, school counselors could gain a deeper understanding of the ways contemplative practice might be useful in the school setting to strengthen students' protective factors. The proposed study explored contemplative practice as a school intervention and filled the need for more intervention research in school counseling literature.

Research Question

The research question guiding the study was:

> Is there a statistically significant difference between students' reported levels of inner peace (as measured by the Inner Peace Scale [IPS; Xi & Lee, 2021]), hope (as measured by the Children's Hope Scale [CHS; Snyder et al., 1997]), resilience (as measured by the Brief Resilience Scale [BRS; Smith et al., 2008]), and emotional intelligence (as measured by the Brief Emotional Intelligence Scale [BEIS-10; Davies et al., 2010]) when engaged in a daily loving-kindness practice as compared to a waitlist control group when comparing pre-, mid-, and posttest scores?

Hypothesis

I hypothesized that there would be a significant difference between the groups of students who receive the four-week daily loving-kindness treatment (SPACE Project) and a waitlist group receiving no treatment on students' reported levels of inner peace, hope, resilience, and emotional intelligence when comparing pre, mid, and posttest scores.

Rationale

Through the proposed study, I investigated the effectiveness of the SPACE Project, a ten-minute daily practice derived from LKM, on adolescents' (a) hope, (b) resilience, (c) emotional intelligence, and (d) inner peace. I conducted a quasi-experimental study through nonequivalent control group design, in which students were assigned by school site to either the SPACE Project treatment group or waitlist control group. Nonequivalent control group design is one of the most widely used forms of intervention research in educational research and is considered highly effective when randomization is not possible or when groups are naturally assembled (Campbell & Stanley, 1963).

The treatment group engaged in the SPACE Project practiced daily for four weeks. The waitlist control group did not receive the SPACE Project intervention until the treatment group completed the treatment. I measured students' levels of hope, resilience, emotional intelligence, and inner peace at three-time points, (a) prior to the intervention (Time 1), (b) mid-intervention (Time 2), and (c) post-intervention (Time 3). I implemented the Children's Hope Scale (Snyder et al., 1997), the Brief Resilience Scale (Smith et al., 2008), the Brief Emotional Intelligence Scale – 10 (Davies et al., 2010), and the Inner Peace Scale (Xi & Lee, 2021). I also implemented a demographic questionnaire to collect information about participants (e.g., age, grade level, gender, race and ethnicity, frequency of practice). To analyze the differences between the groups

and across the intervention time, I conducted a repeated measures multivariate analysis of variance (MANOVA). A repeated measures MANOVA compares the mean differences between two groups with multiple test times, and is appropriate when testing multiple dependent variables that are related conceptually and are moderately correlated (Urdan, 2017).

Conclusion

The effectiveness of school counseling service delivery relies on evidence-based practices (Dimmit & Zyromski, 2020; Zyromski et al., 2018, 2022), yet school counseling intervention research is limited (Griffith et al., 2019). Therefore, the proposed study aimed to fill gap in the school counseling literature by offering new data on the effectiveness of a school-based contemplative practice. Further, I examined the potential usefulness of a contemplative practice not often explored with adolescents, subsequently filling a gap in literature on LKM with youth populations. Finally, this is the first study to examine the constructs of hope, resilience, emotional intelligence, and inner peace together as outcomes for adolescents. As such, the findings will contribute to the school counseling literature in a multitude of ways by providing insight into the mechanism of contemplative practice for adolescent wellbeing.

Chapter Two: Literature Review

Chapter two includes a review of the literature related to contemplative practices and school counseling. Specifically, I review the literature related to school counseling approaches, adolescent spirituality, and contemplative practices. I address adolescent development and the issues adolescents often encounter that may increase their risk for harm. School counselors prioritize mitigating the potential risks for students and fostering optimal student outcomes (American School Counselor Association [ASCA], 2019). Various school counseling theories, frameworks, and interventions exist to reduce students' likelihood of risk and to promote protective factors. Chapter two will include a review of school counseling approaches and their limitations. An element of adolescent wellness often overlooked in the school counseling literature is that of adolescent spirituality (Sink, 2004; Sink & Devlin, 2011). In this chapter, I describe adolescent spirituality and its connection to important wellbeing outcomes. In addition, I will review the constructs of interest, including *hope*, *resilience*, *emotional intelligence,* and *inner peace*. Contemplative practices serve as mechanisms for bolstering spirituality and related outcomes, including reduced risk and enhanced wellbeing. I review the literature on various contemplative practices and empirical support for contemplative interventions. Finally, I offer a theoretical framework to connect the areas of (a) school counseling; (b) adolescent spirituality; and (c) contemplative practices to promote hope, resilience, emotional intelligence, and inner peace.

Integrating Contemplative Practices Into School Counseling

Scholars describe resilience as an individual's ability to bounce back in response to stressors or adversity (Carver, 1998; Smith et al., 2008). Resilience is multidimensional and includes both internal resources (e.g., optimism, confidence, internal locus of control, emotional

regulation) and external connections (e.g., seeking help, helping others, and social support) (Sivilli & Pace, 2014). In adolescence, students face increased turbulence due to rapid physical, neurological, social, and emotional changes that may have natural impacts on mental health and resilience (Akos, 2005; Bluth et al., 2018). Youth who encounter adverse childhood experiences face additional risks for long-term negative outcomes (Boullier & Blair, 2018). Over the past decade, scholars have identified increased symptoms of stress, depression, and anxiety (Hawes et al., 2021), increased incidents of suicide and suicidal ideation (Miron et al., 2019; Wang et al., 2020), and substance use for adolescents and young adults (Hawes et al., 2021). Additionally, there is evidence of increased hopelessness, sadness, and suicidality among teens as a result of the COVID-19 pandemic (Hertz & Barrios, 2020; Stebnicki, 2021). For school counselors, knowledge of prevalence trends is critical to respond effectively.

School counselors are charged with serving all students' academic, career, and personal-social domains at multiple tiers of support (ASCA, 2019) and have the potential to positively impact individual students as well as whole school communities (McMahon et al., 2013). School counselors serve as agents for change, working to reduce the significant and systemic barriers students may face (Holcomb-McCoy, 2022). Various school counseling models, frameworks, and theories exist to strengthen students and school communities (Dollarhide & Lemberger-Truelove, 2019). Often, school counseling models, frameworks, and theories incorporate a strengths-based lens as a way to build upon students' inner resources and protective factors (Dollarhide & Lemberger-Truelove, 2019). Similar to the strengths-based perspective, a growing area of research in recent years examines the benefits of contemplative practice for the reduction of risk factors and the bolstering of protective factors.

To combat stress and mental health symptoms and to build inner resources, authors have suggested contemplative practice-based interventions (Felver et al., 2015; Miller et al., 2022; Oman et al., 2008). Contemplative practices are rituals grounded in spirituality, connection, awareness, and community and may include meditation, centering, mindfulness, prayer, yoga, and breathwork (Contemplative Mind in Society, 2021; Grace, 2011; Zajonc, 2013). Contemplative practice has been associated with reduced stress (Miller et al., 2022; Oman et al., 2008), reduced anger (Felver et al., 2015), and reduced mental health concerns (Hofmann et al., 2011). Researchers have found that contemplative practice is associated with positive neurological development (Shapiro et al., 2015), increased health (Farb et al., 2015), and increased connection to others (Goleman & Davidson, 2017). School counseling scholars have proposed the integration of contemplative practices into the school counseling curriculum as a way to facilitate positive change for individual students and school communities (Greenberg & Harris, 2012; Kielty et al., 2017a, 2017b; Morgan, 2015; Napora, 2017; Shapiro et al., 2015). The purpose of the literature review is to identify existing school counseling approaches designed to address students' resilience, highlight the benefits of contemplative practices, and propose the integration of contemplative practice and school counseling.

Adolescent Development

In the period of adolescence, students face developmentally unique challenges through the rapid and multifaceted nature of adolescent development (Akos, 2005; Field & Ghoston, 2020; Piaget, 1972). Potential neurological changes include increased capacity for reasoning and nuanced thought, which subsequently influence adolescents' cognitive and relational development (Field & Ghoston, 2020; Piaget, 1972). Neurological development in the limbic system and prefrontal cortex can affect adolescents' decision-making and emotional experience

(Field & Ghoston, 2020). Such neurological, physical, and social changes can impact students' mental health in positive and negative ways (Vijayakumar et al., 2018) and can test students' resilience.

Adolescence includes both development and risk, in which new capacities may also lead to the potential for increased harm (Cunningham et al., 2018; Vijayakumar et al., 2018). For example, the adolescent mind is wired to seek new experiences as opportunities to learn and make decisions, but this may lead to impulsive behaviors and increased risk-taking (Blankenstein et al., 2021; Rosenbaum & Hartley, 2019). Emotionally, adolescents experience and express increased emotional depth which, when healthy, may increase emotional awareness, and when unhealthy, may increase the risk for emotional dysregulation and reactivity (McLaughlin et al., 2022). Creative exploration in adolescence allows for increased understanding of abstract concepts and experiences and exploration of a sense of meaning; however, this process may lead adolescents toward a sense of lacking purpose or a crisis of identity (Lindo & Ceballos, 2020; Piaget, 1972). While each are normal hallmarks of adolescent development, sensitivity to the dialectic complexity of each milestone is required to respond effectively to adolescents' needs. The requirement for responsiveness is heightened in cases when students experience traumatic events or adverse childhood experiences.

Threats to Resilience

Inevitably, various threats to resilience arise throughout students' lifetimes. Some challenges occur as a natural part of adolescent development, while others occur as a result of trauma or marginalization. Regardless of the cause, when students' adverse experiences increase, so too does their possibility of engaging in risky behaviors (Benson, 1997). For the current study, I have highlighted risk factors and behaviors including natural developmental challenges,

adverse childhood experiences, substance use, suicidal ideation, mental health concerns, and impacts of the global COVID-19 pandemic.

Adverse Childhood Experiences

According to the Center for Disease Control and Prevention (CDC, 2019), adverse childhood experiences (ACEs) are events that occur between infancy and 17 years old that may be potentially traumatic for youth. ACEs may include incidents of violence, child abuse and neglect, witnessing domestic violence, or having a loved one attempt suicide or die by suicide. Environmental aspects of a child's life that threaten their attachment to caregivers or sense of safety and stability are also considered to be ACEs. For example, a child or adolescent may grow up in a household with prevalent substance use or severe mental health concerns that may cause instability or be experienced as traumatic (CDC, 2019).

Individuals who have experienced four or more ACEs are at increased risk for physical illness, mental illness, and risky behaviors (Boullier & Blair, 2018). In the 2017-2018 data from the National Survey of Children's Health, about 30% of children experienced one ACE, and 14% experienced two or more ACEs. This is similar to findings from Child Trends (2018), which indicated that at least 45% of youth had experienced at least one ACE in 2018. Scholars have argued that COVID-19 pandemic should be considered an ACE due to the effects of social isolation, as well as due to the widespread impact of the illness on individuals' health and the loss of loved ones (McManus & Ball, 2020; Sonu et al., 2021). Also notable is that ACEs, as well as barriers to mental health services, disproportionately impact youth and families in low-income communities and communities of color (Bryant et al., 2020; Sonu et al., 2021). The impact of ACEs can have persistent effects on adolescents into adulthood, including reduced graduation rates, reduced work-related success, exacerbated health and mental health concerns,

and increased substance use. Although ACEs are severe and can have lasting deleterious effects on a person's life experience, the CDC (2019) asserts that ACEs and their negative outcomes can be prevented. Of the various approaches to strengthening youth and families, the CDC (2019) highlighted the importance of teaching youth skills and strategies for reducing stress, regulating emotions, and traversing daily challenges.

Substance Use and Mental Health Concerns

As adolescents learn to navigate new challenges, they find themselves at greater risk for mental health concerns and risk behaviors. Substance use is not uncommon for adolescents; approximately one in three students reports using alcohol, one in five students reports marijuana use, and one in seven students reports engaging in binge drinking (Jones et al., 2020). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2020), 13.8% (3.4 million) of adolescents aged 12 to 17 used illicit drugs in the past year. Further, adolescents aged 12 to 17 were less likely to accurately perceive risk of harm from their illicit drug use, compared with young adults or adults. In their study of adolescents' mental health, Hawes et al. (2021) found that symptoms of depression, anxiety, and psychiatric illness rose during the pandemic. According to SAMHSA (2020), 33.6% of youth aged 12 to 17 sought mental health services in 2020. Of those who sought mental health support for their symptoms, 17.3%, (4.2 million adolescents) received mental health services in inpatient or outpatient settings, and 12.8% (3.1 million) of adolescents received mental health services in an educational setting (e.g., school counselors, school social workers, or school psychologists). In a longitudinal study of youth from early childhood to eighteen years old, Zeytinoglu and colleagues (2021) observed increased levels of anxiety during the COVID-19 pandemic.

Suicidal Ideation

Similarly, results from the 2020 National Survey on Drug Use and Health indicated that three million adolescents aged 12 to 17 had serious thoughts of suicide, developed suicide plans, or attempted suicide that year (SAMHSA, 2020). Suicide is the second leading cause of death for adolescents aged 14 to 18 in the United States (Ivey-Stephenson et al., 2020) and the fourth leading cause of death in adolescents aged 15 to 19 worldwide (World Health Organization, 2022). Students of historically marginalized identities may be at higher risk of suicidal ideation and attempts. According to the Youth Risk Behavior Survey, Black and Hispanic adolescents reported higher rates of attempted suicide as compared to their white peers (Black: 11.8%; Hispanic: 8.9%; white: 7.9%; Ivey-Stephenson, et al., 2020). Rates were also significantly higher for female adolescents of color (Black: 15.2%; Hispanic: 11.9%; white: 7.9%; Ivey-Stephenson, et al., 2020). Suicidal ideation, plans, and attempts were also markedly higher for adolescents who identified as LGBTQIA+, with rates over three times higher than their non-LGBTQIA+ peers (Ivey-Stephenson et al., 2020). Compounded with the impact of the COVID-19 pandemic, students face increasing threats to their wellness and mental health, marked by growing symptoms of stress, depression, anxiety, and hopelessness (Grubic et al., 2020; Hawes et al., 2021; Hertz & Barrios, 2020).

Hopelessness

Hopelessness has close ties to substance use, suicidal ideation, and mental health concerns. In a study of adolescents living in high-poverty urban areas, Bolland (2003) found hopelessness to be predictive of several risk behaviors including violence and substance use. Adolescents' levels of resilience may be negatively impacted by experiences of hopelessness (Karatas et al., 2011). For adolescents at risk of suicide, hopelessness may be a more significant

predictor than symptoms of depression (Zhang & Li, 2013). Even before the pandemic, adolescents' reported feelings of hopelessness increased significantly from 2009 to 2019 (Hertz & Barrios, 2020). Children and adolescents are more vulnerable during collective crises and natural disasters because they rely on others to meet basic needs (Stebnicki, 2021). Scholars suggest that the changes enforced in response to the pandemic resulted in increased hopelessness, adverse mental health, and maladaptive behaviors (Hertz & Barrios, 2020; Liang et al., 2020; Stebnicki, 2021). We are yet to fully understand the impact of the pandemic on adolescents' hopelessness, however, if school counselors are to reduce adolescents' risk factors and behaviors, addressing adolescents' feelings of hopelessness is paramount.

School Counseling Approaches to Student Support

School counselors are tasked with supporting students' academic needs, social skill development, and college and career readiness (ASCA, 2019). Further, school counselors are mental health professionals equipped to respond to students' immediate and ongoing mental health needs. As the need to address students' mental health continues to grow, several frameworks and theoretical approaches exist for school counselors to conceptualize students, address threats to resilience, and bolster students' protective factors and strengths. I have identified foundational frameworks as well as theoretical approaches and interventions that exist in the school counseling literature.

School Counseling Frameworks and Models

Over the past two decades, school counseling has evolved substantially in both conceptualization and in service delivery to students. Scholars have offered varying conceptual frameworks for effective school counseling, each to capture the myriad variables that contribute to a student's success. Foundational frameworks, including the Comprehensive Developmental

Guidance Program (CDGP; Gysbers, 2004; Gysbers & Henderson, 2001) and the Contextual School Counseling Model (CSCM; Basken & Slaten, 2014) have contributed to the ongoing development of the ASCA National Model (2003; 2005; 2012; 2019) and promote optimal service to students.

In 1997, Campbell and Dahir developed ASCA's *National Standards for School Counseling Programs.* The *Standards* offered school counselors a foundation upon which to build a unified profession and guided subsequent development of the ASCA National Model (2003). The ASCA National Model (2003, 2005, 2012, 2019) was developed to integrate various models of school counseling into a singular model from which school counselors across the nation could design cohesive and comprehensive school counseling programs (Slaten et al., 2019). Over the past two decades, the ASCA National Model has been revised three times (2005, 2012, 2019). The fourth and most recent edition of the ASCA National Model was published in 2019 and includes the four areas of *assess, deliver, define,* and *manage* (ASCA, 2019). The Model emphasizes the integration of leadership, advocacy, collaboration, and systemic change, with the ultimate goal of improving service delivery to students and optimizing students' positive outcomes. Similar tenets were highlighted in the Comprehensive Developmental Guidance Program (CDGP; Gysbers and Henderson, 2001).

The Comprehensive Developmental Guidance Program (CDGP; Gysbers, 2004; Gysbers and Henderson, 2001) is a foundational framework of school counseling and was designed to focus the school counseling role specifically on school counseling program development and delivery to students. According to the CDGP, delivery of services occurs in multiple domains, including curriculum development, individual student planning and interventions, responsive services, school-wide system support, and leadership (Slaten et al., 2019; Gysbers & Henderson,

2001). The CDGP provided the groundwork for the development and delivery of school counseling programs and services. Subsequent models, such as the Contextual School Counseling Model, expanded upon key considerations of the school counseling relationship (Basken & Slaten, 2014).

The Contextual School Counseling Model (CSC; Basken & Slaten, 2014) addresses the relational aspects of school counseling and was designed to incorporate the four major common factors in counseling identified by Frank & Frank (1991) in the school counseling setting. The four factors include (a) *confiding counseling relationship*, (b) *healing setting*, (c) *rationale*, and (d) *active participation in a ritual* (Basken & Slaten, 2014; Slaten et al., 2019). When applied to school counseling, school counselors use the four core values to benefit students of all backgrounds and identities (Basken & Slaten, 2014). The *confiding counseling relationship* emphasizes the school counselor's role in creating a more emotionally responsive school environment where students experience a sense of belonging. In the *healing setting,* the counselor builds upon their positive relationships with students to offer affirmation, hope, and positive motivation. School counselors use *rationale* to conceptualize students and address students' challenges effectively. In the CSC model, school counselors remain strengths-based in their *rationale* and problem-solve creatively. Finally, through *active participation in a ritual,* school counselors implement individualized interventions designed to increase students' motivation toward personal growth. When school counselors and students actively participate in a ritual together, students learn the importance of engaging in a practice that can help to restore their wellness and internal resources (Basken & Slaten, 2014; Slaten et al., 2019).

School Counseling Theories

In addition to models of school counseling, scholars have proposed a variety of theoretical approaches for effective school counseling practice (Akos et al., 2019; Galassi & Akos, 2004; Galassi et al., 2008; Lemberger, 2010; McMahon et al., 2013). The following theoretical frameworks incorporate both individual and environmental elements school counselors can consider promoting student resilience. First, Galassi and Akos (2004) proposed the theoretical application of Developmental Advocacy to school counseling. Grounded in positive psychology, the ultimate goal of the Developmental Advocacy perspective was to build upon students' existing strengths and resources to promote positive development, resilience, and wellbeing. The Developmental Advocacy approach to school counseling expanded into Strengths-Based School Counseling (SBSC; Galassi et al., 2008) which combines developmental perspectives with the promotion of strengths and protective factors (Akos et al., 2019; Galassi et al., 2008). The SBSC builds upon humanistic elements and positive psychology, focusing on personal growth and wellness. From an SBSC lens, school counselors would consider contextual factors of student development, promote the strengths of students and their environments, prioritize strengths-promotion over problem-reduction, incorporate evidence-based practice, and implement strengths-oriented strategies at individual and school-wide levels (Akos et al., 2019). Strengths-based school counseling aims to build students' capacity for coping and resilience in the face of challenges.

A similar school counseling theory grounded in humanistic approaches is the Advocating for Student-Within-Environment approach (Lemberger, 2010). The Advocating for Student-Within-Environment theory (ASE; Lemberger, 2010) builds upon the humanistic elements of SBSC, CSC, and CDGP with a closer look at the impact of school communities and structures.

The ASE lens incorporates social justice approaches to foster students' natural strengths while also addressing systemic barriers affecting historically marginalized students (Lemberger, 2010; Lemberger-Truelove & Bowers, 2019). The ASE school counselor employs advocacy "never on behalf of the student or even the collective, but instead with (and within) the student and collective agencies at all times and in all ways" (Lemberger, 2010, p. 134). Through ASE, school counselors can promote student and community wellness through reflexive interventions at all levels of support. Reflexive interventions may include dialogue or contemplative practices, with the ultimate goal of strengthening students' internal resources as they learn to navigate the nuances of the world around them (Lemberger-Truelove & Bowers, 2019). An understanding of students' environment is closely related to other school counseling models, such as Ecological School Counseling (McMahon et al., 2013; McMahon & Mason, 2019).

The Ecological School Counseling model (ESC; McMahon et al., 2013; McMahon & Mason, 2019) emphasizes the school counselor's conceptualization of students within the ecosystems of their school, family, and community settings. Similar to the ASE theoretical model, the ESC-based school counselor works both individually with students and advocates for systemic change on students' behalf. Through ESC, school counselors integrate Bronfenbrenner's (1979) ecological model to understand students within their relationships with their intersectional systems, and then respond appropriately. The ultimate goal of ESC, then, is to promote optimal intrapersonal and interpersonal change for students, schools, and communities (McMahon & Mason, 2019).

Regardless of a specific theory, school counseling scholars emphasize the importance of integrating evidence-based practices EBPs in school counseling programming (Dimmit & Zyromski, 2020; Zyromski et al., 2018, 2022). Evidence-based practices are interventions that

have empirical support for their effectiveness (Zyromski et al., 2018), however, intervention research in school counseling remains limited (Dimmit et al., 2005; Griffith et al., 2019; Villares & Dimmit, 2017). The ASCA National Model (2019) underscores the importance of school counselors' use of evidence-based practices and interventions that can provide opportunities for evaluation and accountability. Common evidence-based practices that emphasize the promotion of protective factors include character education (Watson, 2006) or, more recently, social-emotional learning (Collaborative for Academic, Social, and Emotional Learning [CASEL], n.d.). Both character education and social-emotional learning emphasize the intrapersonal and interpersonal development of students. However, as the needs of society and youth shift and evolve, school counselors may consider alternative evidence-based practices that more holistically address students' wellbeing.

School Counseling Interventions

Types of school counseling interventions have expanded with the evolution of the school counseling profession. The implementation of the ASCA Mindsets & Behaviors for Student Success (2019) and the updated ASCA National Model (2019) highlight "that content knowledge and academic skills are only part of the equation for student success" (ASCA, 2019, p. 2). In ASCA Mindsets & Behaviors, some standards demonstrate a wellness orientation, such as the *development of the whole self, including a healthy balance of mental, social/emotional, and physical wellbeing* (M1) and a *sense of belonging in the school environment* (M2). The ASCA Mindsets & Behaviors also include language such as *creativity*, *social/emotional goals*, *coping skills, relationships*, and *collaboration.* According to ASCA (2019), this shift in language occurred in response to shifts in school counseling research. Therefore, a similar emphasis on wellbeing appears to be reflected in school counseling literature, as school counseling

intervention research has more fully examined students' interpersonal and intrapersonal skill-building and outcomes. Over the past decade, scholars have increasingly explored interventions in trauma-informed practices (Alvarez et al., 2022; Rumsey & Milsom, 2019), social-emotional learning (Bardhoshi et al., 2020; CASEL, 2022; Lemberger et al., 2015, 2018; Mason & Trezek, 2020), and mindfulness-based interventions (Kielty et al., 2017b; Phan et al., 2020) in school counseling. These studies demonstrate a trend in the field toward the promotion of students' wellbeing, mental health, and protective factors.

As professionals learn more about the prevalence and impact of ACEs on student mental health, trauma-informed practices have become more centralized in school-based counseling literature and program delivery. Traumatic experiences and ACEs can impact students' social and neurological development, school engagement, and physical and mental health (Alvarez et al., 2022; Field & Ghoston, 2020; Rumsey & Milsom, 2019). Scholars have argued that school counselors are pivotal in creating more trauma-informed care for students (Alvarez et al., 2022; Rumsey & Milsom, 2019). Proposed trauma-informed school counseling interventions include systemic and multi-tiered individualized levels. As a systemic intervention, Rumsey and Milsom (2019) suggested school counselors advocate for increased trauma-informed school policies, particularly around discipline and support for students. Additionally, multi-tiered interventions may include teaching effective coping skills to all students (tier 1), group counseling for affected students (tier 2), and individual counseling or mentoring opportunities for students with severe symptoms (tier 3; Alvarez et al., 2022; Rumsey & Milsom, 2019). Child-centered play therapy (CCPT) has also been offered as a potentially useful trauma-informed school-based intervention for students of diverse backgrounds and with subsequent mental health symptoms (Burgin & Ray, 2022; Ray et al., 2022). It is notable, however, that trauma-informed intervention research

is often conducted by non-school counseling scholars, and that much of the current school counseling trauma-informed literature is conceptual. Presently, more school counseling intervention research focuses on social-emotional learning interventions.

There is evidence to support social-emotional learning (SEL) interventions as effective for the promotion of students' academic, attitudinal, and behavioral outcomes (Bardhoshi et al., 2020; Durlak et al., 2011; Lemberger et al., 2015, 2018; 2021). When students engage in classroom-based SEL interventions, they demonstrate more positive social behaviors, attitudes, and skills as well as reduced distress, as compared to students in control groups (Durlak et al., 2011). Further, there is an indication that students' academic performance is also enhanced as a result of SEL intervention for students across elementary to secondary levels (Durlak et al., 2011). Bardhoshi and colleagues (2020) found SEL intervention programming to be effective with students as young as kindergarten. In their study of kindergarten students from a high-poverty public elementary school, Bardhoshi et al. (2020) measured SEL-related student outcomes for kindergarteners. The treatment group engaged in a technology-based SEL-specific curriculum in addition to their usual social skills treatment, and the control group of students received their social skills treatment as usual without the additional SEL instruction. Bardhoshi and colleagues gathered pretest-posttest teacher ratings of students' social skills and found a significant difference between the treatment and control groups. Students engaged in the additional SEL intervention demonstrated enhanced social skill development and reduced problem behaviors as reported by their teachers. Bardhoshi et al.'s (2020) findings added to the school counseling literature regarding the potential benefits of SEL interventions for students.

Some school counseling scholars have also blended SEL-based interventions with mindfulness-based interventions, resulting in positive outcomes for students' wellbeing and

academic success (Lemberger-Truelove et al., 2021). In a cluster-randomized design of a classroom-based intervention with middle school students (grades six through eight), Lemberger-Truelove and colleagues (2021) found significant differences across time and between intervention and control groups of students. Students in the treatment group received an intervention including experiential SEL activities and a mindfulness-based psychoeducational curriculum. The authors' results indicated that students who engaged in the intervention had significant differences in stress tolerance and social curiosity as compared to peers in the control group. Though there were indicated benefits for participants, results included small to medium effect sizes (Lemberger-Truelove et al., 2021); further research would provide more depth into the effectiveness of SEL and/or contemplative interventions in school counseling.

Finally, mindfulness-based interventions are also a growing area of school counseling intervention research. Mindfulness-based interventions in school can include multi-leveled approaches, including student-focused interventions and educator-focused interventions. Kielty and colleagues (2017b) collaborated with school counselors to implement mindfulness interventions at a middle school, which included guided listening and breathing activities. The researchers collected qualitative data from teachers and students and noted themes related to stress and behavior management (Kielty et al., 2017b). Similar outcomes have been reflected in various studies of mindfulness-based interventions. Phan et al. (2022), conducted a meta-analysis of mindfulness-based school interventions (MBSI) across 77 studies. The identified studies included data from schools around the world and across school levels (preschool, elementary, middle, and high school levels). Phan and colleagues (2022) identified common outcome categories including wellbeing, self-compassion, social functioning, mental health, emotion regulation, mindfulness, attention, stress, behaviors, and academic performance. The authors

rated the quality and rigor of the studies based on research design, bias, sample size, and target population. Of the studies with the highest quality and rigor, the outcomes were related to enhanced prosocial behaviors, resilience, attention, mindfulness, and reduced mental health symptoms and behavior problems (Phan et al., 2022). An important consideration is that mindfulness-based practice is only one of many avenues for contemplative practice. Few scholars have examined school counseling interventions that include more types of contemplative practice.

Generally, school counseling interventions tend to have positive effects on students' cognitive, behavioral, and social-emotional outcomes (Whiston et al., 2011). In a meta-analysis of school counseling intervention and outcome research, Whiston and colleagues (2011) found that results of intervention studies are often positively linked with increased problem-solving skills, reduced disciplinary referrals, and increased psychosocial outcomes. However, in a more recent meta-analysis of school counseling intervention research, Griffith and colleagues (2019) found very few intervention studies in the school counseling literature. Of those published, the authors noted issues in methodological rigor (e.g., sampling information, research design, instrumentation. Griffith and colleagues' (2019) findings echoed findings from two decades prior when Whiston and Sexton (1998) noted a dearth of rigorous school counseling intervention research. Extant literature on school counseling intervention research indicates a trend that school counseling interventions are minimally researched (Griffith et al., 2019; Whiston et al., 2011; Whiston & Sexton, 1998). More studies on school counseling interventions are warranted to enhance service delivery to students.

Often, research on evidence-based practices and interventions is oriented toward adult populations or arises from medical and psychological fields (Mason & Trezek, 2021). When

research on evidence-based practices occurs from a school counseling paradigm, it is often skewed toward elementary-level students, with middle and high school student populations comprising less than half of the intervention studies, collectively (Griffith et al., 2020; Whiston et al., 2011). Mason and Trezek (2021) argued that the lack of school counseling intervention research coincides with the underuse of evidence-based practices in school counseling. Empirical support for evidence-based practice is integral to the development of school counseling practice and policy (Dimmitt & Zyromski, 2020). Expanding intervention research in school counseling literature is necessary to capture the full range of potentially beneficial interventions available to school counselors and students (Griffith et al., 2020).

Limitations of Current Approaches

School counseling approaches have expanded to include increased developmental perspectives (Galassi & Akos, 2004), positive psychology tenets (Galassi et al., 2008), and environmental considerations (Lemberger, 2010; McMahon, 2019). However, limitations of the current approaches still exist. Although there appears to be a shift toward wellbeing indicators (ASCA, 2019), often, school counseling interventions remain oriented toward behavioral regulation and achievement, prioritizing external student outcomes (e.g., academic achievement) as markers of success, rather than wellness. For example, inner resources related to spirituality are rarely examined; yet, counseling scholars have asserted that, for truly optimal outcomes in counseling, counselors should adopt a holistic wellness orientation with spirituality at the core (Myers et al., 2000; Myers & Sweeney, 2004; Ohrt et al., 2019; Witmer et al., 1998). Through their study of youth populations across the globe, Benson and colleagues (2012) found that for the majority of adolescents, spirituality is a core value and transcends religious or cultural backgrounds. However, spirituality remains a largely unexplored area of school counseling

research, training, and practice (Sink, 2004; Sink & Devlin, 2011). Incorporating strategies for spiritual development, such as contemplative practices, may promote student wellness and bolster their protective factors. Additionally, the inclusion of spirituality and contemplative practices in school counseling research and practice would expand the field of school counseling in new directions and would more holistically address the lived experiences of students.

Spirituality in Adolescence

The concept of adolescent spiritual development is young in comparison to well-examined routes of human development (e.g., cognitive, social, emotional, and career) (Roehlkepartain et al., 2006). The first model of spirituality development was created by Fowler (1981), in which he described the stages of faith from infancy through adulthood. The initial stages of spiritual development include the pre-stage *primal faith,* which occurs in infancy and is foundational to the subsequent stages (Fowler, 1981; Ohrt et al., 2019). At ages two to seven years old, individuals experience stage one, *intuitive-projective faith,* in which children create narratives of a higher power based on the stories and messages they receive from the adults around them. In late childhood, children transition to stage two, *mythic-literal faith,* in which children think logically and use symbols and stories to find belonging in their faith communities. In adolescence, spiritual development reaches stage three, *synthetic-conventional faith,* typically marked by solidification of beliefs and values and conforming to an authority outside oneself. At later points in the *synthetic-conventional faith* stage, adolescents may begin to notice contradictions between authorities, beliefs, and experiences, resulting in critical reflection on their beliefs and values. Until this stage, individuals have not yet questioned their belief systems; when questioning arises, adolescents and young adults may begin to transition into higher levels

of spiritual development. However, individuals can stay in this stage permanently (Fowler, 1981; Ohrt et al., 2019).

Scholars have argued that spiritual development is integral to cognitive, social, emotional, and moral development (Benson et al., 2012; Foster & Armstrong, 2017). A definition of spiritual development coined by Benson and colleagues (2003) states that "spiritual development is the process of growing the intrinsic human capacity for self-transcendence, in which the self is embedded in something greater than the self, including the sacred" (p. 205). Spiritual development is linked to adolescents' drive toward connection, purpose, and contribution to their world (Benson et al., 2003; Roehlkepartain et al., 2006). Adolescent spiritual development is an integrative process, bringing together greater awareness of self and the world, a sense of interconnection and belonging, and creating a way to live with hope and compassion (Benson, et al., 2012). Though spirituality and religion may coincide, spirituality and spiritual development are distinct from religion and religious development (Benson et al. 2012). Various definitions of spirituality have been offered throughout the literature and incorporated into counseling practice.

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) defined spirituality in the ASERVIC white paper (2005) as both an active and passive process that is innate and unique to each individual. Spirituality inherently moves an individual "toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness" (ASERVIC, 2005, para. 4). Spirituality includes one's experiences (e.g., self-transcendence, nondual awareness), beliefs (e.g., value system), practices (e.g., prayer, ritual, or contemplation), creativity and growth (ASERVIC, 2005). Cashwell and colleagues (2007) reinforced the concept of spirituality as a developmental process that is active and passive and

described the process as one that results in increased mindfulness, heartfulness, and soulfulness. In their definition, mindfulness refers to one's nonjudgmental awareness of the present moment, heartfulness refers to experiences of love and compassion, and soulfulness refers to the connections beyond the self (Cashwell et al., 2007). Though definitions of spirituality are often conceptualized with adult individuals in mind, scholars in the field of youth spiritual development assert that spirituality in childhood "precedes and transcends language, culture, and religion" (Miller, 2015, p. 25) and is a natural element of child and adolescent growth.

Adolescent spirituality is linked with reduced risk behaviors and correlates with elements of wellbeing (Scales et al., 2014). In a study of adolescents' substance use and spirituality, Debnam and colleagues (2016) found that 71% of participants reported turning to spiritual beliefs as a mechanism for coping with personal or school-related problems. This echoes findings by the Pew Research Center (2017) which indicate that 75% of individuals across demographics (e.g., age race, gender, religion, and educational level) identify as spiritual. Additionally, adolescents who reported higher levels of spirituality demonstrated reduced substance use; conversely, when students reported lower levels of spirituality, they also reported increased stress and increased substance use (Debnam et al., 2016). Subsequently, scholars suggest that spiritual practices such as meditation or prayer can serve as effective coping strategies for youth (Fox et al., 2017). Such findings suggest that not only is spirituality a natural element of youth development, but spirituality also plays a crucial role in the development of protective factors and the reduction of risk.

Although there is growing support for the importance and benefits of addressing adolescent spirituality, it remains largely limited as an element of school counseling literature, training, and practice. For example, the Council for Accreditation of Counseling and Related

Educational Programs' (CACREP) 2016 standards does not include spirituality as a consideration in the training of school counselors. Further, ASCA (2019) does not address spirituality in its National Model, School Counselor Professional Standards & Competencies, or Mindsets & Behaviors for Student Success. Despite CACREP and ASCA's exclusion of spirituality in standards for school counselor training and practice, school counseling scholars have argued for the inclusion of spirituality in comprehensive school counseling programming (Dobmeier, 2011; Sink, 2004; Sink & Devlin, 2011; Sink & Hyun, 2012). When students feel that their spirituality is valued within the school setting, they exhibit reduced risk behaviors (Debnam et al., 2016) and enhanced growth and learning (Chapman et al., 2021). Further, collective school cultures experience benefits when students' spirituality is supported. For example, because contemplative practices are grounded in spirituality, they serve as a mechanism for enhancing students' spiritual development (Davidson et al., 2012). When students engage in contemplative practice with consistency, they demonstrate improved psychosocial and behavioral outcomes that, in turn, positively impact their relationships and school environments (Davidson et al., 2012). Davidson and colleagues (2012) suggest the existence of a reciprocal nature of contemplative practice and the cultivation of healthy educational contexts. Further examination of adolescent spirituality in the context of schools and school counseling is warranted to understand the potential intrapersonal and interpersonal benefits for individual students and school communities.

In conclusion, adolescent spirituality is a critical element of adolescent development and provides the groundwork for building protective factors and positive outcomes. In the literature, spirituality has been linked in concept, process, or outcome to the constructs of *hope* (ASERVIC, 2005; Espedal, 2021; Marques et al., 2013)*, resilience* (Crawford et al., 2006; Freeny et al.,

2020; Kim & Esquivel, 2011), *emotional intelligence* (Gutierrez et al., 2016), and *inner peace* (Xi & Lee, 2021). Theoretically, there appears to be a reciprocal link between the constructs in that each support and builds the others, helping to expand youths' protective factors and reduce their likelihood of risk. However, hope, resilience, emotional intelligence, and inner peace have yet to be examined together as outcomes of a contemplative intervention. Therefore, in the following sections, I define and explain the elements of each construct as well as scholars' findings related to adolescent populations.

Hope

Snyder (2002) conceptualized hope as a goal-oriented process two necessary and integrated elements: pathways and agency. An individual explores pathways by imagining and creating directions toward their goals. Agency involves the motivation to follow self-identified directions to achieve goals (Snyder, 2002; Snyder et al., 1991). Snyder and colleagues asserted that the pathways and agency involved in hope also apply to youth (Snyder et al., 1997). Snyder et al. (1997) defined hope in childhood as "a cognitive set involving the beliefs in one's capabilities to produce workable routes to goals (the pathways component), as well as the self-related beliefs about initiating and sustaining movement toward those goals (the agency component)" (p. 401). Hope relates to students' perception of themselves and the world around them and enhances their progress toward goals and wellbeing (Snyder et al., 1997).

When students have higher levels of hope, they can set goals and take appropriate risks toward achieving their goals (Bressler et al., 2010). Padilla-Walker and colleagues (2011) suggested that adolescent hope not only reduces risk factors for adolescents but also increases prosocial behaviors and engagement in school. In a longitudinal study of 327 adolescents in Portugal, Marques et al. (2013) examined the predictive relationships of hope and spirituality on

participants' life satisfaction. Marques and colleagues administered measures of hope and life satisfaction at three-time points across one year. Their findings indicated that hope significantly and consistently predicted adolescents' level of life satisfaction at each time point. Scholars suggest that hope serves as a predictor of a person's academic, psychosocial, personal, and professional growth (Bressler et al., 2010; Snyder, 2002). Scholars have proposed hope-based theory and practice as potentially beneficial interventions to incorporate into school counseling, particularly for adolescents navigating life challenges (Akos & Kurz, 2016; Pedrotti et al., 2008). In a systematic literature search of hope-related studies between 1980 and 2015, Leung and colleagues (2017) identified contributing factors to hope and resilience, including relationships, a sense of self-efficacy, and future orientation. Taking a holistic approach to promoting students' hope will also help to promote their resilience in response to adversity (Leung et al., 2017).

Resilience

Navigating life challenges requires individuals to draw from their inner reserves of resilience. Henderson and Milstein (1996) conceptualized student resilience as multi-leveled, including personal characteristics and environmental characteristics. The concept of resilience has evolved over time, with waves of resilience theory encompassing (a) resilient qualities, (b) resilience as a process, and (c) innate resilience (Richardson, 2002). The third and most recent wave of resilience theory (innate resilience) incorporates a spiritual context. Richardson described resilience theory as "a force within everyone that drives them to seek self-actualization, altruism, wisdom, and harmony with a spiritual source of strength" (p. 313). Resilience arises from both internal and external resources (Fergus & Zimmerman, 2005) and is demonstrated in an individual's ability to bounce back following a setback or adversity (Smith et al., 2008). Fergus and Zimmerman (2005) conceptualized resilience during adolescence as a

process that prioritizes strengths-promotion while overcoming risk. Resilience theory focuses on the protective factors that interrupt the trajectory toward risk behaviors and promote healthy development despite risk exposure (Zimmerman et al., 2013). Opportunities for connection and meaningful experiences bolster adolescents' resilience (Zimmerman et al., 2013).

Scholars have identified resilience is linked to spirituality, contemplation, and mindfulness (Cheung et al., 2020; Crawford et al., 2006; O'Connor et al., 2021). In a study of early adolescents *(n* = 129) aged 11 to 13, O'Connor and colleagues (2021) found through a correlational investigation that resilience mediated the relationship between students' mindfulness and their mental health. The authors examined the relationships between mindfulness (as measured by the Mindful Attention Awareness Scale for Children; Lawlor et al., 2014), resilience (as measured by the Connor-Davidson Resilience Scale-10; Campbell-Sills & Stein, 2007), and positive mental health (as measured by the Adolescent Mental Health Continuum – Short Form; Keyes, 2002). When students reported higher levels of mindfulness, they also reported higher levels of positive mental health and that this relationship was facilitated through resilience. O'Connor et al.'s (2021) findings align with previous studies regarding the link between mindfulness and resilience for students' wellbeing outcomes. However, the study included critical limitations, such as small sample size comprised primarily of white participants selected through non-random sampling methods (O'Connor et al., 2021). Larger sample sizes with more diverse representation of adolescents is warranted.

Cheung and colleagues (2020) found resilience to be the mediating factor between mindfulness and quality of life for a sample of adolescents (*n* = 905) in China. A key finding was that resilience and quality of life were more closely related to mindfulness than to students' income level, highlighting the importance of inner resources on adolescent wellbeing. The

authors posited that as mindfulness strengthens resilience, adolescents can better regulate emotions and resolve interpersonal conflict, subsequently increasing their quality of life (Cheung et al., 2020). The identified studies demonstrate that inner resources, wellbeing outcomes, and spiritual wellness are interwoven processes for youth. However, both studies (Cheung et al., 2020; O'Connor et al., 2021) relied on cross-sectional data, thus causality cannot be inferred. Future research should explore the influence of spiritually-based interventions on wellbeing outcomes in order to examine the mechanisms behind mindfulness and bolstered resilience in students.

Emotional Intelligence

Salovey and Mayer (1990) coined the term *emotional intelligence* and defined the concept as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (p. 189) As such, EI is both an intrapersonal and interpersonal process and comprises both verbal and nonverbal appraisal (Mayer & Salovey, 1993; Salovey & Mayer, 1990). One must be able to identify, communicate, and regulate their own emotions while also processing similar information from those around them. Salovey and Mayer (1990) argued that EI is a subset of social intelligence and personal intelligence; rather than being a broad understanding of self and others, EI is the specific process of using information about emotional states to help guide problem-solving and behavior. In their first model of EI, Salovey and Mayer (1990) included three branches of emotional intelligence, including (a) appraisal and expression of emotion (in self and others), (b) regulation of emotion (in self and others), and (c) the utilization of emotion to promote flexible planning, creative thinking, attention, and motivation.

Over the decades, the conceptual understanding of EI has developed with growing literature. Mayer and Salovey (1997) expanded upon their initial model of EI and described a four-branch, hierarchical model of EI, including (a) accurately perceiving emotions in oneself and others, (b) using emotions to facilitate thinking, (c) understanding emotional meanings, and (d) manage emotions. Goleman (2001) suggested that EI encompasses cognitive and affective domains, including self-awareness, self-management, social awareness, and relationship management. Through strengthened EI, individuals learn to navigate their emotional and social experiences with greater competence.

For adolescents, scholars have found EI to correlate with increased prosocial behaviors (Charbonneau & Nicol, 2002) and increased levels of happiness (Guerra-Bustamante et al., 2019). In their study of adolescents in Spain (aged 12 to 18 years old), Cejudo and colleagues (2018) measured participants' EI, stress, and social anxiety. The authors' findings indicated that there were significant differences between students with high EI scores as compared to those with low EI scores. Adolescents with higher levels of EI reported lower levels of stress and social anxiety compared with students who scored in the lower ranges of EI (Cejudo et al., 2018). Based on their findings, Cejudo et al. posited that EI is predictive of adolescent wellbeing. Therefore, interventions designed to enhance adolescents' EI strategies may help them to improve relational skills and emotional growth (Cejudo et al., 2018).

Inner Peace

The concept of inner peace is closely related to wellbeing and flourishing. Inner peace has been conceptualized for centuries and across cultures, yet researchers have only recently begun to operationalize and measure the presence of inner peace in community samples (Lee et al., 2013; Xi & Lee, 2021). Earlier conceptualizations of inner peace were designed to build a

more expansive understanding of subjective wellbeing. Lee et al. (2013) operationalized the concept of *peace of mind* to incorporate elements of affective wellbeing found in Eastern cultures and often disregarded in the West. Westernized conceptualizations of wellbeing and happiness often include moderate-arousal positive affect (e.g., happy and joyful) or high-arousal positive affect (e.g., excited and alert), while individuals from Asian cultures prioritized low-arousal positive affect (e.g., peacefulness and calm) as indicators of wellbeing (Lee et al., 2013). Therefore, elements of *peace of mind* include the mental states of harmony and balance and are defined as the internal state of peace and harmony (Lee et al., 2013). Lee and colleagues suggested that peace and harmony are reciprocal mechanisms of *peace of mind;* when one experiences greater peace they also experience enhanced harmony, which in turn increases one's sense of peace.

Scholars have examined the correlations between peace of mind and student outcomes (Datu, 2017; Datu et al., 2018). In a correlational study of 525 high school students (aged 11 to 19) in the Philippines, Datu (2017) measured students' peace of mind, academic motivation, and academic achievement. The researcher found that peace of mind was positively correlated with academic achievement and autonomous motivation and was negatively correlated with amotivation, although effect sizes were small with peace of mind accounting for 1% to 18% of the variance in motivation and academic achievement (Datu, 2017). Datu's findings suggest that when students experience peace of mind, they may also be more likely to achieve academic success and be motivated toward optimal academic performance. However, because effect sizes were small, more research is required to examine if peace of mind consistently influences students' academic-related outcomes.

More recently, Datu and colleagues (2018) conducted a two-part study of students in the Philippines, including a cross-sectional study of 606 adolescents (Study 1) and a two-wave cross-lagged study of 371 adolescents (Study 2). In both studies, Datu and colleagues measured students' peace of mind and academic achievement while controlling for indicators of wellbeing (positive affect and life satisfaction). For Study 1, the researchers conducted a hierarchical regression analysis. Results indicated a statistically significant positive correlation between peace of mind and academic engagement with a medium effect size, after controlling for positive affect and life satisfaction. For Study 2, the researchers measured students' peace of mind, academic achievement, and indicators of wellbeing (positive affect and life satisfaction) at two-time points. Datu and colleagues tested a cross-lagged model of the variables to assess paths between peace of mind at T1 and T2, academic engagement at T1 and T2, and the reciprocal associations between peace of mind and academic engagement at both time points. The results indicated that peace of mind at T1 was positively correlated with academic engagement at T1, and peace of mind at T2 was positively correlated with academic engagement at T2. Datu et al.'s (2018) findings from both Study 1 and Study 2 suggest that peace of mind is linked to students' academic engagement. When adolescents experience a sense of peace and harmony, they may also be more engaged at school cognitively, behaviorally, and emotionally (Datu et al., 2018).

As researchers continue to understand and operationalize the nuances of peace as an element of wellbeing, definitions of inner peace have evolved. Xi and Lee (2021) defined inner peace as "a calm and balanced mental state and disposition, one characterized by an attitude of healthy acceptance and an absence of unhealthy grasping" (p. 436). This definition builds upon Lee et al.'s (2013) conceptualization of peace of mind as harmony and balance, and adds the elements of acceptance (e.g., when challenges arise) and nonattachment (e.g., not grasping for

material objects or outcomes). Xi and Lee developed their definition to reflect inner peace as a trait or disposition that can be cultivated over time. The authors hypothesized that when individuals exhibit a disposition of inner peace, they are more likely to share their sense of peace and "become effective peace-builders in the world" (Xi & Lee, 2021, p. 437). This conceptualization of inner peace is similar to the Buddhist understanding of *upekkha,* or equanimity, in which individuals can experience the fluctuations of the world around them without allowing external fluctuations to impact the internal balance of heart and mind (Salzberg, 1995). Across Eastern and Western wisdom cultures, sages suggest contemplative practice as a mechanism for fostering inner peace (Bourgeault, 2004; Chodron, 1991; Finley, 2000; Keating, 1986; Salzberg, 1995; Xi & Lee, 2021).

Integrating Contemplative Practice to Increase Student Outcomes

Contemplation and contemplative practices are grounded in spiritual traditions across the globe, and various approaches to contemplative practices exist. Finley (2000) notes that "The contemplative way is not that of striving for some far off goal that we may or may not attain, but rather is a way of discovering a secret hidden deep within our hearts" (p. 25). Inherently strengths-based, contemplative practices operate under the assumption that we already have what we need to discover self-transcendence. Contemplative practices do not help us achieve or arrive at a new version of ourselves, but rather, as Finley (2000) stated, through contemplation, we learn "to awaken to the divinity of the ground beneath our feet" (p. 26). Contemplative practices, often in the form of mindfulness-based practices, have been implemented into various interventions to build upon individuals' innate protective factors and reduce distress (Brown et al., 2013).

Contemplative Practice and Pedagogy

Contemplative practices are based on connection and awareness (Zajonc, 2013). Although research has expanded in the last few decades alone, contemplative practices have existed for thousands of years. Meditation, centering, mindfulness-based approaches, prayer, yoga, and breathwork are only some of the many ancient practices scholars have examined in recent years (Dorais & Gutierrez, 2021a; Farb et al., 2015; Oman et al., 2008). There are various branches of contemplative practice, including stillness, movement, activism, generative practices, creativity, relational experiences, and rituals; each is rooted in the core tenets of awareness, connection, and community (Contemplative Mind in Society, 2021). When contemplative practice is incorporated into education, it is referred to as contemplative pedagogy. Contemplative pedagogy is the implementation of contemplative practice in the classroom setting to facilitate students' embodiment of learning, and to refocus students from outcome-orientation to process-orientation (Barbezat, 2019; Grace, 2011; Zajonc, 2013). Throughout the growing literature, contemplative practices and pedagogy have been identified as effective approaches to promoting student wellness in adolescence and young adulthood (Dahl & Davidson, 2019; Dorais & Gutierrez, 2021a; Dorais & Gutierrez, 2021b; Farb et al., 2015; Felver et al., 2015; Goralnik & Marcus, 2020; Oman et al., 2008).

Meditation

While meditative practices have occurred in spiritual traditions for thousands of years, meditation research is a relatively recent phenomenon. Early literature on meditation examined the effects of practice on character transformation and described the practices from the Westernized lens of psychoanalysis (Alexander, 1931; Coster, 1934). In one of the earliest studies of meditation, Alexander (1931) illustrated meditation as "autohypnosis" or self-inducing

catatonia. According to Alexander (1931), meditation held narcissistic motives, with the ultimate goal of meditation to regress to a state of consciousness experienced before birth. Coster (1934) however, found value in meditative practices, specifically in yogic traditions. Coster suggested that the tenets of yoga were universally applicable to all individuals and that yogic texts offered techniques for mental and emotional training and development from which psychotherapy could learn. Since Alexander's (1931) and Coster's (1934) studies, the literature has expanded to examine the nuances of meditation and its outcomes.

In the 1970s, scholars began to assess the impact of meditation on stress reduction. Wallace and Benson (1972) examined the physiological response to meditation. Specifically, the authors investigated the physiological correlates of Transcendental Meditation (TM), which requires less intensive training and shorter lengths of practice for practitioners. Participants engaged in 20 to 30 minutes of quiet (not meditating), then 20 to 30 minutes of meditating, followed by 20 to 30 minutes of sitting after meditation. The authors measured participants throughout the meditative and non-meditative states. Wallace and Benson (1972) found that when participants were engaged in TM, they exhibited a "wakeful, hypometabolic state" (p. 89), including, but not limited to, reduced oxygen use, reduced pace of breath, slowed heartbeat, decrease in blood-lactate levels, and increase in skin resistance. Limitations of the study included the fact that rather than randomly assigning participants into treatment or control groups, the participants served as their own control; the authors measured physiological outcomes when the participants were meditating and when they were not meditating, and compared the two states. The methodological limitation in Wallace and Benson's (1972) study is reflective of a common criticism of meditation studies (Sedlmeir et al., 2012). For example, Goleman and Schwartz (1976) found similar benefits of meditation on participants' stress responses, but did not

randomly assign participants and instead compared participants with meditation experience to participants who did not meditate. As the number of meditation studies has grown over the past several decades, scholars have aimed to increase methodological rigor. Additionally, there has been a shift away from the examination of symptom reduction and toward a focus on resource promotion (Garland et al., 2015; Sedlmeir et al., 2012; Young et al., 2011).

In recent years, scholars have aimed to demonstrate the connection between meditation to resilience and wellbeing (Bleasdale et al., 2020; Dorais & Gutierrez, 2021b; Martin et al., 2021). Bleasdale and colleagues (2020) conducted a randomized controlled trial of 52 high school students (aged 14 to 18 years old) who were assigned to either (a) TM treatment group or (b) a silent reading group. Students participated for fifteen minutes twice daily in their assigned activity, at the start and end of the school day. Bleasdale et al. (2020) measured students' resilience, perceived stress levels, mood states, and self-esteem. The authors found significant reductions in stress, anxiety, and depression in the TM treatment group compared to the control (silent reading) group with medium effect sizes. Participants also showed reductions in anger and fatigue with medium effect sizes. However, the authors did not find statistically significant changes in students' resilience between the treatment and control groups (Bleasdale et al., 2020).

Bleasdale and colleagues (2020) noted their small sample size and brief follow-up period as limitations of the study. An additional limitation is that randomized participants in the treatment and control groups shared a room when meditating or silent reading, thus potentially influencing outcomes across groups (Bleasdale et al., 2020). Finally, although TM indicated positive outcomes for students' symptom reduction, Bleasdale et al.'s (2020) study raises questions about the appropriateness of TM as a strategy for students' wellbeing promotion. TM is primarily an individualized, inwardly focused meditation (Bleasdale et al., 2020). Because

resilience is comprised of both personal characteristics and environmental characteristics (Henderson & Milstein, 1996; Richardson, 2002; Zimmerman et al., 2013), a more prosocially oriented meditation may have been a more appropriate intervention for students as compared to TM.

Conversely, Dorais and Gutierrez (2021b) did find a significant link between meditation and increased resilience. Dorais and Gutierrez randomly assigned 150 college-student participants to a four-week centering meditation treatment group or a waitlist control group. The authors used growth-curve analysis to examine the interaction between treatment group, time, and spiritual transcendence on participants' reported levels of resilience. Dorais and Gutierrez found a statistically significant increase in resilience, and that the interaction between treatment group, time, and spiritual transcendence significantly contributed to participants' resilience outcomes. The findings indicated that even a brief, four-week meditation intervention can be effective in bolstering participants' resilience through the connection to spirituality (Dorais & Gutierrez, 2021b). Based on the varying findings on the link between meditation and resilience, further examination is warranted.

Mindfulness

Kabat-Zinn (1994) defined mindfulness as paying attention, on purpose, non-judgmentally, to the natural unfolding of the present moment. Mindfulness is a concept from Buddhist traditions and can be explored in both practice and outcome (Baer et al., 2012; Kabat-Zinn, 2003). Through mindfulness, an individual practices awareness and acceptance of their present-moment experience, including both internal fluctuations (e.g., sensations, emotions, and thoughts) and vicissitudes in the environment (e.g., sounds, temperatures, scents, and lights). Scholars support the benefits of mindfulness for individuals across backgrounds and with

varying bio-psycho-social-spiritual needs (Baer et al., 2012; Bamber & Morpeth, 2018; Cavanagh et al., 2013; Keng & Tan, 2017; Müller-Engelmann et al., 2019; Teixeira & Graça Pereira, 2015; Thompson & Waltz, 2010). Because of its optimal outcomes, mindfulness has been incorporated into therapeutic and educational settings to enhance client and student outcomes.

Various counseling theories have been developed incorporating the use of mindfulness as a therapeutic strategy. Mindfulness-based counseling theories include Mindfulness-Based Stress Reduction (MBSR, Kabat-Zinn, 2003), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT, Dimeff & Linehan, 2001), and Acceptance and Commitment Therapy (ACT, Hayes et al., 1999). MBSR was developed by Jon Kabat-Zinn with the specific intention "toward integrating Buddhist meditation practices within the mainstream of Western medicine" (Kabat-Zinn, 2003, p. 74). MBSR incorporates a *mindfulness as medicine* approach, integrating key elements of the practice such as attention, self-compassion, breath awareness, and meditation (Kabat-Zinn, 2003). The goal of MBSR is to reduce clients' symptoms, including chronic physical pain, as well as mental and emotional dysregulation (Kabat-Zinn, 2003). A wide array of research exists in support of the effectiveness of MBSR for the reduction of symptoms across clients' various mental and physical health needs (Andres-Rodriguez et al., 2019; Carlson et al., 2005; Goldin & Gross, 2010; Lengacher et al., 2009).

A closely related framework to MBSR is that of MBCT. MBCT was developed to treat clients suffering from recurrent depression (Kyuken et al., 2010; Segal et al., 2002). MBCT is built around the idea that relapse in depressive symptoms occurs because negative thought patterns are reactivated (Kyuken et al., 2010; Segal et al., 2002). Therefore, the framework incorporates mindfulness strategies as a way of developing awareness, self-compassion, and

acceptance of thoughts and feelings to reduce negative thoughts and, subsequently, depressive symptoms (Kyuken et al., 2010; Segal et al., 2002). Similar to MBSR, there is growing literature on the efficacy of MBCT for individuals of varying mental health diagnoses (Haydicky et al., 2015; King et al., 2013; Kulz et al., 2019).

DBT was designed for the treatment of challenging mental health disorders, including chronic suicidality and borderline personality disorder (Dimeff & Linehan, 2001). Mindfulness skills are a core aspect of DBT, incorporating present-moment awareness, acceptance, and nonjudgment (Chapman & Dixon-Gordon, 2020). Within DBT, mindfulness is reframed as the use of the *wise mind,* in which clients practice awareness of both emotions and facts to develop discernment in their choices and behaviors (Chapman & Dixon-Gordon, 2020). Finally, another counseling theory that incorporates mindfulness is ACT (Hayes et al., 1999; Hayes & Lillis, 2012). In ACT, mindfulness and acceptance processes are integrated to support behavioral change, psychological flexibility, and alignment with values (Hayes & Lillis, 2012). Similar to MBSR, MBCT, and DBT, ACT teaches mindfulness as nonjudgmental present-moment awareness (Hayes & Lillis, 2012). Within the framework of ACT, mindfulness strategies may appear as breath-awareness, perspective-taking, and visualization techniques to support client progress (Hayes & Lillis, 2012).

Within each of the identified counseling theories, mindfulness has been integrated as a therapeutic intervention. Mindfulness strategies hold several benefits for clients across a variety of needs and when practiced with consistency, may result in a reduction of symptoms and progress toward healing. Similarly, mindfulness-based interventions have been implemented with more frequency in education and school counseling to benefit students and school communities (Bleasdale et al., 2020; Lemberger-Truelove & Ceballos, 2021; Lindsey et al.,

2018; Kielty et al., 2017b, Su & Swank, 2019; Tadlock-Marlo, 2011). Mindfulness interventions have been implemented with students across developmental levels and in classroom, group, and individual counseling settings. Although it has become popularized in various settings, It is important to note that mindfulness is only one aspect of contemplative practice. There remains room to grow in the exploration of various types of contemplation, especially in school settings.

Compassion Training

Compassion training is a more recent phenomenon in contemplative-based intervention and research. Compassion meditation or cognitively-based compassion training (CBCT; Negi, 2012) arises from Tibetan Buddhist traditions. In practice, individuals cultivate a sense of affection for others and subsequently foster positive social connections with those around them (Negi, 2012). Negi (2012) outlined the eight stages of CBCT, including (a) *developing attention and stability of mind,* (b) *cultivating insight into the nature of mental experience,* (c) *cultivating self-compassion,* (d) *developing equanimity,* (e) *developing appreciation and gratitude for others,* (f) *developing affection and empathy,* (g) *realizing wishing and aspirational compassion,* and (h) *realizing active compassion for others* (p. 11-12). Through the eight stages, the practitioner moves from self-awareness and compassion for one's own inner experiences toward other-awareness, eventually arriving at a commitment to actively help others to be free from suffering (Negi, 2012). Scholars have applied CBCT and self-compassion training to adolescent populations and found mixed support for their effectiveness (Finlay-Jones et al., 2020; Pace et al., 2013; Reddy et al., 2013; Roeser & Pinela, 2014).

Reddy and colleagues (2013) implemented a six-week CBCT intervention in a randomized controlled trial study of adolescents (n = 71)in foster care. Adolescents who were assigned to the CBCT group reported using the strategies from CBCT and positively evaluated

the training; yet, findings did not indicate a statistically significant difference between the treatment and control groups on emotional regulation, hope, or behaviors (Reddy et al., 2013). Similarly, Pace and colleagues (2013) studied a six-week classroom-based CBCT with adolescents in foster care. The researchers collected saliva samples to measure students' c-reactive protein levels, an indicator of inflammation in the body that may be caused by chronic stress (Pace et al., 2013). Pace et al. (2013) found no difference between the treatment and control group in adolescents' c-reactive protein levels. However, the authors did note that within the CBCT treatment group, the number of practice sessions correlated with participants' concentration of c-reactive protein. For adolescents who practiced CBCT more frequently, the salivary c-reactive protein levels were lower at the six-week assessment compared to levels at baseline assessment (Pace et al., 2013). The authors' mixed findings (Pace et al., 2013; Reddy et al., 2013) indicate a possibility for compassion-based training to have benefits for adolescents.

Lathren et al. (2019) found a more significant connection between self-compassion and reduced mental health symptoms in adolescents. The authors surveyed 1,307 students in 7th through 12th grades and measured self-compassion, depressive symptoms, and anxiety. Lathren and colleagues (2019) conducted a multiple regression and found that self-compassion had a significant moderating effect on the relationships between perceived stress and both depressive and anxiety symptoms. With Lathren et al.'s (2019) findings in mind, contemplative practices based on compassion for self and others may be beneficial for adolescents' mental health symptoms. Though CBCT showed mixed results with groups of adolescents, other compassion-oriented contemplative practices may hold promise, such as the practice of loving-kindness meditation.

Loving-Kindness Meditation

Loving-kindness meditation (LKM) is a compassion-based contemplative practice arising from Buddhist traditions. In Buddhism, the spiritual path toward liberation includes four optimal qualities of consciousness, known in Pali (the language of the Buddha) as the *brahma-viharas* or heavenly homes. The four brahma-viharas include *metta* (loving-kindness), *karuna* (compassion), *mudita* (sympathetic joy), and *upekkha* (equanimity) (Salzberg, 1995). Metta, often translated as loving-kindness, exudes the qualities of friendship or unconditional positive regard, and is the foundational brahma-vihara from which the other states arise. Although LKM is originally from Buddhist traditions, the exercise can be practiced without attachment to a particular religion. In LKM, practitioners engage in contemplation by extending thoughts of compassion inwardly toward themselves and outwardly in widening circles toward others (Fredrickson et al., 2017; Hutcherson et al., 2008; Salzberg, 1995, 2019).

Often in metta practice, the meditator begins by extending thoughts of compassion toward self through the ritual of phrases, *May I be safe, May I be happy, May I be healthy, May I be at ease* (Salzberg, 1995, 2019). After directing compassion toward oneself, the meditator begins to reach compassion outwardly toward a benefactor (one toward whom the meditator feels respect), then toward a close friend. The meditator continues the repeating of phrases directed toward the imagined individual, *May you be safe, May you be happy, May you be healthy, May you be at ease.* The practice continues to include a neutral person, one toward whom the meditator feels neither like nor dislike, then toward a challenging person, then toward groups of beings. Ultimately, the practice includes compassion toward all beings everywhere, with the repeating of phrases, *May all beings be safe, May all beings be happy, May all beings be healthy, May all beings be at ease* (Salzberg, 1995).

LKM may offer a number of benefits for individuals of varying identities and needs, including increased social connection (Hutcherson et al., 2008) and emotional regulation (Fredrickson et al., 2008). Neurologically, LKM practice may increase gray matter volume in parts of the brain associated with emotional regulation as well as parts of the brain associated with empathy for others (Leung et al., 2013). LKM interventions have been implemented and studied with varying adult populations and for a wide array of outcomes, often including interpersonal and intrapersonal results. For example, in a randomized controlled study of counselors-in-training, Leppma and Young (2016) implemented a weekly, sixty-minute LKM intervention that included group check-ins, psychoeducation, LKM practice, and processing discussions. The researchers also encouraged participants to practice LKM independently daily. Leppma and Young examined the impact of the LKM intervention on counseling students' reported levels of empathy. The authors' found a significant increase in empathy, particularly in the subscales of perspective-taking and empathic concern, for counseling students in the LKM intervention group as compared to students in the control group. Leppma and Young's (2016) findings suggest that it is possible to enhance interpersonal outcomes, such as empathy for others, through an LKM-based intervention. The authors' findings converge with literature on LKM that highlights interpersonal benefits and prosocial outcomes (Hutcherson et al., 2008; Stell & Farsides, 2016; Tellhed et al., 2022). For example, Hutcherson and colleagues (2008) found that participants' sense of social connection increased after brief LKM practice, and Stell and Farsides (2016) found that as few as seven minutes of LKM practice reduced participants' racial bias toward others.

There is support for intrapersonal benefits from LKM practice, as well (Kearney et al., 2014; Masters-Waage et al., 2022; Telke et al., 2022; Totzeck et al., 2020). Müller-Engelmann et

al. (2019) examined the impact of an LKM intervention on individuals diagnosed with post-traumatic stress disorder following interpersonal violence. Their findings suggested that participants demonstrated statistically significant reductions in symptoms throughout the intervention (Müller-Engelmann et al., 2019). Similarly, Totzeck and colleagues (2020) examined the impact of LKM intervention on university students' (aged 19-30 years) mental health symptoms, including depression, anxiety, and stress. Their findings indicated that participants in the LKM treatment group experienced significant reductions in anxiety, depression, and stress levels from baseline to follow-up assessment six months post-intervention (Totzeck et al., 2020). As evidenced in the growing literature, LKM may be effective in reducing symptoms and bolstering key psychosocial factors. Yet, despite its many indicated benefits, LKM intervention research is heavily focused on adult populations. Studies of LKM with youth are minimal, and presently, there is no literature examining the impact of an LKM intervention on students' hope, resilience, emotional intelligence, and inner peace. The proposed study serves to fill this existing gap in the literature.

The Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project intervention is derived from LKM and emphasizes the practice of extending compassion toward self and others to increase positive affect and inner resources. I selected LKM as the contemplative practice for the proposed study because LKM is generally a more accessible type of contemplative practice than others (Kearney et al., 2014). As compared to breath awareness practices, in which the anchor is the breath, or mindfulness-based practices, in which the anchor is the awareness of present-moment experience, the anchor in LKM is the repetition of phrases (Salzberg, 1995). The practice of repeating phrases can be helpful for new meditators. In the case of individuals who have experienced trauma, the practice of open awareness or focus on the

breath may be challenging; engaging in a practice in which the attention is focused on the repetition of phrases may be more manageable (Kearney et al., 2014).

LKM contains three key elements, including (a) concentration (on an object and then on the breath), (b) mindful awareness, and (c) loving-kindness (Salzberg, 1995; 2019). In the SPACE Project, these three key elements are delineated as five components and occur progressively within the 10-minute practice:

1. *Concentration*: Students focus their awareness on a single point (i.e. an object in their line of sight or the sensation of their feet on the floor). The purpose of concentration is to ground the student in the present moment; therefore, this step occurs for approximately 30 seconds.
2. *Breath awareness:* Students shift their attention onto their breath to increase present-moment awareness. The purpose of breath awareness is to further ground the student to the present moment; therefore, this step occurs for approximately 30 seconds.
3. *Mindfulness*: Students begin to observe any thoughts, sensations, emotions, or sounds that arise and do so without judgment. The purpose of mindfulness is to begin to engage students in the practice of nonjudgmental awareness; therefore, this step occurs for approximately 30 seconds.
4. *Guided imagery*: Students think of someone in their lives who evokes a positive emotion (e.g., self, friend, family member, a person they respect, a person they know or do not know, and pet or animal) and then focus their attention on the individual. This begins the loving-kindness portion of the practice; therefore, students will be prompted to consider someone and then will continue to focus

their attention on the individual for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery occurs in tandem with the following step, *self-talk affirmations.*

5. *Self-talk affirmations:* Students mentally repeat statements of positive affirmation, extending well-wishes toward self, others, and communities. When directed toward self, the traditional phrases are: *May I be happy. May I be healthy. May I be at ease.* When directed toward others, the phrases are *May you be happy. May you be healthy. May you be at ease.* The affirmations are the anchor of the practice, therefore, students will continue to mentally repeat the phrases as they focus their attention on an individual for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery and self-talk affirmations occur in tandem.

It is important to note that the proposed SPACE Project intervention was adapted from the Westernized teachings of LKM (Salzberg, 1995; 2019) to address developmental and trauma-informed considerations for students. Modification may limit the full breadth, depth, and subsequent outcomes of the traditional practices. In traditional LKM and metta meditation practice, the extension of loving-kindness toward a difficult person or toward someone who has caused the meditator harm is a key element (Salzberg, 1995). A core understanding of Buddhism and of many wisdom traditions is that suffering is an inevitable aspect of living and creates the opportunity for self-transcendence and awakening. However, in the adaptation of LKM practices for the SPACE Project intervention, I elected to remove this portion from the intervention. Through consultation with experts in trauma-informed contemplative practice and contemplative practice with K-12 students, it was indicated that the removal of the *difficult person* element

would make the intervention more trauma-informed and developmentally appropriate. The removal of this element raises questions regarding whether or not the identification of the *difficult person* is a necessary element of the practice to achieve positive outcomes. The findings of the proposed study may offer insight into this potential limitation. The proposed study aims to understand whether or not students will experience changes in their hope, resilience emotional intelligence, and inner peace when engaged in a type of contemplation derived from LKM practices.

Empirical Support for Contemplative Interventions

Sivilli and Pace (2014) argued that contemplative practices directly promote resilience through their positive impacts on psychological and behavioral domains, brain development, stress response, and post-traumatic growth. Recent literature provides support to these claims, with evidence indicated for both stress reduction (Costello & Lawler, 2014; Dorais & Gutierrez, 2021a; Oman et al., 2008) and promotion of optimal functioning (Bluth et al., 2015; Goralnik & Marcus, 2020). In various populations, the implementation of contemplative practices, such as yoga and meditation, may reduce the severity of mental health symptoms (Felver et al., 2015; Oman et al., 2008). Contemplative practices also reduce the impact of stress on students from childhood (Costello & Lawler, 2014) to young adulthood (Dorais & Gutierrez, 2021a).

In their pilot intervention study with 28 adolescents, Bluth and colleagues (2015) examined the effects of a mindfulness intervention on adolescents' self-compassion, life satisfaction, and perceived stress. The intervention the researchers implemented emphasized mindfulness across six themes, including physical, mental, emotional, attention, loving-kindness, and healthy habits (Bluth et al., 2015). Findings indicated positive effects on students' wellbeing, with reduced levels of perceived stress and increased levels of self-compassion and life

satisfaction. Therefore, in addition to the reduction of concerns, contemplative practices promote key elements of protective factors, such as forgiveness (Oman et al., 2008), self-regulation (Costello & Lawler, 2014), self-compassion (Bluth et al., 2015, 2018), and academic and personal wellbeing (Goralnik & Marcus, 2020).

Contemplative School-Based Programs and School Counseling Curricula

As empirical evidence for contemplative practices continues to grow, authors have offered programs and conceptual frameworks for the integration of contemplation in school settings (Davidson et al., 2012; Gutierrez et al., 2019; Kielty et al., 2017a; Morgan, 2015; Napora, 2017; Shapiro et al., 2015). Scholars suggest that contemplative practices support positive outcomes and the development of protective factors for students and school communities (Napoli et al., 2005). Various approaches to contemplative school-based programming exist. An organization titled Mindful Schools (mindfulschools.org, n.d.) aims to prepare teachers with the necessary skills and training for fostering students' mindfulness within school settings. Humanity Education, originating from communities in Rwanda, incorporates contemplation with community healing as a way to promote forgiveness and reduce conflict (Gutierrez et al., 2019). Additionally, there is support for the integration of yoga practices in schools, with positive outcomes for students' and school counselors' wellness (Taylor et al., 2019).

School-based curricula designed to cultivate students' inner resources may help to reduce students' risky behaviors, such as substance use (Niles et al., 2022; Padilla-Walker, 2011), and promote motivation (Scales et al., 2011). Further, Marques et al. (2013) found that spirituality, which they defined as "an inner belief system that a person relies on for strength and comfort" (p. 252), is closely tied to adolescents' hope and life satisfaction. Scholars suggest that

contemplative practices bolster adolescents' inner resources and strengthen resilience, even in the face of severe adversity (Waechter & Wekerle, 2014). School-based contemplative practices may also contribute to the school community and culture by reducing incidents of violence at school (Greenberg & Harris, 2012). Kielty and colleagues (2017a) proposed school-based contemplative practices for the cultivation of students' spirituality and resilience. Though evidence exists to support school-based mindfulness programs, much of the literature regarding the incorporation of contemplative practices directly into school counseling programming is conceptual; further empirical evidence is needed to support contemplative practices as evidence-based interventions for school counseling (Greenberg & Harris, 2012).

Potential Barriers to Contemplation in Schools

Despite growing support for the benefits of contemplative practices for students, challenges and potential barriers exist. Barriers may include socio-political factors, limitations in training and delivery, and school counselors' task and role challenges. Because contemplative practices originate from spirituality, there may be both internal and external resistance to implementation in the school setting. Sink (2004) noted that school counselors tend to deflect conversations related to spirituality, often out of concern for violating school policies, fear of legal ramifications, or abundance of caution around ethical codes.

Limitations exist in the practical implementation of school-based contemplative programs, as well. In their examination of the fidelity of school-based mindfulness programs, Broderick and Schussler (2021) identified four challenges to be addressed for the effective implementation of contemplative-based programming in schools. First, Broderick and Schussler noted that terms related to contemplative constructs, such as mindfulness, are difficult to define, operationalize, deliver, and study. Regarding mindfulness, alone, scholars' definitions vary from

a single factor (Brown & Ryan, 2004), to four (Feldman et al., 2006), five (Baer et al., 2008), or six factors (Dimidjian & Linehan, 2003). As such, measurements of contemplative constructs vary. Secondly, contemplative practices inherently hold some level of ambiguity and responsiveness that cannot be contained in a curriculum; yet, a scripted curriculum may offer greater fidelity of implementation. A third challenge is the competing values of contemplative practice within the school environment. Where mindfulness and contemplative practices are invitational, school environments are obligatory. Further, schools prioritize outcomes, while contemplation prioritizes the process. Finally, effective mindfulness teaching requires the instructor's embodiment of dispositions that facilitate a welcoming environment for students' contemplative practice (e.g., self-awareness, nonjudgment, emotional regulation, acceptance). Dispositional factors of mindfulness instructors can be difficult to define, assess, and capture behaviorally (Broderick & Schussler, 2021).

Another important consideration is that there are mixed perspectives on the effectiveness of contemplative practices and resilience-building interventions, particularly for historically marginalized students and students of color (Holcomb-McCoy, 2022). Authors (Hilert & Tirado, 2018; Magee, 2019) have offered the implementation of mindfulness-based practices as a mechanism for racial healing and advocacy. Conversely, Holcomb-McCoy (2022) cautioned that mindfulness and resilience-building practices may unintentionally communicate to students ways to be tolerant of a racist and oppressive society. With this in mind, it would be critical for school counselors to examine their use of contemplative practices. School counselors should carefully consider whether contemplative practices are being implemented as a way to teach students to be tolerant of racism, microaggressions, and oppression (Holcomb-McCoy, 2022). Instead, school counselors should consider contemplative practices that strengthen students' wellness and

motivate activism, while school counselors continue to address and remove systemic barriers that limit students' opportunities for success (Lemberger-Truelove & Bowers, 2019).

Limitations for School Counselors

Implementing novel programs in schools, even when backed by empirical evidence, can be a challenge for school counselors due to competing roles, tasks (Bardhoshi et al., 2014), and limitations in resources (Bardhoshi & Um, 2021). Burnout is a common threat to the profession, and school counselors have attributed their burnout to a lack of time, lack of resources, lack of support from the school community, and challenges in the school environment (Bardhoshi et al., 2014). Often, school counselors are asked to spend their time on non-counseling duties, further contributing to experiences of burnout and limiting their capacity for direct service delivery to students (Bardhoshi et al., 2014). Even when school counselors can work with students, limitations may arise due to caseload size. Larger caseloads negatively affect school counselors' wellbeing and increase the potential for job stress and burnout (Mullen et al., 2018; Mullen et al., 2021). Due to the COVID-19 pandemic, job-related stressors increased for school counselors. According to ASCA's (2021) *State of the Profession 2020* research report, school counselors faced increased and unprecedented barriers in the day-to-day delivery of services to students as a result of changes to the learning environment in response to the pandemic. The practical barriers school counselors face may help to guide aspects of the proposed research studies regarding the integration of contemplative interventions in school counseling.

Theoretical Framework

Broaden-and-Build Theory

A theoretical framework that emphasizes the building of inner resources for optimal functioning is Fredrickson's (1998, 2001) broaden-and-build theory. The broaden-and-build

theory highlights four distinct positive emotions, including joy, interest, contentment, and love, which, when enhanced, help to strengthen individuals' physical, intellectual, and social resources (Fredrickson, 2001). Fredrickson posited that the identified positive emotions *broaden* individuals' thought-action repertoires (e.g., patterns of thought and behavior), subsequently helping them to find new ways of thinking and behaving (Fredrickson, 1998, 2001). As such, individuals then *build* their resources physically, intellectually, socially, and psychologically. The positive resources an individual builds sustain beyond the emotional states that sparked their occurrence (Fredrickson, 2001). Over time, the experiences of positive emotions help to build an individual's resilience. Fredrickson and Joiner (2002) described the building of resilience as the process of the *upward spiral.* In the upward spiral, positive emotions lead to increased and enduring wellbeing, and thereby predict and contribute to future amplification of positive emotions (Cohn & Fredrickson, 2010). When someone intentionally seeks opportunities to enhance their positive emotions, they further broaden their mindset, build personal resources, and ultimately strengthen their positive emotions, creating an upward spiral of positivity (Catalino et al., 2014).

Scholars have linked broaden-and-build theory and its process of the upward spiral to contemplative-based interventions (Fredrickson et al., 2008, 2017; Kearney et al., 2014). Fredrickson and colleagues (2017) suggested that daily meditation practice may be a mechanism for individuals to promote positivity in their lives. Specifically, LKM shares similar tenets with the broaden-and-build theory, particularly concerning the cultivation of positive affect (e.g., compassion and love) toward self and others. Studies of LKM provide support for the link between LKM practice and positive emotion-building (Fredrickson et al., 2008, 2017). In a randomized controlled trial of 202 adult participants, Fredrickson and colleagues (2008) found

that participants engaged in LKM practice exhibited more positive emotions (e.g., joy, love, gratitude, hope, and pride). Additionally, the researchers noted increases in participants' inner resources as well, including self-acceptance and relationship skills. Subsequently, participants reported increased life satisfaction and reduced depressive symptoms (Fredrickson et al., 2008).

Kearney and colleagues (2014) found similar results in their study of veterans diagnosed with post-traumatic stress disorder. After engaging in a 12-week LKM course, participants showed improvements in positive emotions and inner resources at medium effect sizes (Kearney et al., 2014). It is worth noting, however, that in studies comparing LKM to mindfulness meditation, Fredrickson and colleagues (2017; 2019) found mixed results for the effect of LKM on improved positivity and reduced negativity. Further, studies linking the theoretical framework of broaden-and-build and the contemplative practice of LKM solely focus on adult populations. Therefore, further research is warranted to explore LKM as a mechanism for increased positive affect and inner resources for adolescent and school-based populations. Support for broaden-and-build theory has continued to expand in the literature over the past two decades but remains limited in its application to school counseling. However, its relevance is notable in constructs and processes and serves as a framework for bridging the gap between contemplative practices and school counseling. As broaden-and-build has been paired with LKM, broaden-and-build theory also shares similar tenets with SEL framework, such as the adaptability of cognitive processes, behaviors, and emotions (Tarbetsky et al., 2017). SEL is commonly applied in the school setting and provides an additional framework for the emphasis of strengthening intrapersonal and interpersonal resources for optimal student development.

Social-Emotional Learning

Over the last two decades, social-emotional learning interventions have become increasingly popular in school counseling practice and research. ASCA's Mindsets & Behaviors for Student Success (2019) include social-emotional development and outcomes as one of the three primary areas of optimal engagement in learning. The Collaborative for Academic, Social, and Emotional Learning (CASEL; 2022) defines social-emotional learning (SEL) as:

> the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (para. 1).

Programming designed to promote students' SEL includes the competencies of (a) *self-awareness,* (b) *self-management,* (c) *social awareness,* (d) *responsible decision-making,* and (e) *relationship skills* (CASEL, 2022). The intention of SEL interventions is to promote protective factors for students, both on the individual and environmental levels (Durlak et al., 2011). SEL interventions hold promise for positive impact on student development including academic achievement, wellbeing, and improved behaviors (Durlak et al., 2011; Taylor et al., 2017). As a result of growing support in the literature, SEL-based programs have become a primary value of school counseling and school-based interventions.

In a meta-analysis review of 82 school-based SEL interventions, Taylor and colleagues (2017) examined the follow-up effects of SEL programs in the school setting. Taylor et al. examined students' reported social and emotional assets and positive and negative indicators of wellbeing as a result of students' participation in SEL interventions. Their findings indicated that students exhibited strengthened positive outcomes up to nearly four years following the SEL

interventions. Positive outcomes included increased wellbeing, positive academic performance, increased prosocial behaviors, and reduced behavioral problems. Further, Taylor et al.'s findings also indicated that positive outcomes at follow-up were consistent for students of diverse racial identities, socioeconomic statuses, familial contexts, and geographical locations (e.g., students within the United States and internationally-based students). As such, the findings of Taylor and colleagues' meta-analysis highlight the value of SEL for students' optimal outcomes in the immediate and long-term.

LKM can be considered an SEL intervention because both prioritize the development of intrapersonal and interpersonal outcomes (Durlak et al., 2011; Fredrickson et al., 2008; Fredrickson et al., 2017; Lemberger-Truelove et al., 2021). Scholars have discovered that LKM-based interventions may promote individuals' connection to others (Hutcherson et al., 2008), emotion management (Fredrickson et al., 2008), empathic perspective taking (Leppma & Young, 2016), and prosocial orientation (Hafenbreck et al., 2022). Such outcomes closely mirror the SEL competencies (CASEL, 2022), particularly with regard to *self-management*, *social awareness,* and *relationship skills*. Therefore, LKM-based practices may be a natural complement to schools' SEL curricula and may serve as a mechanism for promoting optimal SEL-related outcomes in students.

School Counseling, Adolescent Spirituality, and Contemplative Practice

There exists an opportunity to bridge the areas of school counseling, adolescent spirituality, and contemplative practices, both in the literature and in practice. Overlaps between the three areas exist but have yet to be examined. Through the proposed study, I highlight the shared areas between school counseling, adolescent spirituality, and contemplative practices, and how they can be potentially beneficial for promoting student outcomes. Scholars have

demonstrated the connection between spirituality and enhanced protective factors (Debam et al., 2016; Scales et al., 2014). Contemplative practice is grounded in spirituality and serves as a mechanism for change, specifically for strengthening inner resources (Dorais & Gutierrez, 2021a). Bolstering students' inner resources is a priority of school counselors and school counseling practice (ASCA, 2019) so that adolescents can overcome adversity and experience optimal functioning. The theoretical framework of broaden-and-build theory weaves together the three areas, including LKM-based contemplative practice as a mechanism for inner resource development. Figure 1 illustrates the overlap between the identified areas of interest and how they are theoretically linked.

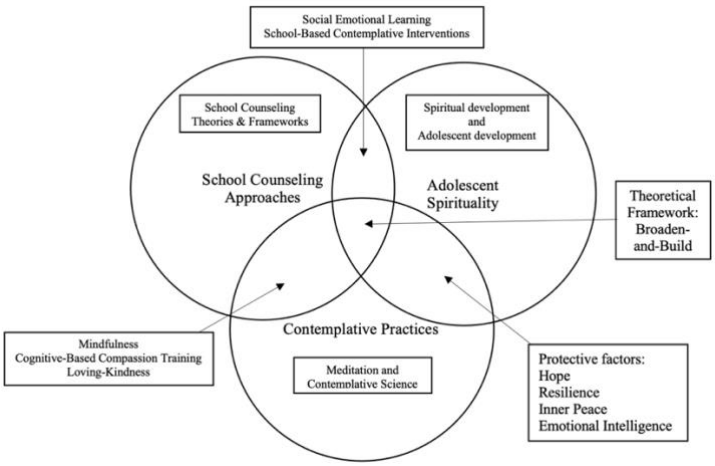


Figure 1. Conceptual framework: School Counseling Approaches, Adolescent Spirituality, and Contemplative Practices.

Conclusion

In this chapter, I conducted a review of the literature regarding school counseling, adolescent spirituality, and contemplative practices. The identified areas included an examination of adolescent development and risk and the existing school counseling approaches designed to promote student development. I provided a background of adolescent spirituality and defined the wellbeing outcomes of interest (hope, resilience, emotional intelligence, and inner peace). I

reviewed meditation, mindfulness, and compassion-based interventions and offered a brief history of contemplative practices as methods for change. In many ways, the areas of school counseling, adolescent spirituality, and contemplative practices exist as separate entities in the literature. Therefore, I described the broaden-and-build theory (Fredrickson, 1998, 2001) as a potential theoretical framework to merge the three areas.

As the field of school counseling continues to evolve, school counselors need relevant approaches and interventions to support students' development of inner resources. Some school counseling scholars have incorporated the use of contemplative practices into school counseling program delivery (Kielty et al., 2017b; Lemberger-Truelove et al., 2021), but a further examination of contemplative intervention is warranted. On the whole, school counseling intervention research is scarce or lacks methodological rigor (Griffith et al., 2019; Whiston & Sexton, 1998). The proposed study would offer insight into the use and potential benefits of an LKM-based contemplative intervention in the school setting. As the world continues to shift and change, it is valuable to explore the opportunities that exist to support adolescents in school counseling settings. The proposed study would contribute to the literature on contemplative practices from the specific lens of school counseling. If students can be aware of and regulate their emotions, then perhaps they can build their sense of hope, experience greater inner peace, and subsequently have enhanced resilience. The proposed study will offer insight into whether or not a contemplative practice adapted from LKM will provide the mechanism for students' inner resource development.

Chapter Three: Methodology

In this chapter, I present the research methodology for the proposed study. I will provide background information regarding the study, a description of the intervention, the research question and hypotheses, study design, and measures. Additionally, I will review ethical considerations and potential limitations of the methodology. The purpose of the proposed study is to implement a school-based contemplative intervention for adolescents and examine its psychosocial outcomes for students. Specifically, the aim of this study is to determine whether a loving-kindness meditation (LKM) compassion-focused contemplative practice benefits adolescents' psychosocial protective factors including inner peace, hope, resilience, and emotional intelligence. The LKM practice originates from ancient Buddhist traditions, and has growing support in the literature for its benefits across populations (Fredrickson et al., 2008; Hutcherson et al., 2008; Law, 2011; Stell & Farsides, 2016). However, LKM is new to school counseling literature. Few studies of school-based LKM interventions with adolescents exist and no known studies exist to examine how LKM might influence students' reported levels of inner peace, hope, resilience, and emotional intelligence. I seek to fill the gap in the literature through the proposed study and subsequently advance the reach of contemplative science in school counseling.

Loving-Kindness Intervention

The intervention that was provided to school-aged youth is called the Supporting Personal Awareness, Compassion and Engagement (SPACE) Project, and was based on LKM. LKM contains three key elements, including (a) concentration (on an object and then on the breath), (b) mindful awareness, and (c) loving-kindness (Salzberg, 1995). In the SPACE Project, I applied the three key elements of LKM across five components in the intervention that occur

sequentially within the 10-minute daily practice. The following section describes the five components that comprised the SPACE Project intervention:

1. *Concentration*: Students focused their awareness on a single point (i.e., an object in their line of sight or the sensation of their feet on the floor). The purpose of concentration was to ground the student to the present moment; therefore, this step occurred for approximately 30 seconds at the start of the daily practice.
2. *Breath awareness*: Students shifted their attention onto their breath to increase present-moment awareness. The purpose of breath awareness was to further ground the student to the present moment; therefore, this step occurred for approximately 30 seconds.
3. *Mindfulness*: Students began to observe any thoughts, sensations, emotions, or sounds that arose and did so without judgment. The purpose of mindfulness was to begin to engage students in the practice of nonjudgmental awareness; therefore, this step occurred for approximately 30 seconds.
4. *Guided imagery*: Students thought of someone in their lives who evoked a positive emotion (e.g., self, friend, family member, person they respect, person they know or do not know, and pet or animal) and then focused their attention on the individual. This began the loving-kindness portion of the practice; therefore, students were prompted to consider someone and then continue to focus their attention toward the individual for the remainder of the 10-minute practice (approximately eight-and-a-half minutes). Guided imagery occurred in tandem with the following step, *self-talk affirmations.*
5. *Self-talk affirmations*: Students mentally repeated statement of positive affirmation, extending well-wishes toward self, others, and communities. When directed toward

self, phrases used were: *May I be happy. May I be healthy. May I be at ease.* When directed toward others, the phrases were *May you be happy. May you be healthy. May you be at ease.* The affirmations ere the anchor of the practice; therefore, students continued to mentally repeat the phrases as they focus their attention toward an individual for the remainder of the 10-minute practice (approximately eight-and-a-half minutes). Guided imagery and self-talk affirmations occur in tandem.

Students practiced the five components consistently for each daily practice over the course of the 4-week intervention. Daily practices occurred through a LKM-based meditation 10-minute recording. The recordings were LKM-based scripts adapted from Salzberg (1995; 2019). An appendix of the scripted practices is included (Appendix A). The first practice taught students the core elements of LKM and was practiced for the first two weeks of the intervention. The second practice guided students to identify a benefactor, an individual for whom the meditator felt respect or gratitude (Salzberg, 1995), and was practiced for the second two weeks of the intervention. The four-week process mirrorred the initial steps within the traditional practice of LKM, in which meditators learn the steps of the practice first, before beginning to extend loving-kindness toward specific others (Salzberg, 1995). Students learned the elements of LKM while strengthening their skills of compassion and sense of connection to self and others. A diagram of the treatment sequence is provided (see Figure 2).

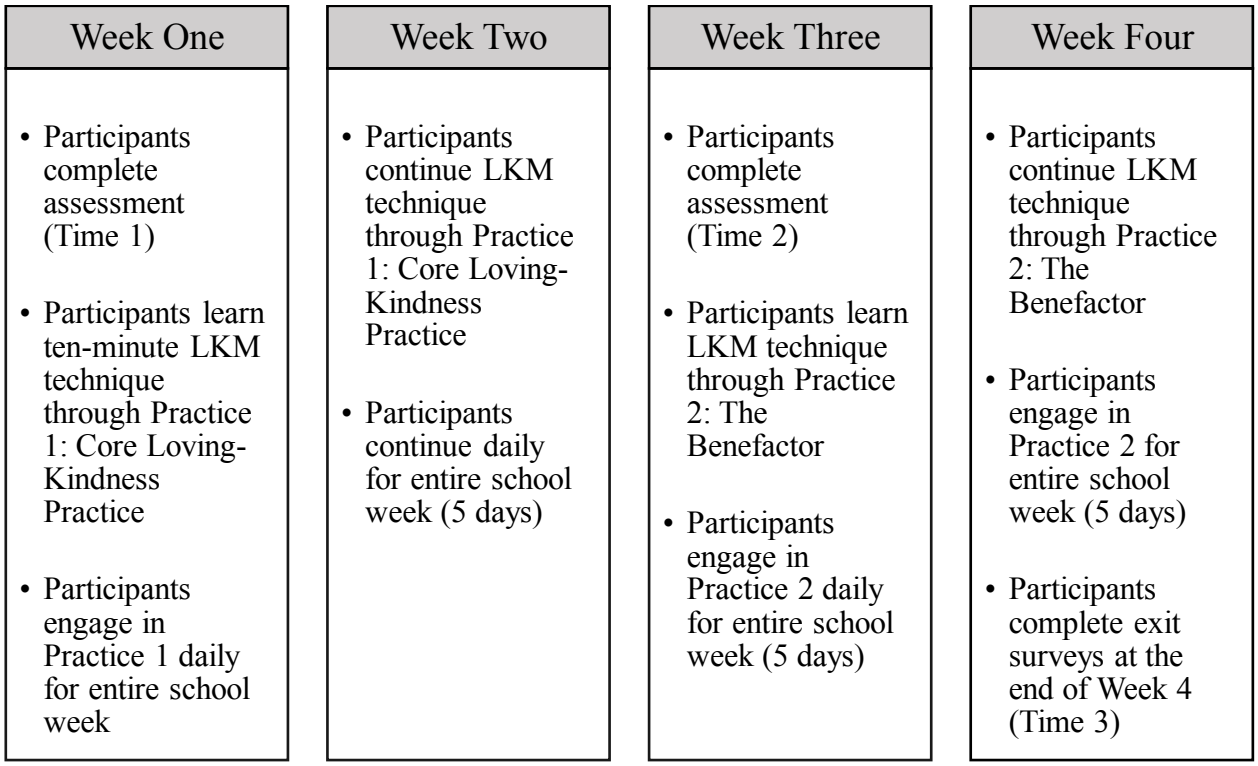


Figure 2. Proposed treatment sequence

I selected LKM as the foundational practice for the SPACE Project because LKM is generally a more accessible type of contemplative practice than others (Kearney et al., 2014). As compared to breath awareness practices, in which the anchor is the breath, or mindfulness-based practices, in which the anchor is the awareness of present-moment experience, the anchor in LKM is the repetition of phrases (Salzberg, 1995). The practice of repeating phrases can be helpful for new meditators. In the case of individuals who have experienced trauma, the practice of open awareness or focus on the breath may be challenging; engaging in a practice in which the attention is focused on the repetition of phrases may be more manageable (Kearney et al., 2014).

Further, LKM may offer a number of benefits for individuals of varying identities and needs, including emotional regulation (Fredrickson et al., 2008), and increased social connection (Hutcherson et al., 2008). LKM interventions have been implemented and studied with varying populations and for a wide array of outcomes. For example, Stell and Farsides (2016) found that

as few as seven minutes of LKM practice can reduce participants' racial bias toward others. In another study, Müller-Engelmann et al. (2019) examined the impact of a LKM intervention for individuals diagnosed with Post-traumatic Stress Disorder following interpersonal violence. Müller-Engelmann et al.'s findings indicated that participants demonstrated statistically significant reductions of PTSD symptoms throughout the intervention (Müller-Engelmann et al., 2019). Similarly, Totzeck and colleagues (2020) examined the impact of LKM intervention on university students' (aged 19-30 years) mental health symptoms, including depression, anxiety, and stress. Totzeck and colleagues found that participants in the LKM treatment group experienced significant reductions in anxiety, depression, and stress levels from baseline to follow-up assessment six months post-intervention. As evidenced in the growing literature, LKM may be effective in reducing symptoms and bolstering key psychosocial factors.

Despite its many indicated benefits, studies of LKM with youth are minimal, and presently there is no literature examining the impact of an LKM intervention on students' hope, resilience, inner peace, and emotional intelligence. In the majority of existing school-based contemplative science literature, scholars have evaluated mindfulness-based interventions (i.e., Arch & Craske, 2006; Beauchemin et al., 2008; Broderick & Metz, 2009; Franco et al., 2016; Ricarte et al., 2015). Research to evaluate the implementation of LKM with adolescents in schools is scarce. However, LKM shows promise for fostering intrapersonal and interpersonal outcomes in ways mindfulness interventions do not (Hafenbreck et al., 2021). I proposed that a four-week, daily LKM-based meditation in the school setting will increase factors that contribute to students' wellbeing, including hope, inner peace, resilience, and emotional intelligence. The findings of the present study fill the gap in the literature and will offer new insights into the potential usefulness of LKM practice in the school settings.

It is important to note that the proposed SPACE Project intervention was adapted from LKM (Salzberg, 1995; 2019) in order to address developmental and trauma-informed considerations for students. In traditional LKM and metta meditation practice, the extension of loving-kindness toward a difficult person or toward someone who has caused the meditator harm is a key element (Salzberg, 1995). A core understanding of Buddhism and of many wisdom traditions is that suffering is an inevitable aspect of living and creates opportunity for self-transcendence and awakening. However, in the adaptation of LKM practices for the SPACE Project intervention, I elected to remove this portion from the intervention. Through consultation with experts in trauma-informed contemplative practice and contemplative practice with K-12 students, it was indicated that the removal of the *difficult person* element would make the intervention more trauma-informed and developmentally appropriate. The removal of this element raises questions regarding whether or not the identification of the *difficult person* is a necessary element of the practice in order to achieve positive outcomes. The proposed study aims to understand whether or not students will experience changes in their hope, resilience EI, and inner peace when engaged in a type of contemplation derived from LKM practices.

Research Question

Is there a statistically significant difference between students' reported levels of inner peace, hope, resilience, and emotional intelligence when engaged in a daily loving-kindness practice as compared to a waitlist control group when comparing pre-, mid-, and posttest scores?

Hypothesis

I hypothesized that there would be a significant difference between the groups of students who receive the four-week daily LKM treatment and a waitlist group receiving no treatment on

students' reported levels of inner peace, hope, resilience, and emotional intelligence when comparing pre-, mid-, and posttest scores.

Quasi-experimental Research Design

The goal of this study was to examine students' inner resources and protective factors prior to and following the contemplative-based intervention of a daily LKM practice. Prior to the study, I obtained approval from the Institutional Review Board at William & Mary, as well as letters of agreement with schools who expressed interest in participating in the intervention. Minors are a protected population; because the study was proposed within an active global pandemic, I followed ethical codes and proper protocol for appropriate protections of participants.

I employed a pretest-posttest nonequivalent control group quasi-experimental design. The nonequivalent control group design is widely used in educational research and includes an experimental and control group with measures at multiple time points (Campbell & Stanley, 1963; Cook & Campbell, 1979). Nonequivalent control group design differs from true experimentation because participants are not randomly assigned to groups beforehand (Campbell & Stanley, 1963). Rather, groups are naturally assembled, such as in classes or school settings. I selected a quasi-experimental design over other designs because it maintains a high level of rigor, controls for various threats to validity (e.g., history, maturation, testing, and instrumentation), while also more appropriately matching the setting of participants (Campbell & Stanley, 1963).

The intervention was offered daily for four weeks with measures conducted at three-time points, pre-intervention (Time 1), mid-intervention (Time 2) and post-intervention (Time 3) (see Figure 3 for testing sequence). To address ethical considerations, both groups of students

received the intervention with the waitlist control group receiving it after the conclusion of the data collection (Creswell & Guetterman, 2019). Any participants who elected not to complete the study were assigned an alternative educational activity to complete during the brief intervention time.

Group	Assignment	T1	Intervention (weeks 1 and 2)	T2	Intervention (weeks 3 and 4)	T3	Intervention for waitlist (4 weeks)
Treatment		X	X	X	X	X	
Waitlist Control		X		X		X	X

Figure 3. Testing sequence

To avoid researcher bias, I was not the individual providing the intervention to participants. Rather, I created a recording to provide to school-based facilitators (e.g., classroom teacher or school counselor) to implement in the classroom settings. To increase treatment fidelity, I provided a training, implementation guide, and instructional video for facilitators prior to the treatment with information about proper facilitation of the intervention. Additionally, I was available to facilitators throughout the treatment to answer questions and provide support as needed.

Threats to Validity

In experimental and quasi-experimental research design, potential threats exist that can affect the accuracy of the findings and the inferences made about the findings (Creswell & Guetterman, 2019). Threats to validity can occur through internal validity and external validity

(Campbell & Stanley, 1963). Threats to internal validity may be caused by incorrectly associating outcomes to the intervention and insufficiently controlling for covariates. Threats to external validity include interactions between conditions that limit the generalizability of the study's findings. In some cases, threats to validity can be controlled through research design. I have identified potential threats to validity for the present study, as well as controls in place within the design.

Internal Validity

Potential threats to internal validity include issues with participants, issues with the test, or issues with the intervention (Creswell & Guetterman, 2019). Threats that may arise with participants include history, maturation, selection, and attrition (Shadish et al., 2002). History involves events that may impact participants during the duration of the intervention, while maturation includes the participants' pace of development or change throughout the study. Selection occurs when individuals of certain shared characteristics are assigned into one group rather than evenly distributed across groups. Attrition occurs when participants prematurely end their participation in the experiment. With regard to testing, potential threats to internal validity may involve participants' familiarity with the instruments and items, or when instrumentation procedures change between pretest and posttests. Finally, threats that arise with a study's intervention may include issues of rivalry between groups, perceived inequality of the treatment experience, or sense of demoralization when one group is perceived as more desirable than another (Creswell & Guetterman, 2019). For nonequivalent control group design to be effective it is important for the two groups to be as similar as possible; the pre-test is an important factor in confirming this similarity (Campbell & Stanley, 1963). To control for potential threats to internal validity, I used the pre-test and conduct an independent t-test in my preliminary analyses

to see if there are any significant differences between the groups at time 1. If significant differences between the groups had been present, then a MANCOVA would have been an appropriate form of data analysis when evaluating the differences between the groups across the three-time points. In the case of no statistically significant differences at T1, a repeated measures MANOVA would be effective.

An area of concern with regard to instrumentation is that participants may remember scale items from pretest to posttests. To address this potential concern, I have selected instruments that are brief to collect participant data prior to and following the four-week intervention. This also reduced the likelihood of participant fatigue. To address potential intervention-related threats, I have selected to use a waitlist control design and will administer the same intervention to both groups of participants. This reduced the potential for comparison and demoralization based on perceived desirability that can occur with two different treatments, such as in a comparison design.

External Validity

Through external validity, the researcher assures the generalizability of the study findings to the broader population and contexts. Campbell and Stanley (1963) argued that external validity can never fully be justified logically, because there are always elements of the population that are not necessarily represented in an individual sample. However, there are ways to ensure the conditions of an experiment to support the justification of generalizability and reduce threat to external validity. An element of the proposed study that causes a potential threat to external validity is that sampling is purposive and nonrandom. Further, the participants will include adolescents in non-traditional charter schools and may have different experiences in daily routine and structure as compared to students in public school settings. Finally, historical

events of the COVID-19 endemic may have also impacted the findings for students and will limit generalizability to past or future situations. The assignment of students to waitlist and control groups was designed to mitigate some of the concerns for violations of external validity. Further, Creswell and Guetterman (2019) suggested that making participation in the experiment as convenient as possible may help to increase generalizability to populations beyond the groups in the experiment. A benefit of the nonequivalent control group design is that the threat to external validity due to reactive arrangements is reduced in comparison to true experiments (Campbell & Stanley, 1963).

Procedure

Participants

The target population for this study was middle and high school adolescents, approximately ages 12 to 19 years old. Scholars have conducted experimental and quasi-experimental design studies of LKM-based interventions with adult sample sizes ranging from 38 to 110 (Shahar et al., 2015; Stell & Farsides, 2016; Totzeck et al., 2020). After conducting an a priori power analysis through G*Power for repeated measures, between factors MANOVA, I estimated that, with a medium effect size, an alpha of .05, and power at 80%, an adequate sample size would be $n = 34$ participants. I recruited 201 participants to account for attrition and missing data (D'Amico et al., 2001). At the time of intervention implementation, enrollment at the three school sites was $n = 58$, $n = 48$, and $n = 95$, respectively, with a total of 106 students assigned to the treatment group, and 95 students assigned to the control group. A consolidated standards of reporting trials (CONSORT) diagram of the proposed sampling of participants is included (see Figure 4). A CONSORT diagram of actual participants will be provided in Chapter Four.

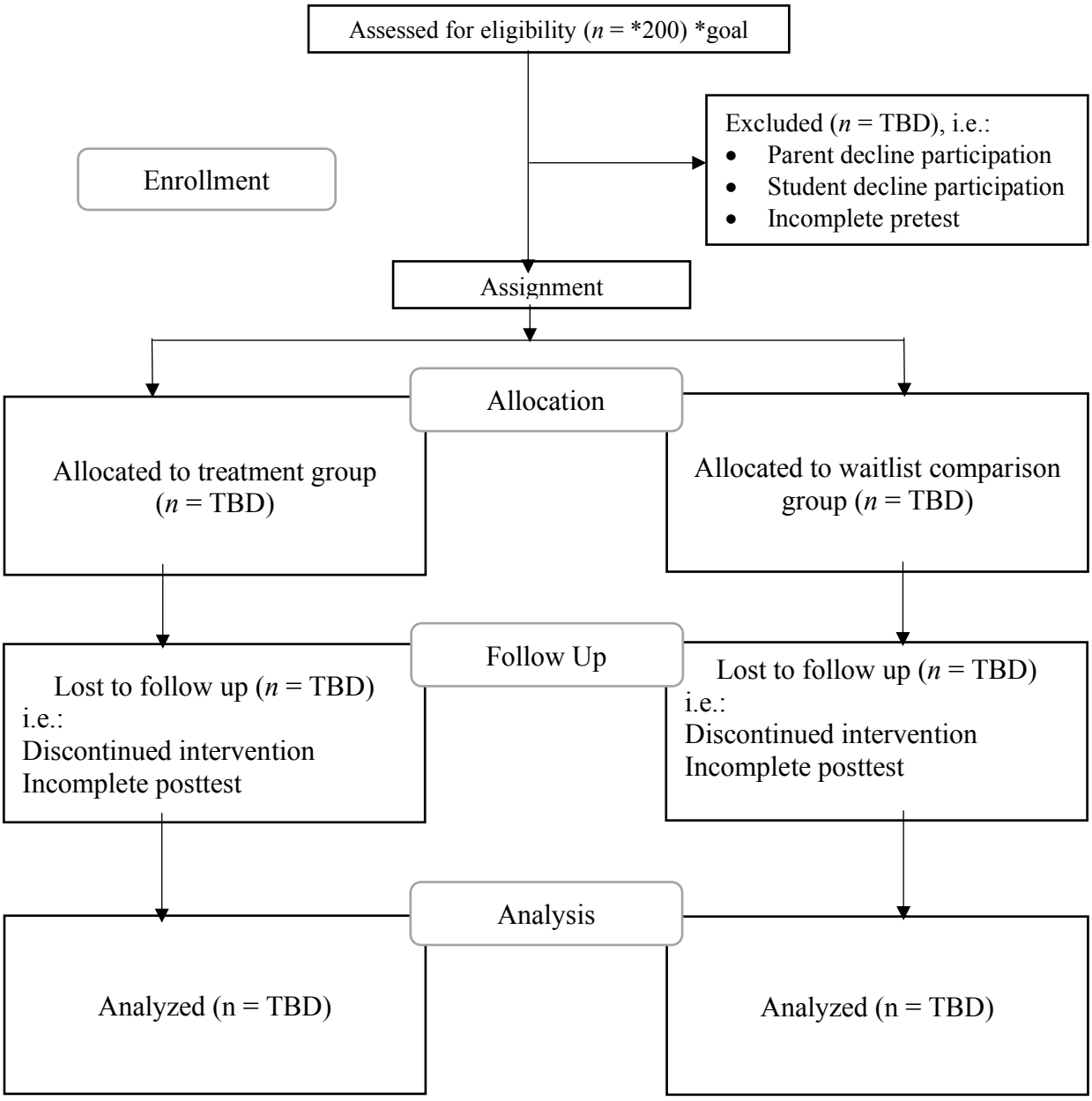


Figure 4. Consolidated standards of reporting trials (CONSORT) diagram of proposed study

I obtained participants through convenience sampling by contacting schools that were interested in implementing this intervention. Convenience sampling is a non-random sampling procedure in which the researcher selects participants because they indicate a willingness and availability to engage in the study (Creswell & Guetterman, 2019). Convenience sampling was

appropriate for an intervention study because students needed to agree to participate and to be studied (Creswell & Guetterman, 2019). Additionally, because the target population were minors, parental consent was required for participation. I obtained agreement in the form of parent consent and student assent prior to the intervention. I met virtually with each school site and obtained a cooperating letter from their leadership that described the study and indicated their agreement with the method of the project.

Treatment and Control Group Assignment

In school-based experimental designs, groups already exist in the form of classroom assignment. Therefore, I used a nonequivalent control group design to assign participants into treatment and control groups. In nonequivalent control group design, groups of participants are naturally assembled (Campbell & Stanley, 1963). As such, nonequivalent control group design is appropriate for conducting intervention studies in educational settings because students can participate in their natural setting and groupings (i.e. classroom or school) without disruption to their daily experience. A key element of non-equivalent control group design is the assumption that the treatment and control groups are similar and that recruitment is the same for both treatment and control group participants. In the case of this study, I did not have prior information about students at each of the three school sites. I assigned treatment and control groups based on enrollment size, with the largest school site ($n = 97$) serving as the control group and the two smaller school sites ($n = 41$; $n = 44$) serving as the treatment group.

I provided school-based facilitators at each school with a list of numeric codes for them to assign to students in order to maintain students' confidentiality. I notified school-based facilitators and students that they would be assigned to one of two sets of intervention dates. I informed facilitators and students of their assigned group one month before the study, and

facilitators shared informed consent with parents and guardians. Intervention group participants (two school sites) were notified that they would receive the SPACE Project intervention during the first four weeks. Waitlist control participants (one school site) were notified that they would receive the SPACE Project treatment during the second four weeks, but that they would complete the surveys during the first four weeks prior to participating in the treatment.

Loving-Kindness Treatment

The LKM intervention was implemented daily for four weeks. The treatment group received a daily LKM meditation practice recording for students to practice in the classroom setting. Scholars suggest that even a brief LKM practice of 10 minutes can be effective for stress-reduction and increased social connection (Hutcherson et al., 2008; Law, 2011; Stell & Farsides, 2016). In various studies of LKM interventions, scholars noted changes in participants' outcomes with brief practices, and increased significance for participants who practiced LKM with consistency (Apsy & Proeve, 2017; Hutcherson et al., 2008; Law, 2011; Stell & Farsides, 2016). In outcome research, dosage is the amount and frequency of which the treatment group is exposed to the intervention and should be considered based on previous research findings, setting of the study, and sample considerations. In contemplation, frequency practice often is associated with increased optimal outcomes (Fredrickson et al., 2017). Based on this information, I determined that the optimal dosage would include practices that are both brief in duration and frequent in practice. Considering the positive outcomes from brief practice and to create a practice that is accessible within the many requirements of a school day, I created two 10-minute recorded guided LKM practices for school-based facilitators to implement with students. Using 10-minute guided recordings ensured consistency throughout the intervention and across treatment groups, thereby aiding treatment integrity.

Treatment Fidelity

Integral to intervention research is ensuring that the treatment will be implemented with fidelity. For the sake of treatment integrity, I provided the treatment as a guided recording for classroom teachers and students to follow. In addition, I offered training to the facilitators (school teachers and administrators) regarding the SPACE Project practice. I communicated regularly with facilitators to offer procedural guidance, both in treatment implementation and data collection procedures.

Training of Facilitators

As the researcher of the study and to reduce any potential conflict of interest, I did not guide participants through the contemplative intervention. Instead, I invited an instructor to lead participants through a recorded script. The guided LKM-based practice was recorded by an experienced instructor of contemplative practices. The instructor has over 10 years of experience facilitating meditation with individuals of all ages, including the development of contemplative curricula for adolescents. The instructor provided their voice for the recording, but otherwise was not involved in the direct delivery of the practice to students or in survey administration. School-based facilitators, such as classroom teachers or school counselors, provided the in-person facilitation and classroom management required for intervention implementation. I provided a training to the school-based facilitators regarding the structure and process of the intervention. Although they were not guiding students through the practice itself, school-based facilitators needed to be prepared with supporting students as they engaged in the intervention. They also needed to be familiar with the background, process, protocol, and purpose of loving-kindness. In the month prior to the intervention, I offered school-based facilitators two hour-long opportunities to review the intervention and to ask the researcher any questions. I created an

implementation guide to accompany the training and for facilitators to use throughout the duration of the intervention. The implementation guide included the weekly loving-kindness-based SPACE Project scripts and a detailed description of the intervention components. I also included a frequently asked questions section for facilitators, my contact information, and directions for the completion and monitoring of the pretest and posttest Qualtrics surveys.

Treatment Setting

The groups were held in the students' natural classroom settings, and the intervention was provided for ten minutes at the start of class time. The students were prompted to sit comfortably in their chairs and chose to have their eyes open or closed. Accessibility was a primary goal of the intervention; therefore, students did not need preparation or equipment outside of their typical seats in the classroom. It was possible that unforeseen interruptions occurred within the natural classroom setting. The facilitators were instructed to note the interruptions and continue with the intervention to the best of their ability and if safety of the students allowed.

Treatment Delivery

The recordings were uploaded to a website for the school-based facilitators to access. Each recording was designated for Weeks One and Two or Weeks Three and Four. Students practiced each week's recording for the duration of that week (five sequential school days). School-based facilitators implemented the intervention directly with students by playing the respective weekly recording for students in the classroom setting. Once students were seated at their desks, they played the recordings through their devices (e.g., school-loaned laptop), which guided students through the 10-minute practices. Once students completed the activity, the classes resumed their typical daily schedule.

Waitlist Control Group

Students were assigned into a treatment group and into a waitlist control group. The waitlist control group received the intervention after the treatment group completed the intervention for the first four weeks. Both groups completed the battery of assessments at start (Time 1), mid (Time 2), and end (Time 3) of the first four weeks, and these scores were compared to understand between-group differences in data analysis.

Data Collection

I collected demographic information (e.g., age, race, grade level, gender identities) and implement the BRS (Smith et al., 2008), IPS (Xi and Lee, 2021), CHS (Snyder et al., 1997), and BEIS-10 (Davies et al., 2010) prior to beginning the intervention (baseline/time 1). Participants completed the measures through Qualtrics, and each participant was assigned a unique identifier that the school-based facilitators monitor. The students' unique identifiers were entered into the survey to associate participants' rounds of survey completion. After collecting the baseline data, the treatment group received the intervention while the control group will continue without the intervention. The BEIS-10, BRS, IPS, and CHS was implemented again as mid- (time 2) and posttests for both groups following the four weeks of intervention (time 3). The BEIS-10, BRS, IPS, and CHS were each selected because they are brief scales, and scholars suggested acceptable to good internal consistency and evidence of construct, convergent, and discriminant validity (Davies et al., 2010; Smith et al., 2008; Snyder et al., 1997; Xi & Lee, 2021). Throughout the survey, I included validity checks, as well as a question at the end for participants to indicate whether or not they responded to the survey in an honest manner. I also included a question about students' frequency of practice and any comments about the SPACE

Project for the treatment group at the posttest survey. All responses were anonymized and no identifying information was kept with students' survey responses.

Instrumentation

Demographics Questionnaire

To gather information about participants, I created a brief demographic questionnaire. The questionnaire collected information about participants' age, grade level, gender, race, and ethnicity. In the demographics questionnaire at T3, I also asked students to indicate their level of frequency in engaging in the SPACE Project each week. Students were also invited to provide their feedback on the SPACE Project at T3.

Brief Resilience Scale

The BRS (Smith et al., 2008) is a six-item self-report scale measuring individuals' ability to bounce back in response to an adversity or stressor. Smith and colleagues developed the BRS as a single construct of resilience. Respondents indicate their level of agreement to each of the items on a five-point Likert-type scale from 1 (*strongly disagree)* to 5 *(strongly agree).* Three of the items are positively worded (items 1, 3, and 5) and three are negatively worded (2, 4, and 6). An example of a positively worded item is, "I tend to bounce back quickly after hard times." An example of a reverse-item is, "I tend to take a long time to get over set-backs in my life." Smith and colleagues (2008) found good internal consistency across four samples. Samples one (n = 128) and two (n = 64) consisted of undergraduate students. The average age of participants in sample one was 20.4 years (SD = 4.0) and the average age of participants in sample two was 19.8 years (SD = 3.0). Sample three (n = 112) consisted of patients in cardiac rehabilitation with an average age of 62.8 years (SD = 10.5), and sample four (n = 50) consisted of adult patients

diagnosed with fibromyalgia with an average age of 47.3 (*SD* = 8.2). Cronbach's alpha scores ranged from .80 to .91, respectively, indicating good internal consistency.

Smith and colleagues assessed convergent validity through zero-order correlations between the BRS scores and scales measuring personal characteristics, social relationships, coping, and health-related outcomes. Through zero order correlations, the authors found convergent validity between the BRS and optimism (ranging from r = .45 to .69, p < .01), purpose in life (ranging from r = .46 to .67, p < .01),), social support (ranging from r = .28 to . 40, p < .01),), active coping (ranging from r = .31 to .41, p < .01),), and positive reframing (ranging from r = .31 to .41, p < .01),). Smith et al. assessed discriminant validity through partial correlations; additionally, the authors compared mean BRS scores across samples through independent t-tests. Smith and colleagues found discriminant validity with perceived stress (r = -.61, p < .01), anxiety (r = -.53, p < .01), depression (r = -.50, p < .01), and negative affect (r = -.51, p < .01). Scholars have found further support for the BRS demonstrating construct validity (Barroso, 2021), convergent and discriminant validity (Konaszewski et al., 2020; Kunzler et al., 2018) across cultures, including but not limited to populations in Brazil, Poland, and Germany. Barroso (2021) assessed the construct validity of the BRS with a community sample in Brazil (n = 1,480) aged 18 to 78 years. The authors found evidence for goodness-of-fit to a single-factor structure, with root mean square error of approximation (RMSEA) = .08, comparative fit index (CFI) = .97, and Tucker-Lewis Index (TLI) = .95, (p < .002). Although the BRS is more frequently used with adult populations rather than adolescents, it is one of the more psychometrically sound measures of resilience. In a methodological review of resilience scales, Windle et al. (2011) found the BRS to be one of the most psychometrically rigorous scales of resilience. Additionally, there is evidence of its implementation with youth in a school setting

aged 12 to 19 years old (Bluth et al., 2018). Bluth and colleagues (2018) applied the BRS to measure students' resilience, and found acceptable internal consistency with Cronbach's alpha of .72. Therefore, the BRS was selected based on its brevity, psychometric properties, and previous use with youth samples.

Children's Hope Scale

The CHS (Snyder et al., 1997) is a six-item self-report measure designed for youth aged eight to sixteen years-old. The CHS is grounded in Snyder's theory (Snyder et al., 1997) that hope is a composite of agency and pathways-orientated thinking. Snyder and colleagues conceptualized children's hope as "a cognitive set involving the belief in one's capabilities to produce workable routes to goals (the pathways component), as well as the self-related beliefs about initiating and sustaining movement toward those goals (the agency component)" (p. 401). As such, the CHS includes a two-factor model including the subscales of *agency* and *pathways*.

Agency

Agency reflects an individual's belief that they can start to take action and can continue their actions toward achieving a desired goal (Snyder et al., 1997). Snyder and colleagues posited that the foundations of agency-thinking occurs as young as two- to three-years-old, and continues to develop throughout childhood and into adolescence. An example of an item in the *agency* subscale includes, "I am doing just as well as other kids my age."

Pathways

Pathways encompass one's perceived abilities to envision possible directions toward a desired goal. Similar to *agency,* the envisioning involved in pathways-thinking occurs as young as toddlerhood, yet it becomes more clearly expressed and communicated in elementary through

secondary school levels (Snyder et al., 1997). An example of an item in the *pathways* subscale includes, "I can think of many ways to get the things in life that are most important to me."

Snyder and colleagues asserted that hope cannot be measured on pathways or agency alone, but rather is only accurately assessed through the integration of the two subscales. Respondents are directed to think about how they are in most situations and then indicate the degree to which the items describe them. Respondents rate their level of agreement to each item on a six-point Likert-type scale from 1 (*none of the time*) to 6 (*all of the time*). Researchers score the CHS by adding the item responses (e.g., *none of the time* = one point; *all of the time* = six points). Items one, three, and five comprise the agency subscale, and items two, four, and six comprise the pathways subscale. Higher scores indicate higher levels of resilience. Snyder and colleagues collected data across six youth samples and reported Cronbach's alpha scores ranging from .72 to .86, indicating acceptable internal consistency. Sample one (n = 369) included youth aged 9 to 14 in public school grades four through six. Sample two (n = 91) included youth aged 9 to 17 at a summer camp for children with chronic illness (e.g., arthritis, sickle cell anemia, cancer). Sample three (n = 170) included youth aged 7 to 13 who identified as male and were diagnosed with attention deficit/hyperactivity disorder in a clinical setting, and sample four (n = 74) included youth aged 7 to 13 who identified as male but without a diagnosis. Sample five (n = 143) included youth aged 8 to 16 receiving cancer treatment in a hospital setting. Sample six (n = 322) included youth aged 9 to 13 in a public-school setting.

In their research on the instrument, Snyder and colleagues also reported convergent validity of the CHS with self-worth, and discriminant validity with depression. Snyder and colleagues found significant positive correlations between total CHS scores and the global self-worth index of the Self-Perception Profile for Children (SPP-C; Harter, 1985), with positive

correlations ranging from $r = .23$ to $r = .55$ ($p < .001$), respectively. Total CHS scores significantly negatively correlated with scores on the Child Depression Inventory (CDI; Kovacs, 1985), ranging from $r = -.28$ to $-.48$ ($p < .001$), respectively. Scholars have also found validity for the CHS with culturally diverse samples of youth (Edwards et al., 2007; Marques et al., 2009; Shadlow et al., 2015).

Marques and colleagues validated a Portuguese version of the CHS with a sample of Portuguese students ($n = 367$) aged 10 to 16 years old. The researchers found criterion validity between CHS and life satisfaction ($r = .63$, $p < .01$) as measured by the Students' Life Satisfaction Scale (SLSS; Huebner, 1991); self-worth ($r = .60$, $p < .01$) as measured by the self-worth subscale of the SPP-C, and mental health ($r = .45$, $p < .01$) as measured by the Mental Health Inventory-5 (MHI-5; Berwick et al., 1991). Edwards et al. (2007) examined the validity of the CHS with Mexican American youth ($n = 135$) aged 11 to 15 years old from public schools in the United States. Similar to previous studies, they found the CHS to be correlated with measures of wellbeing, such as life satisfaction ($r = .44$, $p < .01$), positive affect ($r = .49$, $p < .01$), and optimism ($r = .41$, $p < .01$; Edwards et al., 2007). Finally, Shadlow et al. (2015) assessed the validity of the CHS with Native American youth ($n = 96$) aged 8 to 14, representative of 37 different tribes. The authors found support for the two-factor model of the CHS, with a score of 1.0 for the agency factor and .75 for the pathways factor (Shadlow et al., 2015). The studies indicate that the CHS is a useful scale with youth samples across varying demographics.

Inner Peace Scale

The IPS (Xi & Lee, 2021) is a nine-item self-report scale designed to capture participants' sense of inner peace. Xi and Lee (2021) defined inner peace as "a calm and

balanced mental state and disposition, one characterized by an attitude of healthy acceptance and an absence of unhealthy grasping" (p. 436). Xi and Lee's conceptualization of inner peace encompasses three dimensions, (a) acceptance of loss, (b) inner balance and calmness, and (c) transcendence of hedonism and materialism. The IPS is a three-factor model and the three distinct dimensions comprise the three IPS subscales. Exploratory factor analysis revealed the three factors, with three items loaded on each factor. The scale reliability score for Factor 1, *acceptance of loss,* was .72; for Factor 2, *inner balance and calmness,* was .78; and for Factor 3, *transcending hedonism and materialism,* was .63. Confirmatory factor analysis indicated good fit of the model, with RMSEA = .05 at 90% confidence interval, CFI = .97, and TLI = .95 (Xi & Lee, 2021).

Acceptance of Loss

Xi and Lee (2021) conceptualized the *acceptance of loss* factor as one's ability to accept that losses naturally occur as part of life. A person demonstrates acceptance of loss when they do not try to avoid encountering unpleasant experiences, but rather treats incidents of loss similarly to the way they might treat other natural life changes. Items in this subscale are reverse-coded. An example of an item from the *acceptance of loss* subscale includes, "I find myself worried about losing something or someone."

Inner Balance and Calmness

Inner balance and calmness consists of one's ability to experience emotions in a balanced way, and is similar to the Buddhist concept of equanimity: a sense of balanced wellbeing, even in the face of challenge (Xi and Lee, 2021). Someone demonstrates inner peace when their state of mind or wellbeing is not influenced negatively by undesirable life events or

positively by external gratification. An example of an item from *inner balance and calmness* is, "I maintain a balanced mind when bad things happen to me."

Transcendence of Hedonism and Materialism

Xi and Lee designed the factor *transcendence of hedonism and materialism* to assess an individual's level of craving or clinging to desirable life conditions. An individual demonstrates transcendence of hedonism and materialism when their state of happiness is not dependent upon external factors, such as obtaining achievements or objects. Similar to the *acceptance of loss* factor, items in this subscale are reverse-coded. An example of an item from *transcendence of hedonism and materialism* is, "I am happiest when I get what I want."

The authors noted that they wrote each of the items across all subscales within the framework of the transitory nature of life, thereby measuring individuals' level of inner peace in the face of life's inevitable changes. Participants respond to each item on the IPS by rating their level of agreement on a 5-point Likert-type scale from 1 (*almost never*) to 5 (*almost always*). For scoring purposes, responses to items on the *inner balance and calmness* subscale are equivalent to their Likert-type rating. The *acceptance of loss* and *transcendence of hedonism and materialism* subscales are reverse-coded, therefore responses scaled at lower levels receive higher scorings (e.g., 1 (*almost never)* = 5) . Higher total scale scores are indicative of higher levels of inner peace.

Xi and Lee (2021) examined the IPS across four samples of undergraduate students. Sample A (n = 557) included undergraduate students with a mean age of 20.2 years (SD = 5.0), Sample B (n = 46) included undergraduate students with a mean age of 21.8 (SD = 5.9), and Sample C (n = 81) included undergraduate students with a mean age of 21 (SD = 4.8). Samples A, B, and C comprised of undergraduate students in the United States. Sample D included

undergraduate students in China (n = 106), with a mean age of 22.8 (SD = 2.4). Findings indicated acceptable internal reliability, with Cronbach's alpha score of .73 for the total IPS scale, and scale reliability coefficients for the three subscales of .63 (*transcending hedonism and materialism),* .73 (*acceptance of loss*), and .78 (*inner balance and calmness*). Xi and Lee examined construct validity of cross-cultural populations in the United States and in China, and found support for construct validity of the IPS. Xi and Lee (2021) reported zero-order correlations between the IPS and scales measuring psychological wellbeing, mindfulness, and self-compassion. The zero-order correlation scores indicated significant positive correlations with psychological well being (r = .35, p < .001) as measured by the Psychological Wellbeing Scale (PWB; Ryff, 1989), mindfulness (r = .32, p < .001) as measured by the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), and self-compassion (r = .56, p < .001) as measured by the Self-Compassion Scale (SCS; Raes et al., 2011). The authors found discriminant validity with depressive symptoms (r = -.51, p < .001) as measured by the Center for Epidemiological Study-Depression scale (CESD; Radloff, 1977); anxiety (r = -.56, p < .001) as measured by the Generalized Anxiety Disorder scale (GAD; Spitzer et al., 2006), difficulties in emotional regulation (r = -.55, p < .001) as measured by the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), and rumination (r = -.58, p < .001) as measured by the Rumination Scale (RS; Trapnell & Campbell, 1999).

Brief Emotional Intelligence Scale

The BEIS-10 (Davies et al., 2010) is a ten-item self-report measure designed to capture five factors of emotional intelligence (EI), including (a) appraisal of own emotions, (b) appraisal of others' emotions, (c) regulation of own emotions, (d) regulation of others' emotions, and (e) utilization of emotion. The authors conceptualized EI based on Salovey and Mayer's (1990)

model, which includes the five identified factors as elements of adaptive cognitive abilities. Although Mayer and Salovey (1997) revised their conceptualization of EI to include stages of EI development, Davies and colleagues (2010) argued that it would be more valuable to assess an individual's current state of EI, as it would offer more insight into the effect of EI and whether or not an individual's level of EI could be influenced by interventions or external factors. The five factors of emotional intelligence comprise the five subscales of the BEIS-10 with two items per factor.

Appraisal of Own Emotions

Appraisal of own emotions assesses an individual's level of introspection with regard to the emotions they experience. An individual demonstrates *appraisal of own emotions* when they can identify the emotions they are feeling as well as the factors leading to the emotion. An example of an item from *appraisal of own emotions* is "I know why my emotions change."

Appraisal of Others' Emotions

In contrast to *appraisal of own emotions,* the subscale *appraisal of others' emotions* captures an individual's ability to gauge the presence of emotion in someone else. The factor of appraising others' emotions includes the ability to notice other people's verbal and behavioral cues. An example of an item from *appraisal of others' emotions* includes "I can tell how people are feeling by listening to the tone of their voice."

Regulation of Own Emotions

Regulation of own emotions includes an individual's perceived ability to control their emotions. Further, the factor assesses for an individual's ability to identify activities that help to regulate emotions. An example item of the factor *regulation of own emotions* is "I seek out activities that make me happy."

Regulation of Others' Emotions

The factor *regulation of others' emotions* consists of an individual's ability to help other people feel better or experience more positive emotions. *Regulation of others' emotions* is the interpersonal element of regulation in Salovey and Mayer's (1990) model of regulation of emotion. An example item from the factor *regulation of others' emotions* is "I help other people feel better when they are down."

Utilization of Emotions

Finally, Davies and colleagues included the factor *utilization of emotions.* The *utilization of emotions* factor includes flexible planning, creativity, attention, and motivation, and measures an individual's ability to use their positive emotions to problem-solve effectively. An example from the final factor, *utilization of emotions,* is "When I am in a positive mood, I am able to come up with new ideas."

Respondents indicate their agreement to each item on a Likert-type scale of 1 (*strongly* agree) to 5 (*strongly disagree).* Higher scores on the BEIS-10 indicate higher levels of EI. Davies and colleagues (2010) indicated that the BEIS-10 demonstrated evidence of factorial and content validity as well as test-retest reliability in two samples of undergraduate students. Sample one (n = 955) included 496 students who identified as male (mean age 21.2, SD = 3.7) and 395 students who identified as female (mean age 21.1, SD = 3.7). Sample two (n = 111) included 61 students who identified as male (mean age 21.2, SD = 4.0) and 48 as female (mean age 21.7, SD = 5.7). Davies and colleagues found validity with Sample 1 for the 5-factor model with RMSEA = .06, CFI = .97, and non-normed fit index (NNFI) = .89, $p < .05$. With Sample 2, correlations for test-retest scores indicated significant moderate positive correlations for *appraisal of own emotions* (r = .48, $p < .05$), *appraisal of others' emotions (*r = .35, $p < .05$), *regulation of own*

emotions ($r = .40$, $p < .05$), *regulation of others' emotions* ($r = .41$, $p < .05$), *utilization of emotions* ($r = .40$, $p < .05$). Scholars have indicated acceptable construct validity (Durosini et al., 2021; Hadadian-Chaghaei et al., 2021) across cultures including Italian and Persian versions, and acceptable internal consistency with Cronbach's alpha total scale scores ranging from .73 to .75.

Summary of Scales

The identified scales are not without limitations. First, each of the scales measure students' internal resources and are all self-report. Self-report scales hold inherent limitations in reliability due to social desirability. Because the constructs being measured were introspective, there is no way of knowing if students' reports were accurate representations of changes in their experiences. Additionally, while researchers have supported the use of each of the scales across diverse samples, only the CHS was specifically designed for use with youth. This may have created limitations in the students' abilities to understand items or concepts addressed within the BEIS-10, BRS, and IPS scales. Further, the IPS is a relatively new scale and, at the time of writing the proposed study, research remains limited in its use across populations. However, it was developed with college student populations (mean age of 20.23, $SD = 4.98$), who may overlap in age and developmental stage with some of the proposed participant sample (ages 12 to 19 years). Ultimately, I selected the identified scales because researchers indicated positive psychometrics for each scale. Additionally, the brevity of each scale was deemed appropriate considering developmental attention span and to reduce the possibility of participant fatigue.

Data Analysis Procedures

Following the collection of data and once the intervention is complete, I downloaded data into SPSS, clean the data, evaluated missing items, and calculated scale scores. I conducted preliminary analyses and checked for assumptions including tests for normality, outliers,

linearity, multicollinearity, and homogeneity of variance (Pallant, 2020; See Table 1). To analyze the differences between the groups, I conducted a repeated measures multivariate analysis of variance (MANOVA). A repeated measures MANOVA compares the mean differences between two groups with multiple test times (e.g., pretest and posttest). A repeated measures MANOVA is indicated to be appropriate when there is more than one dependent variable being tested, and when the dependent variables are related conceptually and are moderately correlated (Urdan, 2017). A MANOVA helps to control for potential Type I error that may occur when running multiple ANOVAs for each dependent variable (Pallant, 2020).

Table 1. Assumptions of MANOVA

Assumption	Description	How to Test
Linearity of relations among dependent variables	Presence of straight-light relationships between the dependent variables	Matrix of scatterplots
Multivariate normality	Assess how the pattern of a variable's scores differ from the remainder of the sample.	Mahalanobis distance
Homogeneity of variance-covariance matrices	The observed covariance matrices should be equal across groups	Box's *M* Test of Equality of Covariance Matrices
Outliers (univariate and multivariate)	Scores that are different from the rest of the scores	Box and Whisker plot
Multicollinearity	Dependent variables should be moderately correlated	Correlation

I selected a repeated measures MANOVA rather than a multivariate analysis of covariance (MANCOVA). A MANCOVA is often used in quasi-experimental design with pretest and posttests in order to control for students' pretest scores, in that the pretest scores become the covariate. To conduct an MANCOVA, I would need an independent variable with two levels, two or more dependent variables, and a continual covariate (Pallant, 2020; Urdan, 2017). My independent variable would be the two levels of groups (treatment group and waitlist control group), my dependent variables would be the post-test scores of each construct, and my continual covariate would be the pre-test scores. However, in controlling for pretest scores, the researcher runs the risk of mis-specifying the regression lines in both treatment and control groups from pretest (Time 1) to posttest (Times 2 and 3), and subsequently bias the researcher's estimate of treatment effect (Shadish et al., 2002). Therefore, a repeated measures MANOVA would provide more insight into the scores of at each time point between both groups, as well as a more accurate picture of the regression lines across treatment.

Limitations

The proposed study is not without limitations. A potential limitation in data collection is that all scales included are self-report. Student self-report may not be the most reliable source of information, as it is based in subjective understanding of the items and may be threatened by social desirability. I selected not to include teacher report or student records as part of data collection, due to potential inconsistencies of both. First, teacher reports could vary based on whether or not the teacher is also the designated school-based facilitator of the intervention. As mentioned, the facilitator may be the classroom teacher or it is possible that the school-based facilitator is another member of the school faculty (i.e., school counselor). In the case of the classroom teacher also serving as the school-based facilitator, a conflict of interest would arise

when collecting teacher report data. Therefore, to reduce the risk of teacher bias influencing the teacher report data, I chose not to include teacher report.

Secondly, the inclusion of student records may also vary in consistency. The intervention will be implemented at multiple different schools and, while records may be similar in content (e.g., attendance, grades, GPA) across school settings, each school may have a different method of collecting and reporting this data. Further, issues of attendance or behavior may be heavily influenced by covariates, such as family status, health issues, or trauma (among other factors). These unforeseen factors would not be known and could not be controlled for the sake of the study. As such, I chose not to include student record data. However, eliminating the use of teacher report and student records as data sources leads to relying solely on student self-report, creating a possible limitation of the study.

The data analysis is not without possible limitations, as well. A potential limitation in data analysis is that, while a repeated-measures MANOVA compares between group mean differences, it does not control for the pre-test scores as a MANCOVA would. As a result, in the case of pretest and posttest, it is possible that outcomes may be influenced by the pretest as a covariate. Additionally, the existence of outliers may negatively impact data analysis (Pallant, 2020). Outliers can cause significant threat to data and to the correlations identified among the variables (Farrokhi & Mahmoudi-Hamidabad, 2012). This is an important consideration in the case of convenience sampling and small sample sizes, both of which are elements of the proposed study, in which outliers may cause increased risk for limitations in data analysis.

Potential limitations for treatment implementation may occur as a result of the school setting. For example, interruptions to the practice or survey completion may occur in the form of safety drills, school announcements, or student absences. Additionally, academic calendars

include natural interruptions due to state, federal, and religious holidays. In the case of the current study, students will participate in the study for four sequential school weeks, and will experience a one-week interruption for the Thanksgiving holiday. As a result, the study will encompass a total of five calendar weeks to account for the one-week interruption. The interruption will occur for students in both the treatment and control groups, and will be considered in the data analysis stage.

Finally, as previously mentioned, a potential limitation in the intervention itself is that it is an adaptation of LKM which, in turn, is an adaptation of traditional Buddhist metta meditation practices. The proposed intervention was adapted from Westernized teachings of LKM (Salzberg, 1995; 2019), which may limit the full breadth, depth, and subsequent outcomes of the traditional practices. Although traditional LKM and metta meditation include the extension of loving-kindness toward a *difficult person* (Salzberg, 1995), for the SPACE Project intervention, I elected to remove this portion from the intervention. I made the decision to eliminate the *difficult person* element of practice in consultation with experts in trauma-informed contemplative practice and contemplative practice with K-12 students. Removing the *difficult person* element will make the intervention more trauma-informed and developmentally appropriate. Yet, the removal of this element raises questions regarding whether or not the SPACE Project would positively influence optimal student outcomes, or if loving-kindness toward a difficult person is a necessary element of the practice in order to achieve positive outcomes. The findings of the proposed study may offer insight into this potential limitation.

Ethical Considerations

Prior to beginning the study, I obtained approval from the Institutional Review Board at William & Mary. There are no known risks for students who chose to participate in the study,

and participants are free to stop participation at any point without penalty. However, it was important to offer clear communication to all parties regarding the proposed intervention, including participants, parents, teachers, school counselors, and administrators. Keeping all individuals informed was a necessary step toward ethically obtaining permission and approval from school administrators, caregivers, and participants (Mills & Gay, 2019). A flyer, logic model, treatment sequence chart, testing sequence chart, and sample practice scripts were offered to interested schools in order to communicate information about the intervention and its intended outcomes. I created letters of cooperation for each school to agree to being a site for the study and will provide permission forms to be shared with caregivers. Additionally, I created a form for students to provide their assent to participate, as well. Throughout the study, I followed the American Counseling Association Code of Ethics (2014) for research and publication to ensure the rights and safety of participants.

Conclusion

This chapter outlined the proposed study, intervention, and research design. The proposed study will determine if a four-week daily loving-kindness practice will have a significant influence on the hope, resilience, inner peace, and emotional intelligence of adolescents engaged in a LKM-based contemplative intervention as compared to a waitlist control group. This will be one of the first studies to examine the impact of brief, daily, school-based, loving-kindness practice on adolescents' outcomes. Studies of LKM-based treatments on adult populations indicate positive influences on interpersonal and intrapersonal outcomes. Therefore, I hypothesize that there will be significantly different scores between treatment and waitlist control groups on students' levels of hope, resilience, inner peace, and emotional intelligence. The use of a quasi-experimental design will provide insights into the implementation of LKM-

based practices with adolescents and the potential for beneficial outcomes. Findings of the proposed study may benefit school counselors and other school-based professionals in the development of interventions for promoting key protective factors in adolescents.

Chapter Four: Data Analysis

In Chapter Four, I present the results of the SPACE Project intervention study, a four-week, daily loving-kindness-based practice on adolescents' reported levels of inner peace, emotional intelligence, resilience, and hope. I will describe the participants' demographic characteristics and a comparison of the participants' demographics across the intervention and control groups. I will review the statistical assumptions for analysis. Subsequently, I will summarize the reliability of the scales implemented in the study across each of the three-time points. Finally, I will share the results of the research question and include a description of the statistical analyses conducted in this study. In Chapter Five, I will offer a detailed interpretation of the findings, existing limitations, and implications. The research question that guided the study was:

> Is there a statistically significant difference between students' reported levels of inner peace (as measured by the Inner Peace Scale [IPS; Xi & Lee, 2021]), hope (as measured by the Children's Hope Scale [CHS; Snyder et al., 1997]), resilience (as measured by the Brief Resilience Scale [BRS; Smith et al., 2008]), and emotional intelligence (as measured by the Brief Emotional Intelligence Scale [BEIS-10; Davies et al., 2010]) when engaged in a daily loving-kindness practice as compared to a waitlist control group when comparing pre-, mid-, and posttest scores?

I hypothesized that there would be a statistically significant difference between the treatment and waitlist control groups in their reported levels of inner peace, hope, resilience, and emotional intelligence. To answer the research question, I conducted a repeated measures multivariate analysis of variance (MANOVA). I invited a total of 201 students enrolled at three non-traditional high schools. Students in the treatment and control groups completed surveys at three-

time points: pretest, mid-point, and upon completion of the intervention. Thirty-five students completed all the surveys across the time points. All students in both the treatment and control groups experienced a disruption to their school attendance as a result of severe weather in week two of the intervention, but 17 students continued with the intervention and completed the survey at all three-time points. I asked students in the treatment group to participate in the daily meditation practice for a dosage of 10 minutes per school day. To evaluate change in four constructs across time and between groups, I conducted a repeated measures MANOVA as described in the following sections.

Sampling and Data Collection Procedures

Two hundred-one students were recruited at three separate school sites. Prior to sampling, I assigned schools to treatment and control groups based on size of enrollment. I assigned school site one (n = 95) to the control group, and school sites two (n = 58) and three (n = 48) to the treatment group. I provided school administrators at all sites with passive consent forms to share with students and their guardians. I also described the SPACE Project intervention as well as a description of the study and areas to be measured. Additionally, school administrators contacted guardians through email and text messages via the school's communication platform. Parents and guardians who did not provide consent were instructed to select the option to opt-out, sign, and return the consent form to their school administrators. Administrators provided the students who opted out of the SPACE Project with an alternative educational activity.

Before the study, I conducted an a priori power analysis using G*Power. As a result, I estimated that, with an alpha of .05, power at 80%, and moderate effect size, an adequate sample size would be a minimum of 34 students. The final sample included 35 adolescents who participated fully in this study, therefore, my sample met a priori power. All participants engaged

in the SPACE Project in their natural school settings; students in the intervention group engaged in the SPACE Project daily practice for ten minutes per school day. Consent forms were provided to caregivers of all students across three urban, non-traditional school sites (n = 201). At time one, 92 students agreed to participate in the study and completed the pretest survey, resulting in a 45.8% response rate. Of the time one response, 46 of the students were assigned to the treatment group and 46 students were assigned to the control group. At time point two, 73 participants completed the survey, resulting in a 36.3% response rate. The time two participants included 28 students from the treatment group and 45 students from the control group. At time point three, 35 students completed the survey. The final sample included 17 students from the treatment group and 18 students from the control group. The total final sample analyzed included 35 students, resulting in a 17.5% response rate.

At the mid-point in the SPACE Project, all three schools experienced a hurricane that significantly impacted their access to the internet and attendance at school. Students in both treatment and control groups were affected. With regard to sample size, the treatment group school sites experienced greater attrition following this event as compared to the control group, although this difference was not explained. Additionally, after the third week of the intervention, all three school sites had one week-long holiday break. Students completed week four of the SPACE Project upon their return following the break. Interruptions due to the hurricane and the scheduled holiday break may have impacted students' participation in the SPACE Project and survey completion, particularly at time point three. A CONSORT diagram is included to illustrate sampling procedures and attrition across the three-time points (Figure 5).

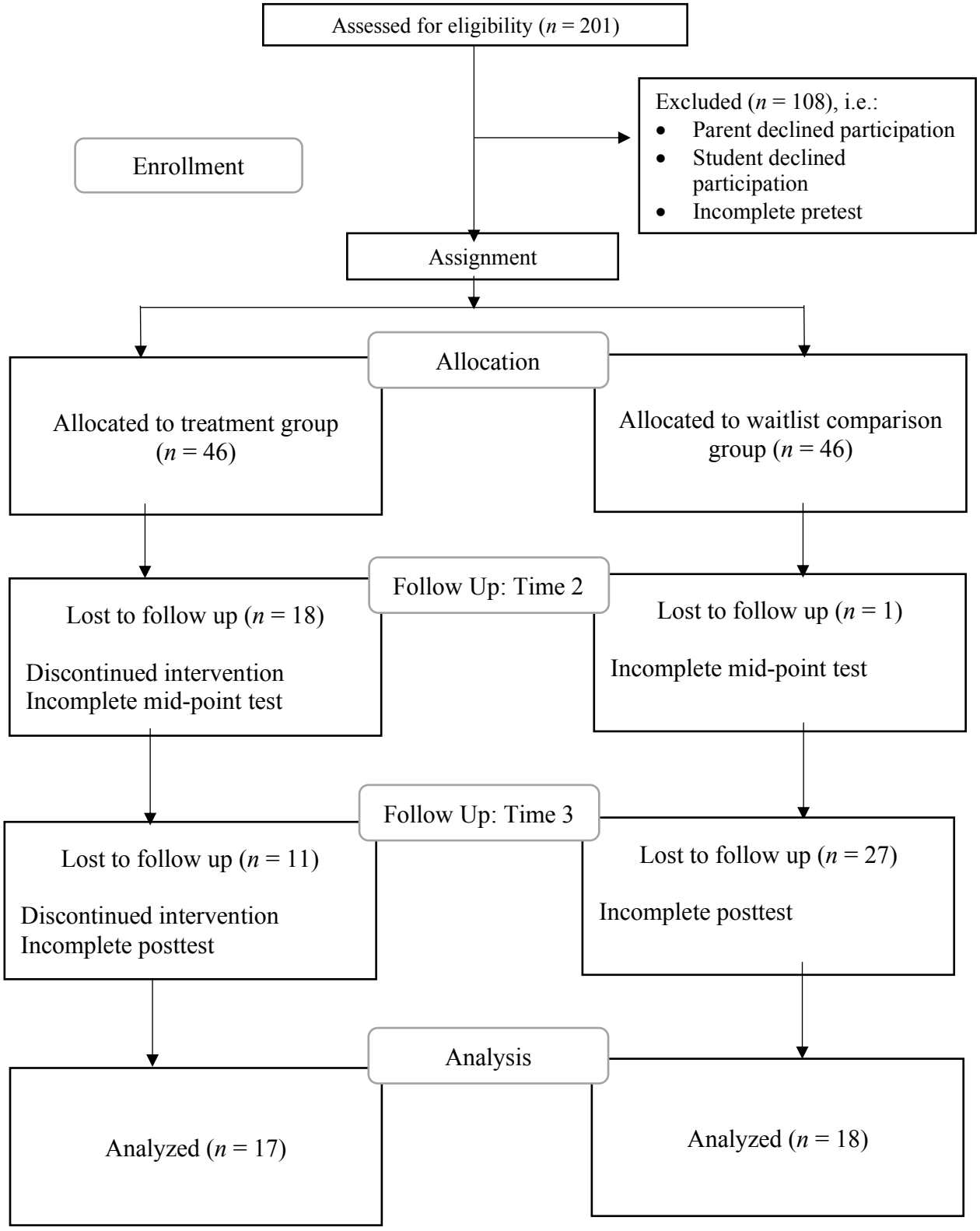


Figure 5. CONSORT diagram of participants.

Demographic Characteristics

I collected demographic data for participants at each survey time point. Demographic questions included gender identity, racial/ethnic identity, grade level, and age. For gender and racial/ethnic identity, students had the option to select all that applied or to self-describe with text entry. With regard to gender identity, the majority of students identified as male across all of the time points, with the next largest group identifying as female. At T1, one student reported identifying as transgender or gender nonconforming and two students indicated a preference to self-describe. At T2 and T3 surveys, no students indicated identifying as transgender or gender nonconforming, and no students indicated a preference to self-describe. Further details regarding students' gender identity between treatment and control groups and across all time points are included (Table 2).

Table 2. Demographic data: Reported gender identity of participants across all time points

	Time One		Time Two		Time Three	
	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)
Gender						
Female	43.2% (19)	28.6% (14)	48.3% (14)	30.4% (14)	29.4% (5)	27.8% (5)
Male	52.3% (23)	65.3% (32)	51.7% (15)	69.6% (32)	70.6% (12)	72.2% (13)
Transgender/Gender nonconforming	0% (0)	2% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Prefer to self-describe	2.3% (1)	2% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Prefer not to say	0% (0)	2% (1)	0% (0)	0% (0)	0% (0)	0% (0)

I also gathered students' self-identified racial identity at all three survey time points. At each time point and in both treatment and control groups, the majority of students reportedly identified as Black or African American. The second-largest group of students self-identified as

Hispanic or Latino, and this was also consistent at each time point and in both treatment and control groups. Students also identified as American Indian or Alaska Native in the treatment and control groups across three-time points, although this group was small. Additionally, students at T1 reported identifying as multiracial, but these students did not continue at T2 and T3. Finally, a small group of students in both treatment and control groups indicated a preference to self-describe at all three-time points. Further details regarding students' racial and ethnic identity between treatment and control groups and across all time points are included (Table 3).

Table 3. Demographic data: Race/ethnicity reported by participants across all time points

	Time One		Time Two		Time Three	
	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)
Race/Ethnicity						
American Indian or Alaska Native	2.3% (1)	2% (1)	6.9% (2)	6.3% (3)	5.3% (1)	5% (1)
Asian	0% (0)	0% (0)	0% (0)	2.1% (1)	0% (0)	0% (0)
Black or African American	79.5% (35)	77.6% (38)	65.5% (19)	83.3% (40)	73.7% (14)	75% (15)
Hispanic or Latino	13.6% (6)	18.4% (9)	20.7% (6)	10.4% (5)	21.1% (4)	20% (4)
Native Hawaiian or Other Pacific Islander	0% (0)	2% (1)	0% (0)	0% (0)	0% (0)	5% (1)
White	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Multiracial	4.5% (2)	2% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Prefer to self-describe	4.5% (2)	8.2% (4)	3.4% (1)	10.4% (5)	0% (0)	16.7% (3)

Additionally**,** I collected information regarding students' ages at all three-time points. Rather than select an age number, I asked students to write in their ages via text entry. The SPACE Project and its surveys were accessible for students of all ages and grade levels (12 to 19 years old); however, the majority of students reported being between the ages of 13 to 18. The highest concentration of students reported being 15 years old. While students at certain age

levels may have opted out of the study or may have chosen to stop participation, it is important to note that the ages of some participants changed during the study. Therefore, students at younger ages may not have ceased participation but rather aged up during the study. Further details regarding students' ages between treatment and control groups and across all time points are included (Table 4).

Table 4. Demographic data: Age reported by participants across all time points

	Time One		Time Two		Time Three	
	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)
Age (years)						
12	4.5% (2)	0% (0)	0% (0)	2.1% (1)	0% (0)	0% (0)
13	6.8% (3)	4.1% (2)	3.4% (1)	8.3% (4)	10.5% (2)	10% (2)
14	13.6% (6)	8.2% (4)	10.3% (3)	6.3% (3)	15.8% (3)	5% (1)
15	11.4% (5)	24.5% (13)	6.9% (2)	27.1% (13)	5.3% (1)	40% (8)
16	22.7% (10)	14.3% (7)	24.1% (7)	14.6% (7)	15.8% (3)	5% (1)
17	20.5% (9)	28.6% (14)	20.7% (6)	12.5% (6)	21.1% (4)	10% (2)
18	11.4% (5)	18.4% (9)	6.9% (2)	20.8% (10)	5.3% (1)	20% (4)
19	4.5% (2)	0% (0)	6.9% (2)	0% (0)	10.5% (2)	0% (0)

Finally, at all time points, I asked students to indicate their grade level. The majority of students indicated enrollment in the 9th, 11th, and 12th grades. The fewest number of students reported being in the 7th grade, with zero students in the control group enrolled in 7th grade at T1 and T3. Notably, there was a variance between grade level participation across school sites. The control group included more students at higher grade levels (9th through 12th grades) with few to no students in grade levels 6th through 8th. In the treatment group, students were more evenly dispersed across all grade levels and included students in the 6th through 8th grades. This may indicate a difference in school site structure or enrollment between the treatment and control

group sites. Further details regarding grade levels between treatment and control groups and across all time points are included (Table 5).

Table 5. Demographic data: Grade level reported by participants across all time points

	Time One		Time Two		Time Three	
	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)	Treatment % (*n*)	Control % (*n*)
Grade Level						
6th	2.3% (1)	2% (1)	3.4% (1)	8.3% (4)	5.3% (1)	5% (1)
7th	9.1% (4)	0% (0)	3.4% (1)	2.1% (1)	5.3% (1)	0% (0)
8th	15.9% (7)	2% (1)	13.8% (4)	2.1% (1)	15.8% (3)	5% (1)
9th	15.9% (7)	24.5 % (12)	20.7% (6)	20.8% (10)	15.8% (3)	30% (6)
10th	13.6% (6)	12.2 % (6)	10.3% (3)	12.5% (6)	5.3% (1)	10% (2)
11th	18.2% (8)	26.5% (13)	17.2% (5)	29.2% (14)	15.8% (3)	10% (2)
12th	22.7% (10)	32.7% (16)	31% (9)	25% (12)	26.3% (5)	30% (6)

Demographic Characteristics of the Final Sample

In the final sample, 28.6% of the participating students identified as female (*n* = 10), 71.4% of the participants identified as male (*n* = 25). No students reported identifying as transgender or gender-nonconforming. The mean age of participants in the treatment group was 15.8 (*SD* = 1.73). Participants' ages included 13 years old (10.8%, *n* = 4), 14 years old (8.1%, *n* = 3), 15 years old (27%, *n* = 10), 16 years old (10.8%, *n* = 4), 17 years old (16.2%, *n* = 6), 18 years old (10.8%, *n* = 4), and 19 years old (5.4%, *n* = 2). Two students did not report their age. Students' racial and ethnic identity included 73% (*n* = 27) of participants who identified as Black or African American, 16.2% (*n* = 6) of participants who identified as Hispanic or Latino, 5.4% (*n* = 2) of participants who identified as American Indian or Alaska Native. Three students (8.1%) preferred to self-describe. Students could select more than one racial and ethnic identity. Of the reported racial and ethnic identities, three students indicated belonging to multiple groups. One

student identified as Black or African American and American Indian or Alaska Native (2.7%), one student identified as Black or African American and Hispanic or Latino (2.7%), and one student identified as Black or African American and self-described their identity as Bahamian. The three non-traditional school sites included students from 6th through 12th grades, and the SPACE Project and its surveys were offered to students enrolled across all grade levels. Participants' grade levels included 2.7% (n = 1) enrolled in 6th grade, 2.7% (n = 1) enrolled in 7th grade, 13.5% (n = 5) enrolled in 8th grade, 24.3% (n = 9) enrolled in 9th grade, 8.1% (n = 3) enrolled in 10th grade, 10.8% (n = 4) enrolled in 11th grade, and 32.4% (n = 12) in 12th grade.

Treatment Group

The total number of students in the treatment group was n = 17. Within the treatment group, 29.4% of the participating students identified as female (n = 5), 70.6% of the participants identified as male (n = 12). Participants' ages included 13 years old (10.5%, n = 2), 14 years old (15.8%, n = 3), 15 years old (5.3%, n = 1), 16 years old (15.8%, n = 3), 17 years old (21.1%, n = 4), 18 years old (5.3%, n = 1), and 19 years old (10.5%, n = 2). Two students did not disclose their age. With regard to racial and ethnic identity, 73.7% (n = 14) of the participants identified as Black or African American, 21.1% (n = 4) of the participants identified as Hispanic or Latino, 5.3% (n = 1) of the participants identified as American Indian or Alaska Native. Students could select more than one racial and ethnic identity. Of the reported racial and ethnic identities, two students indicated belonging to multiple groups. One student identified as Black or African American and American Indian or Alaska Native, and one student identified as Black or African American and Hispanic or Latino. None of the students in the treatment group indicated a preference to self-describe. The treatment group included students from 6th through 12th grades, and the SPACE Project was offered to students across all grade levels. Participants' grade levels

included 5.3% (n = 1) in 6th grade, 5.3% (n = 1) in 7th grade, 15.8% (n = 3) enrolled in 8th grade, 15.8% (n = 3) in 9th grade, 5.3% (n = 1) in 10th grade, 15.8% (n = 3) in 11th grade, and 26.3% (n = 5) in 12th grade.

Control Group

The total number of students in the control group was n = 18. Within the control group, 27.8% of the participating students identified as female (n = 5) and 72.2% of the participants identified as male (n = 13). No students indicated a preference to self-describe. Participants' ages included 13 years old (10%, n = 2), 14 years old (5%, n = 1), 15 years old (40%, n = 8), 16 years old (5%, n = 1), 17 years old (10%, n = 2), 18 years old (20%, n = 4). With regard to racial and ethnic identity, 75% (n = 15) of the participants identified as Black or African American, 20% (n = 4) of the participants identified as Hispanic or Latino, and 5% (n = 1) of the participants identified as American Indian or Alaska Native. Three of the students in the control group indicated a preference to self-describe. The SPACE Project surveys were offered to students across all grade levels, and the control group included students from 6th through 12th grades, except for 7th grade. Participants' grade levels included 5% (n = 1) in 6th grade, no students in 7th grade, 5% (n = 1) in 8th grade, 30% (n = 6) in 9th grade, 10% (n = 2) in 10th grade, 10% (n = 2) in 11th grade, and 30% (n = 6) in 12th grade.

Validity Checks

I included validity checks throughout the surveys at T1, T2, and T3. Results of the validity checks from initial data at each time point are included. At T1, I asked students to select the value "1" from the list. Seventy-five students (79.8%) passed this validity check and 18 students (19.3%) failed this validity check. At T2, I asked students to select the word "blue" from the list. Sixty-eight students (91.9%) passed the validity check and six students (8.2%)

failed the validity check at T2. To check for validity at T3, I again asked students to select the word "blue" from the list. Forty-six students (92%) passed this validity check and 4 students (8%) failed this validity check. I also asked students at the end of each survey if they answered the questions honestly and genuinely. At T1, 97.8% of students (n = 91) reported their responses were accurate and 2.2% (n = 2) indicated their responses were made up. At T2, 95.9% of students (n = 71) indicated their responses were accurate and 4.1% (n = 3) reported their responses were made up. Finally, at T3, 88% of students (n = 44) indicated that their responses were accurate and 12% of students (n = 6) reported that their responses were made up.

Comparison of the Groups

In non-equivalent control group design, the more similar treatment and control groups are at recruitment and pretest, the more effective the design (Campbell & Stanley, 1963). Therefore, I conducted an independent t-test to compare BRS, IPS, CHS, and BEIS-10 scores for the treatment and control groups (Tables 6 and 7) and to check for statistically significant differences at T1. There were no statistically significant differences between the treatment and control groups at T1. Because there were no statistically significant differences between the two groups, I continued with repeated measures MANOVA without controlling for pretest scores (e.g., MANCOVA).

Table 6. Pretest means and standard deviations between treatment and control groups

Source	Group Status	N	M	SD	SE
BRS	Treatment	46	19.00	2.91	.430
	Control	46	19.61	4.01	.592
IPS	Treatment	46	25.02	4.49	.663
	Control	46	25.07	5.49	.810
CHS	Treatment	46	22.80	5.90	.870
	Control	46	25.93	7.49	1.105
BEIS-10	Treatment	46	36.85	6.64	.979
	Control	46	37.96	7.91	1.166

Note. BRS = Brief Resilience Scale, IPS = Inner Peace Scale, CHS = Children's Hope Scale, BEIS-10 = Brief Emotional Intelligence Scale

Table 7. Comparison of pretest scores between groups

	Levene's Test		t-test for Equality of Means		
	F	p.	t	df	p
BRS	3.018	.086	-.832	90	.204
IPS	1.741	.190	-.042	90	.483
CHS	3.330	.071	-2.226	90	.014
BEIS-10	1.5402	.218	-.728	90	.234

Measures

To measure participants' resilience, hope, inner peace, and emotional intelligence, I used the BRS (Smith et al., 2008), the CHS (Snyder et al., 1997), IPS (Xi & Lee, 2021), and the BEIS-10 (Davies et al., 2010). I calculated Cronbach's alpha scores for each of the scales to examine their reliability across each of the three-time points. In the following section, I describe the reliability of each scale and descriptive information regarding each scales' scores for all time points.

Brief Resilience Scale

The BRS is a six-item self-report scale measuring resilience as a single factor. Smith et al. (2008) defined resilience as an individual's ability to bounce back in response to an adverse experience or challenge. In previous literature, scores on the BRS demonstrated good internal

consistency, with Cronbach's alpha scores ranging from .80 to .91 across various samples (Smith et al., 2008). However, in the current study, scores on the BRS demonstrated poor internal consistency at all three-time points. At T1, I calculated an alpha level of .45. At T2, I calculated an alpha level of .35, and at T3, I calculated an alpha level of .41. As such, the reliability of the score with the current sample was a significant limitation. The mean scale score of the BRS across both groups at T1 was (*SD* = 3.91), with total scale scores ranging from 9 to 30. The mean scale score across both groups at T2 was 19.62 (*SD* = 3.13), and total scale scores ranged from 16 to 30. The mean scale score across both groups at T3 was 20.20 (*SD* = 2.82), with total scale scores ranging from 13 to 26.

Children's Hope Scale

The CHS (Snyder et al., 1997) is a six-item self-report measure designed for youth aged eight to sixteen years old. Snyder and colleagues (Snyder et al., 1997) defined hope as a composite of agency and pathways-orientated thinking. As such, the CHS includes a two-factor model with subscales of agency and pathways. In the current study, the scores on the CHS demonstrated good internal consistency at all three-time points. At T1, Cronbach's alpha was .83; at T2, Cronbach's alpha was .86; and at T3, Cronbach's alpha was .85, suggesting good reliability. The mean scale score of the CHS across both groups at T1 was 24.38 (*SD* = 6.85), with total scale scores ranging from 7 to 36. The mean scale score across both groups at T2 was 24.62 (*SD* = 7.02), and total scale scores ranged from 6 to 36. The mean scale score across both groups at T3 was 23.9 (*SD* = 6.3), with total scale scores ranging from 15 to 36.

Inner Peace Scale

The IPS (Xi & Lee, 2021) is a nine-item self-report scale designed to measure participants' sense of inner peace. Xi and Lee's conceptualization of inner peace includes three

dimensions, (a) acceptance of loss, (b) inner balance and calmness, and (c) transcendence of hedonism and materialism. The IPS is a three-factor model and the three distinct dimensions comprise the three IPS subscales. The IPS is a novel scale, and was normed and validated with samples of college students in the United States and globally. In their validation studies of the IPS, Xi and Lee (2021) found acceptable reliability, with Cronbach's alpha scores ranging from .68 to .78. In the present study, the reliability of the IPS scores ranged across time points. At T1, the IPS demonstrated poor internal consistency with a Cronbach's alpha of .47. Similarly, at T2, the IPS demonstrated low internal consistency with a Cronbach's alpha of .59. At T3, however, the IPS demonstrated acceptable internal consistency with a Cronbach's alpha of .73. This fluctuation in reliability may be due to developmental, demographic, or contextual factors of the current sample in comparison to the individuals with whom the IPS was normed. The mean scale score of the IPS across both groups at T1 was 25.04 (*SD* = 4.96), with total scale scores ranging from 12 to 37. The mean scale score across both groups at T2 was 26.53 (*SD* = 5.07), and total scale scores ranged from 16 to 36. The mean scale across both groups' scores at T3 was 26.30 (*SD* = 5.63), with total scale scores ranging from 14 to 39.

Brief Emotional Intelligence Scale

The BEIS-10 (Davies et al., 2010) is a ten-item self-report measure designed to capture five factors of emotional intelligence (EI), including (a) appraisal of own emotions, (b) appraisal of others' emotions, (c) regulation of own emotions, (d) regulation of others' emotions, and (e) utilization of emotion. Davies and colleagues defined EI based on Salovey and Mayer's (1990) model of five elements of adaptive cognitive abilities. Davies and colleagues designed the BEIS-10 to include the five factors of emotional intelligence as five subscales of the BEIS-10, with two items per factor. However, Davies and colleagues also noted the limitations of including only

two items per factor, such as inter-factor correlations. With this limitation in mind, I considered the BEIS-10 as a single factor for the sake of this study. At all three-time points, the BEIS-10 demonstrated good internal consistency with Cronbach's alpha of .83 (T1), .90 (T2), and .87 (T3). The mean scale score of the BEIS-10 across both groups at T1 was 37.30 (*SD* = 7.30), with total scale scores ranging from 11 to 50. The mean scale score of the BEIS-10 across both groups at T2 was 36.50 (*SD* = 8.39), and total scale scores ranged from 16 to 50. Finally, the mean scale score across both groups at T3 was 35.28 (*SD* = 7.71), with total scale scores ranging from 16 to 50.

Data Analysis

I conducted a repeated measures MANOVA to analyze the differences in resilience, hope, inner peace, and emotional intelligence between the treatment and control groups across three-time points over five calendar weeks (four school weeks). I selected a repeated measures MANOVA because it compares the mean differences between two groups with multiple test times and multiple variables. A repeated measures MANOVA is an appropriate analysis when there is more than one dependent variable being tested and when the dependent variables are conceptually related and moderately correlated (Urdan, 2017). Through power analysis, I estimated a moderate effect size of 0.5 and hypothesized moderately significant differences between the treatment and control groups. For the present study, the dependent variables included resilience, emotional intelligence, hope, and inner peace at time one; resilience, emotional intelligence, hope, and inner peace at time two; and resilience, emotional intelligence, hope, and inner peace at time three. Before data analysis, I cleaned and screened the data and conducted preliminary assumption testing to check for normality, outliers (univariate and multivariate), linearity, multicollinearity, and homogeneity of variance.

Data Cleaning and Screening

I cleaned and screened the data prior to analysis. Data were downloaded from Qualtrics and placed into SPSS (version 28). I labeled the items and scales and confirmed the minimum and maximum values for each item and scale to ensure the accuracy of participants' responses. Next, I reverse-scored items as necessary for the BRS and IPS. The CHS and BEIS-10 did not require reverse scoring of items. Then, I checked for incomplete surveys by examining the data for valid and missing cases, and I deleted any students who indicated they did not want to participate in the study (i.e., assent) during the T1 survey. After removing the students who did not assent to participate, there were no missing data for students at T1.

At T2, three students started but did not complete the surveys. I conducted Little's Missing Completely at Random (MCAR) test to assess the missing data at T2. Little's MCAR test revealed no statistical significance, $X^2 = 35.51$, $df = 31$, $p = .26$, indicating the data were missing completely at random. Similarly, three students did not complete the surves at T3. I conducted Little's MCAR test to assess missing data at T3 which revealed no statistical significance, $X^2 = 21.68$, $df = 22$, $p = .48$. Therefore, I deleted cases listwise for students who started but did not complete the survey at any time point. The resulting data following listwise deletion included 219 cases of surveys remaining at T1, T2, and/or T3. Of the remaining cases, I merged cases across time points based on student identification codes as assigned from students' T1 surveys. When the student code was unclear or entered incorrectly, I referred to cases' reported IP address, location, age, grade level, and demographic information to merge cases. Cases that did not appear to match based on student code or demographic data were not included in the final sample for analysis. The resulting final sample included a total of $n = 35$ cases, with $n = 17$ cases assigned to the treatment group and $n = 18$ assigned to the control group.

Testing of Statistical Assumptions

In the case of repeated measures MANOVA, there are a number of assumptions to examine. Relevant assumptions include sample size, univariate and multivariate normality, outliers, linearity, multicollinearity and singularity, homogeneity of variance, and sphericity (Leech et al., 2015; Pallant, 2021). I examined and addressed each of the identified statistical assumptions prior to data analysis.

Sample Size

Prior to the study, I conducted an a priori power analysis through G*Power to determine the appropriate sample size for the study. With an alpha of .05, a power of 80%, and a moderate effect size, I determined an adequate sample size to be a minimum of 34 students. The final sample included 35 adolescents who participated fully in this study, therefore, my sample met a priori power and was sufficient for conducting repeated measures MANOVA. Additionally, my sample sizes were generally equal for both groups. Leech and colleagues (2015) posit that repeated measures MANOVA is robust to certain assumptions when sample sizes in each group are approximately equal.

Univariate Normality

I checked for univariate normality through multiple factors. First, I examined the Kolmogorov-Smirnov statistic calculated for each scale. Significance values higher than .05 suggest normality (Pallant, 2021). Three scale scores were below $p = .05$, including BRS at T2 ($p = .02$), BRS at T3 ($p = .03$), and IPS at T3 ($p = .005$), suggesting that these scales may have violated normality. In the case that the Kolmogorov-Smirnov statistic indicates a potential violation of normality, Pallant (2021) suggested referencing the histograms to determine the normality of the data. I examined the histograms and normal probability plots of the BRS, IPS,

CHS, and BEIS-10 at each time point. The normal probability plots demonstrated a reasonably straight line with the presence of few outliers. The histograms generally demonstrated normality, with skewness present for a number of scales. The BEIS-10 at T1 was negatively skewed, as was the CHS at T2 and BEIS at T2. The BRS at T2 was positively skewed. To examine skewness further, I calculated critical values for the skewness of each of the scales at T1, T2, and T3. When scores are less than 2.5 (p = .01), skewness is considered reasonably normal (Leech et al., 2015). Each of the scales' critical values was less than 2.5, indicating reasonably normal skewness, except for the BEIS-10 at T1, for which I calculated a score of -2.92. It appeared that the assumption of univariate normality was strongly influenced by the presence of outliers. Therefore, I checked for multivariate normality and then reexamined univariate normality after addressing the presence of outliers.

Multivariate Normality

To check for multivariate normality, I calculated the Mahalanobis distance for each case and examined the Mahalnobis distance values in comparison to a critical value (Pallant, 2021). I determined the appropriate critical value by using a chi-square table. I used the number of dependent variables as my degrees of freedom value with an alpha value of .001 (Pallant, 2021). Because I had four test scores at three points in time resulting in 12 dependent variables, I used this number as my degrees of freedom value. My critical value for 12 dependent variables was 32.91. I then sorted the cases in my data set and found that the highest value was 20.94, therefore no cases exceeded the critical value, indicating that the assumption of multivariate normality was met.

Outliers

To test for outliers, I examined the histograms and boxplots for each scale and at each time point. I observed an outlier on the BEIS-10 T1 boxplot, the BEIS-10 T2 boxplot, the CHS T2 boxplot, and the IPS T3 boxplot. I then performed a z transformation of total scale scores. Through z transformation, I converted scale scores into the standardized distribution of z-scores for all cases across all time points (Osborne, 2013). I examined the scores for any z-scores above or below three standard deviations from the mean. This process confirmed the outlier present in the BEIS-10 T1 scores, with one case containing $z = -3.50$. I considered deleting the case listwise; however, due to the already small sample size, I was concerned listwise deletion would reduce overall power and negatively impact my analysis. Therefore, I elected to input a Windsorized mean by replacing the extreme score with an adjacent value from the BEIS T1 total scores (Osborne, 2013). I changed the original BEIS-10 T1 scale score of 11 to a Windsorized score of 25 for the single outlier case.

The outliers identified in boxplots for BEIS-10 T2, CHS T2, and IPS T3 did not exceed three standard deviations above or below the mean. The outlier for the BEIS-10 T2 contained a value of $z = -2.82$, and the outlier for the CHS T2 contained a value of $z = -2.98$. The outlier for the IPS T3 contained a value of $z = 2.46$. I suspected that the z-scores beyond 2.80 standard deviations from the mean were having a disproportionately strong influence on the data, therefore I elected to include these scores in Windsorization (Osborne, 2013). I changed the original BEIS-10 T2 scale score of 17 to a Windsorized score of 24, and the CHS T2 scale score of 6 to a Windsorized score of 14. I did not change the score of IPS T3, as it fell within 2.5 standard deviations from the mean.

After Windsorizing the outliers for the BEIS-10 T1, BEIS-10 T2, and CHS T2 scores, I reevaluated the univariate normality of the scores. I reexamined the histograms and normal probability plots of the BRS, IPS, CHS, and BEIS-10 at each time point. The normal probability plots continued to demonstrate a reasonably straight line for all scales at all time points. The histograms generally demonstrated normality, and the more extreme cases of skewness were reduced. I recalculated critical values for the skewness of the Windsorized scales. The BEIS-10 T1 previously showed a critical value of -2.92. After Windsorizing the outlier, the BEIS-10 T1 demonstrated a critical value of -.30. Before Windsorizing, I calculated a critical value of -1.38 for the CHS T2, and a critical value of -2.12 for the BEIS-10 T2. The critical value after Windsorization for the CHS T2 was .16 and for the BEIS-10 T2 was -1.3. As a result of addressing the outliers, the scales demonstrated a more reasonable range of skewness and univariate normality.

Linearity

Linearity is the assumption that, when paired with each other, the dependent variables will form a straight-line relationship (Pallant, 2021). I generated a scatterplot matrix with linear fit lines to examine the linearity of my dependent variables. I examined the linearity of my four variables at each time point by generating a scatterplot matrix for T1 (Figure 6), T2 (Figure 7), and T3 (Figure 8). The scatterplots did not demonstrate any risk of curvilinearity between the variables at each time point, and there was no evidence of nonlinearity. As a result, I determined that my data met the assumptions for linearity.

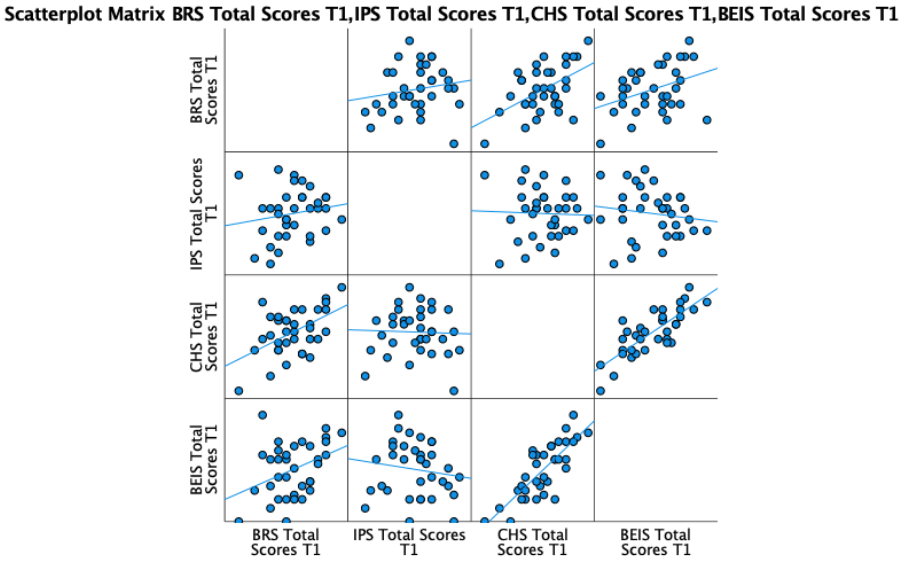


Figure 6. Scatterplot matrix of variables at time one

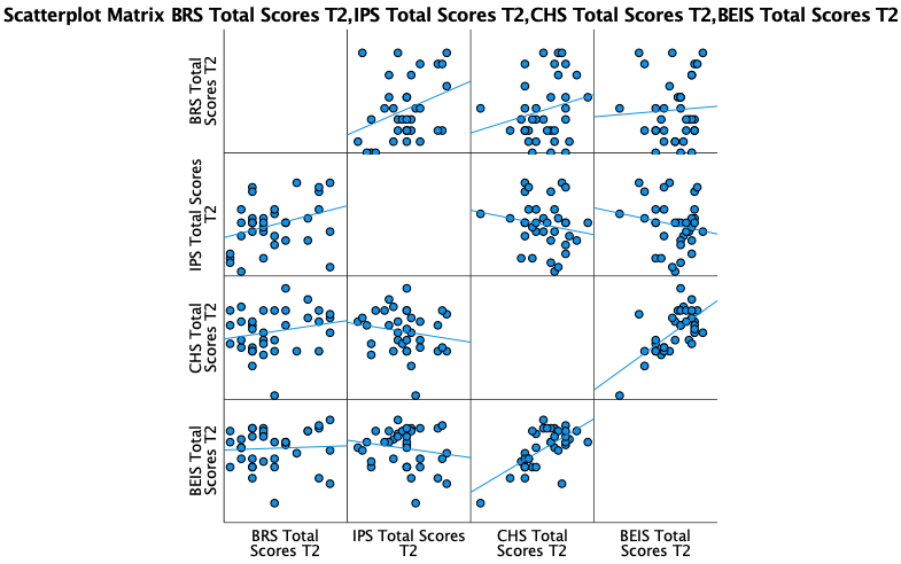


Figure 7. Scatterplot matrix of variables at time two.

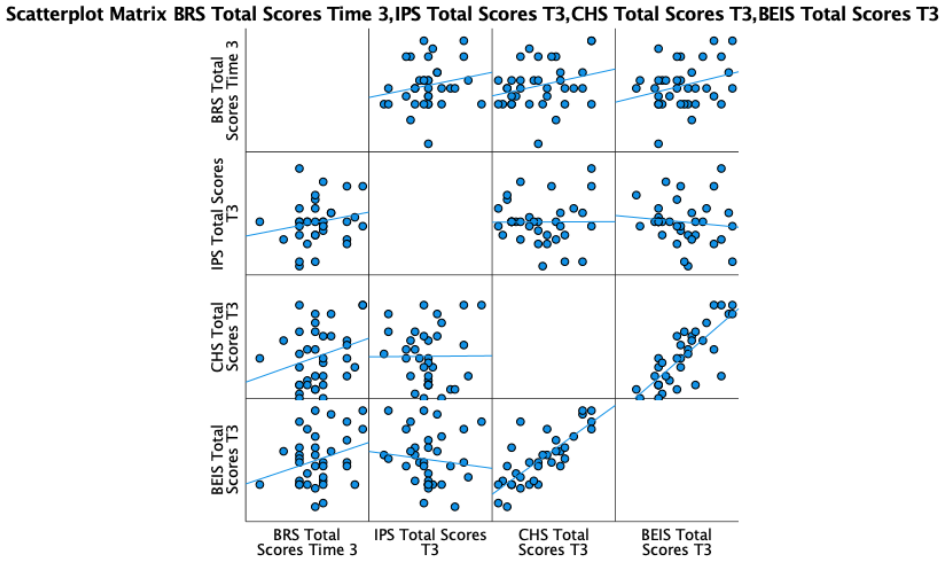


Figure 8. Scatterplot matrix of variables at time three

Multicollinearity and Singularity

In the case of repeated measures MANOVA, dependent variables should be conceptually related and moderately correlated (Pallant, 2021). Variables that are too highly correlated (e.g., above $r = .8$) run the risk of multicollinearity. In the case of multicollinearity, it may be necessary to eliminate one of the dependent variables before conducting a repeated measures MANOVA (Pallant, 2021). I conducted a bivariate correlation to check for multicollinearity and examine the strength of correlations between BRS total scale score, IPS total scale score, CHS total scale score, and BEIS-10 total scale score at T1 (Table 8), T2 (Table 9), and T3 (Table 10).

At T1, BRS had a moderate significant correlation with IPS ($r = .37$, $p < .001$), CHS ($r = .48$, $p < .001$), and BEIS-10 ($r = .46$, $p < .001$). The IPS had a small correlation with CHS ($r = .20$, $p < .001$) and with BEIS-10 ($r = .08$, $p < .001$) and the correlations were not significant. Finally, at T1, the CHS and BEIS-10 had a large significant correlation ($r = .74$, $p < .001$). Because correlations above $r = .80$ demonstrate a risk for collinearity, I noted the strong correlation but did not elect to eliminate either variable from the analysis.

Table 8. Pearson product-moment correlations between measures at time one

Scale	1	2	3	4
1. Total BRS score	_			
2. Total IPS score	.37**	_		
3. Total CHS score	.48**	.20	_	
4. Total BEIS-10 score	.46**	.08	.74**	_

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10
**$p < .001$ (2-tailed)

At T2, the BRS was moderately and significantly correlated with the CHS ($r = .41$, $p < .001$). However, the BRS was no longer significantly correlated with IPS ($r = .27$, $p < .001$) or with BEIS-10 ($r = .21$, $p < .001$), and the correlation was small. The IPS demonstrated small negative correlations with the CHS ($r = -.003$, $p < .001$) and with the BEIS-10 ($r = -.11$, $p < .001$) and not to a significant degree. While the CHS and BEIS-10 remained significantly correlated, the relationship reduced in strength from T1 to T2 ($r = .58$, $p < .001$), also indicating a reduced risk for multicollinearity between CHS and BEIS-10.

Table 9. Pearson product-moment correlations between measures at time two

Scale	1	2	3	4
1. Total BRS score	_			
2. Total IPS score	.27	_		
3. Total CHS score	.41**	-.003	_	
4. Total BEIS-10 score	.21	-.11	.58**	_

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10
**$p < .001$ (2-tailed)

Correlations between the variables at T3 remained largely similar to the correlations demonstrated at T2. The BRS was not significantly correlated with IPS ($r = .25$, $p < .001$) or with BEIS-10 ($r = .13$, $p < .001$), and the correlation remained small. Additionally, the BRS remained moderately correlated with the CHS, but the correlation was no longer significant ($r = .31$, $p < .001$). The IPS continued to demonstrate small, negative, and non-significant correlations with the CHS ($r = -.03$, $p < .001$) and with the BEIS-10 ($r = -.24$, $p < .001$). Finally, the CHS and BEIS-10 remained largely significantly correlated at T3 ($r = .58$, $p < .001$), and the strength of correlation between CHS and BEIS-10 did not change from T2 to T3.

Table 10. Pearson product-moment correlations between measures at time three

Scale	1	2	3	4
1. Total BRS score	_			
2. Total IPS score	.25	_		
3. Total CHS score	.31	-.03	_	
4. Total BEIS-10 score	.13	-.24	.58**	_

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10
**$p < .001$ (2-tailed)

Because the CHS and BEIS-10 were the only variables that demonstrated a large correlation at each time point, particularly at T1, I conducted an additional correlation to check for singularity between the subscales of CHS (*agency* and *pathways*) and the total scale scores of the BEIS-10 at the three points in time (Tables 11, 12, and 13). The BEIS-10 was most strongly correlated with CHS-Pathways at T1 ($r = .70$, $p < .001$). The strength of the correlation between BEIS-10 and CHS-Pathways was reduced at T2 ($r = .52$, $p < .001$) and at T3 ($r = .50$, $p < .001$). Therefore, I determined that multicollinearity did not exist between the BEIS-10 and CHS.

Table 11. Pearson product-moment correlations between CHS subscales and BEIS-10 at T1

Scale	1	2	3
1. CHS - Agency	_		
2. CHS - Pathways	.68**	_	
4. Total BEIS-10 score	.66**	.70**	_

Note. CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10
**$p < .001$ (2-tailed)

Table 12. Pearson product-moment correlations between CHS subscales and BEIS-10 at T2

Scale	1	2	3
1. CHS - Agency	_		
2. CHS - Pathways	.73**	_	
4. Total BEIS-10 score	.52**	.54**	_

Note. CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10
**$p < .001$ (2-tailed)

Table 13. Pearson product-moment correlations between CHS subscales and BEIS-10 at T3

Scale	1	2	3
1. CHS - Agency	_		
2. CHS - Pathways	.63**	_	
4. Total BEIS-10 score	.50**	.55**	_

Note. CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10
**$p < .001$ (2-tailed)

Overall, Pearson product-moment correlations indicated relationships between each of the four variables across all three-time points. Correlations ranged from small to large, with the smallest correlation occurring between IPS and CHS at T1 ($r = .003$, $p < .001$) and the largest correlation occurring between CHS and BEIS-10 at T1 ($r = .74$, $p < .001$). The relationship between CHS and BEIS-10 remained significant across all three-time points. Following an examination of the correlations between the variables at all three-time points, I determined that my data did not violate the assumptions of multicollinearity and singularity.

Homogeneity of Variance-Covariance Matrices

To test the homogeneity of variance-covariance matrices, I examined Box's Test of Equality and Covariance Matrices for each time point. Significance values larger than .001 indicate no violations of this assumption (Pallant, 2021). First, I conducted a multivariate ANOVA of the four variables at T1. I included BRS Total Score T1, IPS Total Score T1, CHS Total Score T1, and BEIS Total Score T1 as the dependent variables; I included Group (treatment or control) as the fixed factor. The Box's Test of Equality of Covariance Matrices at T1 showed a significance value of .19. Therefore, no violations occurred at T1. I conducted a MANOVA again for the four total scale scores at T2 with Group as the fixed factor. The Box's Test of Equality of Covariance Matrices at T2 showed a significance value of .35, indicating no violations occurred at T2. I repeated the MANOVA with the four total scale scores at T3 with Group as the fixed factor. The Box's Test of Equality of Covariance Matrices at T3 indicated a significance value of .38. Therefore, no violations occurred at T3, as well.

Additionally, I examined Levene's Test of Equality of Error Variances reported for each MANOVA at T1, T2, and T3. Levene's Test of Equality of Error Variances indicates whether or not there are equal variances for each of the variables. A significance value of less than .05

indicates a violation of the assumption. I examined the significance values for the BRS Total Score, IPS Total Score, CHS Total Score, and BEIS-10 Total Score for T1, T2, and T3. All significance values were above .05, indicating that my data met the assumption for equality of variance for all variables across all time points.

Sphericity

The assumption of sphericity is an additional assumption required for repeated measures MANOVA designs (Weinfurt, 1995). For sphericity to be met, the variances of each of the variables should be equal with epsilon values of 1.0. Values below 1.0 indicate a violation of sphericity and the risk of inflated Type 1 error (Leech et al., 2015; Weinfurt, 1995). Mauchly's Test of Sphericity indicated that my data violated sphericity, as the epsilon values were below 1.0. In such cases, it can be useful to correct the univariate approach using Greenhouse-Geisser correction (Leech et al., 2015). Therefore, I used Greenhouse-Geisser correction, $F(1.61, 53.11) = 144.61$, $p < .001$, to adjust for the violation in sphericity.

Results of the Research Question

I examined the impact of a four-week, daily LKM-based practice on indicators of students' wellbeing, including resilience, inner peace, hope, and emotional intelligence. Through repeated measures MANOVA, I examined if there would be a significant difference between a group of students receiving the SPACE Project intervention as compared to students assigned to a waitlist control group. The research question guiding the study was:

> Is there a statistically significant difference between students' reported levels of inner peace (as measured by the IPS; [Xi & Lee, 2021]), hope (as measured by the CHS; [Snyder et al., 1997]), resilience (as measured by the BRS; [Smith et al., 2008]), and emotional intelligence (as measured by the BEIS-10; [Davies et al., 2010]) when engaged

in a daily loving-kindness practice as compared to a waitlist control group when comparing pre-, mid-, and posttest scores?

The repeated measures MANOVA included the within-subjects independent variable of time (T1, T2, and T3), the between-subjects independent variable of grouping (treatment and waitlist control), and four dependent variables (resilience, hope, inner peace, and emotional intelligence).

Repeated Measures MANOVA

To answer the research question, I first examined the multivariate tests to note the interaction between time points (pre, mid, post) and group (treatment, waitlist control). Results of the multivariate test indicated no significant interaction between group and time, Wilks' λ = .94, $F(2, 32) = 1.05$, $p = .36$, partial eta squared = .06. Additionally, there was no significant interaction between group and scale outcomes, Wilks' $\lambda = .95$, $F(3, 31) = .49$, $p = .69$, partial eta squared = .05; or scale outcomes and time, Wilks' $\lambda = .91$, $F(6, 28) = .49$, $p = .81$, partial eta squared = .09. Tests of between-subjects effects indicated no significant difference between the groups, $F(1, 33) = .50$, $p = .48$, partial eta squared = .02. Results of the repeated measures MANOVA suggest that there was no significant difference between the treatment and control groups across each time points (pre, mid, and posttest), with small to moderate effect sizes. Although the groups were not statistically significantly different in outcomes, examination of the means suggests that the groups experienced change across the four-week intervention. The means and standard deviations for each variable are included in Table 15. Bar graph plots of the estimated marginal means for treatment and control groups of the BRS, CHS, IPS, and BEIS-10 at T1, T2, and T3 are included (Figures 9 and 10).

Table 14. Main effects of repeated measures MANOVA

Effect	λ	*F*	*df1*	*df2*	*p*	*Partial* $\dot{\eta}^2$
Group*Time	.94	1.05	2	32	.36	.06
Group*Scales	.95	.49	3	31	.69	.05
Scales*Time	.91	.49	6	28	.81	.09

Table 15. Means and standard deviations of dependent variables

Scale	*M*		*SD*	
	Treatment (*n* = 17)	Control (*n* = 18)	Treatment (*n* = 17)	Control (*n* = 18)
BRS				
T1	19.53	20.17	2.79	3.13
T2	20.12	19.61	3.08	2.55
T3	20.82	19.94	3.01	2.65
CHS				
T1	22.24	23.56	4.45	7.45
T2	24.59	22.50	4.47	5.78
T3	24.12	24.78	6.28	6.75
IPS				
T1	26.29	25.89	3.75	4.70
T2	26.76	26.28	5.19	5.74
T3	27.47	26.44	4.67	5.22
BEIS-10				
T1	37.06	36.44	6.08	6.27
T2	38.41	35.61	6.48	6.42
T3	37.00	36.56	7.01	7.31

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10

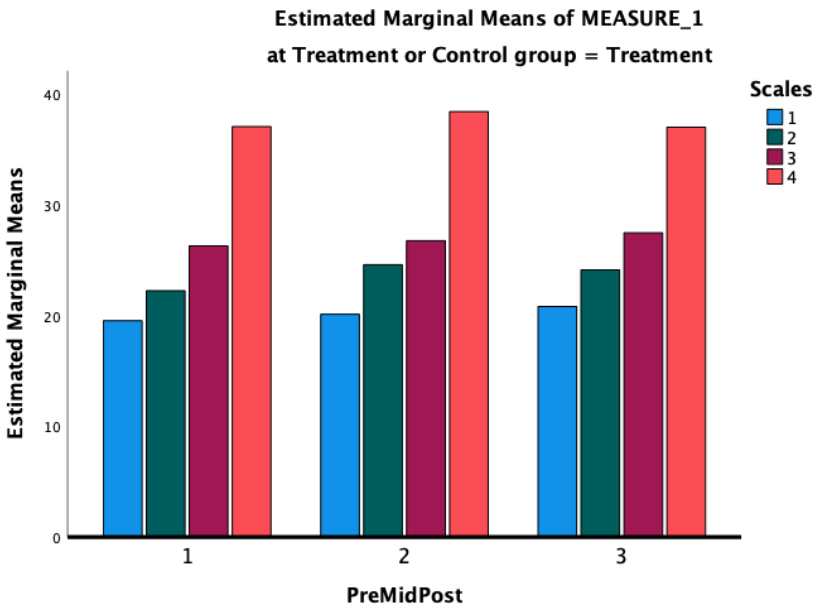


Figure 9. Estimated marginal means of treatment group outcomes

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

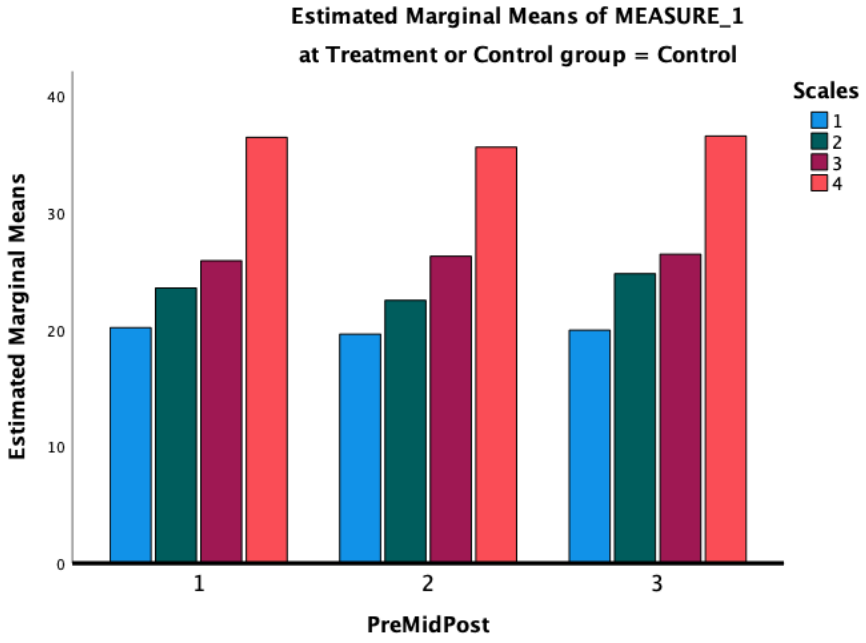


Figure 10. Estimated marginal means of control group outcomes

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

Frequency of Practice

In addition to within- and between-group differences, I examined the estimated marginal means for each of the scales as related to students' indicated frequency of practice with the SPACE Project. At the posttest survey, I asked students in the treatment group to indicate their estimated frequency of the SPACE Project per week. Therefore, in addition to my original research question, I decided to examine whether frequency of practice may have had an influence on students' outcomes despite the nonsignificant findings. Students selected 0 for "none at all (0 days)", 1 for "Infrequently (1-2 days each week)", 2 for "Somewhat frequently (2-3 days per week)", 3 for "Frequently (3-4 days per week), and 4 for "Daily (all days each week)". Two respondents (11%) in the treatment group indicated they did not engage in practice any days per week. Of the students who indicated they participated to some extent, 18% ($n = 3$) reported they practiced infrequently; 35% ($n = 6$) reported they practiced somewhat frequently each week; 11% reported ($n = 2$) practicing frequently each week; and 24% ($n = 4$) reported practicing daily each week. When included in the model for repeated measures MANOVA, the between-subjects effects for frequency of practice were significant at the $p < .05$ level with large effect size, $F(4, 29) = 3.53$, $p = .02$, partial eta squared = .33. Although these findings suggest some influence between the SPACE Project and students' reported outcomes, sample sizes at each level of frequency were small and nonequivalent, therefore the findings should be interpreted with caution.

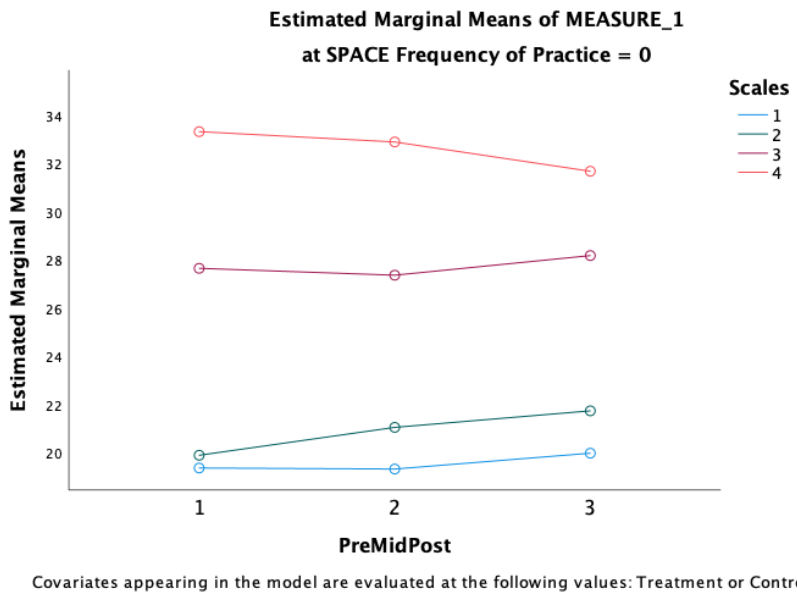


Figure 11. SPACE Frequency of practice estimated marginal means at no practice

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

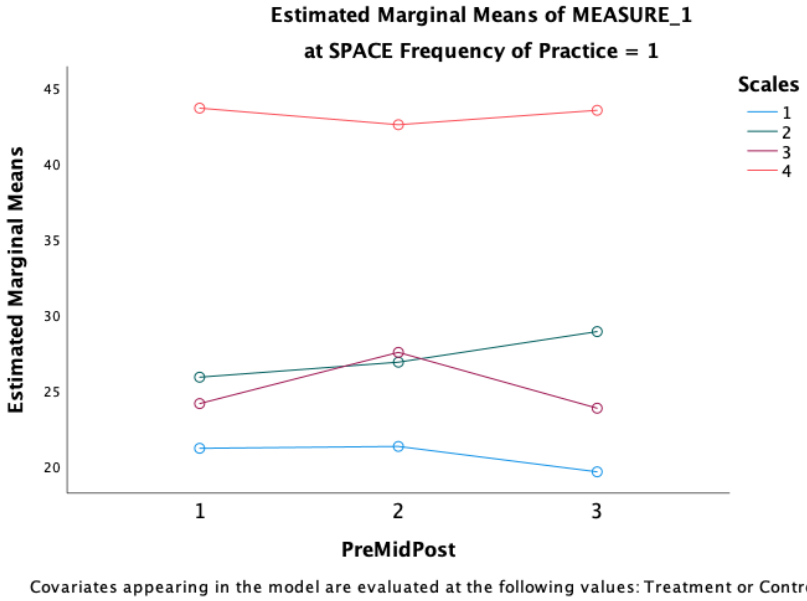


Figure 12. SPACE Frequency of practice estimated marginal means at infrequent practice

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

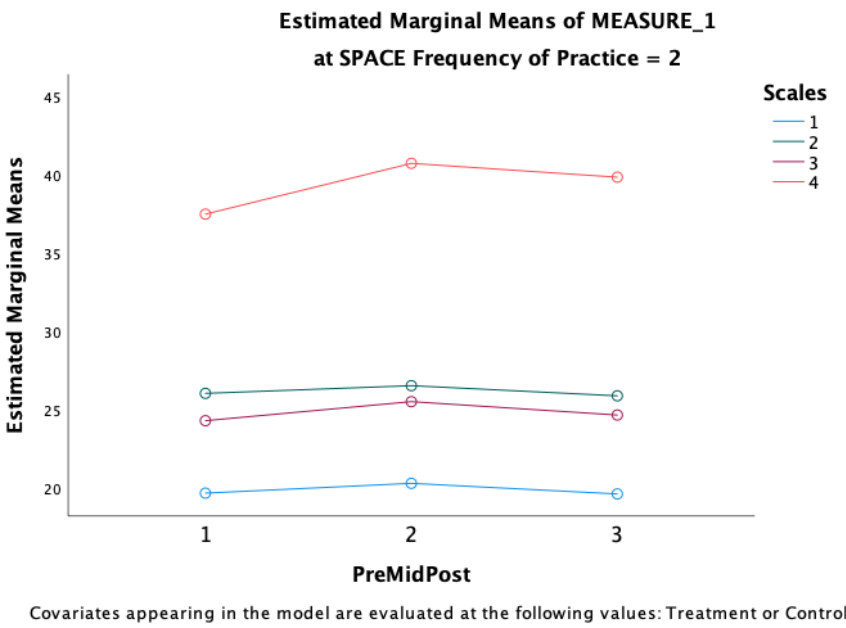


Figure 13. SPACE Frequency of practice estimated marginal means at some practice

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

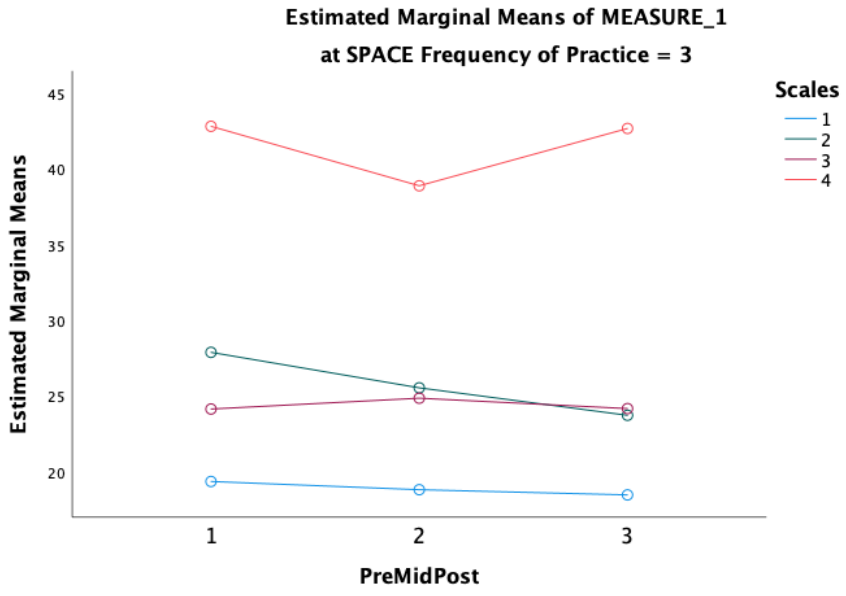


Figure 14. SPACE Frequency of practice estimated marginal means at frequent practice

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

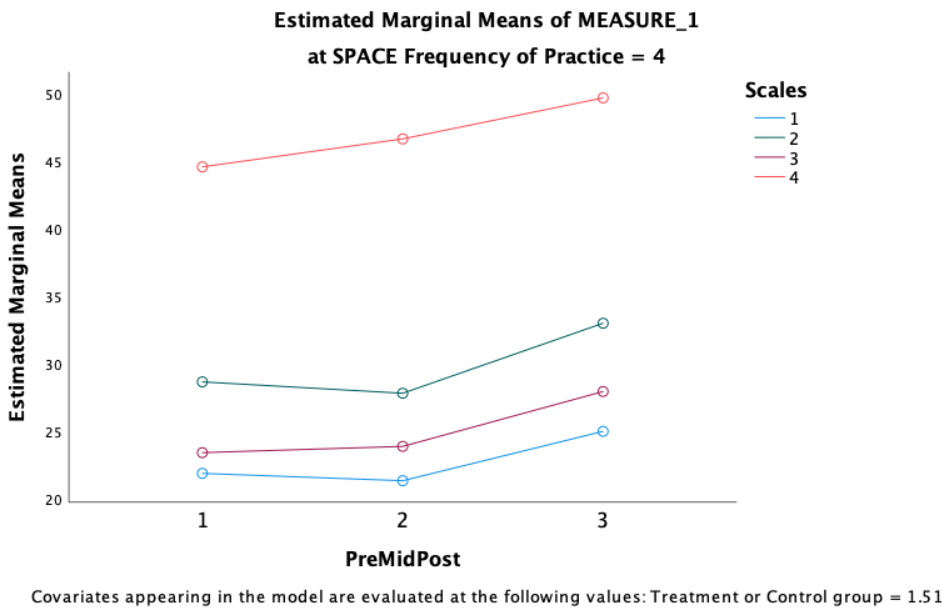


Figure 15. SPACE Frequency of practice estimated marginal means at daily practice

Note: Scale 1 = Brief Resilience Scale. Scale 2 = Children's Hope Scale. Scale 3 = Inner Peace Scale. Scale 4 = Brief Emotional Intelligence Scale-10.

Analysis of Covariance

In addition to the repeated measures MANOVA, I conducted an analysis of covariance (ANCOVA) for each scale to evaluate the posttest scores while controlling for pretest scores as covariate. Because the estimated marginal means indicated varying levels and directions of change for each of the scales, I elected to examine each of the variables independently, rather than as a multivariate analysis of covariance (MANCOVA). An ANCOVA can be helpful in designs with small sample sizes and small-to-medium effect sizes and in instances when randomization of group assignments was not possible (Pallant, 2021). For the BRS, the independent variable was the group (treatment or control) and the dependent variable was BRS T3 Total Scores (posttest). The pretest scores (BRS T1 Total Scores) were included as a covariate. The results of the ANCOVA for BRS indicated there was no significant difference between the two groups at T3 scores on the BRS, $F(1,32) = .19$, $p = .18$, partial eta squared =

.06. There was a strong significant interaction between BRS T1 Total Scores and BRS T3 Total Scores with large effect, $F(1, 32) = 9.95$, $p = .003$, partial eta squared = .28. For the IPS, the independent variable was the group with IPS T3 Total Scores as dependent variable and IPS T1 Total Scores as a covariate. The results of the ANCOVA for IPS showed no significant difference between the two groups at T3 scores on the IPS, $F(1, 32) = .32$, $p = .57$, partial eta squared = .01. Although the BRS had a strong significant relationship between pre- and posttest scores, the IPS T3 Total Scores did not have significant interaction with IPS T1 Total Scores, $F(1, 32) = .79$, $p = .38$, partial eta squared = .02. I replicated the process and conducted ANCOVAs for the CHS and BEIS-10 T1 and T3 scores. There was no significant difference between the groups for the CHS at T3, $F(1, 32) = .05$, $p = .83$, partial eta squared = .002; there was also no significant relationship between CHS pre- and posttest scores, $F(1, 32) = .43$, $p = .52$, partial eta squared = .01. Similar findings occurred for BEIS-10, with no significant difference between the groups for BEIS-10 at T3, $F(1, 32) = .02$, $p = .90$, partial eta squared = .00, and no significant relationship between BEIS-10 pretest and posttest scores, $F(1, 32) = 1.45$, $p = .23$, partial eta squared = .04.

Table 16. ANCOVA tests of between-subjects effects on posttest scores

Source	*Type III Sum of Squares*	*df*	*Mean Square*	*F*	*p*	*Partial* $\dot{\eta}^2$
Group (BRS)	11.91	1	11.91	1.90	.18	.06
BRS Total T1	62.46	1	62.46	9.95	.003	.28
Error (BRS)	200.96	32	6.28			
Group (IPS)	7.96	1	7.96	.32	.57	.01
IPS Total T1	19.63	1	19.63	.79	.38	.02
Error (IPS)	791.05	32	24.72			
Group (CHS)	2.16	1	2.16	.05	.83	.002
CHS Total T1	18.50	1	18.50	.43	.52	.01
Error (CHS)	1388.38	32	43.39			
Group (BEIS-10)	.76	1	.76	.02	.90	.00
BEIS-10 T1	74.62	1	74.62	1.47	.23	.04
Error (BEIS-10)	1619.82	32	50.62			

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10

Pre and Post Independent T-Test

Finally, to further examine the means between groups across time, I conducted three independent t-tests to compare the means between the treatment and control groups at T1 (Tables 6 and 7), T2 (Tables 17 and 18), and T3 (Table 19 and 20). Results of the t-tests at T1, T2, and T3 showed no significant difference between treatment and control groups. To examine change within the groups across time, I compared means for both groups from T1 to T3 (Table 21). Pretest and posttest mean comparison may demonstrate changes during the intervention period when gains do not occur at a significant level. Comparison of the means between the T1 and T3 for the treatment group indicated higher rates of change for the BRS, IPS, and CHS as compared to the control group's pretest and posttest scores. However, the BEIS-10 scores declined for the treatment group while BEIS-10 scores rose for the control group. These results indicate mixed

results for students who engaged in the SPACE Project intervention, with higher rates of growth in resilience, inner peace, and hope as compared to students in the control group.

Table 17. Time two means and standard deviations between treatment and control groups

Source	Group Status	N	M	SD	SE
BRS	Treatment	17	20.12	3.08	.75
	Control	18	19.61	2.54	.60
IPS	Treatment	17	26.76	5.12	1.24
	Control	18	26.28	5.74	1.35
CHS	Treatment	17	24.59	4.47	1.09
	Control	18	22.50	5.78	1.36
BEIS-10	Treatment	17	38.41	6.48	1.57
	Control	18	35.61	6.42	1.51

Note. BRS = Brief Resilience Scale, IPS = Inner Peace Scale, CHS = Children's Hope Scale, BEIS-10 = Brief Emotional Intelligence Scale

Table 18. Comparison of time two scores between groups

	Levene's Test		t-test for Equality of Means		
	F	*p*	*t*	*df*	*p*
BRS	.62	.44	.53	33	.30
IPS	.33	.57	.26	33	.40
CHS	1.30	.26	1.19	33	.12
BEIS-10	.001	.98	1.28	33	.10

Table 19. Posttest means and standard deviations between treatment and control groups

Source	Group Status	N	M	SD	SE
BRS	Treatment	26	20.82	3.01	.73
	Control	23	19.94	2.65	.62
IPS	Treatment	26	27.47	4.67	1.13
	Control	23	26.44	5.22	1.23
CHS	Treatment	26	24.12	6.28	1.52
	Control	23	24.78	6.75	1.59
BEIS-10	Treatment	26	37.00	7.01	1.70
	Control	23	36.56	7.31	1.72

Note. BRS = Brief Resilience Scale, IPS = Inner Peace Scale, CHS = Children's Hope Scale, BEIS-10 = Brief Emotional Intelligence Scale

Table 20. Comparison of posttest scores between groups

	Levene's Test		t-test for Equality of Means		
	F	*p*	*t*	*df*	*p*
BRS	.86	.36	.92	33	.18
IPS	.03	.85	.61	33	.27
CHS	.26	.62	-.30	33	.38
BEIS-10	.12	.73	.18	33	.43

Table 21. Treatment and comparison group means, standard deviations, and mean change from pretest to posttest scores for BRS, IPS, CHS, and BEIS-10.

Condition (*n*)	Measure	Pretest *M (SD)*	Posttest *M (SD)*	M±
Treatment (17)				
	BRS	19.53 (2.79)	20.82 (3.01)	+1.29
	IPS	26.29 (3.75)	27.47 (4.67)	+1.18
	CHS	22.24 (4.45)	24.12 (6.28)	+1.88
	BEIS-10	37.06 (6.08)	37 (7.01)	-.06
Control (18)				
	BRS	20.17 (3.13)	19.94 (2.65)	-.23
	IPS	25.89 (4.97)	26.44 (5.22)	+.55
	CHS	23.56 (7.45)	24.78 (6.75)	+1.22
	BEIS-10	36.44 (6.27)	36.56 (7.31)	+.12

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10

Exit Survey Results

Upon completion of the intervention, I asked participants in the treatment group to not only indicate their frequency of practice but also to share their thoughts about the intervention itself. Some students reported that the treatment was "helpful;" 60% of students who responded indicated that the practice was positive, helped with positive emotions, or described the practice as "calming". Two students reported that the practice induced sleep, which may be considered a barrier to their ability to fully engage in the practice. No students provided suggestions for changes or improvements to the practice. In addition to the students' feedback, I solicited the school administrators' feedback through anomaly reports. Their most frequently reported barriers

to the intervention included students' absences and interruptions to the practice due to internet or technological concerns.

Conclusion

In Chapter Four I presented the results of the SPACE Project intervention study, including demographic characteristics, a review of the statistical assumptions, and the reliability of the scales implemented in the study across each of the three-time points. I conducted statistical analyses including repeated measures MANOVA, ANCOVAs, and independent t-tests. I examined within- and between-group effects estimated marginal means, and mean change between treatment and control groups and across time.

I presented the results of the repeated measures MANOVA with a sample of 35 students in a nontraditional school setting. Results of the repeated measures MANOVA failed to reject the null hypothesis regarding significant differences between treatment and control groups at three-time points. Results of the ANCOVA for pretest and posttest scores of the BRS, IPS, CHS, and BEIS-10 also failed to reject the null hypothesis of a significant difference between treatment and control groups across time. Estimated marginal means and a t-test comparison of pretest and posttest scores suggested that the groups demonstrated change across time, however, the differences between groups and over time were not significant. A potentially significant finding occurred with the inclusion of students' reported frequency of practice with large effect size. Students who indicated the daily practice of the SPACE Project also demonstrated higher rates of growth across all four measures from T1 to T2 and T3. This finding suggests that frequency of practice may account for 33% of the variance in students' reported levels of resilience, hope, inner peace, and emotional intelligence.

In Chapter Five, I will discuss the interpretations of the findings presented in Chapter Four. I will address limitations and anomalies that occurred in the present study and will provide implications for school-based counseling research and school-based interventions. I will discuss the contributions of the present study to school-based intervention research and will provide recommendations for future research as a result of the findings.

Chapter Five: Discussion

Over the past decade, scholars have advocated for the implementation of school-based contemplative practice as a route for increased wellbeing outcomes for students and school communities (Greenberg & Harris, 2012; Kielty et al., 2017a; Morgan, 2015; Napora, 2017; Roeser & Pinela, 2014; Shapiro et al., 2015). Often, contemplative interventions in schools incorporate mindfulness practices, such as noticing the breath or present moment (Bleasdale et al., 2020; Bluth et al., 2015, 2018; Phan et al., 2022). Mindfulness interventions have gained support for their effectiveness in promoting students' emotional regulation, prosocial behaviors, attention, and the reduction of mental health symptoms (e.g., depression and anxiety) and behavior concerns (Phan et al., 2022). However, mindfulness-based practices are only one of many pathways for contemplative practice, and researchers suggest that mindfulness practices alone may not promote individuals' intrapersonal *and* interpersonal factors in ways that compassion-based contemplative practices can (Hafenbrek et al., 2021). Conversely, studies of loving-kindness meditation (LKM) indicate positive intrapersonal and interpersonal outcomes (Hafenbrek et al., 2021; Kearney et al., 2014; Leppma & Young, 2016; Masters-Waage et al., 2022; Telke et al., 2022; Totzek et al., 2020). However, studies of LKM interventions primarily focus on samples of adult participants, and studies of LKM as a school-based intervention are limited.

With this in mind, I explored the impact of a school-based contemplative practice with adolescents ages 12 to 19 years old. I designed a daily LKM-based intervention for adolescents to practice in their natural school setting. To evaluate its effectiveness, I measured four indicators of wellbeing, including *hope, resilience, emotional intelligence,* and *inner peace.* Scholars have indicated the four identified factors to curb risk behaviors in adolescence (Bressler et al., 2010;

Datu, 2017; Datu et al., 2018; Marques et al., 2013; Padilla-Walker et al., 2011; Snyder, 2002). I conducted a non-equivalent control group design with a waitlist control group and a treatment group. The treatment group practiced a ten-minute LKM-based practice each school day for four school weeks. Both the treatment and control groups completed surveys across three-time points. In this chapter, I review the intervention and methodology, provide a summary of the results, and interpret the results. Additionally, I will describe the limitations of the study, implications for school-based interventions and practitioners, and recommendations for future research.

Statement of the Problem

The developmental stage of adolescence provides natural and unique challenges for students, with increased risk for mental health concerns, hopelessness, suicidality, and general threats to wellbeing (Hawes et al., 2021; Hertz & Barrios, 2020). School professionals working with adolescents (e.g., school counselors, teachers, administrators) must be mindful of the risks that exist in adolescence and must seek interventions that help students navigate developmental and contextual challenges. In an attempt to meet students' needs, trends in school-based interventions have expanded to include social-emotional learning (Bardhoshi et al., 2020; Durlak et al., 2011; Lemberger et al., 2015, 2018, 2021), trauma-informed interventions (Alvarez et al., 2022; Field & Ghoston, 2020; Rumsey & Milsom, 2019), and mindfulness-based interventions (Phan et al., 2022), among others. Relatedly, an area that continues to grow is the implementation of contemplative practice-based interventions in the school setting (Davidson et al., 2012; Kielty et al., 2017a).

Contemplative practices show promise for the reduction of risk factors and the promotion of wellbeing for individuals across the lifespan (Brown et al., 2013; Farb et al., 2015; Felver et al., 2015; Hofmann et al., 2011; Miller et al., 2022; Oman et al., 2008). Contemplative practices

have roots in spiritual traditions across cultures and are grounded in awareness and connection to self, others, and a greater purpose (Contemplative Mind in Society, 2021). Contemplative practices strengthen spirituality and related protective factors relevant to optimal adolescent development (Benson et al., 2012; Chapman et al., 2021; Debnam et al., 2016; Fox et al., 2017). In the literature on contemplative-based practices, hope, resilience, emotional intelligence, and inner peace have emerged as related outcomes (Catalino et al., 2014; Davidson et al., 2012; Dorais & Gutierrez, 2021b; Munoz et al., 2018), each of which are related to improved wellbeing in adolescence.

Despite the link between contemplation and adolescents' inner resources, gaps exist in the literature across multiple areas. First, outcome research in school settings is limited, particularly in school counseling (Griffith et al., 2019). Second, research examining a *daily* school-based contemplative practice intervention with adolescents has not been explored. Third, when contemplative interventions have been measured in school settings, they most often come in the form of mindfulness-based interventions. The examination of other varieties of contemplative practices is limited, and very few researchers have examined the impact of an LKM-based intervention on youth (e.g., Tellhed et al., 2022). Finally, prior to this study, the constructs of resilience, hope, inner peace, and emotional intelligence had not been examined together as a result of a contemplative intervention for adolescents. Therefore, the proposed study was designed to fill the gaps in the literature by measuring the impact of a daily, school-based, LKM-based practice on students' levels of hope, resilience, emotional intelligence, and inner peace.

Research Question

The research question guiding this study was: Is there a statistically significant difference between students' reported levels of inner peace (as measured by the Inner Peace Scale [IPS]; Xi & Lee, 2021), hope (as measured by the Children's Hope Scale [CHS]; Snyder et al., 1997), resilience (as measured by the Brief Resilience Scale (BRS); Smith et al., 2008), and emotional intelligence (as measured by the Brief Emotional Intelligence Scale-10 [BEIS-10]; Davies et al., 2010) when engaged in daily loving-kindness practice as compared to a waitlist control group when comparing pre-, mid-, and posttest scores?

Based on extant literature regarding trials of LKM interventions, I hypothesized that there would be a significant difference between the groups of students who received a four-week, daily LKM treatment and the waitlist control group receiving no treatment on students' reported levels of inner peace, hope, resilience, and emotional intelligence when comparing pre-, mid-, and posttest scores. To implement an LKM practice, I designed the Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project. The SPACE Project intervention was based on LKM practice, including extending compassion toward self and others. Students engaged in the SPACE Project for 10 minutes each school day by listening to a guided meditation recording embedded into a Google Classroom. The SPACE Project included five components that occurred progressively within the 10-minute practice:

1. *Concentration*: Students focused their awareness on a single point (i.e. an object in their line of sight or the sensation of their feet on the floor). Focused concentration helped to ground the student in the present moment. This step occurred for approximately 30 seconds.

2. *Breath awareness:* Students shifted their attention onto their breath to increase present-moment awareness. This step occurred for approximately 30 seconds.
3. *Mindfulness*: Students observed any thoughts, sensations, emotions, or sounds that arose and were encouraged to do so without judgment. This step occurred for approximately 30 seconds.
4. *Guided imagery*: Students imagined someone in their lives who they felt positively about (e.g., self, friend, family member, a person they respect, a person they know or do not know, and pet or animal) and then focused their attention on the individual. Students were instructed to begin with themselves and then extend their attention progressively toward others. This step began the loving-kindness portion of the practice. Students focused their attention on their visualization of self or other(s) for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery occurred in tandem with the following step, *self-talk affirmations.*
5. *Self-talk affirmations:* Students mentally repeated statements of positive affirmation, extending well-wishes toward self, others, and communities. When directed toward self, the phrases were: *May I be happy. May I be healthy. May I be safe. May I be at ease.* When directed toward others, the phrases were: *May you be happy. May you be healthy. May you be safe. May you be at ease.* The affirmations were the anchor of the practice. Students continued to mentally repeat the phrases for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery and self-talk affirmations occurred in tandem.

Review of the Method

To answer the research question associated with this study, I conducted a quasi-experimental nonequivalent control group study and utilized repeated measures multivariate analysis of variance (MANOVA). Nonequivalent control group design is widely used in educational research and includes an experimental and control group with measures at multiple time points (Campbell & Stanley, 1963; Cook & Campbell, 1979). Rather than random assignment, groups are naturally assembled, such as in classes or school settings (Campbell & Stanley, 1963). Repeated measures MANOVA allows for comparing variables between and within subjects, including group assignment and change over time (Weinfurt, 1995). A repeated measures MANOVA is appropriate for smaller sample sizes and when there are multiple dependent variables that are conceptually related and moderately correlated (Urdan, 2017). In nonequivalent control group design, treatment and control groups should be as similar as possible (Campbell & Stanley, 1963). With this in mind, I confirmed the groups' similarity through an independent t-test of the initial pretest scores before the data analysis. Results indicated no significant differences between the groups on the BRS, IPS, CHS, or BEIS-10 at pretest (T1). I cleaned and screened the data prior to further analysis. I conducted Little's MCAR test to assess the randomness of missing data, and deleted cases listwise for any students who did not complete surveys at each time point. Of the remaining cases, I merged cases at T1, mid-test (T2), and postest (T3) based on student identification codes and demographic data. The final sample included a total of $N = 35$ cases, with $n = 17$ cases assigned to the treatment group and $n = 18$ assigned to the control group.

Statistical assumptions for repeated measures MANOVA include sufficient sample size, univariate and multivariate normality, outliers, linearity, multicollinearity and singularity,

homogeneity of variance, and sphericity (Leech et al., 2015; Pallant, 2021; Weinfurt, 1995). According to a priori power analysis, an adequate sample size was a minimum of 34 students. The achieved sample of $n = 35$ met a priori power for the minimum sample size for repeated measures MANOVA. Subsequently, I examined multivariate and univariate normality. Mahalnobis distances for each case indicated that multivariate normality was met. However, examination of univariate normality through Komogorov-Smirnov statistics, skewness and kurtosis, normal probability plots, and histograms revealed a violation of normality for multiple scales. The normality appeared to be largely influenced by the existence of outliers; therefore, I tested for outliers and performed a z-transformation of total scale scores. Through Windsorization, I replaced extreme scores (above or below 2.8 standard deviations from the mean) with adjacent values (Osborne, 2013). As a result of addressing the outliers, the scales demonstrated a more reasonable range of skewness and univariate normality.

I examined scatterplot matrices of the four variables at T1, T2, and T3 to determine linearity. The scatterplots did not demonstrate any risk of curvilinearity between the variables at each time point; therefore, I determined that the data met assumptions for linearity. Next, I conducted bivariate correlations to check for multicollinearity and examine the strength of correlations between BRS total scale score, IPS total scale score, CHS total scale score, and BEIS-10 total scale score at T1, T2, and T3. Overall, Pearson product-moment correlations indicated relationships between each of the four variables across all three-time points. Correlations ranged from small to large, with the smallest correlation occurring to a nonsignificant degree between IPS and CHS at T2 ($r = -.003$, $p = .001$) and the largest significant correlation occurring between CHS and BEIS-10 at T1 ($r = .74$, $p < .001$). The relationship between CHS and BEIS-10 remained significant across all three-time points. Because the CHS

and BEIS-10 were the only variables that demonstrated a large correlation at each time point, particularly at T1, I conducted an additional correlation to check for singularity between the subscales of CHS (*agency* and *pathways*) and the total scale scores of the BEIS-10 at all three-time points. The BEIS-10 correlated with CHS-Pathways at T1 ($r = .70$, $p < .001$). The strength of the correlation between BEIS-10 and CHS-Pathways was reduced at T2 ($r = .52$, $p < .001$) and at T3 ($r = .50$, $p < .001$). Therefore, I determined that multicollinearity did not exist between the BEIS-10 and CHS and that the data did not violate the assumptions of multicollinearity and singularity.

To test the homogeneity of variance-covariance matrices, I examined Box's Test of Equality and Covariance Matrices for each timepoint. No violations were indicated at T1, T2, or T3. Additionally, I examined Levene's Test of Equality of Error Variances reported for each MANOVA at T1, T2, and T3. A significance value of less than .05 indicates a violation of the assumption (Pallant, 2021). All significance values indicated that the data met the assumption for equality of variance for all variables across all time points. Finally, I tested for the assumption of sphericity through Mauchly's Test of Sphericity. Results indicated that the data violated sphericity; therefore, I used Greenhouse-Geisser correction (Leech et al., 2015) when necessary to adjust for the violation in sphericity.

In addition to testing of assumptions, I also examined the reliability of the measures at each time point. The CHS and the BEIS-10 demonstrated good internal consistency at all three-time points, with alpha levels for the CHS ranging from .83 to .86, and alpha levels for the BEIS-10 ranging from .83 to .90. Reliability for the IPS scores were less consistent across the three-time points. At T1 and T2, the IPS demonstrated poor internal consistency with alpha levels of .47 and .59, respectively. At T3, however, the IPS scores demonstrated acceptable internal

consistency with a Cronbach's alpha of .73. This fluctuation in reliability may be due to developmental, demographic, or contextual factors of the current sample compared to the individuals with whom the IPS was normed. The BRS also demonstrated poor reliability with the present sample across all three-time points, with alpha levels ranging from .35 to .45. As such, the reliability of the BRS scores with the current sample was a significant limitation. Due to limitations in the reliability of the IPS and BRS scales, the findings should be interpreted with caution. The context of the sample's educational setting should also be considered when interpreting the findings.

School Setting of the Current Study

The SPACE Project intervention and surveys occurred in three alternative education school sites serving students in grade levels six through twelve. In my initial stages of recruitment for school sites, I recruited public, parochial, and alternative education schools. However, the alternative education schools were the only sites where administrators expressed agreement with participating in the study; therefore, I only recruited students from alternative education settings. Alternative education schools include any type of educational programming outside of the traditional kindergarten through 12th grade school system (Aron, 2006). The school sites for the present study were considered "mall schools," in which the academic settings were located in strip malls rather than on traditional school campuses. Students could enroll at the alternative education school sites based on self-referral, parent-referral, or referral from their previous school settings. The alternative education sites prioritized curricula designed to promote students' emotional intelligence and a sense of purpose in life, with opportunities for academic credit recovery toward graduation. Overall enrollment at each school site was small, with approximately 50 to 100 students enrolled at each school. Students' classrooms consisted of

grade-level cohorts, and students primarily engaged in curriculum content, including the SPACE Project, through their online Google Classroom. School staff included educators who facilitated the SPACE Project, but no school counselors were employed at any of the alternative education sites. The unique setting, goals, resources, and needs of alternative education may have contributed to the overall implementation and outcomes of the intervention.

Summary of the Results

To test the research question, I conducted statistical analyses, including repeated measures MANOVAs, Analyses of Covariance (ANCOVAs), and independent t-tests. I also examined the treatment and control group means, standard deviations, and mean change from pretest to posttest scores. The repeated measures MANOVA included the within-subjects independent variable of time (T1, T2, and T3), the between-subjects independent variable of grouping (treatment and waitlist control), and four dependent variables (resilience, hope, inner peace, and emotional intelligence). I first examined the multivariate tests to note the interaction between timepoints (T1, T2, and T3) and group (treatment, waitlist control). Results of the multivariate test indicated no significant interaction between group and time, Wilks' $\lambda = .94$, $F(2, 32) = 1.05$, $p = .36$, partial eta squared = .06. Additionally, there was no significant interaction between group and scale outcomes, Wilks' $\lambda = .95$, $F(3, 31) = .49$, $p = .69$, partial eta squared = .05, and no significant interaction between scale outcomes and time, Wilks' $\lambda = .91$, $F(6, 28) = .49$, $p = .81$, partial eta squared = .09. The tests of between-subjects effects indicated no significant difference between group, $F(1, 33) = .50$, $p = .48$, partial eta squared = .02. Although the groups were not statistically significantly different in outcomes, examination of the means from T1 to T3 suggested that the groups experienced a change in outcomes across the four-week intervention (Table 22). According to the findings, though change may have occurred, the

SPACE Project intervention did not produce statistically significant change for students in the treatment group as compared to students in the waitlist control group.

Table 22. Treatment and comparison group means, standard deviations, and mean change from pretest to posttest scores for BRS, IPS, CHS, and BEIS-10.

Condition (*n*)	Measure	Pretest *M (SD)*	Posttest *M (SD)*	M+
Treatment (17)				
	BRS	19.53 (2.79)	20.82 (3.01)	+1.29
	IPS	26.29 (3.75)	27.47 (4.67)	+1.18
	CHS	22.24 (4.45)	24.12 (6.28)	+1.88
	BEIS-10	37.06 (6.08)	37 (7.01)	-.06
Control (18)				
	BRS	20.17 (3.13)	19.94 (2.65)	-.23
	IPS	25.89 (4.97)	26.44 (5.22)	+.55
	CHS	23.56 (7.45)	24.78 (6.75)	+1.22
	BEIS-10	36.44 (6.27)	36.56 (7.31)	+.12

Note. BRS = Brief Resilience Scale; IPS = Inner Peace Scale; CHS = Children's Hope Scale; BEIS-10 = Brief Emotional Intelligence Scale-10

The mean change indicated that there was possible influence on students' scale scores over the four weeks. For the BRS, IPS, and CHS, the means showed growth at greater rates for the treatment group than for the control group. However, for the BEIS-10, the treatment group showed a reduction of scores as compared to the growth in the control group's scores. Because there was evidence of some change, and because changes in scores varied for each construct, I conducted ANCOVAs for each scale to evaluate posttest scores while controlling for pretest scores as a covariate for each scale. Results of the ANCOVAs confirmed no significant differences between the two groups at posttest for BRS, IPS, CHS, or BEIS-10 when controlling for pretest scores.

Additionally, I examined the students' reported frequency of practice to test whether a change was indicative as a result of students' level of engagement. In the survey at T3, the participants reported their estimated frequency of engaging in the SPACE Project per week from 0 (for none at all [0 days] to 4 (for daily [all days each week]). Two respondents (11%) in the

treatment group indicated they did not engage in practice any days per week. Of the students who indicated they participated to some extent, 18% (n = 3) reported they practiced infrequently; 35% (n = 6) reported they practiced somewhat frequently each week; 11% reported (n = 2) practicing frequently each week; and 24% (n = 4) reported practicing daily each week. I conducted another repeated measures MANOVA with the frequency of SPACE Project included as a between-subjects factor. The results showed that the between-subjects effects for frequency of practice were significant at the $p < .05$ level with a large effect size, $F(4, 29) = 3.53$, $p = .02$, partial eta squared = .33. The finding echoes previous meditation research which indicates that frequency of practice is significantly related to meditation outcomes, particularly for wellbeing indicators (Fredrickson et al., 2019; Levin et al., 2014; Montero-Marin et al., 2022). The results suggest some influence between the SPACE Project and students' reported outcomes, particularly regarding treatment frequency; however, the findings should be interpreted with caution due to limitations in sample size at each frequency level. Further examination of the SPACE Project with larger sample sizes may show more robust outcomes.

Analysis and Interpretation of the Results

The results indicate that the implementation of a daily, four-week LKM-based intervention did not result in a statistically significant difference between treatment and control groups or in students' reported outcomes from T1 to T3 on hope, resilience, inner peace, or emotional intelligence. These nonsignificant findings are similar to previous studies of LKM interventions in which results were mixed (Fredrickson et al., 2017; Masters-Waage et al., 2022) or nonsignificant from pre- to posttest (Apsy & Proeve, 2017). The present study's nonsignificant findings may be the result of varying influences including treatment design or external factors and events. For example, research regarding LKM-based interventions with

youth is particularly scarce. The limited existing empirical support combined with the nonsignificant findings of the current study may suggest that LKM does not developmentally match the needs or cognitions of adolescents. Alternatively, the findings may suggest that the constructs examined in this study should have included more interpersonal, symptomatic, or behavioral outcomes rather than intrapersonal outcomes. In future research, it would be helpful to reexamine LKM-based interventions with youth and include more outcomes related to behavioral and relational factors. Additionally, all of the scales in the present study were self-report. Future research should include parent- and teacher-report measures in order to evaluate behavioral results.

Additionally, a high rate of attrition occurred throughout the study. Attrition, also known as *mortality,* is the loss of respondents or cases during a study (Campbell & Stanley, 1963). Attrition or mortality includes the loss of participants completing survey data and the loss of participants engaged in a treatment (Marcellus, 2004). Of participants who started the study at T1, 38% completed the study through T3, resulting in a 62% attrition rate. Attrition rates above 20% are high, and can be cause for attrition bias and a negative impact on the results (Marcellus, 2004). Attrition also occurred at different rates throughout the study for treatment and control groups (e.g., from T1 to T2 and T2 to T3). During the first two weeks, the treatment group exhibited higher rates of attrition as compared to the control group from survey T1 to survey T2. Conversely, the control group exhibited higher rates of attrition as compared to the treatment group from survey T2 to survey T3. It is unclear what influenced these specific trends in attrition; however, it is possible that there were both situational and theoretical causes. Despite meeting the minimum a priori threshold with 80% power, perhaps measures to reduce attrition and ensure a larger sample size with a power of 90% would have yielded greater significance.

During the study, all school sites experienced a hurricane during week two, resulting in emergency weather-related school cancellations. The hurricane caused structural damage and power loss for buildings in the local area and resulted in loss of life across the state. With this in mind, it is possible that students in both groups had limited access, capacity, interest, or time to engage in the study. Considering that the treatment group was asked to engage in daily practice in addition to completing surveys, it is possible that students in the treatment group felt less encouraged or interested in continuing the practice following the experience of a natural disaster. In addition to experiencing a hurricane, between the third and fourth week of the study all three schools had a week-long holiday break. Though the treatment and control groups experienced the same holiday break at the same period of time, each student likely experienced the break in different ways. As such, the break in the academic calendar, compounded with prior weather-related cancellations, may have had an effect on attrition and the findings.

It has also been noted in the literature that studies of mindfulness interventions (Nam & Toneatto, 2016) and online-facilitated interventions (Clarke et al., 2015), tend to have moderate-to-high rates of mortality. Nam and Toneatto (2016) reviewed 22 studies of randomized mindfulness-based interventions and noted attrition rates ranging from 5% to 63%, with an average of 29%. The top reason for attrition included scheduling issues (Nam & Toneatto, 2016). Scheduling issues often occur in school settings, as school day schedules are typically filled with academic and credit requirements; therefore, scheduling issues may have influenced attrition rates in the SPACE Project. The second-most cited reason for attrition was disinterest (Nam & Toneatto, 2016). At the T3 survey, I asked participants to share their general thoughts on the SPACE Project, and disinterest was echoed by two participants from the treatment group. Although the SPACE Project was an LKM-based intervention, it shared similarities with

mindfulness interventions (e.g., breath awareness, present moment awareness, concentration), and appears to have mirrored the higher rates of participant dropout and reasons for attrition that sometimes affect studies of mindfulness. Additionally, the SPACE Project was offered to students through an online platform, and online interventions for youth have shown moderate to high levels of non-completion (Clarke et al., 2015). School-based online interventions tend to have higher retention rates (Clarke et al., 2015); however, as previously noted, interruptions to the academic calendar impacted the number of days students were in school during the study and likely impacted the completion rates.

Although findings between the treatment and control groups yielded non-significance, I found statistical significance in a post-hoc examination of students' frequency of practice. At T3, treatment group participants reported their estimated frequency of the SPACE Project per week. When I included frequency of practice as a between-subjects factor, the between-subjects effect was significant at the $p < .05$ level with a large effect size, $F(4, 29) = 3.53$, $p = .02$, partial eta squared = .33. Further, plots of the estimated marginal means for each group demonstrated that when students indicated they had engaged in the practice on a daily basis, their outcomes on all four scales increased from T1 to T3. When students indicated they had practiced with mixed engagement (from zero days to three-to-four days per week), their outcomes minimally increased, and sometimes decreased, from T1 to T3. This finding should be interpreted with caution, due to small sample sizes at each level of frequency and nonequivalent sample sizes between groups at each level of frequency. Yet, these findings are similar to past research regarding the outcomes and challenges of school-based contemplative interventions.

In a randomized controlled trial, Montero-Marin and colleagues (2022) examined the benefits of a school-based mindfulness training, and found mixed results. In particular, students

with barriers to engagement (e.g., mental health challenges or societal difficulties) did not benefit from the mindfulness training and sometimes showed potential contraindications. This is of particular relevance to the present study, in which the sample was comprised entirely of students in alternative education. Students in alternative education have a higher propensity for mental health concerns and societal barriers than the general population (Aron, 2006; Mullen & Lambie, 2013). This may help to explain the high rate of attrition, as well as the mixed results found in the present study. Similarly, Montero-Marin et al (2022) also noted that students' consistent engagement in the practice was low, which is similar to the reported levels of engagement in the SPACE Project. In multiple ways, the results of the SPACE Project seem to reflect the findings from Montero-Marin et al. and may speak to the idea that contemplation is helpful when it is a chosen practice, rather than when it is prescribed.

Along similar lines, scholars have noted the relationship between positive outcomes and frequency of practice (Fredrickson et al., 2017, 2019). In a randomized controlled trial examining positive emotion outcomes, Fredrickson and colleagues (2017) randomly assigned participants to either a mindfulness meditation or LKM group. Fredrickson et al. found that for participants randomly assigned to the LKM group, the duration and frequency of their practice related more closely to daily reports of positive emotion as compared to those assigned to mindfulness meditation. In a later randomized controlled trial, Fredrickson and colleagues (2019) randomly assigned novice meditators to mindfulness meditation or LKM practice. Their findings demonstrated that when novice meditators practiced more frequently, they experienced more positive emotions and a greater sense of social integration. With this in mind, these findings highlight two potential limitations of the SPACE Project. First, the SPACE Project was relatively brief in duration. Students may not have experienced change to their inner resources within four

weeks of practice. Additionally, students practiced two different types of LKM practice (e.g., SPACE Practice One and SPACE Practice Two), and changed practices between the second and third week of the intervention. It may be beneficial to increase the duration of the SPACE Project beyond four weeks, possibly with only one type of LKM practice, and reinvestigate its outcomes, including the level of student engagement. Secondly, interruptions occurred throughout the four weeks that likely impacted students' frequency of practice. Teachers noted typical anomalies such as internet access or technological difficulties, which limited student engagement. The students also experienced a hurricane during the four-week intervention which likely impacted students' frequency of practice and also likely impacted their attention during practice. Future research should examine frequency and duration with youth engaged in contemplative practices, to further assess their impact on outcomes in adolescence.

In addition to the research question, I examined the patterns of change that occurred for each of the individual constructs. Though the constructs are moderately correlated, resilience, hope, inner peace, and emotional intelligence vary in their presentation and conceptualization. In the present study, each construct showed different rates of growth for the treatment and control groups and depending on the frequency of practice. In the following sections, I further describe the findings and interpretations of each construct.

Resilience

The construct of resilience has often been tied to wellbeing outcomes for youth, including positive mental health (O'Connor et al., 2021), quality of life (Cheung et al., 2020), and healthy development (Zimmerman et al., 2013). Fredrickson's (1998, 2001) broaden-and-build theory posited that resilience is built through an upward spiral of experiencing positive emotions. Contemplative practices help to cultivate positive emotions that influence resilience (Dorais &

Gutierrez, 2021b; Fredrickson et al., 2008, 2017; Kearney et al., 2014). In adults, scholars have found LKM-based practices to be a helpful mechanism for improving positive affect and inner resources (Kearney et al., 2014). The SPACE Project study is one of the first studies to examine whether LKM-based practices show similar results with youth samples, and the findings suggest mixed results. There was no statistically significant difference between the treatment and control groups with regard to their levels of resilience from T1 to T3. Further examination of the influence of frequency of practice also indicated varying results. Students who reported no engagement in the SPACE Project showed mild growth in resilience, while students who reported varying levels of practice (one to three-to-four days per week) demonstrated no growth or some decline. Levels of resilience for students who reported engaging in the SPACE Project on a daily basis showed an increase in resilience from T1 to T3. The latter finding is similar to previous literature on the impact of a four-week, daily contemplative intervention, in which students practiced centering prayer and reported increased levels of resilience following consistent engagement in the intervention (Dorais & Gutierrez, 2021b).

A critical consideration in the present study, however, is the low reliability of the BRS scores at all three-time points. While the BRS has been used to measure youth resilience in past studies (Bluth et al., 2018), participants differed significantly in demographics and school contexts between previous studies and the present study. All of the students who engaged in the SPACE Project reportedly identified as students of color; past studies have included predominantly white samples of students (e.g., Bluth et al., 2018). The low reliability of the BRS scores in the present study begs the question of whether Smith et al.'s (2008) definition and assessment of resilience adequately reflect resilience as it applies to diverse communities and diverse youth. Smith et al. (2008) defined resilience as a single factor: an individual's ability to

bounce back in response to adversity. However, scholars have defined resilience as a composite of multiple factors, including internal and external resources (Fergus & Zimmerman, 2005) and biological, psychological, and sociocultural factors (Southwick et al., 2014). Further, school counseling scholars have criticized teaching resilience to marginalized groups of students (Holcomb-McCoy, 2022) primarily because it encourages Black and Brown students to "hold their heads high despite mistreatment" (p. 147) and ignores the racial injustices and social inequities that disproportionately affect students of color. This consideration may be especially true for students of alternative education settings who may have experienced discrimination at their prior traditional school settings. The findings of this study may contribute to the ongoing conversation regarding resilience, particularly as it applies to marginalized youth.

Hope

For the present study, I defined hope based on Snyder's (1997) Hope Theory and its application to childhood hope. According to Snyder, hope in childhood is "a cognitive set involving the beliefs in one's capabilities to produce workable routes to goals (the pathways component), as well as the self-related beliefs about initiating and sustaining movement toward those goals (the agency component)" (p. 401). Hope in childhood and adolescence has been associated with reduced risk factors, increased prosocial behaviors, and increased engagement in school (Padilla-Walker et al., 2011). Scholars have also linked hope in adolescence to increased life-satisfaction (Marques et al., 2013) and future orientation (Leung et al., 2017).

Hope also has ties to spirituality (ASERVIC, 2005; Benson et al., 2012; Dorais, 2021; Scales et al., 2014), and youth's spiritual practices may facilitate an increased sense of hope (Scales et al., 2014). In a study of youth's spiritual development and overall wellbeing, Scales et al. (2014) found that higher spiritual development scores, including engagement in spiritual

practice, were associated with higher levels of hopefulness. This finding may support the findings of the present study, particularly for students who engaged consistently in the SPACE Project. Although hope fluctuated for students in both the treatment and control groups, for students who reportedly practiced the SPACE Project on a daily basis, hope showed a steady increase from T1 to T2 to T3. Additionally, though not to a significant level, overall mean changes also showed an increase in hope from T1 to T3.

An important consideration with regard to students' changes in hope is that hope may be considered both a state and a trait factor (Snyder et al., 2002). State hope reflects an individual's hope from moment to moment, while trait hope reflects one's sense of hope as an aspect of their personality. It is documented that hope often exhibits both fluctuations and steady increases over time (Dorais, 2021; Snyder et al., 2002); therefore, students' survey responses may have demonstrated change, or they may have indicated their existing levels of hope at that point in time. For example, the students in the present study experienced a hurricane during week two. As such, students' hope scores on the CHS at T2 and T3 were likely influenced by the impact of the natural disaster on their lives, their families, and their communities. While students may have had an established level of trait hope, their state hope levels would expectedly fluctuate in response to a potentially traumatic event.

Questions remain regarding the SPACE Project's impact on students' levels of hope, particularly around the duration of the practice and frequency of measurement. It may be helpful to reexamine the SPACE Project, or a similar LKM-based practice, and its effects on hope over a longer period of time. Additionally, a more frequent assessment of students' hope, as with a time-series analysis, may offer additional insight into the natural fluctuations and overall trends of students' hope when engaging in a school-based contemplative intervention. Considering the

turbulent nature of adolescent development compounded with turbulence that occurs in local, societal, and global events, further examination of the fluctuations and trends of adolescent hope in response to a contemplative or spiritual practice may be beneficial.

Inner Peace

Similar to this study's findings on resilience and hope, the results of inner peace varied. There was no statistically significant difference between the treatment and control groups with regard to inner peace, but students who reported engaging in the SPACE Project daily also reported a steady increase in inner peace from T1 to T3. For this study, inner peace was conceptualized based on Xi and Lee's (2021) definition as "a calm and balanced mental state and disposition, one characterized by an attitude of healthy acceptance and an absence of unhealthy grasping" (p. 436). Xi and Lee posited that inner peace could be cultivated over time; however, there is little research to support this, especially with youth samples.

Thus far, research on inner peace with adolescents has primarily been cross-sectional. Scholars have examined the correlations between peace of mind and positive outcomes, finding inner peace to be predictive of indicators of students' success, academic achievement, autonomous motivation, and academic engagement (Datu, 2017; Datu et al., 2018). In the present study, the reliability of the IPS scores varied from poor reliability at T1 and T2 to acceptable reliability at T3. This may reflect that inner peace in adolescence was not adequately measured by the IPS. These findings also highlight questions of the developmental applicability of inner peace during adolescent development.

Adolescents experience neurological developments that can impact higher-order thought processes, such as metacognition (Field & Ghoston, 2020). Metacognition is the ability to appraise one's thoughts, and occurs as a result of prefrontal brain development between ages 12

to 18. Metacognition is necessary for self-reflective and self-referential thinking; when adolescents develop metacognition, they are able to evaluate their thoughts and behaviors within varying contexts (Field & Ghoston, 2020). Considering the present sample of students aged 12 to 19, it is expected that students encompassed a wide range of metacognitive abilities and were at different stages of their neurological development. The varying degrees of students' stages of development likely influenced their experience of the IPS and, subsequently, their reported levels of inner peace. It is also possible that confounding variables, such as interruptions to the academic calendar or other unknown challenges in students' lives, may have influenced the inner peace outcomes. With the identified considerations in mind, future research on inner peace in adolescence may include a factor analysis of the IPS with youth populations, exploration of inner peace as a developmental construct, and further examination of school-based interventions designed to cultivate students' inner peace.

Emotional Intelligence

As with resilience, hope, and inner peace, there were no statistically significant differences between the treatment and control groups for emotional intelligence. When examining mean change, emotional intelligence was the only variable that demonstrated an overall decline for the treatment group as compared to gains in the control group. However, estimated marginal means of frequency of practice showed that students who reported no engagement in the SPACE Project exhibited a steady decline in emotional intelligence. Students who reported practicing infrequently (one-to-two days per week), somewhat frequently (two-to-three days per week), and frequently (three-to-four days per week) showed mixed results, with changes occurring at T2 and then scores returning toward baseline at T3. Finally, similar to

resilience, hope, and inner peace, emotional intelligence rose consistently for students who reported daily engagement in the SPACE Project.

It is also notable that the overall estimated marginal means of T1 scores for emotional intelligence ranged from low- to mid-thirties up to mid-forties (with total scale scores ranging from 11 to 50). Students who reported no engagement in the SPACE Project also had lower estimated marginal means of emotional intelligence at T1. Students who reported daily engagement in the SPACE Project had higher estimated marginal means of emotional intelligence at T1. This finding may indicate that students who reported higher levels of emotional intelligence at baseline also may have been more likely to engage in the SPACE Project than their peers, and subsequently may have found greater benefit from the practice. If this is so, this finding is disconcerting in that the intervention may not have felt accessible to those who perhaps needed it the most.

Scholars have found similar findings in past research with adult samples. Gutierrez and colleagues (2016) examined the role of emotional intelligence in a meditation's influence on counseling students and found that emotional intelligence moderated the influence of the meditation on students' stress outcomes. Participants' level of emotional intelligence influenced the strength of the meditation (Gutierrez et al., 2016). A similar phenomenon appears to have occurred with adolescents in the present study. This seems to reflect what is known in emotional intelligence theory. Salovey and Mayer (1990) asserted that everyone has the mental processes of appraising emotion in self and others, regulating emotion in self and others, and using emotion to adapt. However, individual differences exist in the capacity for understanding and expressing emotions. Individuals with a higher level of emotional intelligence may be better able to notice, monitor, and regulate their internal experiences (Mayer and Salovey, 1993). Meditation, and

specifically LKM, invites practitioners to notice, monitor, and regulate their internal experiences; as such, participants who exhibit higher emotional intelligence at baseline may have a higher proclivity to engage in and benefit from meditative practice, because they are already familiar with the processes it requires. This may explain why students with higher emotional intelligence at T1 engaged in the SPACE Project more frequently and demonstrated higher gains in emotional intelligence at T2 and T3. In future research, it may be helpful to replicate Gutierrez et al.'s (2016) study with adolescent populations in order to better understand how adolescents' levels of emotional intelligence impact their engagement in and outcomes of a contemplative intervention.

Social-Emotional Learning and Contemplative Practices

Social-emotional learning (SEL) and contemplative interventions are related in their processes and in their outcomes. Contemplative practice includes a *connection* (to self and others) and *awareness* (of self and others; Zajonc, 2013). Similarly, SEL prioritizes the development of relationship skills, the understanding of emotions for self and others, and the ability to make thoughtful decisions (Collaborative for Academic Social and Emotional Learning [CASEL], 2022). In particular, LKM is related to intrapersonal and interpersonal outcomes that align with CASEL's (2022) competencies for self-regulation and relational skills. Hafenbrack et al. (2021) examined LKM in comparison to focused breathing meditation on participants' felt love, focus on others, and reparative behavior. Their findings indicated that participants who engaged in LKM demonstrated an increased sense of love, increased focus on others, and increased desire to engage in prosocial reparative behavior, as compared to those who engaged in focused-breathing practice. Hafenbrack et al.'s (2021) study reinforced previous findings on the neurological impacts of LKM. In a study of MRI brain imaging of LKM practitioners, Leung et

al. (2013) found significantly more gray matter in the areas of the brain associated with empathy for others, emotional regulation, and empathic responding.

As such, when practiced consistently, LKM may serve as a mechanism for facilitating CASEL's competencies (2022) of self-awareness, self-management, social awareness, responsible decision-making, and relationship skills. The present study's findings demonstrated similar trends for the students who reported that they engaged in the SPACE Project daily. Students demonstrated a change in their mean scale scores from T1 to T3, and between-subjects effects for frequency of practice were statistically significant. However, the nonsignificant findings between the treatment and control groups still indicate some question about the outcomes of contemplative practice and SEL, particularly in the form of the SPACE Project or LKM-based interventions. Further research on contemplative practices as a means of improving SEL outcomes may offer a more informed understanding of the relationship between these theories of helping students, especially for those in non-traditional school settings.

Alternative Education Settings

Aron (2006) defined alternative education as "all educational activities that fall outside the traditional K-12 school system (including homeschooling, GED preparation programs, special programs for gifted children, charter schools, etc.)" (p. 3). Aron (2006) also noted that the term *alternative education* might also refer to educational school settings that serve vulnerable youth (e.g., risk of failing due to truancy, pregnancy, behavior) who are enrolled in a setting outside of public schools. Often, alternative education settings offer students a creative approach to academic engagement and success. Varying types of alternative education exist, with the program's goals guiding the schools' design. Some alternative education settings prioritize discipline or therapeutic approaches as a way to respond to students' needs or residential school

requirements for completion (Mullen & Lambie, 2013). Other alternative education settings prioritize personalization, innovation, credit recovery, experiential learning, and student empowerment (Aron, 2006). The school setting in the present study reflects the latter model of alternative education with an emphasis on SEL. As such, because students and parents self-selected their enrollment in alternative education settings with an SEL focus, participants may have entered the study with a higher level of interest or engagement in SEL factors than students enrolled in other types of alternative education.

The varying goals and designs of alternative education also pose unique challenges for alternative education settings. The facilities, resources, and funding available may differ based on alternative education design, students' needs, and reasons for referral (Kumm et al., 2020). Further, scholars have noted that students of color are disproportionately represented at alternative education schools. Racially marginalized students, students of lower socioeconomic status, and teenage parents are more likely to be referred to alternative education from their traditional school settings (Geronimo, 2011; Slaten et al., 2015). As such, without careful consideration of appropriate interventions, alternative education settings may risk stigmatizing and further marginalizing youth.

Researchers have suggested that the most effective interventions for students in alternative education may be those that center around students' social-emotional needs. In particular, Slaten and colleagues (2015) noted the importance of culturally relevant and critically conscious education that supports students' relationship-building and sense of community. A separate quasi-experimental study of students engaged in an SEL-based drug prevention program reported similar assertions (Mullen et al., 2022). Students engaged in a five-week SEL-based intervention showed greater gains in their personal growth initiative and sense of meaning in life

as compared to their peers assigned to a control group (Mullen et al., 2022). The promising findings warrant further exploration of approaches to SEL-based interventions in alternative education settings.

The current study offers insight into the implementation of contemplative practice as a type of SEL-based intervention in alternative education schools. The nonsignificant findings between the treatment and control groups suggest that there were limitations in the effectiveness of an LKM-based intervention for this sample. However, this is the first known study to examine an LKM-based contemplative practice as a way to promote SEL among students in alternative education. The students in this study were located at a mall school, in which the academic setting was primarily computer lab-based. Students could enroll full or part-time, often while balancing other work-life roles and working toward credit recovery requirements. Each alternative educational setting included small enrollment (under 100 students per site), and students aged as young as 12 to as old as 19 years old. Their academics were facilitated by teachers, called Deans, and a core component of the setting included SEL programming. Prior to their engagement in the SPACE Project, students had completed another SEL program focused on drug use prevention the month prior. As with the settings in the present study, alternative educational programming varies widely based on a community's location, needs, and goals (Aron, 2006). Because each alternative education setting is unique, future studies of school-based contemplative interventions for student outcomes in alternative education settings may offer new insights into the applicability of school-based contemplative practices for alternative education students.

Limitations

This study is not without limitations, some of which were anticipated and some of which were discovered throughout the research process. Although nonequivalent control group design

is widely used in educational research and considered effective, its natural lack of randomization can be considered a limitation. Limitations also include treatment fidelity, instrumentation, sample, and setting. Noted threats to validity include maturation and history. I will address the identified limitations in greater detail in the following sections.

Research Design

Nonequivalent control group designs are commonly used in educational research because participants are assembled into naturally occurring groups, such as classrooms or schools (Campbell & Stanley, 1963). Because treatment and control groups are naturally preassembled, randomization does not occur. Therefore, nonequivalent control group designs are quasi-experimental and are less rigorous than true experimental designs, such as randomized controlled trials. Random assignment helps to reduce potential bias between the two groups and controls for confounding influences that may impact the study's outcome (Creswell & Guetterman, 2019). In this study, I used preexisting groups assembled by school sites and assigned the sites to treatment or control groups based on size. The two schools with smaller enrollment numbers became the treatment group (n = 58 and n = 38, respectively), and the single school with large enrollment numbers (n = 95) became the control group. An independent samples T-test of the treatment and control groups at the pretest indicated no significant differences between the groups. However, as a result of group assignments based on school site and size, it is possible that participants' extraneous factors (e.g., socioeconomic status, transportation access, neighborhood location, attendance) were not addressed. Outcomes, particularly with regard to students' level of engagement in the SPACE Project, may have been influenced due to a lack of randomization.

Maturation

Campbell and Stanley (1963) noted that common threats to validity in nonequivalent control group design studies include interactions due to maturation, history, instrumentation, or regression. Within this study, evidence of possible issues with maturation, history, and instrumentation arose. Maturation occurs when participants change throughout the experience but not as a result of the intervention itself (Creswell & Guetterman, 2019). Although both the treatment and control groups included students between the ages of 12 and 19, the number of participants at each age or grade level were not equivalent. For example, at the posttest, 40% (n = 8) of the control group identified as 15 years old, while only 5.3% (n = 1) of the treatment group identified as 15 years old. Conversely, 10.5% (n = 2) of the treatment group identified as 19 years old, while no participants in the control group identified as 19 years old. The different ages between the treatment and control groups also reflect different stages of development and, subsequently, may represent differences in maturation between participants.

History

The threat of history occurs when events happen during the span of the experiment and influence the study's outcome (Creswell & Guetterman, 2019). History is of particular concern when treatment and control groups experience an event or events differently from each other. During this study, two events occurred that may have impacted participants and the study's outcomes. First, students experienced a hurricane and subsequent weather-related cancellations during the second week of the study. Although all three schools were located within the same metropolitan area, it is possible that the schools were impacted differently based on their locations. Notably, the treatment group exhibited higher rates of attrition as compared to the control group from survey T1 to survey T2. This may demonstrate that the schools were

impacted by history at disproportionate rates. Secondly, all three schools had a week-long holiday break between the third and fourth week of the study. Though the treatment and control experienced the same holiday break at the same period of time, it is not possible to account for potential differences in students' experiences of the week-long break. As such, the break in the academic calendar likely had history effects on the study's internal validity.

Instrumentation

A number of limitations occurred in relation to the instrumentation used in the study. First, all measures were self-report, and no other data was gathered regarding students' progress or outcomes. Teacher observation data, attendance records, or behavioral reports may have provided additional opportunities to measure change across the four-week intervention. Additionally, self-report scales are limited in reliability due to social desirability. Self-report scales were selected due to the introspective nature of the constructs; however, it is not possible to know if students' reports are accurate representations of changes in their intrapersonal experiences.

The timing of the intervention and survey implementation may also be considered a limitation. The SPACE Project immediately followed a separate school-wide SEL intervention, which may have influence students' baseline and outcomes. The surveys were conducted at three-time points; however, the time span between each survey was not equivalent due to the academic calendar. Surveys at T1 and T2 were two weeks apart, while surveys at T2 and T3 were three weeks apart. A week-long academic break occurred between T2 and T3, resulting in an interruption in practice for the treatment group, as well. Interruptions due to holiday breaks, weather-related cancellations, and educators' professional work days are natural occurrences within the academic calendar. In future studies, it may be beneficial to plan the intervention and

survey implementation at a time with reduced interruptions or to adjust survey implementation accordingly.

A final limitation in instrumentation includes the scales selected for measurement. The IPS is novel in its use across populations, with limited existing research regarding its psychometrics. Xi and Lee (2021) developed IPS with college student populations; therefore, some of the participants shared a similar age with some of the participants in this study. However, because the IPS was not normed with adolescents, it may not be developmentally appropriate in concepts or language. In this study, its reliability was inconsistent across the three-time points, with poor reliability at T1 ($\alpha = .47$) and T2 ($\alpha = .59$) and acceptable internal consistency at T3 ($\alpha = .73$). The inconsistency in reliability appears to indicate limitations in the use of IPS with adolescent samples, potentially due to developmental, demographic, or contextual factors. This is the first known study in which the IPS was implemented with youth participants. Future research may include a factor analysis of the IPS with adolescents and further examination of its applicability with youth.

Similarly, a notable limitation with regard to instrumentation was the poor reliability of the BRS at all three-time points. At T1, I calculated an alpha level of .45; at T2, I calculated an alpha level of .35; and at T3, I calculated an alpha level of .41. The BRS was not normed with adolescents but received strong psychometric support in the literature (Windle et al., 2011) and showed acceptable internal consistency in a study with adolescents ($\alpha = .72$; Bluth et al., 2018). Bluth and colleagues (2018) used the BRS with a sample of students aged 12 to 19 years old, similar to the ages of the participants in this study. However, participants differed significantly in demographics and school contexts between their study and the present study. A notable difference was the reported racial identities of the Bluth et al. (2018) study as compared to

students in my sample. Bluth and colleagues included students who identified predominantly as white (68.3%), followed by Black (16.5%), Hispanic or Latino (3.5%), Asian and Pacific Islander (4.4%), Native American (1.0%), and Other (5.9%). The participants in my sample identified predominantly as Black or African American (73%), followed by Hispanic or Latino (16.2%), American Indian or Alaska Native (5.4%), with 8.1% of students indicating a preference to self-describe (some indicated this preference in addition to selecting a racial identity). The school settings for students in Bluth and colleagues' study included a public middle and high school and a private all-girls preparatory school. The students in my sample were enrolled in a charter, non-traditional middle and high school setting.

Considering the low reliability of the BRS in this study and the demographic considerations of the sample, the BRS did not appear to accurately reflect resilience as it applies to diverse communities and diverse youth. In the design of the BRS, Smith et al. (2008) defined resilience as a single factor of an individual's ability to bounce back in response to adversity. However, scholars have defined resilience as a composite of multiple factors, including internal and external resources (Fergus & Zimmerman, 2005), and biological, psychological, and sociocultural factors (Southwick et al., 2014). More research is needed for the development of culturally responsive resilience measures. In future studies, researchers examining resilience should consider using a measure that reflects the multifaceted components of resilience.

Treatment Fidelity

To address treatment fidelity, I provided training, SPACE Project facilitation manual and implementation guides, weekly task checklists, and instructional videos for the facilitators prior to the treatment. In the materials, I included information about proper facilitation of the intervention, suggestions for troubleshooting, instructions for assigning students anonymized

numbers, instructions for survey completion, the practice scripts, anomalies logs, and my contact information. I scheduled four virtual meeting times in addition to providing educators with the materials. The first meeting occurred prior to the intervention. At this first meeting, I reviewed the materials and addressed the educators' questions. The three subsequent meeting times occurred on survey dates and served as opportunities for the educators to drop in to ask questions or address any concerns regarding treatment or survey completion. In addition to meetings, I communicated with the facilitators twice weekly via email. I emailed the facilitators at the start of the week with reminders of the weekly tasks, and I emailed the facilitators at the end of the week to ask about anomalies, participation, or other concerns throughout the week. Each of the facilitators communicated consistently throughout the study period.

Despite consistent communication and attempts to mitigate risks to treatment fidelity, natural limitations existed during the study. The distance between the schools' and researcher's locations served as a limitation in treatment facilitation and potentially impacted survey completion. I was not local to the school sites, which placed natural limitations on my ability to interact with school staff and students. Replicating this study with schools where the researcher has the opportunity for regular face-to-face and in-person interactions may result in different outcomes. Additionally, this study included participants from three different locations. The school communities were three branches of a charter school system with a shared superintendent; however, each school had different school-based administrators and served different neighborhoods of their city. Differences in location, administration, and school staff could have had an impact on treatment fidelity and survey completion.

Power

Finally, power is a major limitation in the present study. Although the findings were largely nonsignificant, partial eta squared values indicated small effect sizes for most interactions, with a medium effect size for the interaction between scale outcomes and time, Wilks' $\lambda = .91$, $F(6, 28) = .49$, $p = .81$, partial eta squared = .09. Significance was found when the frequency of practice was included in the model, and partial eta squared indicated a large effect, $F(4, 29) = 3.53$, $p = .02$, partial eta squared = .33. However, when the sample was divided into the frequency of practice groups from no practice to daily practice, the sample sizes of each group were not equivalent and were small. Overall, it is likely that the issues with power resulted from the relatively small sample size and attrition of participants. Despite meeting the minimum threshold with 80% power, perhaps a larger sample size with a power of 90% would have yielded greater significance. The attrition rate was 62%, with 38% of participants who started the study at T1 completing the study through T3. High attrition rates, like that of the present study, can negatively impact the results through nonresponse bias. For example, it is possible in this study that the high attrition rates influenced Type II error; the outcomes may have indicated nonsignificant findings or a false negative when change actually occurred as a result of the intervention. Although the sample met a priori power analysis for an adequate total sample ($n = 34$), a larger sample size would likely yield different outcomes, as larger sample sizes lead to more power (Weinfurt, 1995).

Implications

Despite its limitations, the present study holds implications for school-based intervention development, for contemplation in educational settings, and for practitioners. In the following sections, I address each of these areas and offer implications for practice and scholarship.

Implications for School-Based Interventions

Although the findings were non-significant between the treatment and control groups, some change occurred for students from T1 to T3, and significant change was evident for students who practiced the SPACE Project on a daily basis. However, these findings should be interpreted with caution due to the limitations of the study. The latter finding suggests that an LKM-based practice like the SPACE Project may influence students' intrapersonal resources (e.g., hope, inner peace, emotional intelligence, and resilience) when they engage on a daily basis, but more research is needed to verify the results from the current study. The consideration of students' frequency of engagement in the SPACE Project, however, aligns with existing literature about the frequency, consistency, and duration of contemplative practice (Fredrickson et al., 2019; Levin et al., 2014; Montero-Marin et al., 2022). This may mean that incorporating a contemplative practice into regular school-day schedules might influence students' intrapersonal outcomes. Interventions that are incorporated daily and in accessible ways for students and school facilitators could lead to greater gains in SEL as compared to those implemented sporadically or for a limited period of time.

The findings also point to the challenges of implementing school-based interventions and conducting intervention studies in schools. Student absences and interruptions to the school calendar (both predicted and unpredicted) pose a threat to treatment fidelity and consistency of student engagement. In the SPACE Project, school-based facilitators also reported unexpected interruptions to internet access as a common anomaly throughout the study. Such interruptions are natural occurrences in the school setting, yet they create threats to validity and treatment fidelity and may have contributed to attrition rates throughout the study. As previously noted, in this study, there was a 62% attrition rate, with 38% of participants who began the study at T1

continuing with the study until T3. When designing school-based intervention studies, it should be expected that natural interruptions will occur that will impact the outcome. However, certain approaches may mitigate the risk of attrition. Face-to-face modalities rather than online implementation tend to work more effectively for maintaining engagement in an intervention (Clarke et al., 2015) and reduce challenges with internet access or power outages. Additionally, incentives for students or classrooms could be provided in order to promote student engagement in the treatment and surveys. Individuals planning school-based interventions should preemptively consider these elements of intervention design to create optimal parameters for students' success with the intervention.

Implications for Contemplation in Educational Settings

The SPACE Project findings appear to echo literature that indicates mixed benefits for students who participate in school-based contemplative interventions (Montero-Marin et al., 2022). For students who face significant barriers (e.g., severe mental health concerns, barriers to basic needs, or other societal barriers), motivation to engage in contemplation may be reduced, and the intervention may be less beneficial. Therefore, it may be important to consider ways to personalize a contemplative-based intervention within a school setting. School counselors or other school staff interested in contemplative interventions could seek student input and perspectives when designing a school-based contemplative practice. Students may have existing contemplative, spiritual, or religious practices based on their traditions and cultural identities that support their sense of wellbeing. Learning more about the students with whom one works – including existing traditions and potential barriers to practice – would increase cultural responsiveness, may improve student engagement, and ultimately influence intervention outcomes. For example, school counseling practitioners and scholars can employ Youth

Participatory Action Research (YPAR), in which youth are involved in the process of identifying social problems, brainstorming solutions, and investigating outcomes (Anyon et al., 2018). School-based facilitators could follow a similar process of partnership with students in order to develop a contemplative intervention and evaluate its impact on student outcomes.

The SPACE Project outcomes suggest that an LKM-based intervention may hold some potential for supporting students' inner resources, but it may not feel accessible to all students. There is a deeply personal aspect to contemplative practice, and, as Finley (2000) described, contemplative practice can be considered "any act, habitually entered into with your whole heart as a way of awakening, deepening, and sustaining" a connection to the present moment (p. 46). Contemplative practices are vast and encompass activities and rituals from traditions worldwide; LKM is only one of many existing contemplative practices, and the SPACE Project is only one approach to practicing LKM. Contemplation in other forms may resonate more deeply with individual students. A school-based contemplative curriculum may be more effective when it includes various contemplative approaches or involves direct input from students about types of contemplation that resonate with them. School counselors and school administrators could synthesize evidence-based practices supported in the literature with personal knowledge of the students and families in their school communities as a way to tailor contemplative approaches with efficacy.

Implications for Practice

The SPACE Project findings hold implications for school-based practitioners, including school counselors, teachers, and administrators. Broderick and Schussler (2021) noted the challenges of incorporating contemplative curricula into schools, including the competing values between contemplation and school culture. For example, contemplative practices operate

invitationally and prioritize process, while schools are obligatory and prioritize outcomes. Therefore, it can feel challenging to find ways to integrate two seemingly opposing frameworks and ideologies. Schools often adopt new initiatives from a top-down approach, in which the administrators make decisions for the greater school community. Administrators' prioritization of contemplative practice may certainly aid in creating a collective mission and vision around contemplative approaches. However, it would also be beneficial to work collaboratively with teachers and school counselors to infuse contemplative practices into the school culture and climate.

To foster teacher buy-in, administrators could offer the SPACE Project, or a similar practice for teachers to engage in during professional learning time or faculty meetings. Collectively, teachers could engage in the practice and then reflect on their experiences, how it might impact the students, and potential barriers to practice in the classroom. Administrators, educators, and school counselors could then work together to develop ways to mitigate barriers to implementation and support students' success. Administrators, educators, and school counselors could also consider ways to scaffold or personalize practices to meet students' needs and abilities. In the current study, the SPACE Project appeared most effective when students engaged daily; educators and school counselors may be able to find creative ways to incorporate a contemplative practice into their daily routines with students, such as during morning meeting times, daily announcements, or homeroom classes. Educators, school counselors, and administrators could share with parents and caregivers about the practices happening at school and offer practices to be reinforced at home. Incorporating approaches to engage buy-in from multiple angles may support an overall culture shift from the contemplative practice as an "activity" and toward contemplation as a shared value in the school community.

Given the findings, it is also important that school counseling scholars continue to explore the various avenues of contemplative practice as a mechanism of SEL for students. School-based intervention research is limited, likely due to its barriers and challenges. Nevertheless, school counselors should continue to research the interventions offered to students, particularly considering diverse students' strengths and needs. Intervention research is not only helpful for the field of school counseling, but also for school communities and initiatives. When teachers and administrators see that an intervention can bring benefits for their students, they may be more likely to become invested in the intervention. Further, rather than offering students a one-size-fits-all intervention, school counseling outcome research can provide insight into how an intervention may or may not fit students in a school setting. Such information is critical as school counselors continue to enhance their delivery to students.

Recommendations for Future Research

I have identified several recommendations for future research throughout this chapter. First, power was a major limitation of the current study and likely occurred due to small sample sizes and attrition rates. Increasing the sample size and offering incentives to increase student engagement may help to mitigate the impact of these limitations. Further examination of the SPACE Project with larger sample sizes and higher retention rates may show more robust outcomes. It may also be helpful to replicate the study with randomization as opposed to the current study's nonequivalent control group design. In the current study, students were assigned to treatment and control groups based on school site and size of school enrollment. Although an independent t-test at T1 showed that the treatment and control groups did not differ, validity issues of maturity and history may have been influenced by students' locations. Randomization to treatment and control groups within school settings may offer different results. Other

approaches could be used that require smaller samples, such as single case design, qualitative case design, or qualitative outcome research. Further, the alternative education setting was a critical component of the study, and likely influenced the findings. Based on enrollment and structure of the school setting, students from 6th though 12th grade participated in the study. It would be beneficial for future studies to examine a similar intervention as the SPACE Project in other educational settings (e.g., traditional, public, private, parochial), and to focus more closely on specific grade levels (e.g., solely middle school or high school).

Additionally, future research may include attention to instrumentation. Scores on the BRS indicated low reliability at all time points throughout the study. It is possible that the BRS was not applicable in its use with diverse adolescents. Therefore, a measurement invariance study to examine the structure of the BRS with diverse adolescent samples would offer more insight into whether or not the BRS measures resilience in the way that resilience is experienced by diverse youth and students of color. Understanding the limitations of the BRS may also contribute to improved scale development for the construct of resilience with a more comprehensive definition than that used by Smith et al. (2008). Similarly, the IPS scores showed mixed reliability throughout the study. Future research may include an exploratory factor analysis (EFA) of the IPS with adolescents to identify what latent constructs might be present with regard to inner peace for adolescents.

Additional exploration of the constructs of hope and emotional intelligence would also contribute to the literature on school-based interventions. Scholars have noted that hope is a dynamic construct and acts as both a state and a trait (Dorais, 2021). Considering that adolescence is a turbulent phase of life, it would be expected that hope during adolescence would fluctuate, as well. Further examination of the fluctuations and trends of adolescent hope in

response to a contemplative or spiritual practice may be beneficial. Extending the duration of a school-based contemplative intervention and measuring hope at more frequent rates may offer an increased understanding of the patterns of adolescent hope. It would also be helpful to examine the role of emotional intelligence in a contemplative intervention. One's emotional intelligence may impact their level of participation in contemplative practice and the subsequent outcomes experienced (Gutierrez et al., 2016). In future research on contemplative interventions, it may be helpful to explore how adolescents' levels of emotional intelligence impact their engagement in and outcomes of contemplation.

Researchers may also seek to explore the impact of the SPACE Project or other types of contemplation on student outcomes outside of those examined in the present study. Spirituality and social-emotional learning influence various intrapersonal and interpersonal outcomes. For this study, I primarily focused on intrapersonal indicators of wellbeing. In future studies, examining other interpersonal, behavioral, or mental health outcomes such as empathy, prosocial behaviors, or stress would be beneficial. Additionally, I noted that contemplative practice includes a wide range of practices. Thus far, mindfulness has been the most commonly studied contemplative intervention in schools. I selected an LKM-based practice to widen the lens of contemplation in schools, yet this is still just one of many existing contemplative practices and traditions. In future research, it may be helpful to seek students' input to co-construct a contemplative curriculum and then measure its impact on students' wellbeing. Additionally, considering that the facilitators of the SPACE Project were educators rather than school counselors, it would also be beneficial for future research to include time series analysis led by school counselors. Such research may provide more implications for contemplation as an

element of school counseling practice and comprehensive school counseling program delivery for student outcomes.

Conclusion

The purpose of this study was to determine if there would be a statistically significant difference between a group of students engaged in the SPACE Project, a daily LKM-based practice, compared to a waitlist control group. The constructs of interest included students' reported levels of emotional intelligence, inner peace, resilience, and hope. The study described in this dissertation was one of the first to examine the impact of a brief, daily, school-based, LKM practice on adolescents' outcomes with a sample of alternative education students. Previous studies of LKM-based treatments on adult populations indicated positive influences on interpersonal and intrapersonal outcomes. However, the SPACE Project findings from repeated measures MANOVA were nonsignificant, with no significant difference between the treatment and control groups. I conducted statistical analyses including repeated measures MANOVA, ANCOVAs, and independent t-tests. I examined within- and between-group effects estimated marginal means, and mean change between treatment and control groups and across time. Results of the repeated measures MANOVA failed to reject the null hypothesis regarding significant differences between treatment and control groups at three-time points. Results of the ANCOVAs for pretest and posttest scores of the BRS, IPS, CHS, and BEIS-10 also failed to reject the null hypothesis of a significant difference between treatment and control groups across time. Estimated marginal means and a t-test comparison of pretest and posttest scores suggested that the groups demonstrated change across time, though not at a statistically significant level.

A significant finding occurred with the inclusion of students' reported frequency of practice with a large effect size. Students who indicated that they engaged in the daily practice of

the SPACE Project also demonstrated higher growth rates across all four measures from T1 to T3. According to this finding, frequency of practice accounted for 33% of the variance in students' reported levels of resilience, hope, inner peace, and emotional intelligence. However, the groups at each level of frequency of practice were small and non-equivalent; therefore, these findings must be interpreted with caution. Further research with larger overall sample sizes is warranted. Future studies may also explore ways to increase student engagement in school-based contemplative interventions to reduce attrition and its impact on the intervention's outcomes.

In addition to the small sample size, I identified multiple limitations to the study. Many challenges can occur in school-based interventions, including attrition, threats to validity, instrumentation issues, and setting constraints impacting treatment fidelity. Despite its limitations, the study points to the potential for an LKM-based practice to influence adolescents' hope, inner peace, resilience, and emotional intelligence when practiced daily. Evaluation of the SPACE Project provides insight into further exploring contemplation in schools; there is room to build upon the findings and investigate the impact of other contemplative practices on students' interpersonal and intrapersonal outcomes. Finally, the study also contributes to school-based intervention research, a generally limited area of research in the field of counseling. Further research of contemplative interventions in schools may provide a more comprehensive understanding of the impact of school-based contemplative practices for youth.

References

Akos, P., & Kurz, M. S. (2016). Applying hope theory to support middle school transitions. *Middle School Journal, 47*(*1*), 13-18. https://doi.org/10.1080/00940771.2016.1059724

Akos, P., Merlin-Knoblich, C., & Duquette, K. (2019). Strengths-based school counseling 2.0. In C. T. Dollarhide & M. E. Lemberger-Truelove (Eds.), *Theories of school counseling for the 21st century* (pp. 211-240). Oxford University Press.

Akos, P. (2005). The unique nature of middle school counseling. *Professional School Counseling*, *9*(2), 95-103. https://doi.org/10.1177/2156759X0500900211

Alexander, F. (1931). Buddhistic training as an artificial catatonia: The biological meaning of psychic occurrences. *Psychoanalytic Review, 18*(2), 129-145. https://pep-web.org/browse/document/PSAR.018.0129A?page=P0129

Alvarez, J. M., Saunders, R., Neubauer, E., & Brown, C. H. (2022). School counselors implementing a trauma-informed approach through evidence-based practices. *Professional School Counseling*, *26*(1a), https://doi.org/10.1177/2156759X221086742

American Counseling Association. (2014). *ACA Code of Ethics*. Author.

American School Counselor Association. (2003). *The ASCA national model: A framework for school counseling programs*. Author.

American School Counselor Association. (2005). *The ASCA national model: A framework for school counseling programs* (2nd ed.). Author.

American School Counselor Association. (2012). *The ASCA national model: A framework for school counseling programs* (3rd ed.). Author.

American School Counselor Association. (2019). *The ASCA national model: A framework for school counseling programs* (4th ed.). Author.

American School Counselor Association. (2021). *ASCA research report: State of the profession 2020.* https://www.schoolcounselor.org/getmedia/bb23299b-678d-4bce-8863-cfcb55f7df87/2020-State-of-the-Profession.pdf

Andrés-Rodríguez, L., Borràs, X., Feliu-Soler, A., Pérez-Aranda, A., Rozadilla-Sacanell, A., Montero-Marin, J., Maes, M. & Luciano, J. V. (2019). Immune-inflammatory pathways and clinical changes in fibromyalgia patients treated with Mindfulness-Based Stress Reduction (MBSR): A randomized, controlled clinical trial. *Brain, Behavior, and Immunity*, *80*, 109-119. https://doi.org/10.1016/j.bbi.2019.02.030

Anyon, Y., Bender, K., Kennedy, H., & Dechants, J. (2018). A systematic review of youth participatory action research (YPAR) in the United States: Methodologies, youth outcomes, and future directions. *Health Education & Behavior, 45*(6), 865-878. https://doi.org/10.1177/1090198118769357

Apsy, D. J., & Proeve, M. (2017). Mindfulness and loving-kindness meditation: Effects on connectedness to humanity and to the natural world. *Psychological Reports, 120*(1), 102-117. https://doi.org/10.1177/0033294116685867

Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research and Therapy*, *44*(12), 1849-1858. https://doi.org/10.1016/j.brat.2005.12.007

Aron, L. Y. (2006). *An overview of alternative education*. Urban Institute.

Association for Spiritual, Ethical, and Religious Values in Counseling. (2005). *ASERVIC white paper.* ASERVIC. https://aservic.org/aservic-white-paper

Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., & Walsh, E., Duggan, D., & Williams, J. M. G. (2008). Construct validity of the five-facet mindfulness questionnaire in meditating and nonmeditating samples. *Assessment*, *15,* 329–342. https://doi.org/10.1177/1073191107313003

Bamber, M. D., & Morpeth, E. (2019). Effects of mindfulness meditation on college student anxiety: A meta-analysis. *Mindfulness*, *10*(2), 203-214. https://doi.org/10.1007/s12671-018-0965-5

Barbezat, D. (2019). What are people for? Cultivating connection and challenging self-interest. In M. Benefiel & B. K. Lee (Eds.), *The soul of higher education* (pp. 75-86). Information Age Publishing.

Bardhoshi, G., Schweinle, A., & Duncan, K. (2014). Understanding the Impact of school factors on school counselor burnout: A mixed-methods study. *Professional Counselor, 4*(5), 426-443. https://doi.org/10.15241/gb.4.5.426

Bardhoshi, G., Swanston, J., & Kivlighan, D. M. (2020). Social-behavioral stories in the kindergarten classroom: An app-based counseling intervention for increasing social skills. *Professional School Counseling, 23*(1), 1-14. https://doi.org/10.1177/2156759X20919374

Bardhoshi, G., & Um, B. (2021). The effects of job demands and resources on school counselor burnout: Self-efficacy as a mediator. *Journal of Counseling & Development*, *99*(3), 289-301. https://doi.org/10.1002/jcad.12375

Barroso, S. M. (2021). Evidences of validity of the Brief Resilience Scale for Brazil. *Revista Latinoamericana de Psicología*, *53*, 172-179. https://doi.org/10.14349/rlp.2021.v53.19

Basken, T. W., & Slaten, C. D. (2014). Contextual school counseling approach: Linking contextual psychotherapy with the school environment. *The Counseling Psychologist*, *42*(1), 73-96. https://doi.org/10.1177/0011000012473664

Beauchemin, J., Hutchins, T. L., & Patterson, F. (2008). Mindfulness meditation may lessen anxiety, promote social skills, and improve academic performance among adolescents with learning disabilities. *Complementary Health Practice Review*, *13*(1), 34-45. https://doi.org/10.1177/1533210107311624

Benson, P. L. (1997). *All kids are our kids: What communities must do to raise caring and responsible children and adolescents*. Jossey-Bass.

Benson, P. L., Galbraith, J., & Espeland, P. (1998). *What kids need to succeed: Proven, practical ways to raise good kids*. Free Spirit Publishing.

Benson, P. L., Roehlkepartain, E. C., & Rude, S. P. (2003). Spiritual development in childhood and adolescence: Toward a field of inquiry. *Applied Developmental science, 7,* 204-212. https://doi.org/10.1207/s1532480XADS0703_12

Benson, P. L., & C. Scales, P. (2009). The definition and preliminary measurement of thriving in adolescence. *The Journal of Positive Psychology*, *4*(1), 85-104. https://doi.org/10.1080/17439760802399240

Benson, P. L., Scales, P. C., Syvertsen, A. K., & Roehlkepartain, E. C. (2012). Is youth spiritual development a universal developmental process? An international exploration. *The Journal of Positive Psychology, 7*(6), 453-470. https://doi.org/10.1080/17439760.2012.732102

Berwick, D. M., Murphy, J. M., Goldman, P. A., Ware Jr, J. E., Barsky, A. J., & Weinstein, M. C. (1991). Performance of a five-item mental health screening test. *Medical care*, 169-176. https://www.jstor.org/stable/3766262

Blankenstein, N. E., Huettel, S. A., & Li, R. (2021). Resolving ambiguity: Broadening the consideration of risky decision making over adolescent development. *Developmental Review*, *62*, 1-13 https://doi.org/10.1016/j.dr.2021.100987

Bleasdale, J. E., Peterson, M. C., & Nidich, S. (2020). Effect of meditation on social-emotional wellbeing in a high-performing high school. *Professional School Counseling, 23*(1), 1-8. https://doi.org/10.1177/2156759X20940639

Bluth, K., Roberson, P. N., & Gaylord, S. A. (2015). A pilot study of a mindfulness intervention for adolescents and the potential role of self-compassion in reducing stress. *Explore, 11*(4), 292-295. https://doi.org/10.1016/j.explore.2015.04.005

Bluth, K., Mullarkey, M., & Lathren, C. (2018). Self-compassion: A potential path to adolescent resilience and positive exploration. *Journal of Child and Family Studies, 27*(9), 3037-3047. https://doi.org/10.1007/s10826-018-1125-1

Bolland, J. M. (2003). Hopelessness and risk behaviour among adolescents living in high-poverty inner-city neighbourhoods. *Journal of Adolescence, 26*(2), 145-158. https://doi.org/10.1016/S0140-1971(02)00136-7

Boullier, M., & Blair, M. (2018). Adverse childhood experiences. *Paediatrics and Child Health*, *28*(3), 132-137. https://doi.org/10.1016/j.paed.2017.12.00

Bourgeault, C. (2004). *Centering prayer and inner awakening*. Rowman & Littlefield.

Bressler, L. A., Bressler, M. E., & Bressler, M. S. (2010). The role and relationship of hope, optimism and goal setting in achieving academic success: A study of students enrolled in online accounting courses. *Academy of Educational Leadership Journal, 14*(4), 37-52.

Broderick, P. C., & Metz, S. (2009). Learning to BREATHE: A pilot trial of a mindfulness curriculum for adolescents. *Advances in School Mental Health Promotion*, *2*(1), 35-46. https://doi.org/10.1080/1754730X.2009.9715696

Broderick, P. C., & Schussler, D. L. (2021). Exploring Fidelity in School-Based Mindfulness Programs. *Global Advances in Health and Medicine, 10*. https://doi.org/10.1177/21649561211067996

Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist, 34*(10), 844-850. https://doi.org/10.1037/0003-066X.34.10.844

Brown, A. P., Marquis, A., & Guiffrida, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling & Development, 91*(1), 96-104. https://doi.org/10.1002/j.1556-6676.2013.00077.x

Brown, K. W., & Ryan, R. M. (2004). Perils and promise in defining and measuring mindfulness: Observations from experience. *Clinical Psychology: Science and Practice, 11*(3), 242-248. https://doi.org/10.1093/clipsy.bph078

Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S193-S194. http://dx.doi.org/10.1037/tra0000711

Burgin, E. E., & Ray, D. C. (2022). Child-centered play therapy and childhood depression: An effectiveness study in schools. *Journal of Child and Family Studies, 31,* 293-307, https://doi.org/10.1007/s10826-021-02198-6

Campbell, C. A., & Dahir, C. A. (1997). *The national standards for school counseling programs*. American School Counselor Association.

Campbell, D. T., & Stanley, J. (1963). *Experimental and quasi-experimental designs for research.* Cengage Learning.

Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the Connor–Davidson Resilience Scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *20*(6), 1019-1028. https://doi.org/10.1002/jts.20271

Carlson, L. E., & Garland, S. N. (2005). Impact of mindfulness-based stress reduction (MBSR) on sleep, mood, stress and fatigue symptoms in cancer outpatients. *International Journal of Behavioral Medicine*, *12*(4), 278-285. https://doi.org/10.1207/s15327558ijbm1204_9

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*(2), 245-266. https://doi.org/10.1111/j.1540-4560.1998.tb01217.x

Cashwell, C. S., Bentley, D. P., & Bigbee, A. (2007). Spirituality and counselor wellness. *Journal of Humanistic Counseling, 46*(1), 66-81. https://doi.org/10.1002/j.216-1939.2007.tb00026.x

Catalino, L. I., Algoe, S. B., & Fredrickson, B. L. (2014). Prioritizing positivity: An effective approach to pursuing happiness?. *Emotion*, *14*(6), 1155-1161. https://doi.org/10.1037/a0038029

Cavanagh, K., Strauss, C., Cicconi, F., Griffiths, N., Wyper, A., & Jones, F. (2013). A randomised controlled trial of a brief online mindfulness-based intervention. *Behaviour Research and Therapy*, *51*(9), 573-578. https://doi.org/10.1016/j.brat.2013.06.003

Cejudo, J., Rodrigo-Ruiz, D., López-Delgado, M. L., & Losada, L. (2018). Emotional intelligence and its relationship with levels of social anxiety and stress in adolescents. *International Journal of Environmental Research and Public Health*, *15*(6), 1-11. https://doi.org/10.3390/ijerph15061073

Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Chapman, A. L., & Dixon-Gordon, K. L. (2020). *Dialectical behavior therapy.* American Psychological Association. https://doi.org/10.1037/0000188-000

Chapman, A. L., Foley, L., Halliday, J., & Miller, L. (2021). Relational spirituality in K-12 education: a multi-case study. *International Journal of Children's Spirituality*, *26*(3), 133-157. https://doi.org/10.1080/1364436X.2021.1898345

Charbonneau, D., & Nicol, A. A. (2002). Emotional intelligence and prosocial behaviors in adolescents. *Psychological Reports*, *90*(2), 361-370. https://doi.org/10.2466/pr0.2002.90.2.361

Cheung, S., Xie, X., & Huang, C. C. (2020). Mind over matter: mindfulness, income, resilience, and life quality of vocational high school students in China. *International Journal of Environmental Research and Public Health*, *17*(16), 1-13. https://doi.org/10.3390/ijerph17165701

Chodron, P. (1991). *The wisdom of no escape.* Shambhala.

Clarke, A. M., Kuosmanen, T., & Barry, M. M. (2014). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth & Adolescence, 44*(1), 90-113. https://doi.org/10.1007/s10964-014-0165-0

Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology*, *5*(5), 355-366. https://doi.org/10.1080/17439760.2010.508883

Collaborative for Academic, Social, and Emotional Learning (n.d.). *Fundamentals of SEL.* CASEL. https://casel.org/fundamentals-of-sel/

Contemplative Mind in Society. (2021). The Tree of Contemplative Practices [Illustration]. The Center for Contemplative Mind in Society. https://www.contemplativemind.org/practices/tree

Costello, E., & Lawler, M. (2014). An exploratory study of the effects of mindfulness on perceived levels of stress among school-children from lower socioeconomic backgrounds. Open learning: *The Journal of Open, Distance, and e-Learning, 28*(3), 187-200. https://www.um.edu.mt/library/oar/bitstream/123456789/6220/1/v6i2p2.pdf

Coster, G. (1934). *Yoga and western psychology: A comparison.* Oxford University Press.

Council for Accreditation of Counseling and Related Educational Programs' Standards (n.d.) *2016 CACREP Standards.* CACREP. https://www.cacrep.org/for-programs/2016-cacrep-standards/

Crawford, E., Wright, M. O., & Masten, A. S. (2006). Resilience and spirituality in youth. In E. C. Roehlkepartain, P.E. King, L Wagener, & P. L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 355-370). Sage Publications.

Cunningham, R. M., Walton, M. A., & Carter, P. M. (2018). The major causes of death in children and adolescents in the United States. *The New England Journal of Medicine, 379,* 2468-2475, https://doi.org/10.1056.NEJMsr1804754

D'Amico, E. J., Neilands, T. B., & Zambarano, R. (2001). Power analysis for multivariate and repeated measures designs: A flexible approach using the SPSS MANOVA procedure. *Behavior Research Methods, Instruments, & Computers*, *33*(4), 479-484.

Dahl, C. J., & Davidson, R. J. (2019). Mindfulness and the contemplative life: pathways to connection, insight, and purpose. *Current Opinion in Psychology, 28*, 60-64. https://doi.org/10.1016/j.copsyc.2018.11.007

Datu, J. A. D. (2017). Peace of mind, academic motivation, and academic achievement in Filipino high school students. *The Spanish Journal of Psychology, 20*(22), 1-8. https://doi.org/10.1017/sjp.2017.19

Datu, J. A. D., Valdez, J. P. M., & King, R. B. (2018). Exploring the association between peace of mind and academic engagement: Cross-sectional and cross-lagged panel studies in the Philippine context. *Journal of Happiness Studies, 19,* 1903-1916. https://doi.org/10.1007/s10902-017-9902-x

Davidson, R. J., Dunne, J., Eccles, J. S., Engle, A., Greenberg, M., Jennings, P., Jha, A., Jinpa, T., Lantieri, L., Meyer, D., Roeser, R. W., & Vago, D. (2012). Contemplative practices and mental training: Prospects for American education. *Child Development Perspectives, 6*(2), 146-153. https://doi.org/10.1111/j.1750-8606.2012.00240.x

Davies, K. A., Lane, A. M., Devonport, T. J., & Scott, J. A. (2010). Validity and reliability of a brief emotional intelligence scale (BEIS-10). *Journal of Individual Differences, 3*(4), 198-208. https://doi.org/10.1027/1614-0001/a000028.

Debnam K. J., Milam, A. J., Mullen, M. M., Lacey, K., & Bradshaw, C. P. (2018). The moderating role of spirituality in the association between stress and substance use among

adolescents: Differences by gender. *Journal of Youth and Adolescence, 47*(4), 818-828. https://doi.org/10.1007/s10964-017-0687-3

Dimeff, L. & Linehan, M. M. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist, 34*(3)*,* 10-13.

Dimidjian, S., & Linehan, M. M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical psychology: Science and practice, 10*(2), 166. https://doi.org/10/1093/clipsy/bpg019

Dimmitt, C., & Zyromski B. (2020). Evidence-based school counseling: Expanding the existing paradigm. *Professional School Counseling*, *23*(1), 1-5. https://doi.org/10.1177/2156759X20904501

Dobmeier, R. A. (2011). School counselors support student spirituality through developmental assets, character education, and ASCA competency indicators. *Professional School Counseling, 14*(5), 317-327. https://doi.org/10.1177/2156759X1101400504

Dollarhide, C. T., & Lemberger-Truelove, M. E. (Eds.). (2019). *Theories of school counseling for the 21st century*. Oxford University Press.

Dorais, S. (2021). *The dynamics of resilience in a centering meditation: A longitudinal randomized controlled trial.* [Doctoral dissertation, William & Mary]. Paper 1627407477. ProQuest. http://dx.doi.org/10.25774/w4-hq1g-pj29

Dorais, S., & Gutierrez, D. (2021a). The effectiveness of a centering meditation intervention on college stress and mindfulness: A randomized controlled trial. *Frontiers in Psychology*, 4689. https://doi.org/10.3389/fpsyg.2021.720824

Dorais, S., & Gutierrez, D. (2021b). The influence of spiritual transcendence on a centering meditation: A growth curve analysis of resilience. *Religions, 12*(8), 573. https://doi.org/10.3390/rel12080573.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*, 405-432. https://doi.org/10/1111/j.1467-8624.2010.01564.x

Durosini, I., Triberti, S., Ongaro, G., & Pravettoni, G. (2021). Validation of the Italian version of the Brief Emotional Intelligence Scale (BEIS-10). *Methodology, Scales, and Measures, 125*(5), 2356-2376. https://doi.org/10.1177/0033294120959776

Edwards, L., Ong, A. D., & Lopez, S. J. (2007). Hope measurement in Mexican American youth. *Hispanic Journal of Behavioral Sciences, 29*(2), 225-241. https://doi.org/10.1177/0739986307299692

Espedal, G. (2021). "Hope to see the soul": The relationship between spirituality and hope. *Journal of Religion and Health, 60,* 2770-2783. https://doi.org/10.1007/s10943-021-01245-2

Farb, N., Daubenmier, J., Price, C. J., Gard, T., Kerr, C., Dunn, B. D., Klein, A. C., Paulus, M. P., & Mehling, W. E. (2015). Interoception, contemplative practice, and health. *Frontiers in Psychology, 6*, 1-26. https://doi.org/10.3389/fpsyg.2015.00763

Farrokhi, F., & Mahmoudi-Hamidabad, A. (2012). Rethinking convenience sampling: Defining quality criteria. *Theory & Practice in Language Studies*, *2*(4), 784-792, https://doi.org/10.4304/tpls.2.4.784-792

Feldman, G., Hayes, A., Kumar, S., Greeson, J., & Laurenceau, J. P. (2007). Mindfulness and emotion regulation: The development and initial validation of the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R). *Journal of Psychopathology and Behavioral Assessment, 29*(3), 177-190. https://doi.org/10.1007/s10862-006-9035-8

Felver, J. C., Butzer, B., Olson, K. J., Smith, I. M., & Khalsa, S. B. S. (2015). Yoga in public school improves adolescent mood and affect. *Contemporary School Psychology, 19*(3), 184-192. https://doi.org/10.1007/s40688-014-0031-9

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26,* 399-419. https://doi.org/10.1146/annurev.publhealth.26.021304.144357

Field, T. A., & Ghoston, M. R. (2020). *Neuroscience-informed counseling with children and adolescents.* American Counseling Association.

Finlay-Jones et al., 2020 Online self-compassion training to improve the wellbeing of youth with chronic medical conditions: Protocol for a randomized control trial. *BMC Public Health, 20*, Article 106. https://doi.org/ 10.1186/s12889-020-8226-7

Finley, J. (2000). *The contemplative heart*. Sorin Books.

Foster, R. D., & Armstrong, S. A. (2017). On the intersection of spiritual and social-emotional development in children and adolescents. *Journal of Child and Adolescent Counseling,* 00, 1-14, https://doi.org/10.1080/23727810.2017.1341800

Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning.* Harper and Row.

Fox, J., Gutierrez, D., & Mullen, P. R. (2017). The nature and function of meditation and prayer

in childhood and adolescence. *Journal of Child and Adolescent Counseling,* 00, 1-11, https://doi.org/10.1080.23727810.2017.1341797.

Franco, C., Amutio, A., Lopez-Gonzalez, L., Oriol, X., & Martinez-Taboada, C. (2016). Effect of a mindfulness training program on the impulsivity and aggression levels of adolescents with behavioral problems in the classroom. *Frontiers in Psychology, 22,* Article 1385. https://doi.org/10.3389/fpsyg.2016.01385

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Johns Hopkins University Press.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*(3), 218. https://doi.org/10.1037/0003-066X.56.3.218

Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional wellbeing. *Psychological Science*, *13*(2), 172-175. https://doi.org/10.1111/1467-9280.00431

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, *95*(5), 1045. https://doi.org/10.1037/a0013262

Fredrickson, B. L., Boulton, A. J., Firestine, A. M., Van Cappellen, P., Algoe, S. B., Brantley, M. M., Kim, S. L., Brantley, J., & Salzberg, S. (2017). Positive emotion correlates of meditation practice: A comparison of mindfulness meditation and loving-kindness meditation. *Mindfulness*, *8*(6), 1623-1633. https://doi.org/10.1007/s12671-017-0735-9

Fredrickson, B. L., Arizmendi, C., Van Cappellen, P., Firestine, A. M., Brantley, M. M., Kim, S. L., Brantley, J., & Salzberg, S. (2019). Do contemplative moments matter? Effects of informal meditation on emotions and perceived social integration. *Mindfulness, 10,* 1915-1925. https://doi.org/10.1007/s12671-019-01154-2

Freeny, J., Peskin, M., Schick, V., Cuccaro, P., Addy, R., Morgan, R., Lopez, K. K., & Johnson-Baker, K. (2021). Adverse childhood experiences, depression, resilience, & spirituality in African-American adolescents. *Journal of Child & Adolescent Trauma*, *14*(2), 209-221. https://doi.org/10.1007/s40653-020-00335-9

Galassi, J. P., & Akos, P. (2004). Developmental advocacy: Twenty-first century school counseling. *Journal of Counseling & Development, 82*(2), 146-157. https://doi.org/10.1002/j.1556-6678.2004.tb00296.x

Galassi, J. P., Griffin, D., & Akos, P. (2008). Strengths-based school counseling and the ASCA National Model. *Professional School Counseling, 12*(2), 176-181. https://doi.org/10.1177/2156759X0801200207.

Geronimo, I. I. (2011). Deconstructing the marginalization of "underclass" students: Disciplinary alternative education. *The Toledo Law Review, 42,* 429-465.

Goleman, D., & Davidson, R. J. (2017). *Altered traits: Science reveals how meditation changes your mind, brain, and body.* Avery.

Goralnik, L., & Marcus, S. (2020). Resilient learners, learning resilience: Contemplative practice in the sustainability classroom. *New Directions for Teaching and Learning, 161,* 83-99. https://doi.org/10.1002/tl.20375

Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83-91. https://doi.org/10.1037/a0018441

Goleman, D. J., & Schwartz, G. E. (1976). Meditation as an intervention in stress reactivity. *Journal of Consulting and Clinical Psychology, 44*(3), 456-466. https://doi.org/10.1037/0022-006X.44.3.456

Grace, F. (2011). Learning as a path, not a goal: Contemplative pedagogy, its principles and practices. *Teaching Theology & Religion, 14(*2), 99-124. https://doi.org/10.111/j.1467-9647.2011.00689.x

Greenberg, M. T., & Harris, A. R. (2012). Nurturing mindfulness in children and youth: Current state of research. *Child Development Perspectives, 6*(2), 161-166. https://doi.org/10.1111/j.1750-8606.2011.00215.x

Gratz, K. L., & Roemer, L. (2008). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, *30*(4), 315–315. https://doi.org/10.1007/s10862-008-9102-4

Griffith, C., Mariani, M., McMahon, H. G., Zyromski, B., & Greenspan, S. B. (2020). School counseling intervention research: A 10-year content analysis of ASCA- and ACA-affiliated journals. *Professional School Counseling, 23*(1), 1-12. https://doi.org/10.1177/2156759X19878700

Grubic, N., Badovinac, S., & Johri, A. M. (2020). Student mental health in the midst of the COVID-19 pandemic: A call for further research and immediate solutions. *International*

Journal of Social Psychiatry, 66(5), 517-518. https://doi.org/10.1177/0020764020925108.

Guerra-Bustamante, J., León-del-Barco, B., Yuste-Tosina, R., López-Ramos, V. M., & Mendo-Lázaro, S. (2019). Emotional intelligence and psychological wellbeing in adolescents. *International Journal of Environmental Research and Public Health*, *16*(10), Article 1720. https://doi.org/10.3390/ijerph16101720

Gutierrez, D., Conley, A. H., & Young, M. (2016). Examining the effects of Jyoti meditation on stress and the moderating role of emotional intelligence. *Counselor Education and Supervision*, *55*(2), 109-122. https://doi.org/10.1002/ceas.12036

Gutierrez, D., Dorais, S., Smith, J. M., & Mutanguha, F. (2019). Humanity Education as a school-based intervention for healing. *Journal of School-Based Counseling Policy and Evaluation, 1*(3), 63-70. https://doi.org/10.25774/6rgw-bn52.

Gysbers, N. C. (2004). Comprehensive guidance and counseling programs: The evolution of accountability. *Professional School Counseling*, 1-14. https://www.jstor.org/stable/42732409

Gysbers, N. C., & Henderson, P. (2001). Comprehensive guidance and counseling programs: A rich history and a bright future. *Professional School Counseling, 4*(4), 246. https://www.jstor.org/stable/42732263

Hadadian-Chaghaei, F., Haghani, F., Feizi, A., Taleghani, F., & Alimohammadi, N. (2021). Transcultural adaptation and validation of the Persian version of the Brief Emotional Intelligence Scale. *Journal of Research in Medical Sciences, 26*(1), 73-73. https://doi.org/10.4103/jrms.JRMS_1250_20

Hafenbrack, A. C., LaPalme, M. L., & Solal, I. (2022). Mindfulness meditation reduces guilt and prosocial reparation. *Journal of Personality and Social Psychology, 123*(1), 28–54. https://doi.org/10.1037/pspa0000298

Harter, S. (1985). *Manual for the Self-Perception Profile for Children: Revision of the Perceived Competence Scale for Children.* Denver, CO: University of Denver Press.

Hawes, M. T., Szenczy, A. K., Klein, D. N., Hajcak, G., & Nelson, B. D. (2021). Increases in depression and anxiety symptoms in adolescents and young adults during the COVID-19 pandemic. *Psychological Medicine*, 1-9. https://doi.org/10.1017/ S0033291720005358

Haydicky, J., Shecter, C., Wiener, J., & Ducharme, J. M. (2015). Evaluation of MBCT for adolescents with ADHD and their parents: Impact on individual and family functioning. *Journal of Child and Family Studies*, *24*(1), 76-94. https://doi.org/10.1007/s10826-013-9815-1

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* The Guilford Press.

Hayes, S. C., & Lillis, J. (2012). *Acceptance and commitment therapy: Theories of psychotherapy.* The American Psychological Association.

Henderson, N., & Milstein, M. (1996). *Resiliency in schools: Making it happen for students and educators*. Corwin Press.

Hertz, M. F., & Barrios, L. C. (2021). Adolescent mental health, COVID-19, and the value of school-community partnerships. *Injury Prevention, 27*(1), 85-86. http://dx.doi.org/10.1136/injuryprev-2020-044050

Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review, 31*(7), 1126-1132. https://doi.org/10.1016/j.cpr.2011.07.003

Hilert, A. J., & Tirado, C. (2018). Teaching multicultural counseling with mindfulness: A contemplative pedagogy approach. *International Journal for the Advancement of Counselling, 41*, 469-480. https://doi.org/10.1007/s10447-018-9363-x

Holcomb-McCoy, C. (2022). *School counseling to close opportunity gaps: A social justice and antiracist framework for success.* Corwin Press.

Huebner, E. S. (1991). Further validation of the Students' Life Satisfaction Scale: The independence of satisfaction and affect ratings. *Journal of Psychoeducational Assessment, 9*(4), 363-368. https://doi.org/10.1177/073428299100900408

Hutcherson, C. A., Seppala, E. M., & Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion, 8*(5), 720-724. https://doi.org/10.1037/a0013237

Ivey-Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., Brown, M. (2020). Suicidal ideation and behaviors among high school students: Youth Risk Behavior Survey, United States, 2019. US Department of Health and Human Services Center for Disease Control and Prevention. *MMWR*, *69*(1), 47-55. https://doi.org/10.15585/mmwr.su6901a6

Jones, C. M., Clayton, H. B., Deputy, N. P., Roehler, D. R., Ko, J. Y., Esser, M. B., Brookmeyer, K. A., & Hertz, M. F. (2020). Prescription opioid misuse and use of alcohol and other substances among high school students – Youth Risk Behavior Survey, United States, 2019. US Department of Health and Human Services Center for Disease Control and Prevention. *MMWR, 69*(1), 38-46. https://doi.org/10.15585/mmwr.su6901a5

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hachette Books.

Kabat-Zinn, J. (2003). Mindfulness-based stress reduction (MBSR). *Constructivism in the Human Sciences*, *8*(2), 73-107. https://doi.org/10.1093/clipsy/bpg016

Karatas, Z., & Cakar, F. S. (2011). Self-Esteem and Hopelessness, and Resiliency: An Exploratory Study of Adolescents in Turkey. *International Education Studies, 4*(4), 84-91. https://doi.org/10.5539/ies.v4n4p84

Kearney, D. J., McManus, C., Malte, C. A., Martinez, M. E., Felleman, B., & Simpson, T. L. (2014). Loving-kindness meditation and the broaden-and-build theory of positive emotions among veterans with posttraumatic stress disorder. *Medical Care, 52,* S32-S38. https://doi.org/10.1097/MLR.0000000000000221

Keating, T. (1986). *Open mind, open heart: The contemplative dimension of the gospel.* Continuum.

Keng, S. L., & Tan, H. H. (2018). Effects of brief mindfulness and loving-kindness meditation inductions on emotional and behavioral responses to social rejection among individuals with high borderline personality traits. *Behaviour Research and Therapy*, *100*, 44-53. https://doi.org/10.1016/j.brat.2017.11.005

Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*(2), 207. https://doi.org/10.2307/3090197

Kielty, M. L., Staton, A. R., & Gilligan, T. D. (2017a). Cultivating spiritual strength in children and adolescents through contemplative practices in K–12 school settings. Journal of *Child and Adolescent Counseling, 3*(3), 164-174.

Kielty, M., Gilligan, T., Staton, R., & Curtis, N. (2017b). Cultivating mindfulness with third

grade students via classroom-based interventions. *Contemporary School Psychology, 21,* 317-322. https://doi.org/10.1007/s40688-017-0149-7

King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A. M., Robinson, E., Kulkarni, M., & Liberzon, I. (2013). A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depression and Anxiety, 30*(7), 638-645. https://doi.org/10.1002/da.22104

Kim, S. & Esquivel, G. B. (2011). Adolescent spirituality and resilience: Theory, research, and educational practices. *Psychology in the Schools, 48*(7), 755-765. https://doi.org/10.1002/pits.20582

Konaszewski, K., Niesiobedzka, M., & Surzykiewicz, J. (2020). Validation of the Polish version of the Brief Resilience Scale (BRS). *PLOS ONE, 15*(12), 1-16. https://doi.org/10.1371/journal.pone.0237038

Kovacs, M. (1985). The children's depression inventory (CDI). *Psychopharmacology Bulletin, 21,* 995-998.

Kulz, A. K., Landmann, S., Cludius, B., Rose, N., Heidenreich, T., Jelinek, L., Alsleben, H., Wahl, K., Philipsen, A., Voderholzer, U., Maier, J. G., & Moritz, S. (2019). Mindfulness-based cognitive therapy (MBCT) in patients with obsessive-compulsive disorder (OCD) and residual symptoms after cognitive behavioral therapy (CBT): A randomized controlled trial. *European Archives of Psychiatry and Clinical Neuroscience, 269*, 223-244. https://doi.org/10.1007/s00406-018-0957-4

Kumar, A., & Nayar, K. R. (2021). COVID 19 and its mental health consequences. *Journal of Mental Health, 30*(1), 1-2. https://doi.org/10.1080/09638237.2020.1757052

Kumm, S., Wilkinson, S., & McDaniel, S. (2020). Alternative education settings in the United States. *Intervention in School and Clinic, 56*(2), 123-126. https://doi.org/10.1177/1054351220214895

Kunzler, A. M., Chmitorz, A., Bagusat, C. Kaluza, A. J., Hoffman, I., Schäfer, M., Quiring, O., Rigotti, T., Kalisch, R., Tüscher, O., Franke, A. G., van Dick, R., Lieb, K. (2018). Construct validity and population-based norms of the German Brief Resilience Scale (BRS). *European Journal of Health Psychology, 25*(3), 107-117. https://doi.org/10.1027/2512-8442/a000016

Kyuken, W., Watkins, E., Holden, E., White, K., Taylor, R. S., Byford, S., Evans, A. Radford, S., Teasdale, J. D., Dalgleish, T. (2010). How does mindfulness-based cognitive therapy work? *Behavior Research and Therapy, 48*(11), 1105-1112. https://doi.org/10.1016/j.brat.2010.08.003

Lathren, C., Bluth, K., & Park, J. (2019). Adolescent self-compassion moderates the relationship between perceived stress and internalizing symptoms. *Personality and Individual Differences, 143,* 36-41. https://doi.org/10.1016/j.paid.2019.02.008

Lawlor, M. S., Schonert-Reichl, K. A., Gadermann, A. M., & Sumbo, B. D. (2014). A validation study of the Mindful Attention Awareness Scale adapted for children. *Mindfulness, 5*(6), 730-741. https://doi.org/10.1007/s12671-013-0228-4.

Lawson, G. M., McKenzie, M. E., Becker, K. D., Selby, L., & Hoover, S. A. (2018). The core components of evidence-based social emotional learning programs. *Prevention Science, 20,* 457-467. https://doi.org/10.1007/s11121-018-0953-y.

Lee, Y. C., Lin, Y. C., Huang, C. L., & Fredrickson, B. L. (2013). The measurement of peace of mind. *Journal of Happiness Studies, 14,* 571-590.

https://doi.org/10.1007/s10902-012-9343-5

Leech, N. L., Barrett, K. C., & Morgan, G. A. (2015). *IBM SPSS for intermediate statistics: Use and interpretation,* (5th ed.). Routledge.

Lemberger-Truelove, M. E. & Bowers, H. (2019). An advocating student-within-environment approach to school counseling. In C. T. Dollarhide & M. E. Lemberger-Truelove (Eds.), *Theories of school counseling for the 21st century* (pp. 266-294). Oxford University Press.

Lemberger, M. E. (2010). Advocating student-within-environment: A humanistic theory for school counseling. *The Journal of Humanistic Counseling, Education and Development, 49(*2), 131-146. https://doi.org/10.1002/j.2161-1939.2010.tb00093.x

Lengacher, C. A., Johnson-Mallard, V., Post-White, J., Moscoso, M. S., Jacobsen, P. B., Klein, T. W., Widen, R. H., Fitzgerald, S. G., Shelton, M. M., Barta, M., Goodman, M., Cox, C. E., & Kip, K. E. (2009). Randomized controlled trial of mindfulness-based stress reduction (MBSR) for survivors of breast cancer. *Psycho-Oncology, 18*, 1261-1272. https://doi.org/10.1002/pon.1521

Leppma, M., & Young, M. E. (2016). Loving-kindness meditation and empathy: A wellness group intervention for counseling students. *Journal of Counseling and Development, 94*(3), 297-305. https://doi.org/10.1002/jcad.12086

Leung, M. K., Chan, C. C. H., Yin, J., Lee, C. F., So, K. F., & Lee, T. M. C. (2013). Increased gray matter volume in the right angular and posterior parahippocampal gyri in loving-kindness meditators. *Social Cognitive and Affective Neuroscience, 8*(1), 34-39. https://doi.org/10.1093/scan/nss076

Leung, H., Wu, F. K. Y., & Shek, D. T. L. (2017). Hope, aspirations, and resilience in children and adolescents: A review of research on measurement and related antecedents. *International Journal on Disability and Human Development, 16*(4), 351-358. https://doi.org/10.1515/ijdhd-2017-7003

Levin, A. B., Hadgkiss, E. J., Weiland, T. J., Marck, C. H., van der Meer, D. M., Pereira, N. G., & Jelinek, G. A. (2014). Can meditation influence quality of life, depression, and disease outcome in multiple sclerosis? Findings from a large international web-based study. *Behavioral Neurology, 2014.* http://dx.doi.org/10.1155/2014/916519

Liang, L., Ren, H., Cao, R., Hu, Y., Qin, Z., Li, C., Mei, S. (2020). The effect of COVID-19 on youth mental health. *Psychiatric Quarterly, 91,* 841-852. https://doi.org/10.1007/s11126020-09744-3

Lindo, N. A., & Ceballos, P. (2020). Child and adolescent career construction: An expressive arts group intervention. *Journal of Creativity in Mental Health, 15*(3), 364-377. https://doi.org/10.1080/15401383.2019.1685923

Lindsey, L., Robertson, P., & Lindsey, B. (2019). Expressive arts and mindfulness: Aiding adolescents in understanding and managing their stress. *Journal of Creativity in Mental Health, 13*(3), 288-297. https://doi.org/10.1080/15401383.2018.1427167

Magee, R. V. (2019). *The inner work of racial justice: Healing ourselves and transforming our communities through mindfulness*. Penguin.

Marcellus, L. (2004). Are we missing anything? Pursuing research on attrition. *Canadian Journal of Nursing Research*, *36*(3), 82–98.

Marques, S. C., Pais-Ribeiro, J. L., & Lopez, S. J. (2009). Validation of a Portuguese version of the Children's Hope Scale. *School Psychology International, 30*(5), 538-551. https://doi.org/10.1177/0143034309107069

Marques, S. C., Lopez, S. J., & Mitchell, J. (2013). The role of hope, spirituality and religious practice in adolescents' life satisfaction: Longitudinal findings. *Journal of Happiness Studies, 14*(1), 251-261. https://doi.org/10.1007/s10902-012-9329-3

Mason E. C. M. & Trezek, B., (2020) Using the CSCORE protocol to identify evidence-based practices in school counseling intervention research. *Counseling Outcome Research and Evaluation, 12*(2), 91-104. https://doi.org/10.1080/21501378.2020.1796480

Masters-Waage, T. C., Reb, J., Tov, W., & Bandara, U. (2022). An initial examination of state and longitudinal effects of loving-kindness practice on affective and motivational states at work. *Mindfulness, 13*, 174-187, https://doi.org/10.1007/s12671-021-01781-8

Martin, S. D., Alexander, G. K., Fisher, K. P., Jenschke, M., Jevas, S. A. (2021). Evaluation of mental health effects of a mindfulness workshop with health professions students. *Journal of Allied Health, 50*(3), 87E-90E. https://www.proquest.com/scholarly-journals/evaluation-mental-health-effects-mindfulness/docview/2599947636/se-2

Mayer, J. D., & Salovey, P. (1993). The intelligence of emotional intelligence. *Intelligence, 17,* 433-442. https://doi.org/10.1016/0160-2896(93)90010-3

McLaughlin, K. A., Garrad, M. C., & Somerville, L. H. (2015). What develops during emotional development? A component process approach to identifying sources of psychopathology risk in adolescence. *Dialogues in Clinical Neuroscience, 17*(4), 403-410. https://doi.org/10.31887/DCNS.2015.17.4/kmclaughlin

McMahon, H. G. & Mason, E. C. M. (2019). Ecological school counseling. In C. T. Dollarhide & M. E. Lemberger-Truelove (Eds.), *Theories of school counseling for the 21st century* (pp. 241-265). Oxford University Press.

McMahon, H. G., Mason, E. C., Daluga-Guenther, N., & Ruiz, A. (2014). An ecological model of professional school counseling. *Journal of Counseling & Development, 92*(4), 459-471. https://doi.org/10.1002/j.1556-6676.2014.00172.x

McManus, M. A., & Ball E. (2020). COVID-19 should be considered an adverse childhood experience (ACE). *Journal of Community Safety and Wellbeing, 5*(4), 164-167. https://doi.org/10.35502/jcswb.166

Miller, L. (2016). *The spiritual child: The new science on parenting for health and lifelong thriving*. Macmillan.

Miller, M. K., Finkel, J. P., Marcus, B. N., Burgin, E., Prosek, E. A., Crace, R. K., & Bravo, A. J. (2021). Efficacy of a university offered mindfulness training on perceived stress. *Journal of Counseling & Development*, 278–283. https://doi.org/10.1002/jcad.12421

Mills, G. E., & Gay, L. R. (2019). *Educational research: Competencies for analysis and applications,* (12th ed.). Pearson.

Miron, O., Yu, K.-H., Wilf-Miron, R., & Kohane, I. S. (2019). Suicide rates among adolescents and young adults in the United States, 2000-2017. *JAMA, 321*, 2362-2364. https://doi.org/10.1001/ jama.2019.5054

Moher, D., Hopewell, S., Schulz, K. F., Montori, V., Gotzsche, P. C., Devereaux, P. J., Elbourne, D., Egger, M., & Altman, D. G. (2010). Consort 2010 explanation and elaboration: Updated guidelines for reporting parallel group randomized trials. *BMJ (Clinical Research ed.)*, *340*(1), c869–702. https://doi.org/:10.1136/bmj.c869

Montero-Marin, J., Allwood, M., Ball, S., Crane, C., De Wilde, K., Hinze, V., Jones, B., Lord, L., Nuthall, E., Raja, A., Taylor, L., Tudor, K., Blakemore, S. J., Byford, S., Dagleish, T., Ford, T., Greenberg, M. T., Ukoumunne, O. C., Williams, J. M. G., … Bennett, M. (2022). School-based mindfulness training in early adolescence: What works, for whom, and how in the MYRIAD trial? *Evidence-Based Mental Health, 25*(3), 117-124. https://doi.org/10.1136/ebmental-2022-300439

Morgan, P. F. (2015). A brief history of the current reemergence of contemplative education. *Journal of Transformative Education, 13*(3), 197–218. https://doi.org/10.1177/1541344614564875

Mullen, P. R., & Lambie, G. W. (2013). School counseling in disciplinary alternative education programs. *Journal of School Counseling, 11*(17). Retrieved from http://www.jsc.montana.edu/articles/v11n17.pdf

Mullen, P. R., Blount, A. J., Lambie, G. W., & Chae, N. (2018). School counselors' job stress, burnout, and job satisfaction. *Professional School Counseling, 21*(1), 1-10. https://journals.sagepub.com/doi/10.1177/2156759X18782468

Mullen, P. R., Chae, N., Backer, A., & Niles, J. (2021). School counselor burnout, job stress, and job satisfaction by student caseload. *NASSP Bulletin, 105*(1), 25-42. https://doi.org/10.1177/01926365219998

Mullen, P. R., Niles, J., Dukes, A., & Spargo, A. (2022). An examination of the GPS for SUCCESS program. *Preventing School Failure: Alternative Education for Children and Youth, 66*(3), 238-246. https://doi.org/10.1080/1045688X.2022.2048627

Müller-Engelmann, M., Schreiber, C., Kummerle, S. ,Heidenreich, T., Stangier, U., & Steil, R. (2018). A trauma-adapted mindfulness and loving-kindness intervention for patients with

PTSD after interpersonal violence: A multiple-baseline study. *Mindfulness, 10,* 1105-1123. https://doi.org/10.1007/s12671-018-1068-z

Munoz, R. T., Hoppes, S., Hellman, C. M., Brunk, K. L., Bragg, J. E., & Cummins, C. (2018). The effects of mindfulness meditation on hope and stress. *Research on Social Work Practice, 28*(6), 696-707. https://doi.org/10.1177/1049741516674319

Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology, 60*, 234-244.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78*(3), 251-266. https://doi.org/10.1002/j.1556-6676.2000.tb01906.x

Nam, S., & Toneatto, T. (2016). The influence of attrition in evaluating the effectiveness of mindfulness-based interventions. *International Journal of Mental Health and Addiction, 14,* 969-981. https://doi.org/10.1007/s11469-016-9667-1

Napoli, M., Krech, P. R., Holley, L, C. (2005). Mindfulness training for elementary school students. *Journal of Applied School Psychology, 21*(1), 99-125. https://doi.org/10.1300/J370v21n01_05

Napora, L. (2017). A contemplative look at social change: Awareness and community as foundations for leading. *The Journal of Contemplative Inquiry, 4*(1), 187-206.

Negi, L. T., (2012). *Cognitively-Based Compassion Training Manual.* Emory University.

Niles, J. K., Gutierrez, D., Dukes, A. T., Mullen, P. R., & Goode, C. D. (2022). Understanding the relationships between personal growth initiative, hope, and abstinence self-efficacy. *Journal of Addictions & Offender Counseling*, 1-11. https://doi.org/10.1002/jaoc.12099

O'Connor, M., O'Reilly, G., Murphy, E., Connaughton, L., Hoctor, E., & McHugh, L. (2021). Resilience mediates the cross-sectional relationship between mindfulness and positive mental health in early adolescence. *Journal of Contextual Behavioral Science, 21,* 171-175. https://doi.org/10.1016/j.jcbs.2021.07.003

Ohrt, J. H., Clarke, P. B., & Conley, A. H., (2019). *Wellness counseling: A holistic approach to prevention and intervention.* American Counseling Association.

Oman, D., Shapiro, S. L., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Meditation lowers stress and supports forgiveness among college students: A randomized controlled trial. *Journal of American College Health, 56(*5), 569-578. https://doi.org/10.3200/JACH.56.5.569-578

Osborne, J. W. (2013). *Best practices in data cleaning.* Sage Publications, Inc.

Pace, T. W. W., Negi, L. T., Dodson-Lavelle, B., Ozawa de Silva, D., Reddy, S. D., Cole, S. P., Danese, A., Craighead, L. W., & Raison, C. L. (2013). Engagement with cognitively-based compassion training is associated with reduced salivary C-reactive protein from before to after training in foster care program adolescents. *Psychoneuroendocrinology, 38*(2), 294-299. https://doi.org/10.1016/j.psyneuen.2012.05.019

Padilla-Walker, L. M., Hardy, S. A., & Christensen, K. J. (2011). Adolescent hope as a mediator between parent-child connectedness and adolescent outcomes. *The Journal of Early Adolescence, 31*(6), 853-879. https://doi.org/10.1177/0272431610376249

Pallant, J. (2020). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS* (7th ed.). McGraw-Hill Education.

Pedrotti, J. T., Edwards, L. M., & Lopez, S. J. (2008). Promoting hope: Suggestions for school counselors. *Professional School Counseling, 12*(2), 100-107. https://www.jstor.org/stable/23801061

Phan, M. L., Renshaw, T. L., Caramanico, J., Greeson, J. M., MacKenzie, E., Atkinson-Diaz, Z., Doppelt, N., Tai, H., Mandell, D. S., & Nuske, H. J. (2022). Mindfulness-based school interventions: A systematic review of outcome evidence quality by study design. *Mindfulness, 13, 1*591-1613. https://doi.org/10.1007/s12671-022-01885-9

Pew Research Center. (2017). *2017 Religious landscape survey.* Pew Forum on Religion & Public Life.

Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development, 15*, 1-12. https://doi.org/10.1159/000271225

Pokhrel, S., & Chhetri, R. (2021). A literature review on impact of COVID-19 pandemic on teaching and learning. *Higher Education for the Future, 8*(1), 133-141. https://doi.org/10.1177/2347631120983481

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401. https://doi.org/10.1177/014662167700100306

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy, 18*(3), 250-255. https://doi.org/10.1002/cpp.702

Ray, D. C., Burgin, E., Gutierrez, D., Ceballos, P., Lindo, N. (2022). Child-centered play therapy and adverse childhood experiences: A randomized controlled trial. *Journal of Counseling & Development, 100,* 134-145. https://doi.org/10.1002/jcad.12412

Reddy, S. D., Negi, L. T., Dodson-Lavelle, B., Ozawa-de Silva, B., Pace, T. W. W., Cole, S. P., Raison, C. L., & Craighead, L. W. (2013). Cognitive-based compassion training: A promising prevention strategy for at-risk adolescents. *Journal of Child and Family Studies, 22,* 219-230. https://doi.org/10.1007/s10826-012-9571-7

Renda, M. R., & Villares, E. (2015). The effect of a student achievement curriculum on grade 9 completion rate and student engagement. *Counseling Outcome Research, 6*(2), 113-125. https://doi.org/10.1177/2150137815598812

Ricarte, J. J., Ros, L., Latorre, J. M., & Beltrán, M. T. (2015). Mindfulness-based intervention in a rural primary school: Effects on attention, concentration and mood. *International Journal of Cognitive Therapy*, *8*(3), 258-270. https://doi.org/10.1521/ijct_2015_8_03

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307-321. https://doi.org/10.1002/jclp.10020

Roehlkepartain, E. C., Benson, P. L., King, P. E., & Wagener, L. M. (2006). Spiritual development in childhood and adolescence: Moving to the mainstream. In E. C. Roehlkepartain, P.E. King, L Wagener, & P. L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 1-15). Sage Publications.

Roeser, R. W., & Pinela, C. (2014). Mindfulness and compassion training in adolescence: A developmental contemplative science perspective. *New Directions for Youth Development, 142*, 9-30. https://doi.org.10.1002/yd.20094.

Rosenbaum, G. M., & Hartley, C. A. (2019). Developmental perspectives on risky and impulsive choice. *Philosophical Transactions of the Royal Society B, 374*(1766), 1-13. https://doi.org/10.1098/rstb.2018.0133

Rumsey, A. D., & Milsom, A. (2019). Supporting school engagement and high school

completion through trauma-informed school counseling. *Professional School Counseling, 22*(1), 1-10. https://doi.org/10.1177/2156759X19867254

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing. *Journal of Personality and Social Psychology, 57*(6), 1069-1081. https://doi.org/10.1037/0022-3514.57.6.1069

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition and Personality, 9*(3), 185-211. https://doi.org/10.2190/DUGG-P24E-52WK-6CDG

Salzberg, S. (1995). *Lovingkindness: The revolutionary art of happiness.* Shambhala.

Salzberg, S. (2019). *Real happiness: A 28-day program to realize the power of meditation.* Workman Publishing.

Scales, P. C., Benson, P. L., & Roehlkepartain, E. C. (2011). Adolescent thriving: The role of sparks, relationships, and empowerment. *Journal of Youth and Adolescence, 40*(3), 263-277. https://doi.org/10.1007/s10964-010-9578-6

Scales, P. C., Syvertsen, A. K., Benson, P. L., Roehlkepartain, E. C., & Sesma Jr, A. (2014). Relation of spiritual development to youth health and wellbeing: Evidence from a global study. In A. Ben-Arieh, F. Casas, I. Frønes, & J. E. Korbin (Eds.), *Handbook of child wellbeing: Theories, methods, and policies in global perspective* (pp. 1101-1135). Springer Reference.

Sedlmeier, P., Eberth, J., Schwarz, M., Zimmermann, D., Haarig, F., Jaeger, S., & Kunze, S. (2012). The psychological effects of meditation: A meta-analysis. *Psychological Bulletin, 138*(6), 1139–1171. https://doi.org/10.1037/a0028168

Segal, Z. V., Teasdale, J. D., Williams, J. M., & Gemar, M. C. (2002). The mindfulness-based cognitive therapy adherence scale: Inter-rater reliability, adherence to protocol and treatment distinctiveness. *Clinical Psychology & Psychotherapy*, *9*(2), 131-138. https://doi.org/10.1002/cpp.320

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Houghton, Mifflin and Company.

Shadlow, J. O., Boles, R. E., Roberts, M. C., & Winston, L. (2015). Native American children and their reports of hope: Construct validation of the Children's Hope Scale. *Journal of Child and Family Studies, 24,* 1707-1714. https://doi.org/10.1007/s10826-014-9974-8

Shapiro, S. L., Lyons, K. E., Miller, R. C., Butler, B., Vieten, C., & Zelazo, P. D. (2015). Contemplation in the classroom: A new direction for improving childhood education. *Educational Psychology Review, 27(*1), 1-30. https://doi.org/100.1007/s10648-014-9265-3

Shahar, B., Szepsenwol, O., Zilcha-Mano, S., Haim, N., Zamir, O., Levi-Yeshuvi, S., & Levit-Binnun, N. (2015). A wait-list randomized controlled trial of loving-kindness meditation programme for self-criticism. *Clinical psychology & psychotherapy*, *22*(4), 346-356. https://doi.org/10.1002/cpp.1893

Siegel, D. J. (2015). *Brainstorm: The power and purpose of the teenage brain*. Penguin.

Sink, C. A. (2004). Spirituality and comprehensive school counseling programs. *Professional School Counseling*, *7*(5), 309-317. https://www.jstor.org/stable/42732599

Sink, C. A., & Devlin, J. M. (2011). Student spirituality and school counseling: Issues, opportunities, and challenges. *Counseling and Values, 55(*2), 130-148. https://doi.org/10.1002/j.2161-007X.2011.tb00027.x

Sivilli, T. I., & Pace, T. W. (2014). *The human dimensions of resilience: A theory of contemplative practices.* Garrison Institute. https://www.garrisoninstitute.org/wp-content/uploads/2019/08/The_Human_Dimensions_of_Resilience.pdf

Slaten, C. D., Irby, D. J., Tate, K., & Rivera, R. (2015). Toward a critically conscious approach to social emotional learning in urban alternative education: School staff members' perspectives. *Journal for Social Action in Counseling and Psychology, 7*(1), 41-62. https://doi.org/10.33043/JSACP.71.41-62.

Slaten, C., Verriden, A. W., & Baskin, T. W. (2019). General history and conceptual frameworks of school counseling. In C. T. Dollarhide & M. E. Lemberger-Truelove (Eds.), *Theories of school counseling for the 21st century* (pp. 13-24). Oxford University Press.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194-200. https://d.org/10.1080/10705500802222972

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. An International Journal for the *Advancement of Psychological Theory, 13*(4), 249–275. https://doi.org/10.1207/S15327965PLI1304_01

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*(4), 570–585. https://doi.org/10.1037/00223514.60.4.570

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., Highberger, L., Ribinstein, H., & Stahl, K. J. (1997). The development and validation of the Children's

Hope Scale. *Journal of Pediatric Psychology, 22*(3), 399-421. https://doi.org/10.1093/jpepsy/22.3.399

Sonu, S., Marvin, D., & Moore, C. (2021). The intersection and dynamics between COVID-19, health disparities, and adverse childhood experiences. *Journal of Child & Adolescent Trauma, 14,* 517-526. https://doi.org/10.1007/s40653-021-00363-z

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology, 5,* 1-14. https://dx.doi.org/10.3402/ejpt.v5.25338

Spitzer, R. L., Kroenke, K., Williams, J. B. W, Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092-1097. https://doi.org/10.1001/archinte.166.10.1092

Stebnicki, M. A. (2021). *Counseling practice during phases of a pandemic virus*. John Wiley & Sons.

Stell, A. J., & Farsides, T. (2016). Brief loving-kindness meditation reduces racial bias, mediated by positive other-regarding emotions. *Motivation and Emotion*, *40*(1), 140-147. https://do.org/10.1007/s11031-015-9514-x

Su, Y. W., & Swank, J. M. (2019). Attention problems and mindfulness: Examining a school counseling group intervention with elementary school students. *Professional School Counseling*, *22*(1), 1-12. https://doi.org/10.1177/2156759X19850559

Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56).

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data.

Tadlock-Marlo, R. L. (2021). Making minds matter: Infusing mindfulness into school counseling. *Journal of Creativity in Mental Health, 6*(3), 220-223. https://doi.org/10.1080/15401383.2011.605079

Tarbetsky, A. L., Martin, A. J., & Collie, R. J. (2017). Social and emotional learning, social and emotional competence, and students' academic outcomes: The roles of psychological need satisfaction, adaptability, and buoyancy. *Social and Emotional Learning in Australia and the Asia-Pacific,* 17-37. https://doi.org/ 10.1007/978-981-10-3394-0_2

Taylor, J. V., Gibson, D. M., & Conley, A. H. (2019). Integrating yoga into a comprehensive school counseling program: A qualitative approach. *Professional School Counseling, 22*(1), https://doi.org/10.1177/2156759X19857921

Taylor, R., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*, 1156-1181. https://doi.org/10.1111/cdev.12864

Telke, S., Leininger, B., Hanson, L., & Kreitzer, M. J. (2022). A randomized trial of 21 days of loving kindness meditation for stress reduction and emotional wellbeing within an online health community for patients, family, and friends experiencing a cancer health journey. *Journal of Integrative and Complementary Medicine*, *28*(2), 158-167. https://doi.org/10.1089/jicm.2020.0512

Tellhed, U., Sollvén, A., Tamas, A., & Hagerklint, E. (2022). Boosting prosocial career aspirations: Loving-kindness meditation relates to higher communal career goals in

youth. *Scandinavian Journal of Psychology, 63,* 334-345. https://doi.org/10.1111/sjop.12823

Teixeira, R. J., & Pereira, M. G. (2015). Examining mindfulness and its relation to self-differentiation and alexithymia. *Mindfulness*, *6*(1), 79-87. https://doi.org/10.1007/s12671-013-0233-7

Thompson, B. L., & Waltz, J. (2010). Mindfulness and experiential avoidance as predictors of posttraumatic stress disorder avoidance symptom severity. *Journal of Anxiety Disorders, 24*(4), 409-415. https://doi.org/10.1016/j.janxdis.2010.02.005

Totzeck, C., Teismann, T., Hoffman, S. G., von Brachel, R., Pflug, V., Wannemüller, A., & Margraf, J. (2020). Loving-kindness meditation promotes mental health in university students. *Mindfulness, 11*, 1623-1631. https://doi.org/10.1007/s12671-020-01375-w

Trapnell, P. D., & Campbell, J. D. (1999). Private self-consciousness and the five-factor model of personality: Distinguishing rumination from reflection. *Journal of Personality and Social Psychology, 76*(2), 284–304. https://doi.org/10.1037/0022-3514.76.2.284

Urdan, T. C. (2017). *Statistics in plain English* (4th ed.). Routledge.

Vijayakumar, N., de Macks, Z. O., Shirtcliff, E. A., & Pfeifer, J. H. (2018). Puberty and the human brain: Insights into adolescent development. *Neuroscience & Biobehavioral Reviews*, *92*, 417-436. https://doi.org/10.1016/j.neubiorev.2018.06.004

Villares, E., & Dimmitt, C. (2017). Updating the school counseling research agenda: A Delphi study. *Counselor Education and Supervision*, *56*(3), 177-192. https://doi.org/10.1002/ceas.12071

Waechter, R. L., & Wekerle, C. (2015). Promoting resilience among maltreated youth using meditation, yoga, tai chi and qigong: A scoping review of the literature. *Child and Adolescent Social Work Journal, 32*(1), 17-31. https://doi.org/ 10.1007/s10560-014-0356-2

Wallace, R. K., & Benson, H. (1972). The physiology of meditation. *Scientific American*, *226*(2), 84-91. https://www.jstor.org/stable/24927272

Wang, J., Sumner, S. A., Simon, T. R., Crosby, A. E., Annor, F. B., Gaylor, E., Xu, L., & Holland, K. M. (2020). Trends in the incidence and lethality of suicidal acts in the United States, 2006 to 2015. *JAMA Psychiatry, 77*, 684-693. https://doi.org/10.1001/ jamapsychiatry.2020.0596

Watson, M. (2006). Long-term effects of moral/character education in elementary school. *Journal of Research in Character Education, 4*(1), 1-18.

Weinfurt, K. P. (1995). Multivariate analysis of variance. In Lawrence G. Grimm & Paul R. Yarnold (Eds.), *Reading and understanding multivariate statistics* (pp. 245-276). American Psychological Association.

Whiston, S. C., & Sexton, T. L. (1998). A review of school counseling outcome research: Implications for practice. *Journal of Counseling & Development*, *76*(4), 412-426. https://doi.org/10.1002/j.1556-6676.1998.tb02700.x

Whiston, S. C., Tai, W. L., Rahardja, D., & Eder, K. (2011). School counseling outcome: A meta-analytic examination of interventions. *Journal of Counseling & Development, 89,* 37-55. https://doi.org/10.1002/j.1556-6678.2011.tb00059.x

Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and quality of life outcomes*, *9*(1), 1-18. https://doi.org/10.1186/1477-7525-9-8

Witmer, J. M., Sweeney, T. J., & Myers, J. E. (1998). The wheel of wellness. Authors.

World Health Organization (2022). *Adolescent and young adult health.* WHO. https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions.

Xi, J. & Lee, M. T. (2021). Inner peace as a contribution to human flourishing: A new scale developed from ancient wisdom. In M. T. Lee, L. D. Kubzansky, & T. J. Van der Weele (Eds.) *Measuring wellbeing: Interdisciplinary perspectives from the social sciences and the humanities* (pp. 435 – 481). Oxford University Press. https://doi.org/10.1093/oso/9780197512531.001.0001

Young, M. E., DeLorenzi, L. D. A., & Cunningham, L. (2011). Using meditation in addiction counseling. *Journal of Addictions & Offender Counseling*, *32*(1-2), 58-71. https://doi.org/10.1002/j.2161-1874.2011.tb00207.x

Zajonc, A. (2013). Contemplative pedagogy: A quiet revolution in higher education. *New Directions for Teaching and Learning, 134*, 83-94. https://doi.org/10.1002/tl.20057

Zeytinoglu, S., Morales, S., Lorenzo, N. E., Chronis-Tuscano, A., Degnan, K. A., Almas, A. N., Henderson, H., Pine, D. S., & Fox, N. A. (2021). A developmental pathway from early behavioral inhibition to young adults' anxiety during the COVID-19 pandemic. *Journal of the American Academy of Child & Adolescent Psychiatry*, *60*(10), 1300-1308. https://doi.org/10.1016/j.jaac.2021.01.021

Zhang, J., & Li, Z. (2013). The association between depression and suicide when hopelessness is controlled for. *Comprehensive Psychiatry, 54*(7), 790-796. https://doi.org/10.1016/j.comppsych.2013.03.004

Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent resilience: Promotive factors that inform prevention. *Child Development Perspectives, 7*(4), 215-220. https://doi.org/10.1111/cdep.12042

Zyromski, B., Dimmitt, C., Mariani, M., & Griffith, C. (2018). Evidence-based school counseling: Models for integrated practice and school counselor education. *Professional School Counseling, 22*(1), https://doi.org/10.1177/2156759X18801847

Zyromski, B., & Dimmitt, C. (2022). Evidence-Based School Counseling: Embracing Challenges/Changes to the Existing Paradigm. *Professional School Counseling, 26*(1), https://doi.org/10.1177/2156759X221086729

Appendix A: SPACE Project Scripts

Practice I: Core Loving-Kindness Practice

Sit comfortably in your chair. Your eyes can be closed or open. Begin to bring all of your attention onto a single point. For some of us, it helps to bring awareness to our feet on the floor. For others, it helps to notice the chair behind our back. And for others, it might help to look at a single point in your line of sight. *[Brief pause]*. Whatever works best for you today, give it your fullest attention. *[Brief pause]*. It's likely that your mind will want to wander away. Anytime your mind wanders, very gently let the thought go and bring your awareness back onto your single point. For a few more moments, just continue focusing on one point.

[Pause]

When you are ready, start to notice your breath, without fixing or changing it. Notice the inhales and exhales. *[Brief pause]*.

Notice the temperature of your breath. *[Brief pause]*. Notice the sound of your breath. *[Brief pause]*. Notice the pace and depth of the breath. *[Brief pause]*. Notice where you can feel the breath the most. *[Brief pause]*. Anytime your mind wanders, very gently let the thought go and bring your awareness back onto your breath. For a few more inhales and exhales, just continue gently noticing your breath.

[Pause]

Start to release your focus on your breath and allow yourself to notice anything that comes in and out of your awareness. You might notice the sounds in the space. *[Brief pause]*. You may notice your thoughts or your emotions. *[Brief pause]*. Whatever you notice, see if you can do so with curiosity and without judgment. And then, gently let go of what you notice. For a

few more moments, just continue gently noticing anything that comes to your awareness in the present moment.

[Pause]

Now, begin offering loving-kindness to yourself by saying silently, *May I Be Safe, May I Be Happy, May I Be Healthy, May I Live with Ease.* Repeat the phrases inwardly at your own pace. Pay full attention to each phrase.

[Pause]

When your mind wanders, gently let go of the distractions and begin again: *May I Be Safe, May I Be Happy, May I Be Healthy, May I Live with Ease.* The phrases are the anchor for the practice. As feelings, thoughts, memories, or plans arise, notice them briefly and then let them pass. Refocus your attention on the repetition of the phrases, *May I Be Safe, May I Be Happy, May I Be Healthy, May I Live with Ease.*

[Pause]

Call to mind someone who has helped you. This could be a person you know who has been kind to you, or someone you have never met who has inspired you. Picture the person in your mind and offer the phrases of loving-kindness by reciting them in your mind while continuing to think of the person. Repeat, *May You Be Safe, May You Be Happy, May You Be Healthy, May You Live with Ease.* As feelings, thoughts, or questions arise notice them briefly and then let them pass. Continue to focus your attention on the repetition of the phrases. Even if the words feel strange or awkward, it is okay; they are helping us feel connection. *May You Be Safe, May You Be Happy, May You Be Healthy, May You Live with Ease.*

[Pause]

Each time your attention wanders, try not to feel discouraged. Gently let go and bring your attention back to one phrase at a time.

[Pause]

Think of someone you might see every once in a while, but might not know very well, such as a neighbor, mail carrier, checkout person at a store. You might not even know their name, but picture them in your mind. Send this person well wishes with the phrases, *May You Be Safe, May You Be Happy, May You Be Healthy, May You Live with Ease.*

[Pause]

Think of a community to whom you'd like to offer your well-wishes. This can be a community you are part of, or a community far away you don't personally know. Again, as feelings, thoughts, or questions arise notice them briefly and then let them pass. Continue to focus your attention on the repetition of the phrases, sending to the group, *May You Be Safe, May You Be Happy, May You Be Healthy, May You Live with Ease.*

[Pause]

Finally, you can offer your well-wishes to all beings everywhere, all people, all creatures, all in existence, known and unknown, near and far. *May All Beings Be Safe, May All Beings, Be Happy, May All Beings Be Healthy, May All Beings Live with Ease.* Every one of us shares the same wish to be happy, and every one of us encounters hard times. *May All Beings Be Safe, May All Beings, Be Happy, May All Beings Be Healthy, May All Beings Live with Ease.*

[Pause]

When you feel ready, you can bring your attention back to the classroom space. See if you can bring your well wishes into your day, and find moments to repeat the phrases silently to yourself and those around you.

Adapted from Salzberg (2019, p. 161-163).

Salzberg, S. (2019). *Real happiness: A 28-day program to realize the power of meditation.* Workman.

Practice II: The Benefactor

Sit comfortably in your chair. Your eyes can be closed or open. Begin to bring all of your attention onto a single point. For some of us, it helps to bring awareness to our feet on the floor. For others, it helps to notice the chair behind our back. And for others, it might help to look at a single point in your line of sight. *[Brief pause].* Whatever works best for you today, give it your fullest attention. *[Brief pause].* It's likely that your mind will want to wander away. Anytime your mind wanders, very gently let the thought go and bring your awareness back onto your single point. For a few more moments, just continue focusing on one point.

[Pause]

When you are ready, start to notice your breath, without fixing or changing it. Notice the inhales and exhales. *[Brief pause].*

Notice the temperature of your breath. *[Brief pause].* Notice the sound of your breath. *[Brief pause].* Notice the pace and depth of the breath. *[Brief pause].* Notice where you can feel the breath the most. *[Brief pause].* Anytime your mind wanders, very gently let the thought go and bring your awareness back onto your breath. For a few more inhales and exhales, just continue gently noticing your breath.

[Pause]

Start to release your focus on your breath and allow yourself to notice anything that comes in and out of your awareness. You might notice the sounds in the space. *[Brief pause].* You may notice your thoughts or your emotions. *[Brief pause].* Whatever you notice, see if you can do so with curiosity and without judgment. And then, gently let go of what you notice. For a few more moments, just continue gently noticing anything that comes to your awareness in the present moment.

[Pause]

Now, begin offering loving-kindness to yourself by saying silently, *May I Be Safe, May I Be Happy, May I Be Healthy, May I Live with Ease.* Repeat the phrases inwardly at your own pace. Pay full attention to each phrase.

[Pause]

When your mind wanders, gently let go of the distractions and begin again: *May I Be Safe, May I Be Happy, May I Be Healthy, May I Live with Ease.* The phrases are the anchor for the practice. As feelings, thoughts, memories, or plans arise, notice them briefly and then let them pass. Refocus your attention on the repetition of the phrases, *May I Be Safe, May I Be Happy, May I Be Healthy, May I Live with Ease.*

[Pause]

Think of someone for whom you feel a great deal of respect or gratitude. This can be a being in your life that you care about, including a friend, family member, mentor, teacher, or pet. Visualize them or mentally say their name to yourself. Think of the different ways they have helped you or contributed to your life or to the world. Think of the goodness within them, and their wish to be happy.

[Pause]

Begin to direct your phrases of loving-kindness toward the individual you are thinking of. It helps to use the same phrases you have directed toward yourself. You can begin by saying, "*Just as I want to be safe, so do you want to be safe. May you be safe. Just as I want to be happy, so do you want to be happy. May you be happy. Just as I want to be healthy, so do you want to be healthy. May you be healthy. Just as I want to live with ease, so do you want to live with ease. May you live with ease."*

[Pause]

Continue repeating your phrases, *May You Be Safe, May You Be Happy, May You Be Healthy, May You Live with Ease.*

[Pause]

Try to connect with each phrase one at a time without forcing the phrases, but paying close attention. There is no need to worry about what has happened or what is yet to come, not even the next phrase. Try not to force any feelings to arise, just repeat the phrases, *May You Be Safe, May You Be Happy, May You Be Healthy, May You Live with Ease.*

[Pause]

When you feel ready, you can bring your attention back to the classroom space. See if you can bring your well wishes into your day, and find moments to repeat the phrases silently to yourself and those around you.

Adapted from Salzberg (1995, p. 58-59).

Salzberg, S. (1995). *Lovingkindness: The revolutionary art of happiness.* Shambala.

Appendix B: Measures

The Children's Hope Scale
(Snyder et al., 1997)

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the circle that describes YOU the best. For example, place a check (,/) in the circle (O) above "None of the time," if this describes you. Or, if you are this way "All the time," check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

	None of the time	**A little of the time**	**Some of the time**	**Most of the time**	**All of the time**
I think I am doing pretty well.	**1**	**2**	**3**	**4**	**5**
I can think of many ways to get the things in life that are most important to me.	**1**	**2**	**3**	**4**	**5**
I am doing just as well as other kids my age.	**1**	**2**	**3**	**4**	**5**
When I have a problem, I can come up with lots of ways to solve it.	**1**	**2**	**3**	**4**	**5**
I think the things I have done in the past will help me in the future.	**1**	**2**	**3**	**4**	**5**
Even when others want to quit, I know that I can find ways to solve the problem.	**1**	**2**	**3**	**4**	**5**

Brief Resilience Scale
(Smith et al., 2008)

Please respond to each item by indicating one number per row.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	**1**	**2**	**3**	**4**	**5**
I have a hard time making it through stressful events.	**1**	**2**	**3**	**4**	**5**
It does not take me long to recover from a stressful event.	**1**	**2**	**3**	**4**	**5**
It is hard for me to snap back when something bad happens.	**1**	**2**	**3**	**4**	**5**
I usually come through difficult times with little trouble.	**1**	**2**	**3**	**4**	**5**
I tend to take a long time to get over set-backs in my life.	**1**	**2**	**3**	**4**	**5**

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

Score: _____ item average/6

Brief Emotional Intelligence Scale – 10
(Davies et al., 2010)

	Strongly disagree	**Somewhat disagree**	**Neither agree nor disagree**	**Somewhat agree**	**Strongly agree**
I know why my emotions change.	**1**	**2**	**3**	**4**	**5**
I easily recognize my emotions as I experience them.	**1**	**2**	**3**	**4**	**5**
I can tell how people are feeling by listening to the tone of their voice.	**1**	**2**	**3**	**4**	**5**
By looking at their facial expressions, I recognize the emotions people are experiencing.	**1**	**2**	**3**	**4**	**5**
I seek out activities that make me happy.	**1**	**2**	**3**	**4**	**5**
I have control over my emotions.	**1**	**2**	**3**	**4**	**5**
I arrange events others enjoy.	**1**	**2**	**3**	**4**	**5**
I help other people feel better when they are down.	**1**	**2**	**3**	**4**	**5**
When I am in a positive mood, I am able to come up with new ideas.	**1**	**2**	**3**	**4**	**5**
I use good moods to help myself keep trying in the face of obstacles.	**1**	**2**	**3**	**4**	**5**

Inner Peace Scale
(Xi & Lee, 2021)

	Almost never	Rarely	Sometimes	Often	Almost always
Factor 1: Acceptance of loss					
1. I find myself in a prolonged sadness when I lose something I really like. (reverse coded)	**1**	**2**	**3**	**4**	**5**
2. I find myself worried about losing something or someone. (reverse coded)	**1**	**2**	**3**	**4**	**5**
3. I am troubled by the thought that nothing lasts forever. (reverse coded)	**1**	**2**	**3**	**4**	**5**
Factor 2: Inner Balance and Calmness					
4. I find that my mind is very calm and quiet.	**1**	**2**	**3**	**4**	**5**
5. I feel a profound sense of peace in my mind.	**1**	**2**	**3**	**4**	**5**
6. I maintain a balanced mind when bad things happen to me.	**1**	**2**	**3**	**4**	**5**
Factor 3: Transcending hedonism and materialism					
7. When I am in a very positive situation, I wish that it would last forever. (reverse coded)	**1**	**2**	**3**	**4**	**5**
8. I am happiest when I get what I want. (reverse coded)	**1**	**2**	**3**	**4**	**5**
9. I find myself craving for things or pleasant feelings. (reverse coded)	**1**	**2**	**3**	**4**	**5**

Demographics Questionnaire

Please complete the following demographics questionnaire (all responses are anonymous).

Please select your grade level:

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

What is your age?

What is your gender?

- Female
- Male
- Transgender/gender nonconforming
- Non-binary
- Prefer to self-describe: _____
- Prefer not to say.

What is your race/ethnicity? (Select all that apply).

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer to self-describe: _____

Did you answer the questions in this survey honestly and genuinely?

- Yes, my responses are accurate.
- No, I made my responses up.

Appendix C: Instrument Permission

Inner Peace Scale (Xi & Lee, 2021)

September 15, 2022

Inner Peace Scale Request: Dissertation

Hello Dr. Xi and Dr. Lee,

I hope you are doing well! I am emailing regarding your Inner Peace Scale I read about in your chapter for *Measuring Wellbeing*. For my dissertation, I am conducting a study of high-school adolescents completing a school-based contemplative intervention and am measuring intrapersonal and interpersonal indicators of wellbeing, including inner peace. I am wondering if you might consent to my use of your Inner Peace Scale for my dissertation study.

Thank you for your time and consideration. I look forward to your response.

Sincerely,
Jennifer

September 15, 2022

Re: Inner Peace Scale Request: Dissertation

Thank you, Jennifer, it is wonderful that you would like to use our scale. You have our permission and please keep us updated about what you are able to learn.

All the best,
Matt

Appendix D: IRB Approval

This is to notify you on behalf of the Protection of Human Subjects Committee (PHSC) that protocol EDIRC-2022-08-02-15729-prmullen titled Measuring the Impact of Contemplative Practice on Student Outcomes has been approved through the EXPEDITED review process with a start date of 2022-08-14.

This protocol must be submitted for annual renewal on 2023-08-14 at which time the PI will be asked to indicate whether the protocol will continue as active or should be set to inactive.

Should there be any changes to this protocol during the project period or if you wish to continue the protocol after this expiration date, please submit your request to the committee for review using the Protocol and Compliance Management application (https://compliance.wm.edu).

Please add the following statement to the footer of all consent forms, cover letters, etc.:

THIS PROJECT WAS APPROVED BY the W&M PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone 757-221-3966) ON 2022-08-14 AND EXPIRES ON 2023-08-14.

You are required to notify Dr. Jennifer Stevens, Chair of the PHSC at 757-221-3862 (jastev@wm.edu) if any issues arise with participants during this study.

Good luck with your study.

COMMENTS

No comments available

BASIC INFO

Title: Measuring the Impact of Contemplative Practice on Student Outcomes
Start Date: 2022-08-14
Year Number: 1
Years Total: 1
Campus: Main
Committee(s): EDIRC
Cc: Emails: jknilesorefice@wm.edu

PI INFO

W&M UserID: jknilesorefice
Full Name: jknilesorefice,
Role: Graduate Student
Department: School Psychology and Counselor Education
Day/Work Phone: (814) 574-4036

Ext:
Alternate Phone:

W&M UserID: prmullen
Full Name: Mullen, Patrick
Role: Faculty
Department: School Psychology and Counselor Education
Day/Work Phone: 757-221-6071
Ext:
Alternate Phone:

Protocol modified by tjward on 2022-08-14 08:46:19

Appendix E: Letter of Cooperation

Re: Letter of Cooperation For Participating School Sites

Dear Dr. Tom Ward and the William & Mary IRB committee,

This letter confirms that that I, as an authorized representative of [SCHOOL SITE] allow the PI (Jennifer Niles) and the co-investigator (Dr. Patrick Mullen) access to conduct study-related activities at the listed site pending approval from the IRB at William & Mary. Work on this project may commence when the PI provides evidence of IRB approval for the proposed project.

Research Site(s):

- Location 1
- Location 2
- Location 3

- **Points of Contact:** [NAME], Superintendent, and the Deans of each school site will serve as points of contact.

- **Study Purpose:** The overarching purpose of this research study is to evaluate the effectiveness of the 4-week Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project intervention within the school/organization and measure related student outcomes.

- **Study Activities:** The SPACE Project program is being implemented at [SCHOOL SITE] under the guidance and management of staff from [SCHOOL SITE]. The study will include evaluating this program through the collection of data from pre/mid/post assessments for intervention and/or control groups. The data will be confidential; no student identities will be included. The data will be collected using an online data collection system (Qualtrics), which will require students to complete the measures on a computer. The activity will be offered through Google Classroom, and students can engage in the intervention face-to-face or digitally.

- **Subject Enrollment:** The [SCHOOL] sites will invite approximately 200 students to be a part of this study. Parents or students may opt-out of the study at any point in time during the study approval period. Students and caregivers will be contacted via email and/or mail.

- **Site(s) Support**: To support this research, we (staff and faculty at [SCHOOL SITE]) will help facilitate the consent process for student participation by sending home a passive consent form. We will follow the SPACE Project facilitation protocol and work with [SCHOOL] staff to ensure fidelity of implementation. In addition, we will facilitate the collection of data from pre, mid, and post assessment periods by having students complete online surveys before, during, and after the intervention.

- **Data Management:** The instructors/facilitators at [SCHOOL SITE] will have a list of random numbers to identify their students in their class who are participating in the study. These identifiers will be entered at the start of both pre/mid/post- test data collection events. The data collected will not be visible to the instructors/facilitators. The PI will use the random number identifiers to match/pair the data from the pre/post collection points. There will be no personal identified used in the survey materials. Students will not be identifiable based upon their responses to the study. The data will be collected using Qualtrics online survey management site. At the conclusion of the study, the data will be stored on secure computers in the office of the PI. The W&M researchers will not be present at the time of data collection but instead facilitate the data collection process remotely by sharing the Qualtrics link.

- **Parent Consent/Student Assent:** A passive consent process will be utilized. Specifically, the researchers will share a passive consent form with the school/organization that describes the research study in fine detail. This form will be sent home by [SCHOOL SITE STAFF] to all students available to participate. Parents will be given the opportunity to opt out of having their students involved in the study by returning a signed copy of the form to the school Dean. Parents can also contact the school superintendent, [NAME], to opt out of the study. In addition, we will place a phone call to all families noting that the consent form was sent, briefly describing the study, and communicating how to opt out. Parents and their child/children who opt out can still complete the SPACE Project intervention program but will not complete the pre/post assessment. During the data collection time, students will be asked to complete a comparable educational activities prescribed by [SCHOOL SITE STAFF].

- **Anticipated End Date:** It is anticipated that this study will conclude by the end of the fall 2022 school semester. Dates of intervention are scheduled for Tuesday, November 1, 2022 through Friday December 2, 2022. Students will complete surveys on 11/1/2022, 11/14/2022, and 12/2/2022.

  We understand that this site's participation will only take place during the study's active IRB approval period. All study related activities must cease if IRB approval expires or is suspended.

  Our organization agrees to the terms and conditions stated above. If we have any concerns related to this project, we will contact the PI (Jennifer Niles, jknilesorefice@wm.edu). For concerns regarding IRB policy or human subject welfare, we may also contact the William & Mary IRB (Dr. Ward, chair of the EDIRC, at 757-221-2358, EDIRC-L@wm.edu).

XXXXXXXX	8/1/22
Signature of Research Site Authorized Representative	**Date**
XXXXXXXXX	Superintendent
Full name of Research Site Authorized Representative	**Job Title**

Appendix F: Assent Form for Participants to Review

The youth completing the SPACE Project should read and sign this page.

Thank you for participating in the SPACE Project! Your participation in this study is important and will help researcher learn more about supporting students. **Please read the following information and click yes or no below.**

Things to know before participating in this research project:

A research team from William & Mary, a university in Williamsburg VA, is conducting an evaluation of the Supporting Personal Awareness, Compassion, and Engagement (SPACE) Project you are registered to complete. The SPACE Project is designed to enhance your feelings of hope, peace, and wellbeing. The study being conducted is titled Measuring the Impact of a School-Based Contemplative Practice for Adolescents. This document describes different aspects of this research study for you to consider before deciding on whether or not to participate. The research project is being led by Jennifer Niles, Doctoral Candidate at William & Mary.

Please review the following information before deciding whether to participate. You can choose to not participate in this research study and still complete the SPACE Project.

Why are you doing this research?

The purpose of this research study is to understand how well the SPACE Project works. We hope to use the information from this research to understand it more and improve it. The William & Mary researchers are not delivering the SPACE Project but instead collecting data or information about your experience completing the program.

Why am I being asked to participate in this?

We want to capture some information about your experience with this program to help understand what you have learned or gain from participating.

How many people will participate in this research?

We hope to have as many participants as we can. This may be up to 200 students in total.

What will happen during this study?

The SPACE project will be held through Google Classroom, lasts about 4-weeks, and includes daily, ten-minute practices. The practices help you send well wishes to yourself and to others. In the SPACE Project, you will practice concentration, breath awareness, mindfulness, guided imagery, and positive self-talk.

The research study involves you taking three brief surveys or questionnaires. One survey will be at the start of the month, one in the middle, and one at the end. One group of students will be taking all surveys before they complete the SPACE Project program. The other group of students will be taking the surveys during the SPACE Project program. These surveys will ask questions about topics related to the program itself. These topics include hope, resilience, peace, and understanding emotions. There is also a demographics form that asks information about you.

Who will be told about the things we learn in this study?
We limit the amount of information that is collected in this study. Also, we only allow people to see this information if it is required. You will be given a random number that helps the William & Mary researchers to track your individual information. The people leading the SPACE Project will not see the information you share in the survey and the William & Mary researchers will not see your name. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other people of William & Mary. The information obtained from this research project may be used in future research and published. However, your right to privacy will be retained. No one will be able to connect the responses you share to you. The computer to which the data will be stored is password protected and only the primary investigator and will have access.

What are the good things that might happen?
Sometimes good things happen to people who take part in the research. These are called "benefits." The benefits to you of being in this study include allowing us to learn more about the SPACE Project so it can be improved and used more widely.

What are the bad things that might happen?
Sometimes things we may not like happen to people in research studies. These things may even make them feel bad. These are called "risks." This study involves completing a few questionnaires before, during, and after completing the SPACE Project program. The questions take time to answer, which can be hard. Beyond this, we don't know of any other risks, but things can happen that the researchers do not know about.

You should report any problems to your parents and/or the SPACE Project program leaders. If you feel overwhelmed or would like to arrange for someone to talk to, let us know and we can help.

Will you get any money or gifts for being in this research study?
No, students will not receive any money or gifts for being in this research study. It is possible that participating in this study may help with your sense of wellbeing or your interactions with those around you.

Do you have to participate in this research study?
No. This study is completely voluntary. You do not have to participate in this study, and you can answer only the questions you want to. You can also stop participating at any time. There is no consequence for choosing to not complete the study. If you do not participate, you can still participate in the SPACE Project program.

Who should you ask if you have any questions?
If you have questions about the research, you should ask Jennifer Niles at jknilesorefice@wm.edu or Dr. Patrick Mullen at 757-221-6071 or prmullen@wm.edu. You can also talk to [POINT OF CONTACT AT SCHOOL SITES]

If you have other concerns about your rights while you are in this research study you may also contact Dr. Thomas Ward, the Chair of the School of Education, Protection of Human

Subjects Committee by telephone (757-221-2358) or email (tjward@wm.edu).

THIS PROJECT WAS APPROVED BY the W&M PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone 757-221-3966) ON 2022-08-14 and expires 2023-08-14.

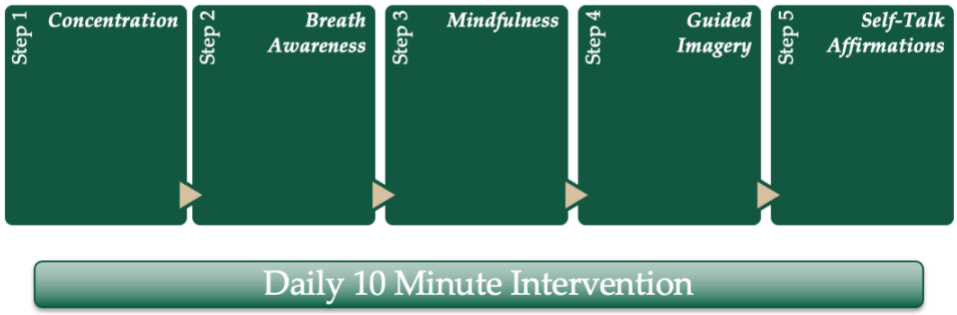
After reviewing this form, you can now decide if you would like to participate. If you would like to complete the study, indicate so below. When done, be sure to click on “Next Page” below.

Appendix G: SPACE Project Facilitation Manual

Supporting Personal Awareness, Compassion and Engagement: SPACE Project Facilitation Manual

SPACE Project Facilitation Manual

Supporting Personal Awareness, Compassion and Engagement (SPACE) Project



Elements of the SPACE Project

What is the SPACE Project?

The SPACE Project is a four-week intervention in which students engage in a ten-minute daily contemplative practice derived from lovingkindness practice. Through lovingkindness, the SPACE Project emphasizes the practice of extending compassion toward self and others to increase positive affect and inner resources. Lovingkindness practice contains three key elements, including (a) concentration (on an object and then on the breath), (b) mindful awareness, and (c) lovingkindness (Salzberg, 1995; 2019). In the SPACE Project, these three key elements are delineated as five components and occur progressively within the 10-minute practice:

6. ***Concentration***: Students focus their awareness on a single point (i.e. an object in their line of sight or the sensation of their feet on the floor). The purpose of concentration is to ground the student in the present moment; therefore, this step occurs for approximately 45 seconds.
7. ***Breath awareness****:* Students shift their attention onto their breath to increase present-moment awareness. The purpose of breath awareness is to further ground

the student to the present moment; therefore, this step occurs for approximately 45 seconds.

8. ***Mindfulness***: Students begin to observe any thoughts, sensations, emotions, or sounds that arise and do so without judgment. The purpose of mindfulness is to begin to engage students in the practice of nonjudgmental awareness; therefore, this step occurs for approximately 45 seconds.
9. ***Guided imagery*:** Students think of someone in their lives who evokes a positive emotion (e.g., self, friend, family member, a person they respect, a person they know or do not know, and pet or animal) and then focus their attention on the individual. This begins the loving-kindness portion of the practice; therefore, students will be prompted to consider someone and then will continue to focus their attention on the individual for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery occurs in tandem with the following step, *self-talk affirmations.*
10. ***Self-talk affirmations****:* Students mentally repeat statements of positive affirmation, extending well-wishes toward self, others, and communities. When directed toward self, the phrases are: *May I be happy. May I be healthy. May I be at ease.* When directed toward others, the phrases are *May you be happy. May you be healthy. May you be at ease.* The affirmations are the anchor of the practice, therefore, students will continue to mentally repeat the phrases as they focus their attention on an individual for the remainder of the 10-minute practice (approximately eight minutes and 30 seconds). Guided imagery and self-talk affirmations occur in tandem.

The recordings will be LKM-based scripts adapted from Salzberg (1995; 2019). An appendix of the scripted practices is included (Appendix A). The first practice teaches students the core elements of LKM and will be practiced for the first two weeks of the intervention. The second practice guides students to identify a benefactor, an individual for whom the meditator feels respect or gratitude (Salzberg, 1995), and will be practiced for the second two weeks of the intervention. If possible, it is a good idea to try and practice at the same time every day. Teachers can select to play the video to the entire class, or have students listen to the recording on their own devices, though it may be easier to monitor students' engagement if the entire class is listening to the same recording together.

How do I access the SPACE Project?

You can access SPACE Project through your Google Classroom link. In Google Classroom, go to the SPACE Project, then visit the Classwork tab. Each week, the assigned recording will be available for students to listen and follow along. A transcript of each guided practice is also included. Students will complete surveys at the beginning, middle, and end of the four weeks; at those times, the surveys will be made available in the Google Classroom.

If for any reason you are unable to access the videos through Google Classroom, you can also watch the videos through YouTube.

For Weeks 1 and 2, watch Practice One: https://youtu.be/ubtW-igaMDo

For Weeks 3 and 4, watch Practice Two: https://youtu.be/H0-FS6M6E2s

If for any reason you are unable to access the surveys through Google Classroom, you can find them at the following links. Please complete the appropriate survey correlating with your time point in the SPACE Project. Each student will need their unique identifying code when they complete each survey.

Beginning (Time 1): https://wmsas.qualtrics.com/jfe/form/SV_73QVJPBVifHvfBs

Middle (Time 2): https://wmsas.qualtrics.com/jfe/form/SV_6JsjLV7KKRy0FDg

End (Time 3): https://wmsas.qualtrics.com/jfe/form/SV_a2URxgqBBgCQa22

SPACE Project: Assigning students anonymized numbers

You will receive a spreadsheet for your class with a list of unique code numbers for each student within your classroom. Please assign one student per number. This number will be their unique identifier that they will enter when completing the pre-survey, mid-survey, and post-survey. Please keep this spreadsheet with you and keep students' number assignments confidential. Students will need to enter their assigned number *every time* they take the survey (time 1, time 2, and time 3).

SPACE Project: Survey completion

During the first survey, students will complete an assent form to indicate their agreement to participate in the intervention and in the study. Students will then complete a series of surveys with a total of 37 items. The survey takes approximately 10 minutes or less to complete. Students will complete the survey at three time points during the SPACE Project:

Time 1: First day of SPACE practice before the practice begins.

Time 2: At the start of week three before the SPACE practice begins.

Time 3: At the end of the final day of SPACE practice.

Group	T1	Intervention (weeks 1 and 2)	T2	Intervention (weeks 3 and 4)	T3	Intervention for waitlist (4 weeks)
Treatment	O	X	O	X	O	
Waitlist Control	O		O		O	X

O = Data collection
X = SPACE Project intervention

Intervention and survey sequence

What is being measured?

On each survey, students will report their levels of inner peace, hope, resilience, and emotional intelligence. Students will complete items from the following scales:

- Children's Hope Scale (Snyder, 1997)
- Inner Peace Scale (Xi & Lee, 2021)
- Brief Resilience Scale (Smith et al., 2008)
- Brief Emotional Intelligence Scale (Davies et al., 2010)

Students will also complete demographics items regarding age, race, ethnicity, gender, and grade level. No personally identifying information (e.g., names, contact information) will be collected or shared.

SPACE Project: Week-by-week

Each week, students will engage in a new phase of the SPACE Project. The SPACE Project was designed to help students develop their contemplation skills (mindfulness,

awareness, imagery, self-talk) and build upon their practice of compassion. The tasks consist of a) daily contemplative practice and b) surveys at three time points regarding students' inner peace, hope, resilience, and emotional intelligence.

SPACE Project: Week 1

- Start with the pretest survey. Students will read an informed consent page and provide their assent to participate. Students will also need to enter their unique student number assigned for the SPACE Project. They can then complete the pretest survey, which takes approximately 10 minutes. Immediately following the pretest, students can move to practicing *SPACE Project Practice One.*
- Practice *SPACE Project Practice One* daily. Students can practice in the classroom or virtually.
- Teachers should log any interruptions as anomalies on the anomalies log.

SPACE Project: Week 2

- Practice *SPACE Project Practice One* daily.
- Students will not complete a survey this week.
- Teachers should log any interruptions as anomalies on the anomalies log.

SPACE Project: Week 3

- On the first day of Week 3, start with the mid-test survey. Students will need to re-enter the same unique student number they entered for the pretest in Week 1. They can then complete the survey, which takes approximately 10 minutes or less. Immediately following the survey, students can practice the *SPACE Project Practice Two.*

- Practice *SPACE Project Practice Two* daily. Students can practice in the classroom or virtually.
- Teachers should log any interruptions as anomalies on the anomalies log.

SPACE Project: Week 4

- Continue to practice *SPACE Project Practice Two* daily. Students can practice in the classroom or virtually.
- After practicing *SPACE Project Practice Two* on the final day of Week 4, students will complete the posttest survey. Students will need to re-enter the same unique student number they entered for the pretest in Week 1 and mid-test in Week 3. They can then complete the pretest survey, which takes approximately 10 minutes.
- Teachers should log any interruptions as anomalies on the anomalies log.

Week	Activity	Facilitator Tasks	Student Tasks	Resources
Week 1	○ Pretest survey ○ Daily practice of *SPACE Project Practice One*	Assign each student their confidential unique code. Help students access the Google Classroom, including 1) survey link and 2) guided practice. Day 1 of Week 1: Allow 10 minutes for the pretest survey completion, and approximately 10 minutes for the SPACE Project guided practice (20 minutes total) Rest of Week 1: Allow approximately 10 minutes daily for SPACE Project guided practice.	Take pretest survey on Day 1 before starting the SPACE Project practice. Each day, listen to the recording for Week 1.	Google Classroom: a) Pretest survey link b) SPACE Project video links c) Transcripts (optional)

Week 2	○ Daily practice of *SPACE Project Practice One*	Allow approximately 10 minutes daily for SPACE Project guided practice.	Each day, listen to the recording for Week 2.	Google Classroom: a) SPACE Project video links b) Transcripts (optional)
Week 3	○ Mid-test survey ○ Daily practice of *SPACE Project Practice Two*	Remind each student of their confidential unique code. Help students access the Google Classroom, including 1) survey link and 2) guided practice. Day 1 of Week 3: Allow 10 minutes for the mid-test survey completion, and approximately 10 minutes for the SPACE Project guided practice (20 minutes total) Rest of Week 1: Allow approximately 10 minutes daily for SPACE Project guided practice.	Take mid-test survey on Day 1 before starting the new SPACE Project practice: Practice Two. Each day, listen to the recording for Week 3.	Google Classroom: a) Mid-test survey link b) SPACE Project video links c) Transcripts (optional)
Week 4	○ Daily practice of *SPACE Project Practice Two* ○ Posttest survey	Remind each student of their confidential unique code. Help students access the Google Classroom, including 1) guided practice and 2) survey link. Rest of Week 1: Allow approximately 10 minutes daily for SPACE Project guided practice. Final day of Week 4: Allow approximately 10 minutes for the SPACE	Each day, listen to the recording for Week 4. Take posttest survey on the final day after the SPACE Project practice ends.	Google Classroom: a) SPACE Project video links b) Transcripts (optional) c) Posttest survey link

		Project guided practice and 10 minutes for the posttest survey completion (20 minutes total)		

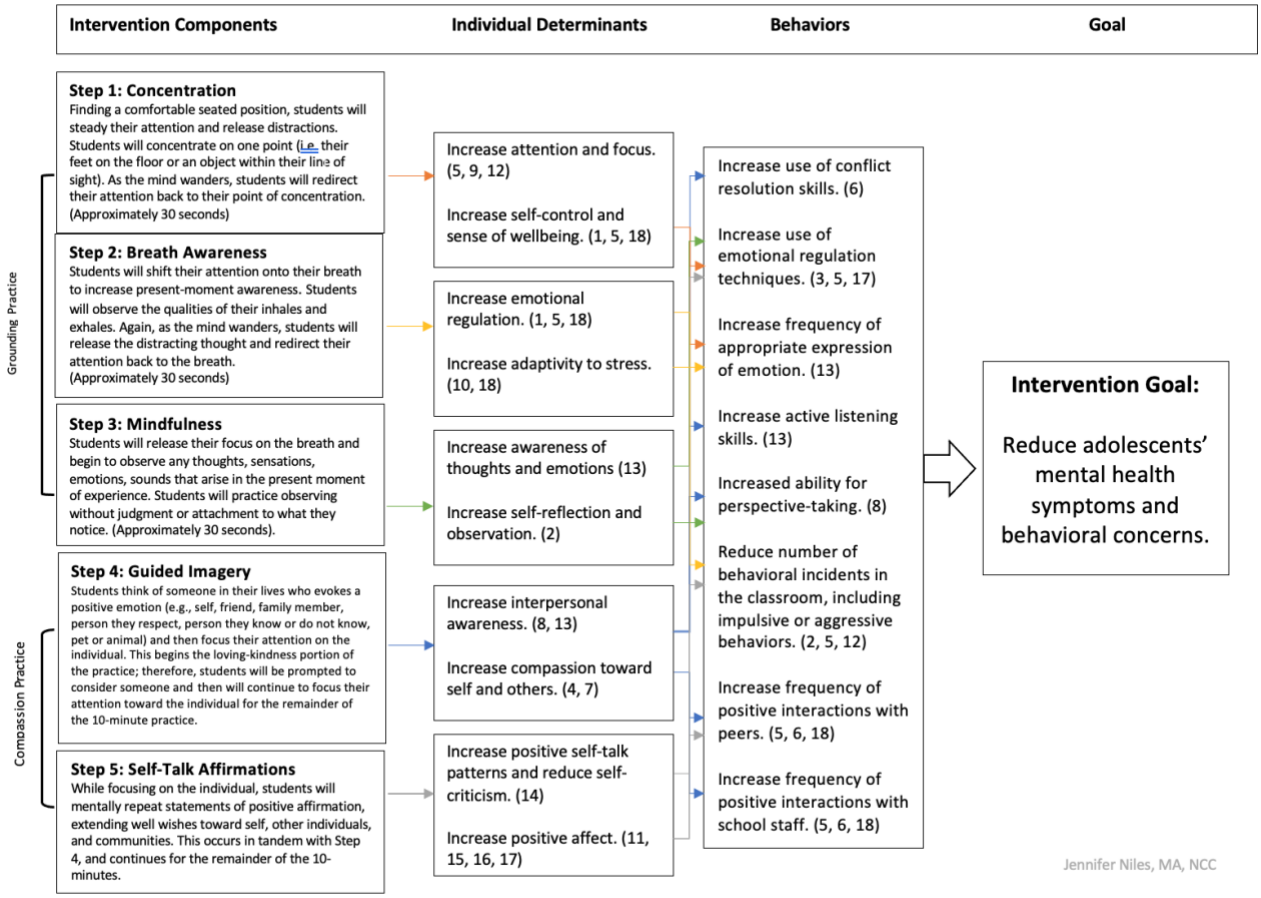
SPACE Project Weekly Tasks

Recording anomalies

Occasionally, anomalies occur during an intervention that could not have been planned for or predicted (e.g., safety drill, student absence, etc.); this is expected when an intervention occurs in participants' natural environment. When an interruption or anomaly occurs, the facilitator should note the anomaly in the anomaly spreadsheet (Appendix B) and send this information to the researcher.

Research supporting contemplation in schools

Contemplative practices such as meditation, mindfulness, and lovingkindness have been well-documented in the literature. Research across several decades indicates that people of all ages benefit from contemplation in physical, psychological, neurological, social, behavioral, and personal ways. More recently, researchers have examined how such practices impact students in the school setting, and have discovered promising results. Participants often experience a strengthened sense of wellbeing along with reduced mental health concerns or behavioral challenges.



SPACE Project Logic Model: Research supporting contemplation in schools.

Logic Model References

1. Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research and Therapy, 44*(12), 1849-1858.

2. Beauchemin, J., Hutchins, T. L., & Patterson, F. (2008). Mindfulness meditation may lessen anxiety, promote social skills, and improve academic performance among adolescents with learning disabilities. *Complementary Health Practice Review, 13*(1), 34-45.

3. Broderick, P. C., & Metz, S. (2009). Learning to BREATHE: A pilot trial of a mindfulness curriculum for adolescents. *Advances in School Mental Health Promotion, 2*(1), 35-46.

4. Cheang, R., Gillions, A., & Sparkes, E. (2019). Do mindfulness-based interventions increase empathy and compassion in children and adolescents: A systematic review. *Journal of Child and Family Studies, 28*(7), 1765-1779.

5. Franco, C., Amutio, A., Lopez-Gonzalez, L., Oriol, X., & Martinez-Taboada, C. (2016). Effect of a mindfulness training program on the impulsivity and aggression levels of adolescents with behavioral problems in the classroom, *Frontiers in Psychology, 7,* 1385.

6. Hafenbreck, A. C., LaPalme, M. L., & Solal, I. (2021). Mindfulness meditation reduces guilt and prosocial reparation, *Journal of Personality and Social Psychology.* Advance online publication. https://doi.org/10/1037/pspa0000298

7. Hutcherson, C. A., Seppala, E. M., & Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion*, *8*(5), 720.

8. Leppma, M., & Young, M. E. (2016). Loving-kindness meditation and empathy: A wellness group intervention for counseling students. *Journal of Counseling & Development, 94,* 297-305.

9. Leung, M., Chan, C. C. H., Yin, J., Lee, C., So, K., & Lee, T. M. C. (2013). Increased gray matter volume in the right angular and posterior parahippocampal gyri in loving-kindness meditators. *SCAN, 8,* 34-39.

10. Lucas-Thompson, R. G., Seiter, N. S., Broderick, P. C., & Coatsworth, J. D. (2019). Mindfulness interventions to reduce impact of interparental conflict on adolescents. *Journal of Child and Family Studies, 29,* 392-402.

11. Müller-Engelmann, M., Screiber, C., Kümmerle, S., Heidenreich, T., Stangier, U., & Steil, R. (2019). A trauma-adapted mindfulness and loving-kindness intervention for patients with PTSD after interpersonal violence: A Multiple-baseline study. *Mindfulness, 10*(6), 1105-1123.

12. Ricarte, J. J., Ros, L., & Latorre, J. M. (2015). Mindfulness-based intervention in a rural primary school: Effects on attention, concentration, and mood. *International Journal of Cognitive Therapy, 8*(3), 258-270.

13. Schonert-Reichl, K. A., & Lawlor, M. S. (2010). The effects of a mindfulness-based education program on pre- and early adolescents' well-being and social and emotional competence. *Mindfulness, 1,* 137-151.

14. Shahar, B., Szepsenwol, O., Zilcha-Mano, S., Haim, N., Zamir, O., Levi-Yeshuvi, S., & Levit-Binnun, N. (2015). A wait-list randomized controlled trial of loving-kindness meditation programme for self-criticism. *Clinical Psychology and Psychotherapy, 22,* 346-356.

15. Tang, Y. Y., Tang, R., & Gross, J. J. (2019). Promoting psychological well-being through an evidence-based mindfulness training program. *Frontiers in Human Neuroscience, 13,* 1-5.

16. Telke, S., Leininger, B., Hanson, L., & Kreitzer, M. J. (2022). A randomized trial of 21 days of loving kindness meditation for stress reduction and emotional well-being within an online health community for patients, family, and friends experiencing a cancer health journey. *The Journal of Integrative and Complementary Medicing, 28*(2), 158-167.

17. Totzeck, C., Teismann, T., Hofmann, S. G., von Brachel, R., Pflug, V., Wannemüller, A., & Margraf, J. (2020). Loving-kindness meditation promotes mental health in university students. *Mindfulness*, *11*(7), 1623-1631.

18. Wisner, B. L., & Starzec, J. J. (2016). The process of personal transformation for adolescents practicing mindfulness skills in an alternative school setting. *Child and Adolescent Social Work Journal, 33*(3), 245-257.

FAQ/Tip Sheet

What if a student elects not to participate in the study or the intervention? What if they change their mind during the process?

A student can choose not to participate in the study or intervention without penalty. They can decide to cease participation in the study at any time. If a student begins the SPACE Project and then changes their mind and would prefer not to participate, they can choose to either a) stop participating in both the SPACE intervention and the study, or b) continue doing the SPACE Project (guided meditations) but stop participating in the study (no longer complete surveys). If a student initially opted out of the SPACE Project but would like to participate, they can join the intervention at any time, but will not complete any surveys.

If a student's guardians opted the student out of participating in the SPACE Project, then the student will not participate in the intervention or study.

Students who are not participating in the study or intervention can instead spend the 10 to 20 minutes completing another educational task.

How do I access the SPACE Project recordings?

The recordings are uploaded into the Google Classroom. They are also available as YouTube videos through the SPACE Project Channel.

The videos aren't working/I am experiencing issues with technology. How can my students do the practice this week?

If students are unable to access the guided practice videos, teachers can read the scripts aloud to the class, or students can read the script silently to themselves.

If issues arise with the survey links, please contact jknilesorefice@wm.edu

Can my student participate in this practice virtually from another location?

Yes, as long as students have access to the Google Classroom or YouTube, they can participate virtually.

What do I do if a student is absent?

Log the absence in the anomalies log. The student can still participate virtually if they would like to not miss a day.

Anomalies Log

Please log any interruptions or anomalies that occurred during the SPACE Project **for each week** (total of 4 logs submitted) and submit this log weekly to the researcher by email. Do not include any student names on this log; instead, use their confidential unique student number, if needed.

This week, how did students listen to the practice each day? (on individual devices or as a whole class).

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Were any students absent during the SPACE Project practice this week? If so, please indicate the student(s)' ***unique student number*** (not their name) and number of absences from the practice.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Did any interruptions occur during the SPACE Project practice? If so, please indicate the type of interruption (e.g., safety drill, behavioral interruption, technology access).

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Did any other issues arise during the SPACE Project practice times? If so, please describe.

Thank you for noting any anomalies, and for your facilitation of the SPACE Project this week!

SPACE Project Checklist

	Weekly Tasks	Checklist
Week 1	Start here! Take the pre-test survey. Then begin with **SPACE Project Practice One.** Practice with the **SPACE Project One** recording daily for 5 days (Monday through Friday).	☐ ☐ ☐
Week 2	Continue practicing with SPACE Project Practice One recording. Continue with the **SPACE Project One** recording daily for 5 more days (Monday through Friday).	☐ ☐
Week 3	At the start of Week 3, start here! Take the mid-point survey. Then start a new recording! Use **SPACE Project Practice Two**. Continue with **SPACE Project Two** recording daily for 5 days (Monday through Friday).	☐ ☐ ☐
Week 4	Continue with **SPACE Project Two** recording daily for the last 5 days (Monday through Friday). After finishing the practice on the final day, complete the post-test survey.	☐ ☐

For each of the surveys, you will need to enter a unique student identifier code. Your teacher will provide you with your unique student identifier code. To keep track of this information, write your code here: _____

You will use this code each time you complete the three surveys.

Contact Information

The SPACE Project was designed by Jennifer Niles, MA, NCC, RYT-500, Doctoral Candidate at William & Mary. If you find yourself in need of support or have questions that are not addressed in this facilitation manual, you can contact Jennifer by email at jknilesorefice@wm.edu or by phone at (XXX) XXX-XXXX.

VITA
Jennifer K. Niles, PhD, NCC, NCSC

2023 **Ph.D. in Counselor Education and Supervision** | William & Mary School of Education
2012 **M.A. in School Counseling** | Wake Forest University Graduate School of Arts and Sciences
2009 **B.S. in Human Development and Family Studies** | Penn State College of Health and Human Development

RESEARCH

Mullen, P. R., Backer, A., **Niles, J. K.,** & Chae, N. (2023). Preparing school counseling trainees in professional legislative advocacy. *Journal of the Scholarship of Teaching and Learning.*

Mullen, P. R., **Niles, J.,** Hinchey, K., Leger, R., & Dorais, S. (2023). School counselors' career-sustaining behavior preferences. *Journal of Professional Counseling: Practice, Theory, & Research.* https://doi.org/10.1080/15566382.2023.2180612

Niles, J. K. (2022). Practice into policy and policy into practice: An interview with Dr. Carol Dahir. *Journal of School-Based Counseling Policy and Evaluation.* https://doi.org/10.25774/w51x-fd67

Niles, J. K., Dukes, A. T., Mullen, P. R., Goode, C. D., & Jensen, S. K. (2022). Experiences of law enforcement officers in an emotional and belief intelligence leadership training: A consensual qualitative report. *Journal of Criminal Justice Education.* https://doi.org/10.1080/10511253.2022.2131857

Bardhoshi, G., Um, B., **Niles, J.,** Li, H., Han, E., Brown, M. (2022). Novice school counselors' burnout profiles and professional experiences: A mixed methods study. *Professional School Counseling.* https://doi.org/10.1177/2156759X221126686

Dorais, S., **Niles, J. K.,** Dukes, A. T., Colon, M. L., & Gutierrez, D. (2022). Does contemplative pedagogy increase relational well-being? A time series analysis. *Counselor Education & Supervision.* https://doi.org/10.1002/ceas.12244

Mullen, P. R., **Niles, J.,** Dukes, A., & Spargo, A. (2022). An examination of the GPS for SUCCESS program. *Preventing School Failure,* 1-9. https://doi.org/10.1080/1045988X.2022.2048627

Niles, J. K., Gutierrez, D., Dukes, A. T., Mullen, P. R., & Goode, C. (2022). Understanding the relationships between personal growth initiative, hope, and abstinence self-efficacy. *Journal of Addictions & Offender Counseling,* 1-11. https://doi.org/10.1002/jaoc.12099

Dukes, A. T., Mullen P. R., **Niles, J. K**., Gutierrez, D., & Jensen, S. (2021). Role of causality orientations in predicting alcohol use and abstinence self-efficacy. *Substance Use & Misuse, 57*(2), 222-229. https://doi.org/10.1080/10826084.2021.2002899

Mullen, P. R., Chae, N., Backer, A., & **Niles, J.** (2021). School counselor burnout, job stress, and job satisfaction by student caseload. *NASSP Bulletin, 105*(1), 25-42. https://doi.org/10.1177/0192636521999828