



CHAPTER 18

Teaching Well-Being and Resilience in Primary and Secondary School

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The true measure of a nation's standing is how well it attends to its children—their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families into which they are born.

UNICEF, 2007

CONTRARY TO SOCIETAL GROWTH, the wealth of countries in the 21st century appears to provide relatively little protection for their youth. Recent international data on children's well-being reveals a worrisome picture. The 2007 UNICEF report, which presents an overview of child well-being in developed countries, ranked the United States and the United Kingdom as the bottom two countries of a list of 21 industrialized countries (UNICEF, 2007). In the same report, children of Japan were reported to be the most deprived of educational and cultural resources out of 24 listed countries, with 30% of young people in Japan agreeing with the negative statement, "I feel lonely." This number exceeds the second-highest-scoring country by nearly 3 times (UNICEF, 2007). As members of the global society, as educators and parents, the authors have long believed in innate human potential for positive development—Chieko Kibe, as a mother of two children, who has multicultural experiences while raising her children and now taken her passion for positive education further into a PhD in child resilience, and Ilona Boniwell, as a mother and stepmother of five children, and who had developed and evaluated multiple educational curricula, aimed at enhancing well-being and resilience in secondary school pupils.

Acknowledging this controversial reality, this chapter attempts to illustrate how *positive education* can contribute to the well-being of youth, and ultimately strengthen our future society. Firstly, the what and why of positive education are briefly described. Secondly, a historical overview of positive education with particular focus on the concepts of well-being and resilience is offered to the reader. Thirdly, the chapter presents some current practices of well-being and resilience education, backing them with relevant evidence. Then, fourthly, some suggestions for future practice are put forward.



WHAT IS POSITIVE EDUCATION?

Positive education concerns forms of education that teach schoolchildren both conventional skills and skills to enhance well-being (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). In other words, in addition to teaching traditional skills, such as math or languages, to children, positive education aims to enhance young people's well-being by ameliorating mental health problems, buffering the detrimental effects of life stressors, and, more importantly, promoting their psychological health. However, it does not blindly encourage students to have "feel-good" experiences; rather, the significance of positive education is underpinned by the principles of psychological science. To be more precise, it is based on recent advances in positive psychological findings. This is what differentiates positive education as a psychological science from other self-help-based educational initiatives.

WHY POSITIVE EDUCATION?

Data suggest that Western countries are facing an unprecedented increase in childhood and adolescent depression. At any point in time, approximately 2% of children aged 11–15 and 11% of youth aged 16–24 in the United Kingdom are suffering from major depressive disorder (Green, McGinnity, Meltzer, Ford, & Goodman, 2005). Anxiety disorders, which often precede and co-occur with depression, are found in approximately 3% of children aged 5–15 and 15% of youth aged 16–24 (Green et al., 2005). In the United States, approximately 1 in 5 adolescents has a major depressive episode by the end of high school (Lewinsohn, Hops, Roberts, & Seeley, 1993), and a similar trend has been observed in Australia (Noble & McGrath, 2005).

Children and adolescents who suffer from persistent depressive symptoms or depressive disorders are more likely to experience academic and interpersonal difficulties. They are additionally more likely to smoke, use drugs and alcohol, and attempt suicide (Covey, Glassman, & Stetner, 1998; Garrison, Schluchter, Schoenbach, & Kaplan, 1989). Further, these youth mental health problems affect societal expenditure through treatment costs, productivity decreases, and premature death of the affected people. In the United States, the annual expense resulting from depression is estimated at about US\$43 billion (Hirschfeld et al., 1997).

As we can see, these worrisome statistics point to an urgent need to tackle depression, to prevent further detriment of the situation, and to enhance youth mental health instead. Ample anecdotes and research findings suggest that after family, education plays the most crucial role in fostering child development. Indeed, the importance of student well-being has long been advocated by educators and school psychologists (Clonan, Chafouleas, McDougal, & Riley-Tillman, 2004). Good practitioners know from experience that emphasizing and nurturing students' strengths, rather than remedying their deficiencies, promotes their well-being and academic performance more effectively. Unfortunately, such wisdom has not been reflected in educational policy.

However, recent advances in the science of well-being offer substantial evidence to support the advantages of well-being, resulting in acceleration of change in the political agenda. For instance, the primary objective of the UK government's Every Child Matters initiative, underpinned by the Children's Act, 2004, was to "safeguard children and young people, improve their life outcomes and general well-being" (Department for Education and Skills, 2007, p. 35). As such, once implicit in the education of children, well-being has now become an overt objective. In this sense, the first decade of the 21st century might be viewed by historians of the future as a landmark decade for the explicit development of children's well-being.



POSITIONING POSITIVE EDUCATION

When talking about positive education, we would like to position it in the context of the multiple risk factors children face and interventions provided by societal institutions to mitigate such risks. Wright and Masten (2006) assert that it is critical to investigate cumulative risk factors to accurately predict developmental outcomes.

In addition to identifying risk factors, school can provide effective interventions for those who have already developed difficulties or who have been identified at high risk. These interventions are generally categorized as tertiary interventions and secondary preventive interventions in a hierarchical order. Tertiary interventions are at the top of the pyramid, targeting individuals whose symptoms or/and challenges persist and who therefore require intensive interventions. Secondary preventive interventions are in the middle of the pyramid, aimed for selected individuals or small groups of pupils who are identified at a higher than average risk. The last or the bottom layer of the pyramid is reserved to universal interventions, known as primary prevention, which aims to provide benefits for all, rather than select students (Fox, Carta, Strain, Dunlap, & Hemmeter, 2009; O'Connell, Boat, & Warner, 2009). To us, the positive educational approach lies in this bottom layer for the purpose of prevention and promotion of psychological health by fortifying resilience and enhancing well-being.

We see this hierarchical positioning and separation of functions as particularly valuable, because while targeting *all* students, positive education aims both to *prevent* psychological distress through building of resilience, and also to *promote* thriving (as generally defined) through cultivating positive climate within classroom and school cultures and developing well-being.

POSITIVE EDUCATION FROM A HISTORICAL PERSPECTIVE

Educators have long struggled with the profound conflicts between their occupational purpose and its consequences for their learners. Traditionally, educators were expected to teach concepts based on academic subject groups. Nevertheless, educators' concerns about the neglect of students' emotional health prompted school administrators to reshape curricula to address such deficiencies. Hence, new programs were developed that focused on the development of socioemotional skills. Consequently, schools started to incorporate work on social and emotional issues into the curriculum, helping students appreciate the value of such skills. In this section, a brief historical overview of the main developments within what we now call positive education is offered to the reader.

POSITIVE EDUCATION AS PROMOTION: EDUCATING FOR SELF-ESTEEM AND EMOTIONAL LITERACY

The social and emotional lives of school-aged young people first became a focus in education in the 1970s with the emergence of the self-esteem movement. This movement was derived from the core principles of humanistic psychology, and began to impact on teachers' practices in the classroom and parents' childrearing practices. Classroom self-esteem programs typically focused on the importance of helping children gain a sense of achievement in a relatively noncompetitive and failure-free learning environment and engage in self-expression. Children were encouraged by both teachers and parents to see themselves as special and unique. "Low self-esteem" was widely regarded as an explanation for many social "ills" such as



juvenile crime, teenage pregnancy, substance abuse, and low academic achievement. However, various reviews of the self-esteem literature have found little evidence that developing young people's self-esteem makes significant difference to student academic achievement, their mental health, or societal problems, thus exposing self-esteem education as inefficacious overall (e.g., Emler, 2001; Kahne, 1996; Baumeister, Campbell, Krueger, & Vohs, 2003). In fact, Twenge (2009) documents increases in anxiety among young people since the 1970s that she links with systematic techniques used in schools to "boost" self-esteem.

The second wave in positive education, the *social and emotional learning* (SEL) movement, arose in the mid-1990s and was gradually integrated into educational systems from kindergarten to high school. Built upon Gardner's (1983; 1999) multiple intelligence model and Salovey and Mayer's (1990) emotional intelligence concept, Goleman (1996) made this notion known worldwide. Building upon the theoretical foundations from Goleman's emotional intelligence framework, the Collaborative for Academic, Social, and Emotional Learning (CASEL) was established at the University of Illinois in 1994. CASEL was actively engaged in the process of implementing various SEL programs, offering strong academic and scientific collaboration opportunities to participating schools (Noble & McGrath, 2013). SEL programs prepared children to be good students, citizens, and workers with social and emotional competencies by establishing "social and emotional learning as an essential part of education" (CASEL, 2004). A meta-review of school-based interventions reported SEL to be one of the most effective interventions for school-aged young people (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

Although not explicitly articulated, several components of well-being education were integrated into the SEL paradigm (e.g., creating a committed and supportive environment, focusing on one's emotions, working to realize one's full potential, finding meaning in one's experience). As such, we view SEL as the first successful positive education approach that gradually established a powerful presence within school curricula across the board (e.g., Humphrey et al., 2008; Roffey, 2011; Sugai & Horner, 2002).

POSITIVE EDUCATION AS PREVENTION: INTEREST IN RESILIENCE

Resilience, as a psychological concept, was conceived about 40 years ago when researchers started studying children who demonstrated positive adaptation despite the presence of high-risk circumstances (Garmezy & Nuechterlein, 1972; Rutter, Cox, Tupling, Berger, & Yule, 1975). This indicated a positive divergence from the typical pathological models (Masten, 2001). The initial impetus for the study was "the developmental and situational mechanisms involved in protective processes" (Rutter, 1987, cited in Goldstein & Brooks, 2006, p. 3) demonstrated in a high-risk population that exhibited an ability to overcome mental, developmental, economic, and environmental challenges. However, little scientific research at the time was devoted to this phenomenon and the field of study remained fairly small for a number of years (Goldstein & Brooks, 2006). Nonetheless, investigation of resilience has expanded considerably in the past 20 years, and a recent review revealed that the usage of the term "resilience" in scholarly literature increased eightfold in the past two decades (Ager, 2013; see also Yates, Tyrell, & Masten, Chapter 44, this volume).

The rise in attention toward the concept of resilience has also received increased attention in public policy, including child welfare (Administration for Children and Families, 2012), social and national security (Homeland Security Advisory Council, 2011), humanitarian development (Department for International Development, 2011),



and international development (World Bank, 2011). The conceptual framework of resilience was deemed by education professionals as particularly important for young people. Additionally, the skill of resilience had begun to be perceived as a source of “psychological capital” (Luthans, Youssef, & Avolio, 2007), indispensable for adults and children alike who are continually exposed to considerable stress in the modern society.

However, despite its pervasiveness, there appears to be a need for consensus on a conceptual definition for resilience. According to Masten and Obradovic (2006), age-salient healthy growth can be conceptually categorized as “competent” (good adaptation and low history of adversity), while adequate development despite exposure to adverse life events can be categorized as “resilient” (good adaptation and high adversity). Still, the latter notion of developmental quality (i.e., resilient) indicates two aspects of child resilience: the phenomenological aspect and the attributional aspect. From the phenomenological perspective, resilience refers to the process of one’s positive adaptation, characterized by good coping and outcomes, despite adverse experiences (Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Rutter, 2006). Conversely, from the attributional viewpoint, resilience refers to an individual predisposition that functions as a protective factor in the face of adversity (e.g., Block, & Block, 1980; Rothbart, 1989; Wachs, 2006). The distinctive difference between these two concepts is noteworthy: Resilience as a dynamic adaptation process presupposes exposure to substantial risk, whereas a resilience factor does not (Luthar et al., 2000).

In the context of education, employing the latter definition of resilience (protective assets) to facilitate an environment where children develop and learn to utilize resilience factors (e.g., strength, personality) prior to encountering adverse life events would be more feasible. Schools can offer a strong foundation to cultivate resilience, and provide students with opportunities to challenge and expand their boundaries in a relatively safe environment. Notably, as Noble and McGrath (2013) suggest, schools may provide vital scaffolding for the enhancement of resilience, especially for students who lack adequate family support. Such programs emerged in the 1990s and have received growing attention since.

CURRENT POSITIVE EDUCATION INITIATIVES IN PRIMARY AND SECONDARY SCHOOLS

These positive educational approaches (i.e., prevention and promotion) briefly reviewed above have been accentuated by the arrival of the positive psychology movement in the dawn of the new millennium (Seligman & Csikszentmihalyi, 2000). As the name implies, positive psychology holds that human positivity is a robust driving force that can facilitate a thriving life. Hence, research in this field is focused on the effects of a range of factors that may contribute to optimal functioning, such as engagement and flow (Csikszentmihalyi, 2002), optimism (Seligman, Reivich, Jaycox, & Gillham, 1995), personal character strengths (Peterson & Seligman, 2004), positive emotions (Frederickson, 2001), and resilience (Masten, 2001). A substantial number of initiatives have since been developed; these are be introduced together, below, with empirical findings around their effectiveness.

POSITIVE EDUCATION AS PROMOTION: RECENT WELL-BEING EDUCATION INITIATIVES

Well-being in children is often seen to include the variables of happiness, health, and success. However, life circumstances are not always consistent with one’s expectations. For example, maltreatment, poverty, educational inequity, bullying,



and unemployment are sadly prevalent. Thus, it appears to us that the goal should be to teach children to live well irrespective of circumstances.

So what do we mean by well-being education and what should be included in it? Since the extensive discussion by Greek philosophers, many theories have been established around the “pursuit of a good life.” Although the concept of well-being involves multifaceted dimensions, these theories grapple with and broadly conceptualize well-being from two perspectives: (1) hedonia and (2) eudaimonia (e.g., Huta, Chapter 10, this volume; Keyes & Magyar-Moe, 2003; Niemiec & Ryan, 2013). The first perspective conceptualizes well-being as subjective well-being that includes life satisfaction (or a cognitive evaluation of one’s life) and positive emotion (e.g., Diener, Lucas, & Oishi, 2005; Salovey, Caruso, & Mayer, 2004; Salovey, Rothman, Detweiler, & Steward, 2000). The second perspective concerns well-being as positive functioning, including aspects of growth and meaning-making (e.g., Ryan & Deci, 2001; Ryff & Keyes, 1995). These two perspectives may provide a helpful platform for school-based initiatives that are explicitly designed to enhance student well-being. We suggest that it is beneficial to promote both the subjective well-being of students through seeing the glass as half-full and learning to experience more positive emotions (e.g., joy, gratitude, etc.) as well as helping them to build pathways to positive functioning (e.g., through meaning-making) by carefully designing programs to accommodate these multiple aspects.

Well-being-focused education is becoming more and more prevalent nowadays. A younger sibling of SEL (Social and Emotional Learning), the Primary SEAL (Social and Emotional Aspects of Learning) program is a government-led whole-school initiative for students in the United Kingdom. Approximately 90% of primary schools and 70% of secondary schools have implemented SEAL as a universal approach (Humphrey, Lendrum, & Wigelsworth, 2010). This comprehensive approach includes early interventions with small learning groups that serve to provide extra support, and subsequent individual interventions for students who did not appear to have benefited from either the whole-class program or the early interventions. The extensive evaluation was made to report its positive impact on school climate, students’ autonomy and influence, learning and attainment, and reduction of exclusion (Humphrey et al., 2008, 2010). Although the program documented these positive results, the results indicated that the “will and skill” of the facilitators (teachers) largely affect program effectiveness, as do time and resource allocation for pragmatic aspects.

Another example is KidsMatter, an Australian Primary Schools Mental Health Initiative. This program is supported by a partnership between the Commonwealth Department of Health and Ageing, Beyond Blue: The National Depression initiative, The Australian Psychological Society and Principals Australia, and Australian Rotary Health. One hundred schools implemented social and emotional learning programs of their choice from a program booklet that evaluated all potential programs according to CASEL criteria. The evaluation result of this initiative indicated prominent and positive changes in the schools over the 2-year trial. Research also reported that it provided common language within the school community to address and work on students’ mental health issues. Parental response read that the school became more capable of catering to children’s needs (Slee et al., 2009). The effectiveness of the program was particularly evident in students who were initially evaluated as having more extensive mental health problems (Slee et al., 2009).

In addition to the large-scale initiatives, there are several institution-wide initiatives, such as at Geelong Grammar School in Australia, and Wellington College and Haberdasher’s Academies in the United Kingdom (Morris, 2013; White, 2013).



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For example, the *Well-Being Curriculum* is a joint project of a partnership between the Haberdashers' Aske's Academies Federation and the University of East London (UEL). It is based on the principles and findings of positive psychology and taught weekly to students from Year 1 to Year 13. The curriculum targets every known major predictor and correlate of well-being using individually tested interventions to enhance learning. The emphasis of the curriculum in Years 1 to 9 is on positive interventions, targeting areas that have a substantial evidence base such as happiness, positive emotions, flow, resilience, achievement, positive relationships, and meaning. The emphasis in Years 10 to 13 is on positive education, enabling young people to reflect upon and make choices about their well-being and development. This four-part curriculum spans 4 years, focusing on the areas of self, being, doing, and relationships. Pilot evaluation of the program showed increases in various aspects of well-being (i.e., positive affect, satisfaction with friends, and satisfaction with self) consistent with the areas targeted (Boniwell & Ryan, 2012).

Finally, literature identifies many discrete well-being programs, building on the concepts that have been found to lead to well-being. Such attempts are briefly summarized in Table 18.1. Although it is beyond the scope of this chapter to list all available programs, the table briefly exemplifies the width of applications. All listed approaches are research-based initiatives.

POSITIVE EDUCATION AS PREVENTION: CURRENT RESILIENCE EDUCATION INITIATIVES

As demonstrated above, ample efforts to enhance children's socioemotional development have been exerted, suggesting promising advancement of children's well-being in school environment. Yet, the concern remains that children are presently enduring stress and pressure levels far greater than that of previous generations. Recent resilience studies have indicated that in addition to social support and nurturing environment, there are some qualities that contribute to personal resilience: For example, emotional competencies, self-control, social-competencies, self-efficacy, and optimism (Gillham et al., 2013). Therefore, in addition to elucidating the underlying mechanism of psychopathology, it is necessary to develop ways to effectively deploy these empirical findings. One of the prominent approaches to build personal resilience is the Penn Resiliency Program (PRP). Through the application of cognitive-behavior therapy (CBT), it aims to promote optimism, adaptive coping skills, and effective problem-solving skills. PRP is a school-based intervention; typical curricula consist of 12 90-minute lessons or 18 to 24 60-minute lessons. It encourages young people to challenge a habitual pessimistic explanatory style by realistically examining the evidence while avoiding unrealistic optimism. PRP was developed and researched for nearly 20 years, and is consequently supported by a solid empirical base (Seligman, 2002, 2007; Reivich & Shatté, 2003). Evidence suggests that it confers lasting preventive effects against depression and anxiety. It has been shown to reduce the incidence of depression and anxiety by 50% at a 3-year follow-up period (Gillham, Reivich, & Freres, 2007). As such, CBT was found to equip young people with tangible, effective techniques. Another example is Bounce Back! (McGrath & Noble, 2003). It provides nine core curriculum units, with three levels of developmentally appropriate resources for children aged 5 to 14. It is presently delivered in primary and secondary schools in Australia and Scotland. Evidence thus far suggests the program enhances resilience in students and teachers (Axford, Blythe, & Schepens, 2010). Specifically, the program has been demonstrated to reduce depression, improve teacher resilience, and student resilience (McGrath & Noble, 2003).

Table 18.1
Discrete Well-Being Programs

Concept	Program	Aim	Target Age	Feature	Reference
Wisdom	Wisdom Curriculum	Intellectual and moral development	Middle school	16 pedagogical principles and 6 procedures through mainstream subjects (e.g., history)	Sternberg, 2001; Reznitskaya and Sternberg, 2004
Hope	Making Hope Happen	Accentuating hope, goal-setting, and acting out for purpose	<ol style="list-style-type: none"> 1. Elementary school 2. Middle school 	<ol style="list-style-type: none"> 1. 8 weekly 30-min sessions 2. 5 weekly 45-min sessions 	McDermott and Hastings, 2000; Lopez et al., 2004
Emotional intelligence	<ol style="list-style-type: none"> 1. Self Science; 2. The South Africa Emotional Intelligence Curriculum 	Developing social and emotional competencies	Elementary school	<ol style="list-style-type: none"> 1. 54 lessons for 10 goals 2. 58 activities focused on feelings 	McCown, Jensen, Freedman, and Rideout, 1998; Salovey, Caruso, and Mayer, 2004
Character strengths	<ol style="list-style-type: none"> 3. Celebrating Strengths 4. Strengths Gym 	Building strengths, emotional competencies, and resilience	<ol style="list-style-type: none"> 3. Primary school 4. Secondary school 	<ol style="list-style-type: none"> 3. Oral storytelling and regular community celebration 4. Student booklets for individual or classroom exercises 	Fox Eades, 2008; Linley and Govindji, 2008; Proctor and Fox Eades, 2009
Mindfulness	MindUp	Enhancing perspective taking, empathy, and kindness; fostering complex problem-solving skill	<ol style="list-style-type: none"> Elementary school Middle school 	15 lessons based in neuroscience to learn self-regulation, mindful engagement	Schonert-Reichl, and Lawlor, 2010



In light of cultivating personal resilience, findings from relevant research areas may benefit comprehensive educational programs as well. Research found three prominent psychological responses in the face of adversity: (1) Succumb to the stressor (e.g., posttraumatic stress disorder; PTSD); (2) resilience or recovery; (3) posttraumatic growth (PTG; Heffron & Boniwell, 2011). The SPARK Resilience Programme involves empirical findings from such relevant research fields (Boniwell & Ryan, 2009). A typical program consists of 12 60-minute lessons for children aged 11 and above. Analysis of pre- and postassessment data showed significantly higher resilience, self-esteem, and self-efficacy scores in students who completed the SPARK program. A marginally significant decrease was observed in depression symptoms (Pluess, Boniwell, Heffron, & Tunariu, in press). It is now being implemented in non-English-speaking cultures (e.g., France, Japan), to determine the cross-cultural validity of the program.

These CBT-based resilience programs have provided valuable evidence that the teaching of social competence, optimism, and resilience skills can offer significant benefits. The lasting decrease in depression and anxiety in children and adolescents conferred by these programs is an invaluable achievement that cannot be understated. The effectiveness of these programs in teaching children to maintain psychological health amid adverse life events by utilizing individual capacities is encouraging and corroborates the value of well-being and resilience education.

TOWARD OPTIMIZATION OF POSITIVE EDUCATIONAL INITIATIVES

The field of education is embracing a rich development of curricula under the positive educational umbrella. It is likely that additional programs will soon be developed and applied to more diverse populations and cultures. Thus, it is necessary to establish a robust framework within the paradigm to ensure educators and practitioners apply the concepts appropriately. Several considerations are highlighted below, to suggest some guidance around the optimization of positive educational initiatives.

NEED FOR A PRACTICAL FRAMEWORK

For better understanding, clarification, and utilization of positive educational practices, Noble and McGrath (2008) proposed the Positive Educational Practices (PEPs) Framework. The PEPs specify five foundations of well-being, which were derived from research in positive psychology and other related psychological and educational areas. The five foundations are as follows: (1) social and emotional competency, (2) positive emotions, (3) positive relationships, (4) engagement through strengths, and (5) a sense of meaning and purpose. The first foundation further includes three components: resilience skills, emotional literacy skills, and personal achievement skills. The second foundation contains five subcategories of positive emotions: feelings of belonging, feelings of safety, feelings of satisfaction and pride, feelings of excitement and enjoyment, and feelings of optimism. The authors suggested the PEPs Framework should be used to supplement traditional educational psychologists' work, aiming to "shift the direction and mind-set of both educational systems and school personnel from a deficit model of pupil learning and behavioural difficulties to a preventative well-being model" (Noble & McGrath, 2008, p. 130). Ultimately, the PEPs Framework is intended to assist students in finding a sense of meaning and purpose at school and in life. Future practice may benefit substantially to incorporate such a practical framework for optimal implementation.



NEED FOR EFFECTIVE UTILIZATION

When applying positive educational programs, care should be taken to ensure that cognitively weighted interventions are developmentally appropriate to meet the target population's developmental phase. Especially for young children, a more comprehensive approach would be to incorporate well-being education, which focuses on well-being and emotions, with resilience education. This approach would benefit fortifying resilience in children, because the major components of well-being are suggested to contribute comprehensively to the formation of resilience qualities (Richardson, 2002).

In addition to programs that target the development of specific skills, evidence suggests school-wide programs (involving all staff and pupils) that promote psychological well-being are more likely to be effective than class-based interventions (Wells, Barlow, & Stewart-Brown, 2003). A positive climate in the school as a whole is associated with teacher and student satisfaction, lower stress levels, and better academic results (Sangsue & Vorpe, 2004). Although it is difficult to define the factors that comprise a good school, researchers agree that a high-quality school encourages students to be engaged with and enthusiastic about learning. Common features of such schools include a safe environment, an articulated and shared vision of the school's purpose, explicit goals for students, emphasis on the individual student, and rewarding student effort or improvement (Peterson, 2006). Satisfaction with the school and feelings of security and belonging heavily influence students' commitment to learning and achievement (Brand, Felner, Shim, Seitsinger, & Dumas, 2003).

NEED FOR QUALITATIVE EVALUATION

Regarding program development, application, and delivery, the relevant professionals ought to be mindful that there exists no one-fits-all theoretical or pragmatic formula. Although positive education aims to approach all students as a primary intervention, to which extent the same program is effective or not inevitably varies depending on each individual. Schools in our contemporary society often contain very diverse populations (e.g., genetic composition, upbringing, educational background, personal values, familial cultures, neighborhood, and wider community), but should nonetheless provide abundant opportunities for the nurturing of individual well-being and resilience and the cultivation of strengths.

With regards to the individual differences, genetic predisposition is reported to account for approximately 50% of individual personality (Plomin, DeFries, McClearn, & McGuffin, 2008), but environmental and psychological processes also play a crucial role in shaping children's development. For example, growing evidence from differential susceptibility studies demonstrated that children with high susceptibility are prone to respond negatively to an adverse environment (hence being perceived as less resilient), but respond more positively to high-quality environment than their counterparts (i.e., less susceptible individuals; e.g. Ellis & Boyce, 2011; Ellis, Boyce, Belsky, Bakermans-Kranenburg, & van IJzendoorn, 2011; Pluess & Belsky, 2009; 2010). Thus, the literature consequently implies the complexity and importance of gene-environment interactions ($G \times E$), as goodness-of-fit critically predicts an outcome that may thwart or enhance human development (Caspi et al., 2002; Pluess & Belsky, 2009; Rutter, 2006). Indeed this finding indicates children's unique potential for resilience plasticity through the specification of context-endogenous characteristic interactions. Educators therefore should appreciate information provided by a qualitative evaluation within this paradigm. Given the nature of education and child

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development, the myopic quantitative approach may fail to identify meaningful implications regarding the psychological process of children.

NEED FOR CONTINUING EMPIRICAL VALIDATION

The need for adequate empirical validation designates positive educational initiatives as robust scientific endeavors. Such study requires painstaking effort and negotiation with the research resources available; however, such rigorous criteria will ultimately result in the refinement of the theoretical foundation and methodological advancement of the field.

According to the American Psychological Association Division 12 (clinical psychology) Task Force Criteria, psychological treatment (e.g., therapy, intervention) must meet a number of standards of scientific inquiry as follows in order to claim its efficacy: (a) The experimental treatment must have a control group, (b) studies must involve random assignment of participants, (c) the intervention must be delivered using a treatment manual, (d) the population must be clearly defined, (e) the outcome measures must be reliable and valid, and (f) the data analysis must be conducted in an appropriate and valid manner (see Chambless & Ollendick, 2001). As such, maintenance of rigorous standards is necessary to confirm the value of positive educational initiatives.

Nevertheless, compromise may occasionally be inevitable for pragmatic reasons, as conforming to the full criteria described above necessitates considerable constraints. Therefore, evidence-based practice would be more feasible with respect to positive educational applications. In other words, it refers to “conscientious, explicit, and judicious use of current best evidence in making decisions” (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71) for the best interest of the target population, and the critical evaluation and analysis for outcome dissemination to shareholders for continuous evaluation and quality improvement (Kerig, Ludlow, & Wenar, 2012).

CONCLUSION

This chapter introduced the notion of positive education, and explored how it has been applied in the forms of well-being and resilience education, including some considerations for future developments. Given the active global interest in children’s well-being, we believe that positive education is primed for a positive future. We envisage that children, parents, teachers, and communities across the globe will benefit from this approach in the years to come. The availability of research and science in positive psychology and the multitude of initiatives will provide the bases for future developments. Nevertheless, it is important to recognize that we are still at the very beginning of the journey. The success of these programs and interventions would depend on the active collaboration among transdisciplinary professionals, because this is what can yield the essential information on the appropriate cultivation of the innate human potential during the early stages of life.

SUMMARY POINTS

- Positive education functions as a universal (i.e., primary) preventative and promotional intervention.
- Positive education is more efficacious when implemented as a whole-school approach with a practical application framework.



- Multilayered, long-term programs appear to be more effective than single and short-term focused approaches.
- The comprehensive positive education incorporates both experiential and conceptual aspects of well-being.
- Techniques derived from cognitive-behavioral therapy often underlie the most effective intervention programs aimed at resilience enhancement.
- The teachers' "skill and will" account for a substantial proportion of an intervention program success.
- Novel scientific findings and empirical validation strengthen further development of positive education.

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