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I Am Me: Adolescent Perspectives of a School-Based Universal Intervention Program Designed to Promote Emotional Competence

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The aim of this paper is to describe a school-based universal intervention (the Tilly's Life Center "I Am Me" program) to promote emotional competence and social-emotional skills in adolescents. We present results of a mixed-methods program evaluation conducted in public schools in Southern California. In Study 1, sixteen students (grades 10-12) participated in focus groups after twelve weeks of intervention. In Study 2, fifty-four students (grades 9-10) participated in either the universal intervention program (I Am Me) or a no-intervention comparison group for thirty-six weeks. We conducted focus groups with 50 adolescents in the I Am Me program and used quantitative methods to measure self-esteem and perceived stress at four time points for both groups in Study 2. Descriptive data suggested improvements in self-esteem and perceived stress among individuals participating in the I Am Me group. Thematic analysis of focus group data indicated that participants perceived improvement in key areas of emotional development, including: emotional competence (understanding, expressing, and regulating emotions), self-regulation, self-esteem, and social skills. Moreover, participants perceived the intervention as relevant and as having a positive lifelong impact on their development. Further research is needed to empirically validate these outcomes using a randomized experimental design.

Keywords: emotional development, emotional literacy, emotional competence, school-based intervention, prevention & intervention programs, mental health in schools

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Introduction

Denham et al. (2012) defined emotional competence as including the ability to understand, express, and regulate emotions. Closely related to emotional competence is self-regulation, which Diamond (2006) described as the ability to manage emotions, cognition, and behavior. In fact, researchers have described emotional competence as a foundation for the development of self-regulation (e.g., Ferrier, Bassett, & Denham, 2014), indicating that the development of emotional competence has the potential to impact the development of other important individual characteristics. Self-regulation, in particular, has been described as one of the most robust predictors of success across the lifespan and in numerous domains (e.g., Moffit et al., 2011). According to Baumeister (1997), self-regulation refers to ‘‘the processes by which the self-alters its own responses, including thoughts, emotions, and behaviors’’ (p. 146). Self-regulation requires self-monitoring, self-evaluation, and self-correction; similarly, emotional competence involves recognizing emotional states, expressing oneself appropriately, and regulating or managing emotions effectively. This research underscores the importance of promoting emotional competence, as it not only promotes emotional wellness, but also lays the foundation for self-regulation.

Emotional and Social Competence Interventions for Children and Adolescents with Mental Health Problems

Deficits in self-awareness (Owens, et al., 2007) and self-regulation (Posner & Rothbart, 2000) are prevalent challenges among children and adolescents with mental health disorders. In the latter part of the twentieth century, investigators developed and studied programs aimed to improve social competence and skills thought to be critical for optimal educational outcomes for children with mental health disorders via feasible, school-based, in vivo delivery of psychosocial interventions for these children (e.g., Kotkin, 1998; Oden & Asher, 1977; Pelham & Hoza, 1996). The strategies implemented in many of these programs contributed to the design of the psychosocial strategies implemented in a number of clinical trials, such as the Multimodal Treatment of Attention Deficit Hyperactivity Disorder (ADHD) Study (MTA Study) (Swanson et al., 2001, 2008; Wells et al., 2006), the National Institutes of Health (NIH)-funded longitudinal study of Attention Deficit/Hyperactivity Disorder (ADHD), which is the most commonly occurring mental health disorder of childhood in the United States. This research among children with ADHD helped to lay the foundation for the development of countless commercially available programs for young children identified with mental health disorders. Fewer programs have been tested for adolescent groups. While these foundational, evidence-based psychosocial strategies for improving social-emotional competence and behavioral outcomes led to implementation of universal positive-behavioral intervention systems for typically developing children and adolescents in publicly funded schools, there is still limited empirical evidence supporting the efficacy of these programs.

Universal Interventions to Promote Emotional Competence

Universal interventions are applied broadly in society and do not target specific groups, such as children with mental health disorders. As noted, research on interventions developed for children with deficits in social

and emotional and behavioral functioning (e.g., children with ADHD) has contributed to the development of universal programs that are being applied in schools and elsewhere at various stages of child development. Ideally, emotional competence should be fostered from early childhood, and prior research (e.g., Housman, Denham, & Cabral, 2018) described successful efforts to promote and build emotional competence in the early years of life. This emphasis on early childhood is consistent with the findings from Moffit et al.'s (2011) longitudinal cohort study, which pointed to early childhood as a critical period for intervention to promote self-regulation.

However, the unfortunate reality is that there are children who enter adolescence without the benefit of earlier support to build emotional competence; as a result, they may be less emotionally competent, less regulated, and, therefore, more at-risk for adverse outcomes, particularly adverse mental health outcomes. Moffit et al. (2011) pointed to early adolescence as an additional critical period for intervention to improve self-regulation, emphasizing that it may help adolescents avoid snares, such as substance abuse, that impede their trajectory toward healthy development and success, and potentially have adverse outcomes that are lifelong.

School-based universal prevention and intervention programs are promising as they have the potential to reach a large number of children and adolescents, particularly those who are significantly financially disadvantaged, have fewer social emotional resources, and are underserved. Moreover, when describing the benefits of universal intervention, Moffit et al. (2011) noted that even individuals with above average levels of self-regulation could potentially improve their abilities. Thus, the development of empirically supported school-based universal intervention programs to promote self-awareness, emotional competence, and self-regulation in children and adolescents should be an important research priority, and the number of studies emerging in this area suggests that it is viewed as an important area of inquiry. A meta-analysis (Durlak et al., 2011) of 213 school-based, universal social and emotional learning programs documented significant improvements in social-emotional skills, attitudes, behaviors, and academic outcomes. It was noteworthy that among the 213 programs identified in the meta-analysis, only 13% were for high school students, with the majority of the interventions (56%) targeting elementary students. Interventions were shown to be effective at all age levels, but interventions were least studied in high school students and in rural areas, highlighting the need for further investigation in these areas.

Tilly's Life Center (TLC) and the I Am Me Program

Tilly's Life Center (TLC: https://tillyslifecenter.org), a non-profit organization in Southern California, developed a social and emotional learning curriculum-based program for adolescents, aiming to provide universal intervention to fill the gap for this age group. The program was designed to teach teenagers how to manage their emotions and build healthy relationships. *I Am Me* focuses on teaching life skills that build confidence and empathy, and it encourages adolescents to set goals, continue their education, build a future career, and pursue their dreams. Using experiential learning, including journal writing, open discussions, art and activities, intervention classes are designed to promote self-discovery and to cover relevant topics in a

safe and caring environment. In doing so, TLC aims to take a proactive and preventive approach to the growing mental health concerns for teenagers. The curriculum was designed to prevent potential crises by improving emotional competence and self-regulation, expecting that both will improve mental health and reduce the likelihood of mental health crises.

Through engaging curriculum, supportive instruction, and personal attention, TLC facilitators aim to guide adolescents to improve emotional competence, self-regulation, and social-emotional skills. The TLC *I Am Me* program consists of a three-phase interactive curriculum that was developed specifically for adolescents 12 to 18 years of age. The three phases include: 1) *Addressing Self* (Table I), 2) *Release and Move Forward* (Table II), and 3) *Giving Back* (Table III). Phase 1 is the foundation of the program and focuses on learning to identify emotions, understanding the impact of emotions on behavior, improving self-awareness, recognizing self-handicapping, increasing intrinsic motivation, improving mindfulness, and learning the benefits of giving and forgiving. Emotion regulation begins with identifying one's emotions and understanding how they affect our behavior and mood; the next step in most therapeutic or emotion education approaches is to teach ways to manage emotions; the *I Am Me* program teaches approaches, such as mindfulness training (see review by Perry-Parrish, Copeland-Linder, Webb, & Sibinga, 2016) and forgiveness (McCullough, Pargament, & Thoresen, 2001), that scientific literature has indicated are critical to improving emotional health. With these fundamentals, students are prepared for Phase 2, which focuses on understanding how cognitions, behaviors, and the environment influence and are influenced by one another; building community engagement; and making a difference in the world. The goal of Phase 3 is to build self-efficacy, emphasize the value of individuality, and assist teens in identifying their unique contribution to the world. The course concludes with efforts to develop soft skills such as learning to set goals, control finances, solve problems, communicate effectively, practice gratitude, overcome prejudice, and give back to their communities.

To supplement in-class learning at each phase, each teen is given a TLC "*I Am Me*" journal. Journal activities follow closely with lesson topics and provide opportunities for deeper experiential learning. Facilitators serve as the guides to help students work through the processes in a positive group environment.

TLC is designed for all adolescents ages 13-20, many of whom face daily challenges, such as anxiety, stress, overachievement, economic factors, bullying, low self-esteem, and struggling to live up to other's expectations. In some settings it has been implemented with disadvantaged or at-risk teenagers, but it was not designed to be limited to special populations. Rather, it was designed to be applicable to all teenagers, with a flexibility that allows facilitators to easily modify the program to fit the needs of specific groups.

Settings and cohorts for the program are identified using different methods. TLC staff members reach out to educators, counsellors, and psychologists about the needs of particular groups of students in different locations. In public schools, TLC offers the program as a course elective, filling curriculum needs in areas such as leadership and health education. TLC also works with health professionals in hospitals, clinics, shelters, and other community organizations, offering to provide on-site intervention.

Facilitators are psychologists, social workers, peer mentors, life coaches or educators, who are carefully selected and trained by TLC. The TLC vetting process includes an interview, evaluation, and rigorous training designed to ensure facilitators are qualified to implement the program and provide crisis management, if needed. This has led to a team of highly qualified and passionate facilitators who work with TLC to deliver *I Am Me* across Southern California.

The purpose of the studies reported in this manuscript was to obtain preliminary data on program outcomes in high school students. Given the richness of qualitative data, particularly as it pertains to understanding the daily experiences of individuals, our focus was primarily qualitative, although we collected quantitative data as well to better characterize the study population.

Method

Participants

Participants were recruited in two waves. The first wave (Study 1) included sixteen students in grades ten through twelve at a public alternative high school (for high-risk students) in Orange County, California, United States of America. Eighty-eight percent of the students identified as Latino. All students and their parents or guardians, if applicable, provided informed consent for participation in the study. At the end of the completion of Phase 1 of the program (see Table I for a description of intervention content), each student participated in a focus group. Two focus groups were conducted, and both were audio-recorded, transcribed, and analyzed using qualitative thematic analysis.

The second wave of recruitment (Study 2) was conducted at a traditional public high school in Orange County, California and consisted of two groups: an intervention group and a comparison group who received no intervention. We invited all students participating in the *I Am Me* program in a given year to participate. A school administrator selected two additional classes consisting of students on a similar academic track; students from these classes were recruited to serve as the comparison group as the school administration believed they were similar in characteristics to the students enrolled in the *I Am Me* program. Fifty-four students in grades nine and ten (62% female, predominantly Latino) were enrolled; both student and parent/guardian written consent were obtained. Thirty-four students were in the *I Am Me* group, and 20 students were in the comparison group. Students in the *I Am Me* group completed all three phases of the program (see Tables I-III) over the course of one academic year; the comparison group received no intervention.

The local Institutional Review Board of the University of California, Irvine approved the protocol and assent/consent procedures for the studies reported in this manuscript. For both studies, researchers visited the eligible classrooms to discuss the study, and students were able to ask questions individually of the investigators. Consent and assent forms were sent home with students. Parents and students were asked to return the forms to the school within one week.

Table I. Description of Lessons in Phase I of the *I Am Me* Intervention

Lesson 1: I Am Me … TLC	This lesson provides an introduction to TLC's "I am Me" Phase I program.
Lesson 2: Who Am I?	This lesson provides students with the opportunity to explore the impact of negative and positive thinking. Students learn to identify negative belief systems, positive thoughts, and how to re-frame thinking towards an affirmation of self-worth while exploring a "different perspective."
Lesson 3: I Am Forgiving	In this lesson, students are introduced to techniques that will help them move past resentment and hurt feelings and move towards forgiveness.
Lesson 4: I Am Authentic	This lesson provides students with the definition of each role played out in a bullying scenario. Students are asked to look at how they may have participated in a bullying situation in the past. Students role-play, which enables them to experience compassion for each player, including the bully.
Lesson 5: I Am Peaceful	Instructors present five stress reduction techniques, and students are taught to identify and respond to stressors.
Lesson 6: I Am Motivated	Students gain insight into their short and long term goals through journaling and creative visualization. They explore action steps to get and stay motivated.
Lesson 7: I Am Communicating	Students are introduced to effective communication techniques. Students are taken through a series of exercises focusing on successful listening and language skills.
Lesson 8: I Am Kind	Students practice acts of kindness with their peers, providing an experience of the positive effects of kindness and compassion.
Lesson 9: I Am Giving	Students discover the positive benefits of expressing gratitude and unconditional giving.
Lesson 10: I Am Heard (Part 1: Scripting)	Students learn how to take a positive message and create a media campaign. Learning to actively use the power of their voice to create a positive change with social media.
Lesson 11: I Am Heard (Part 2: Filming)	Students learn the impact they can create by using social media in a responsible and positive way.
Lesson 12: I Am On My Way	Students reflect and share about what they learned as participants in the "I Am Me" Phase I program.

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Table II. Description of Lessons in Phase II of the *I Am Me* Intervention

Lesson 1: I Am Continuing to Grow	Students set intentions for Phase II of the "I Am Me" program by establishing strengths and goals in conjunction with identifying areas for improvement.
Lesson 2: I Am Feeling	Students explore and identify challenging emotions and the negative impact they can create. When faced with challenging emotions, we have the choice to take constructive actions or react in unproductive, sometimes harmful ways. Students are introduced to healthy options they can access when faced with tough emotions.
Lesson 3: I Am Fearless	Through journaling and art activities, students identify and explore their fears. Students are introduced to practical tools to help change the way they view and react to fear.
Lesson 4: I Am Enough	Students are introduced to how "inner dialogue" is directly linked to feelings and emotions.
Lesson 5: I Am Choosing	Students are introduced to activities that challenge them to review their decision-making skills, providing students with effective decision-making techniques.
Lesson 6: I Am Discovering a New World	Students practice problem solving and team building skills through interactive journaling and a group project. The focus is on working together, and individually, to create a better world.
Lesson 7: I Am Making a Difference	Students are introduced to the definition of philanthropy. Through journaling and a group service project, students experience the benefits of becoming involved with charitable organizations.
Lesson 8: I Am Asking for Help	Students are asked to explore their beliefs about asking and receiving help. Through journaling and active role-play, students practice asking for support.
Lesson 9: I Am Part of a Community	Through the process of creating their own nonprofit charity, students have the opportunity to gain greater insight into the workings of charitable organizations.
Lesson 10: I Am a Peaceful Warrior	Students are led through a guided visualization, which focuses on how to create a safe space and redirect thoughts from negative emotions and feelings.
Lesson 11: I Am on My Path	Students explore career options. Through journaling, visualization and creative activities, students gain insight into what occupations may be a great personal fit.
Lesson 12: I Am Part of a Bigger Picture	This lesson introduces students to the fundamental principles of teamwork. Students practice problem solving and team building skills through interactive journaling and a group project.

Table III. Description of Lessons in Phase III of the *I Am Me* Intervention

Lesson 1: I Am One of a Kind	Students are introduced to the concept of self-acceptance. Through journaling and group discussion, students observe where they may have created limiting self-judgment. Students are then asked to shift their focus to their strengths and gifts.
Lesson 2: I Am Connected	Students explore the negative impact of discriminatory thoughts and actions. They review their use of labels and stereotyping. By demonstrating alternate and positive perspectives, students discover how to view others without judgment and with more compassion.
Lesson 3: I Am Safe	Students are introduced to techniques that will teach them how to tap into their inner strength. By demonstrating visualization as a tool of security and identifying action steps, students are encouraged to build confidence that will ultimately lend support in challenging situations.
Lesson 4: I Am a Great Communicator	Students are introduced to effective communication techniques. Students are taken through a series of exercises exhibiting successful body language and language skills.
Lesson 5: I Am Drama Free	Students gain perspective about how to efficiently interpret their "inner dialogue" and explore the link between how processing information influences our reactions and emotions.
Lesson 6: I Am a Good Friend	This lesson demonstrates the defining principles of valuable and enduring relationships. By using journaling as a tool of self-reflection, students are presented an opportunity to evaluate their role in current and past friendships.
Lesson 7: I Am My Own Economist	Students explore their core beliefs about money. In addition, students become familiar with practices that will promote financial awareness and responsibility.
Lesson 8: I Am Solving a Problem	Students are introduced to basic problem solving strategies. Through discussion and journaling, students are asked to consider alternate positive perspectives when facing a life challenge.
Lesson 9: I Am Saving the Planet	This lesson demonstrates how students can become planet conscious, including displaying simple actions to assist students in being environmentally responsible.
Lesson 10: I Am Grateful	Students practice expressing appreciation for all areas of their life. Students are presented with the opportunity to look at challenges they presently face and are asked to view them with the perspective of gratitude.
Lesson 11:I Am Happy	Students work through a series of group exercises that exhibit the benefits of staying in the present moment. Working with simple techniques, students are able to move through anxious and worrisome thoughts to promote a sense of wellbeing and joy.
Lesson 12: I Am Paying It Forward	Students identify lessons that were most valuable to them and how they will implement them moving forward.

Procedures

In Study 1, data was collected at the end of the academic year and after completion of Phase I of the *I Am Me* program. In Study 2, quantitative data was collected from both groups (intervention group and comparison group) at four time points during the academic year: 1) at the beginning of the school year (i.e., enrollment in the study), 2) 12 weeks after the start of the intervention, 3) 24 weeks after the start of the intervention, and 4) 36 weeks after the start of the intervention (i.e., the end of intervention and school year). Focus groups were conducted at the end of the school year only with the *I Am Me* program participants. The evaluation protocol was designed so that all measures could be completed within one and half hours at each time point; all data collection was done at school in the student's classrooms. In addition, at the fourth evaluation period, an additional one-hour was devoted to a class focus group discussion. All participants received a $25 gift card to Tilly's (a clothing retailer) upon completion of the study.

Quantitative Data

To characterize the social-emotional characteristics of participants, we selected measures of self-esteem and perceived stress that we expected would correspond with some of the program's content and would help provide descriptive data of student emotional development over time. Because our study was not a randomized intervention trial, we provide means and mean change scores as descriptive data without further statistical analysis.

Self Esteem. The Rosenberg Self-Esteem Sale (RSE; Rosenberg, 1965) is a unidimensional measure that is a widely used self-report instrument for evaluating an individual's self-esteem. The RSE uses a 4-point Likert scale. Total scores range from 0-30. Scores between 15 and 30 are within normal range, and scores below 15 indicate low self-esteem.

Perceived Stress. The Perceived Stress Scale (PSS; Cohen et al., 1983) is the most widely used psychological instrument for measuring an individual's perception of stress. The 10-item scale was designed to understand how unpredictable, uncontrollable, and overloaded an individual finds their lives and their current levels of stress. Participants are asked to rate the frequency of certain feelings and thoughts using a 5-point Likert scale (0 – never … 4 – very often) during the last month. Higher scores indicate more perceived stress. Mean scores are reported as an average response on the scale.

Qualitative Data

For each focus group, a facilitator led TLC participants in a discussion that was audio-recorded and transcribed verbatim. Adolescents were encouraged to discuss the struggles they face on a daily basis and what, if anything, had changed following the intervention. Specific focus group questions were used to facilitate conversation. These questions included: *What was the most important thing you learned? What about I Am Me has made a difference in your life? What would you like to learn more about? What do you do differently since taking the I Am Me class? What was something you were challenged by before you came to the program? Did being in the program assist you in finding a solution? What tools that you have learned*

have been the most useful? Would you recommend I Am Me to other teens? Why or why not? Additional probes and questions were used to facilitate discussion and encourage students to describe their experiences and what they had learned.

Analyses

Due to the quasi-experimental design, quantitative data was not analyzed using statistical analyses for group comparisons, but was instead used to provide a description of the two groups in Study 2 over the course of school year. First, means were computed for each group for each measure at each time point. Next, change scores representing the difference from the first and last evaluation time points were computed for each group for each measure.

Qualitative data was transcribed verbatim and analyzed using standard qualitative thematic methods (Crabtree & Miller, 1999; King, 1998). These methods fall between the extremes of Content Analysis (in which codes are pre-determined and analyzed statistically) and Grounded Theory (in which no codes are defined a priori). The thematic analysis began by having researchers review the first focus group transcript and develop an initial coding scheme based on the questions in the focus group guide and the discussion during the session (Hsieh & Shannon, 2005). Codes were generated from categories that arose from within the data and based on relevant literature (Ayers, Kavanaugh, & Knafl, 2003; Bogdan & Biklen,1998). Researchers then coded, reviewed, and discussed the transcripts to achieve consensus.

Results

Descriptive (Quantitative) Data

Self-Esteem. Figure 1 illustrates patterns in self-esteem scores over time. Whereas the mean score for the comparison group remained fairly stable over time, the mean score for the intervention group, which was initially lower than that for the comparison group, suggested a trend toward gradual improvement over time. Figure 2 shows the mean change scores and confidence intervals; the mean change score for the intervention group indicated a positive change, while the mean change score for the comparison group showed stability of or little change in scores over time.

Perceived Stress. Figure 3 reports group means over time, and Figure 4 shows the mean change scores and confidence intervals. Means indicated a moderate amount of stress in both groups, with a downward trend in scores for the intervention group, although the decline was numerically small. The mean change score for the intervention group indicated a reduction in perceived stress, while the mean change score for the comparison group showed little change in scores over time.

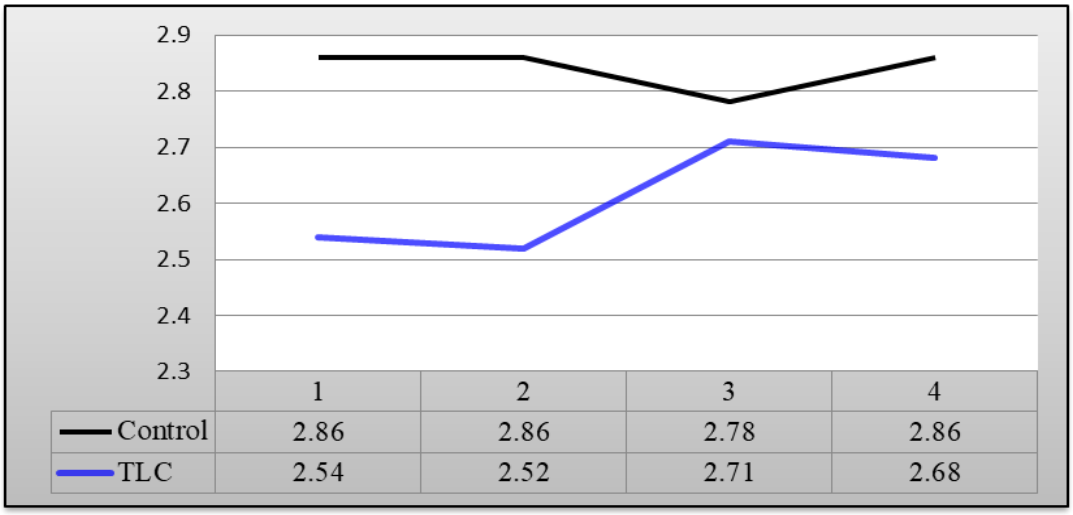

Figure 1. Self-esteem means for both groups over four time points.

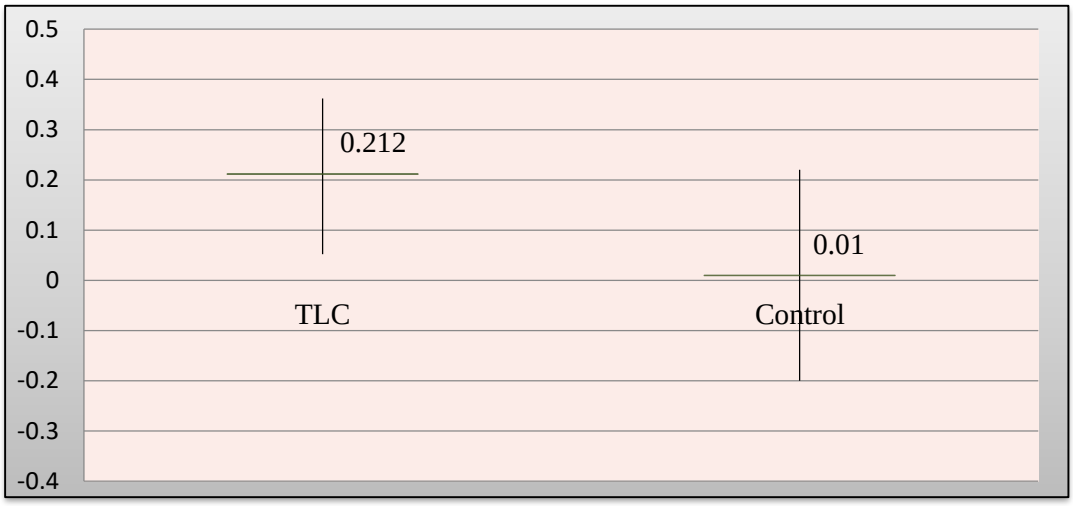

Figure 2. Self-esteem change scores and confidence intervals from Time 1 to Time 4

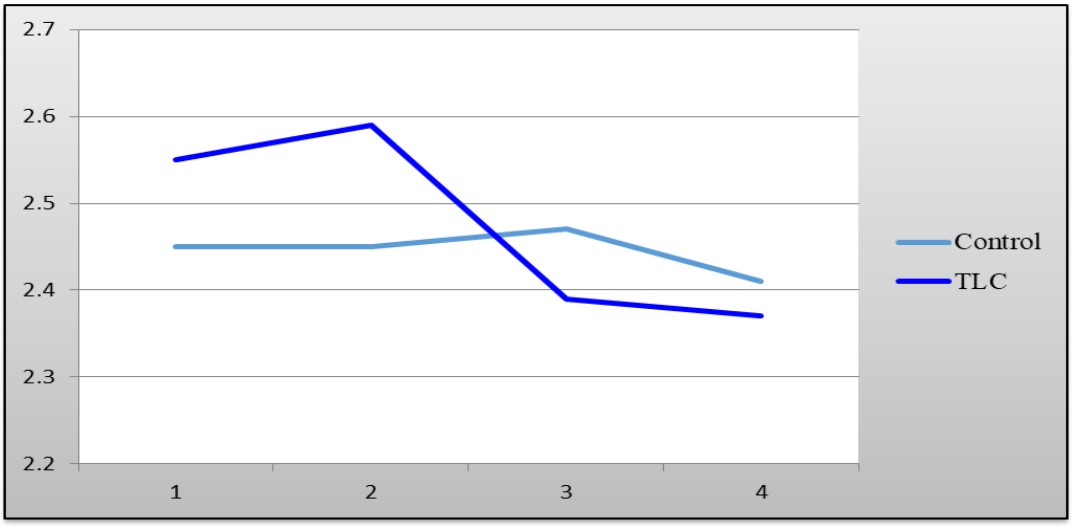

Figure 3. Perceived stress means for both groups over four time points.

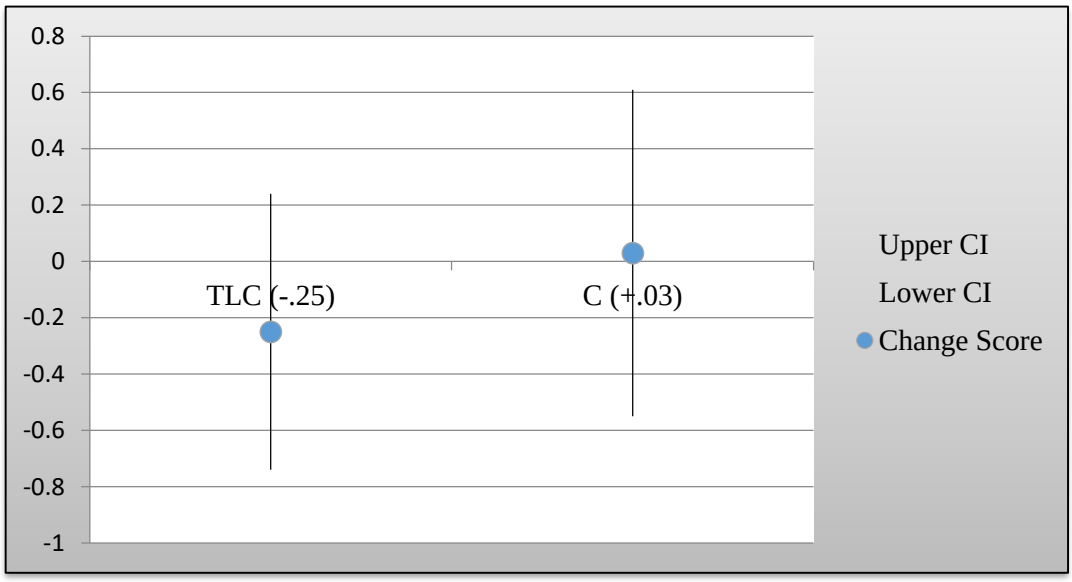

Figure 4. Perceived stress change scores and confidence intervals from Time 1 to Time 4

Qualitative Data

Qualitative analysis of transcripts from both Study 1 and Study 2 identified a number of consistent themes, which are described with supporting quotations from participants.

Theme 1: Participants perceived improvements in their emotional competence. When asked to describe personal changes they perceived resulting from the intervention, participants described improvements in core components of emotional competence, including the ability to understand, express, and regulate emotions.

Improved Emotional Awareness. Many participants described how they came to a better 'understanding' of themselves and what they felt.

Improvements in the Ability to Express Emotions. Participants described becoming better and 'more open' with others, particularly when it came to sharing their emotions: "I learned to have a voice."

Improvements in Emotion Regulation. Participants identified a number of areas of improvement related to emotion regulation, including controlling negative emotions, persevering in spite of discouragement, and becoming more self-motivated.

- *Learning to stop and think before reacting*:

  Think twice, like the way you react to things

- *Managing emotional responses, motivation, and perseverance*:

  I feel like back then I would just be like oh I can't do it so I'm not gonna bother trying, now it's just more like no I am gonna do it and I will do it, and if it doesn't come out the way that I want it to then I can learn from and kinda just progress from there yeah.

- *Learning to persevere*

  Something I learned here was to not give up, like I guess if you wanna achieve something you know you just put your mind to it like it's possible.

- *Becoming more self-motivated*: Many participants described themselves as "not lazy anymore" or "more motivated" after the intervention.

Theme 2: Participants perceived improvements in self-esteem, self-confidence, and self-acceptance. Participants' descriptions of how the intervention had changed their perceptions of themselves were numerous.

Self-Acceptance and Self Esteem: Participants described how they learned *"*not to be afraid to be yourself" and many noted the importance of forgiving and loving themselves. One student began by describing how she was before the intervention to illustrate what she had learned:

> I think it's just putting myself down, just dogging myself in general. Cause it kinda just prevented me from doing things, like taking risks and doing things to progress and like grow from it. I was just scared of it and now it's like okay to fail. They're mistakes and everybody makes mistakes so like you just learn from them.

Self-Confidence:

> Um, like the whole thing about like believing yourself really made a difference in my life because I always didn't believe in myself before this class, and I guess that made a difference." Another student stated, "On the first day you come in with no confidence and you leave with more confidence.

Theme 3: Participants perceived improvements in their perceptions of life events – both big and small. Participants described how their thought processes had changed and the impact this had on their interpretation of and response to events and others in their lives.

Learning to replace negative thoughts with positive thoughts:

> I was struggling with stress and anxiety so I felt like I was able to find ways to cope with that, the negativity around me and like kinda just push it away. Just think of the positives.

Learning to focus on the important things and to minimize the effects of others' judgments of them:

> I think it was how like I learned like to pay attention to what's actually important." Many participants related this response in particular to learning not to let others' judgments of them affect them.

Learning that we can control our responses to the events in our life, even if we can't control those events:

> I kinda learned you can't control what happens around you so it's more of like, it's more important to know how to react towards it. So it's more of just like if you react calmly and like you don't stress over it or start thinking negatively then it won't really impact you in like a bad way so it's just more of like relaxing and like thinking like okay is this something worth stressing over like being mad at?

Theme 4: Participants perceived improvements in key social skills, including communication and problem-solving. Many participants described how the communication skills they developed were leading to improvements in their lives.

> "Uh, I guess talking things out like your problems or situations you have with that one person or just someone is better than to just keep it piled up to yourself. Cause the more anger and hate you have inside the more it just grows within you.

Participants also described how learning to critically evaluate their progress and solve problems had helped them realize that in order to make changes, they needed to develop new strategies or approaches (key steps in self-regulation):

> Like if you're doing the same thing you're not gonna get anywhere.

Theme 5: Students perceived the I Am Me class as a supportive, safe place to grow:

> ...it's not like the normal class. It's like somewhere you can actually express your feelings and how you feel during like within that week or if something's up. It's an open class and everyone just like here understands and listens to you, so we're most like a family not a class.

Theme 6: Students believed the lessons they learned were relevant and would have a lifelong impact:

> I was able to learn skills like mentally or like emotionally that helps you. I feel like I was able to grow from that, kinda just like, it's not something that y'know like you learn at school and then forget about it. Like right here it's something that like you could use later on in the future and be like okay. Like I like was able to like learn it and progress from there and like just learn it and become better at it. I feel like it's something that you carry on.

Discussion

As Durlak et al. (2011) noted, there is a particular need to develop high quality school-based interventions to promote social-emotional development among high school students. Although there is strong evidence for the efficacy of psychosocial and school-based strategies for children with mental health disorders, there are few studies examining universal intervention strategies for improving emotional competence among adolescents—especially in typically developing adolescent groups. To address this need, the *I Am Me* program was developed for ages 12 to 18, with a focus on facilitating program engagement among

adolescents. The qualitative data gathered through focus groups with fifty students who had participated in the *I Am Me* program documented participant perceptions of improvements in emotional competence, self-regulation, and other social-emotional skills. Moreover, students perceived the lessons they learned as relevant and as having a lifelong impact, and overwhelmingly reported that they would recommend participation to other students. This data is promising and supports the need for further research with the *I Am Me* program.

The quantitative data supported the qualitative data and indicated that students in the *I Am Me* program reported increases in self-esteem and decreases in perceived stress. This mixed-methods approach yielded valuable insight into participant's experiences in the intervention and its resulting impact on their lives. For example, the qualitative data documented how participants changed their perceptions of events or circumstances in their lives over which they had no control. They accomplished this by learning to focus on the positive aspects of their lives, learning not to place too much weight on other's perceptions of them, and learning that they can control their reactions to their circumstances or life events, even if they have no control over these circumstances. These changes in their thought processes may explain how their perceptions of stress in their daily lives reduced over time. Similarly, quantitative data suggested an increase in self-esteem, and qualitative data supported this. An increase in self-esteem scores could be explained in part by participants' descriptions of learning to accept and believe in themselves and to not let bullying or other negative experiences be the source of their sense of self-worth. Thus, the qualitative data provided a rich description of the processes involved in promoting increases in emotional competence and social-emotional outcomes, including perceptions of self-worth and daily stress. Our findings support the assertion made by Maxwell & Loomis (2003), who noted that qualitative data is able to describe processes involved in reaching outcomes documented by quantitative data in a way that is difficult to achieve with quantitative data alone.

Implications for School-Based Interventions

This study has a number of implications for educators and researchers interested in promoting social-emotional development in high school students. First, TLC has demonstrated that it can effectively integrate universal social-emotional intervention in public school and other settings and serves as a demonstration model for those interested in this type of intervention. Particularly for high school students, who may be more critical of attempts to teach them about emotions than younger students, some of the methods developed by TLC (e.g., extensive efforts to create visually engaging and developmentally appropriate materials) illustrate effective ways to reach a teenage population.

Interestingly, participants in TLC classes described how the environment provided in the intervention, which was delivered in classrooms in their public schools, was more like a 'family' than a class. This illustrates how caring communities can be developed within public schools, providing students with opportunities to feel more connected to their school communities. There is ample evidence illustrating how a school's social atmosphere and student connectedness to school communities affects both educational

outcomes and risk behaviors among students (Patton et al., 2006); programs such as TLC could prove beneficial to schools by improving school connectedness as well as student outcomes.

Finally, our results suggest that efforts to understand the impact of intervention on students should include both qualitative and quantitative components. As we described, qualitative data can provide a rich description of the processes involved in reaching outcomes documented by quantitative data. Especially as new programs are developed or as existing programs are implemented and evaluated in new settings, qualitative data should be gathered alongside quantitative data to enhance understanding of intervention impact.

Conclusion

As large-scale randomized intervention studies involve considerable resources – financial and otherwise – preliminary data is important to establish feasibility, acceptability, and the potential for positive outcomes. Our preliminary data provides justification for further *I Am Me* research with a larger sample size and with randomized, controlled methods. Moreover, our data identifies key outcome domains, within the broad domains of emotional competence and self-regulation, that should be investigated further in future research.

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