

Integrating Wellness Within Group Counseling for Latinx Adolescents

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Abstract

Latinx adolescents may begin middle school with lower levels of life satisfaction and hope. In the current study, we implemented a small-series ($N = 4$) single-case research design to evaluate the impact of a group counseling wellness experience to increase Latinx adolescents' life satisfaction and hope. Analysis of participants' scores on outcome measures yielded treatment effects indicating that the group counseling wellness experience may be effective for increasing hope and life satisfaction. Implications for school counselors are provided.

Keywords: school counseling, Latinx adolescents, NACA wellness wheel

Integrating Wellness Within Group Counseling for Latinx Adolescents

The Latinx population may be at risk for clinical distress such as depressive symptoms, mental health impairment, and suicide attempts (Centers for Disease Control and Prevention, 2011; Wagstaff & Polo, 2012). According to researchers at the Center for Disease Control and Prevention (2015), 18.9% of Hispanic adolescents considered suicide and 15.7% had a suicide plan. These rates are considered higher than for other populations such as Caucasian students. Although researchers examined challenges that influence Latinx adolescents' mental health, less attention has been given to the impact of school counseling interventions to increase Latinx adolescents' positive emotions. School counselors have the ability to identify Latinx children with mental health concerns, implement interventions, and evaluate the impact on positive emotions (Meany-Walen, Teeling, Davis, Artley, & Vignovich, 2017). The current study augments previous research by examining treatment effectiveness of a group counseling wellness intervention with Latinx adolescents. Findings have potential to inform practices for school counselors working with Latinx adolescents who have mental health needs.

Latinx Adolescents' Characteristics and Mental Health Needs

Latinx adolescents have several cultural strengths such as bilingualism, ethnic identity (Zamarripa, Lerma, & Holin, 2011), familiasmo (Villarreal, Blozis, & Widaman, 2005), resilience, and spirituality (Cavazos, Johnson, & Sparrow, 2010). Although researchers and practitioners (Vela, Lenz, Sparrow, & Gonzalez, 2016) are beginning to use a strength-based framework to understand Latinx students' experiences, they continue to face individual, interpersonal, and systemic challenges that influence their

mental health (Vela, Lu, Veliz, Johnson, & Castro, 2014). Individual challenges include low self-esteem, low self-efficacy, and lack of motivation (Vela et al., 2014).

Interpersonal challenges include lack of support from teachers and counselors (Vela-Gude et al., 2009), parents who might not understand the college-going process, and peer pressure. Systemic challenges include lack of information about postsecondary education (Kimura-Walsh, Yamamura, Griffin, & Allen, 2008), lack of access to enrollment in AP coursework, fewer resources in non-AP courses (Cavazos, 2009), academic tracking into non-college preparatory coursework, and immigration policies. As a result of individual, interpersonal, and systemic challenges in K-12 education, Latinx adolescents might have lower levels of hope and life satisfaction, which are two important components of positive psychological functioning (Suldo & Shaffer, 2008).

Hope

Snyder (2002) defined hope as the belief in one's self to create pathways toward goals and agency needed to reach those goals. Farahani, Rassouli, Yaghmaie, and Majd (2016) identified three categories within hope: connection with the source of hope, belief in finding solutions, and having an optimistic perspective. Hope has been suggested to play a key role in subjective happiness (Sarıçam, 2015) and problem-solving strategies (Chang & Banks, 2007). Sub-factors of hope, including confidence, trust, and positive future orientation, also have been shown to influence subjective happiness (Sarıçam, 2015). Additionally, in a meta-analysis of positive emotions, Yarcheski and Mahon (2016) found many predictors for hope among adolescents including positive affect, life satisfaction, optimism, self-esteem, and social support. Other predictors of hope included depression, negative affect, stress, academic

achievement, and violence. Finally, family life and social support play important roles regarding hope. Although adverse family backgrounds can lower happiness and life satisfaction, adolescents may still develop a meaningful purpose in life, high levels of hope, and healthy self-esteem (Chui & Wong, 2017). This may be due, in part, to the social support from friends having a stronger positive effect on hope than the social support from parents (Mahon & Yarcheski, 2017).

Life Satisfaction

Life satisfaction is the subjective appraisal of quality of life (Diener, Suh, Lucas, & Smith, 1999; Jianfeng, Wu, Hongwei, & Yulan, 2016) and is a lower-order construct of subjective well-being (Diener, 2000). In a study investigating differences between coping behaviors, adolescents who utilized *approach coping behaviors* reported significantly higher levels of life satisfaction than those who used *avoidant coping behaviors* (Lyons, Huebner, & Hills, 2016). Among adolescents, life satisfaction is suggested to have strong associations with high levels of mindfulness and increased positive core self-evaluations (Jianfeng et al., 2016). Schonert-Reichl and Lawlor (2010) presented similar findings with mindfulness having a positive effect on satisfaction among adolescents. Additionally, life satisfaction has a positive correlation to meaning in life. Those who have a meaning in life tend to have high levels of life satisfaction (Park et al., 2010). Considering the presence and importance of parental figures among adolescents, the parent-child relationship plays a role in life satisfaction. This idea is supported by researchers who showed the quality of the parent-child relationship is a strong factor for influencing life satisfaction (Yucel & Yuan, 2016).

NACA Wellness Model

The Native American Community Academy (NACA) developed an integrated wellness wheel with the following components: intellectual wellness, physical wellness, social/emotional wellness, and community and relationship wellness (Silva, John, & Beenen, 2008). First, intellectual wellness refers to education, sustainability, and career development. Second, physical wellness refers to exercise, nutrition, and health and personal care. Third, social/emotional wellness refers to reflection/spirituality, empowerment, life satisfaction, and fulfillment. Finally, community and relationship wellness refers to family, friendship, and culture community (NACA, 2017). Elements of the NACA wellness wheel are related to counseling models and theories, including wellness, humanistic counseling, positive psychology, and social justice. Additionally, the use of the wheel involves a holistic approach in which all aspects of the wheel are interrelated. Silva et al. (2008) described an example where a student lives in a community with limited access to healthy food. Although this circumstance may affect the student's physical health, it may also impact the student's academic performance. It is possible to focus on one specific part of the wellness wheel, but it is only through a well-rounded approach (including all domains of the wheel) that the best possible outcome can be achieved. Although utilized through NACA, there is an apparent lack of research on the wellness wheel's benefits with other culturally diverse populations such as Latinx adolescents.

Purpose of Study and Rationale

The purpose of this study was to evaluate the efficacy of a NACA group counseling wellness model for increasing hope and life satisfaction among Latinx

adolescents. The rationale for using a single-case research design (SCRD) was to explore the impact of an intervention that might help Latinx adolescents improve positive outcomes related to academic achievement, academic engagement, and mental health. Researchers and practitioners use SCRDS to examine treatment effectiveness for the following reasons: self as control, type of data, sample size, and ease of data analysis (Lenz, 2015). We also agree with Lenz (2015) about the limitations of between-group designs (e.g., sample size). At the middle school where we recruited Latinx participants, a SCRDS was appropriate due to the small sample size as well as the potential to examine the efficacy of a group counseling intervention with Latinx adolescents (Vela, Ikononopoulos, Dell'Aquila, & Vela, 2016). As a result, we implemented a SCRDS (Lenz, Speciale, & Aguilar, 2012) to identify and explore trends of changes in hope and life satisfaction following participation in a NACA group counseling wellness experience. As a result, we evaluated the following research question: To what extent is NACA group counseling effective for increasing hope and life satisfaction among Latinx adolescents?

Method

We implemented a small series ($N = 4$) A-B single-case research design with Latinx adolescents to evaluate the treatment effect associated with NACA group counseling wellness model for increasing hope and life satisfaction.

Participants

Participants in this study were four Latinx adolescents ($n = 3$ girls and $n = 1$ boy) who attended a middle school in the central Southern region of the United States who were between the ages of 12 to 14 years with a mean age of 13.8. All participants self-

identified as Hispanic and Latinx. During informed consent, we explained to participants that they would be assigned pseudonyms to protect their identity.

Participant one. Melissa was a Latina adolescent who struggled with positive self-concept and developing meaningful relationships. Her shy and timid demeanor made it difficult to develop confidence to talk to others. Her treatment goals included increasing life satisfaction and setting goals toward the future.

Participant two. Kelly was a Hispanic adolescent who struggled with positive mental health and self-empowerment. Often talking about the lack of confidence when it came to her abilities, she spoke of feelings of inferiority compared to her peers. Her treatment goals included increasing life satisfaction and goal setting.

Participant three. Jody was a Hispanic adolescent who struggled with life satisfaction and goal setting. She reported difficulty establishing healthy relationships and remaining focused in school. Her treatment goals included self-regulation and increasing life satisfaction.

Participant four. Vania was a Hispanic adolescent who struggled with self-regulation and goal setting. She reported good academic performance but lacked self-esteem when it came to trying new things or having confidence to initiate new projects. Her treatment goals included increasing goal setting and life satisfaction.

Measures

Children's Hope Scale (CHS). The CHS is a self-report inventory to measure goals and objectives (Snyder et al., 1997). Participants responded to six statements evaluated on a six-point Likert-type scale ranging from (1) *none of the time* to (6) *all of*

the time. A sample response item includes, “doing just as well as other kids.” Reliability coefficients range from .71 to .86 (Snyder et al., 1997; Taysi, Curun, & Orcan, 2015).

Satisfaction with Life Scale-Child (SWLS-C). The SWLS-C measures perceptions of life satisfaction (Gadermann, Schonert-Reichl, & Zumbo, 2010). Participants responded to 5-items ranging from (1) *disagree a lot* to (5) *agree a lot*. A sample item includes, “So far I have gotten the most important things I want in life.”

Treatment

The initial motivation to explore benefits of the NACA wellness wheel stem from its initial presentation at the Rural School Leadership Academy, where the creators of the NACA wellness model described setting an example for their students through a healthy body and mind. Additionally, they spoke of having a holistic approach to nurturing the following within a student: a healthy body, mind, and spirit. With that in mind, the fifth author adapted the NACA wellness model (Native American Community Academy, 2017) into a treatment program with Latinx adolescents.

Session one began with watching SoulPancake’s (online content production company) video, “Why Happy People Do it Better” to initiate discussion on happiness. Following session one, participants watched SoulPancake’s “An Experiment in Gratitude” at the start of session two to understand the rationale for and components of writing a gratitude letter. After participants watched the video and held a brief discussion, participants were instructed to begin work on their respective letters and take them home to complete if necessary. Session three involved having participants share their experiences in writing and sharing the letter with the recipient. Once everyone was given a chance to share, participants had an in-depth look at the NACA

wellness wheel. The group leader explained each component in each section.

Participants were given their wheel to complete and evaluate how well they were in each section. Session four allowed the group leader and participants to follow-up and set goals based on sections in which each participant felt they needed to focus.

Session five focused on setting goals and provided participants with structure to begin thinking about their future and setting personal goals. In this activity, participants were asked to first list the things they want in their lives ranging from material items to personal qualities. Participants then shared one thing they wanted with the group. As participants shared, participants were encouraged to “steal” wants from one another and add to their list. After all participants generated long lists, participants were instructed to draw a tree that had their wants and desires. Participants were told they could use words or pictures. Session six transitioned to the nutrition component of the NACA wellness model. This involved having a discussion on the importance of nutrition and facilitating a healthy, smoothie-making workshop. Participants learned to combine various fruits and vegetables to create healthier alternatives. Following this, session seven involved participating in a physical training activity. Participants opted for a boxing training/conditioning session led by the group leader. Session eight offered a slight deviation from the health wellness component they were previously focusing on. Participants were given a chance to learn their *love language* using an informal quiz from a popular book by Gary Chapman. Session nine involved an activity that explored social identity. The purpose of this activity was to encourage participants to understand that identity is developed through socialization. A discussion about experiences with privilege and disadvantage, dominance and oppression, and power and powerlessness

ensued. Finally, session ten involved volunteering at a local nursing home. Following their experiential activity, participants discussed the impact of volunteerism and giving back to their community.

Procedures

Like other researchers (Vela et al., 2016), we evaluated treatment effect using A-B and SCRD to determine the effectiveness of a counseling intervention (Lundervold & Belwood, 2000; Sharpley, 2007) on increasing hope and life satisfaction. After three weeks of data collection, the baseline phase of data collection was completed. The treatment phase began after the 3rd baseline measure when the first group counseling session occurred. After the tenth week of data collection, the treatment phase of data collection was completed. During the twelfth week, the NACA group counseling wellness intervention was withdrawn.

Data Analysis

We implemented the percentage of data points exceeding the median procedure (PEM; Ma, 2006) to analyze scores on hope and life satisfaction across treatment. Ma (2006) commented that the percentage of data exceeding the median (PEM) procedure accommodates data sets in which outliers in the baseline condition may influence evaluation of a treatment intervention. PEM calculations are expressed in a decimal format that ranges between zero and one with higher scores representing greater treatment effects (Lenz, 2013). An interpretation of effect sizes determines the efficacy of the counseling intervention when comparing each phase of data collection (Sharpley, 2007). To calculate an effect size, data points in the treatment phase on the therapeutic side of baseline data points are counted and divided by the total number of points in the

treatment phase (Ma, 2006). Scruggs and Mastropieri (1998) also provided the following PEM values to evaluate treatment effect: values of .90 and greater are indicative of very effective treatments; values ranging from .70 to .89 represent moderate effectiveness; values between .50 to .69 are debatably effective; and values less than .50 are regarded as not effective (Ikonomopoulos, Smith, & Schmidt, 2015). This procedure was completed for each participant's scores on hope and life satisfaction.

Results

Figure A1 depicts estimates of treatment effect on the Satisfaction With Life Scale-Child (SWLS-C) and Figure A2 depicts estimates of treatment effect on the Children's Hope Scale (CHS) using PEM across all participants. These figures can be found in the Appendix at the end of this article. Detailed descriptions of participants' experiences are provided below.

Participant One

Melissa's ratings on the SWLS-C illustrate that the treatment effect of a NACA intervention was very effective for improving her SWLS-C score. Evaluation of the PEM statistic for the SWLS-C score (1.00) indicated that 10 out of 10 scores were on the therapeutic side above the baseline (SWLS-C score of 4.13). Melissa successfully improved life-satisfaction during treatment as evidenced by improved scores on items such as "In most ways my life is close to my ideal" and "The conditions of my life are excellent." Scores above the PEM line were within a 1.29-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Melissa's ratings on the CHS illustrate that the treatment effect of a NACA intervention was moderately effective for improving her CHS score. Evaluation of the

PEM statistic for the CHS score (0.80) indicated that eight out of ten scores were on the therapeutic side above the baseline (CHS score of 17). Melissa successfully improved hope during treatment as evidenced by improved scores on items such as “I can think of many ways to get out of a jam,” “I can think of ways to get the things in life that are important to me,” and “I meet the goals that I set for myself.” Scores above the PEM line were within a 5-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Participant Two

Kelly’s ratings on the SWLS-C illustrate that the treatment effect of a NACA intervention was not effective for improving her SWLS-C score. Evaluation of the PEM statistic for the SWLS-C score (0.30) indicated that three out of ten scores were on the therapeutic side above the baseline (SWLS-C score of 4.56). Kelly struggled to improve life satisfaction scores during treatment as evidenced by decreased scores on items such as “In most ways my life is close to my ideal” and “The conditions of my life are excellent.” Scores above the PEM line were only within a 0.44-point range. Trend analysis depicted an inconsistent level of change following the first treatment measure.

Kelly’s ratings on the CHS illustrate that the treatment effect of a NACA intervention was not effective for improving her CHS score. Evaluation of the PEM statistic for the CHS score (0.30) indicated that three out of ten scores were on the therapeutic side above the baseline (CHS score of 13). Kelly struggled to improve hope during treatment as evidenced by reduced scores on items such as “I can think of many ways to get out of a jam,” “I can think of ways to get the things in life that are important to me,” and “I meet the goals that I set for myself.” Scores above the PEM line were

within an 11-point range. Trend analysis depicted an inconsistent level of change following the first treatment measure.

Participant Three

Jody's ratings on the SWLS-C illustrate that the treatment effect of a NACA intervention was very effective for improving her SWLS-C score. Evaluation of the PEM statistic for the SWLS-C score (1.00) indicated that 10 out of 10 scores were on the therapeutic side above the baseline (SWLS-C score of 4.35). Jody successfully improved life satisfaction during treatment as evidenced by improved scores on items such as "In most ways my life is close to my ideal" and "The conditions of my life are excellent." Scores above the PEM line were within a 1.36-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Jody's ratings on the CHS illustrate that the treatment effect of a NACA intervention was very effective for improving her CHS score. Evaluation of the PEM statistic for the CHS score (0.90) indicated that nine out of ten scores were on the therapeutic side above the baseline (CHS score of 13). Jody successfully improved hope during treatment as evidenced by improved scores on items such as "I can think of many ways to get out of a jam," "I can think of ways to get the things in life that are important to me," and "I meet the goals that I set for myself." Scores above the PEM line were within a 11-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Participant Four

Vania's ratings on the SWLS-C illustrate that the treatment effect of a NACA intervention was not effective for improving her SWLS-C score. Evaluation of the PEM

statistic for the SWLS-C score (0.10) indicated that one out of seven scores were on the therapeutic side above the baseline (SWLS-C score of 5.07). Vania failed to maintain improved life-satisfaction during treatment as evidenced by reduced scores on items such as “In most ways my life is close to my ideal” and “The conditions of my life are excellent.” Scores above the PEM line were within a 0.21-point range. Trend analysis depicted an inconsistent level of change following the first treatment measure.

Vania’s ratings on the CHS illustrate that the treatment effect of a NACA intervention was very effective for improving her CHS score. Evaluation of the PEM statistic for the CHS score (1.00) indicated that seven out of seven scores were on the therapeutic side above the baseline (CHS score of 20.5). Vania successfully improved hope during treatment as evidenced by improved scores on items such as “I can think of many ways to get out of a jam,” “I can think of ways to get the things in life that are important to me,” and “I meet the goals that I set for myself.” Scores above the PEM line were within a 3.5-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Discussion

The purpose of the present study was to examine the impact of a counseling intervention on Latinx adolescents’ life satisfaction and hope. Based on previous research and personal experiences, we developed the following hypotheses: (a) adolescents in a NACA counseling wellness group would report increases in hope and (b) adolescents in a NACA counseling wellness group would report increases in life satisfaction. Partial support for hypothesis one was detected given that three out of four participants in the counseling group developed higher levels of hope. Perhaps one of

the more targeted efforts of treatment was the emphasis not only on goal setting but also follow-through on progress. Participants were able to develop confidence in setting and meeting goals as they were guided through examples of activities/discussions for each component of the NACA wellness wheel. Seeing what each component looked like with a practical application followed by a reflection exercise might have motivated participants to work toward their goals. Because wellness, family, and spirituality might be related with resilience, grit, or hope, it would be reasonable to expect that helping Latinx adolescents explore these concepts in a group setting could improve their beliefs in their ability to develop and pursue positive goals in the future. Hope refers to beliefs to pursue desired objectives (Feldman & Dreher, 2012) and confidence to make progress toward goals (Snyder et al., 1991). This study suggests that when students participate in a group counseling intervention on wellness, their level of passion and perseverance to pursue these long-term goals might increase. Previous correlational or predictive studies have identified relationships between some variables on hope (Hansen, Trujillo, Boland, & MacKinnon, 2014), yet little is known about the impact of treatment effects of specific interventions and techniques. Results of the current study extend knowledge from previous studies by highlighting benefits of participation in a NACA group counseling experience on Latinx adolescents' goals toward the future.

Our second hypothesis suggested that participants in the NACA counseling wellness group would report an increase in life satisfaction. Partial support for this hypothesis was found given that two participants in the NACA counseling wellness group reported an increase in life satisfaction over time. There were different sessions that targeted and contributed to increasing participants' life satisfaction. Sessions

focused on giving back to the community through volunteering and learning how to make a healthy and nutritious snack to work toward a healthy mind, body, and spirit. Other sessions also focused on personal identity, social justice, community engagement, hope, and gratitude (Native American Community Academy, 2017). Because wellness, community engagement, family, and spirituality might be related to life satisfaction, it would be reasonable to expect that helping Latinx adolescents explore these concepts in a group setting could improve their perceptions of life satisfaction. Life satisfaction refers to individual quality of life and positive affect (Diener, 2000). Our findings suggest that when students participate in a group counseling intervention on wellness, their level of life satisfaction might increase. Previous studies have highlighted correlational and predictive relationships between life satisfaction and well-being or academic achievement (Lyons & Huebner, 2016), yet little is known about the impact of interventions and treatment processes that target these outcomes. Results of this study extend findings from previous studies by demonstrating the impact of a NACA wellness intervention on Latinx adolescents' life satisfaction. However, more research is needed to explore how or why a group counseling intervention increases life satisfaction in Latinx adolescents.

Implications for Practice

Based on findings from this study, there are several implications for school counselors, clinical mental health counselors, and counselor educators. Particularly for Latinx adolescents who struggle with mental health, school counselors can play an important role in addressing positive emotions related to academic achievement. First, school counselors can consider reaching out to Latinx adolescents who might not seek

guidance and help them identify and build positive emotions and strengths. School counselors can consider integrating the NACA intervention with these Latinx adolescents to build positive relationships, focus on wellness principles, and integrate community engagement and social justice (NACA, 2017). The entire intervention or parts of intervention could increase Latinx adolescents' hope and life satisfaction. Informal conversations from participants in this study indicated that they enjoyed the nutrition, social justice, personal identity, wellness, and nutrition activities to foster positive emotions. Second, school counselors could work with teachers and community school-based counselors (Meany-Walen et al., 2017) to implement wellness exercises in teaching and counseling practices. English teachers could use parts of the NACA program to encourage students to write about gratitude, family, spirituality, wellness, and hope. Structured writing exercises on personal identify, social justice, and meaning in life would also be meaningful. Also, in a survey about school counselors' activities, Parker and Ray (2017) found that Latinx high school students wanted more activities related to college and career readiness. Since some Latinx students might not understand the relationship between mental health and academic performance, helping Latinx adolescents understand the importance, benefits, and practice of NACA principles could foster positive outcomes. Counselor educators and school counselors could partner to deliver psycho-educational presentations and workshops on NACA principles, mental health, and academic achievement to foster an understanding about wellness. Finally, community-based school counselors also could use parts of the NACA intervention in their work with Latinx adolescents. Increasing Latinx adolescents'

knowledge and practices of social justice and community engagement are an important part of NACA.

Implications for Future Research

Findings from the current study point to the moderate impact of a NACA counseling intervention on improving positive outcomes for Latinx adolescents. Based on these findings, there are several implications for future research. Researchers could replicate this study and use larger sample sizes or between-group designs to establish evidence-based implications. Researchers could also compare the impact of NACA, positive psychology, or other interventions on adolescents' positive outcomes to determine which treatment is more effective. It may be interesting to use qualitative methods to determine what helps Latinx adolescents improve life satisfaction or hope. Using personal interviews and focus groups would provide insight and understanding into what treatment components and processes within the NACA counseling model helps Latinx adolescents. Finally, although we used important outcomes in the current study, researchers could explore the impact of the NACA wellness model on other outcomes, including depression, grit, academic engagement, and college-self efficacy. More research needs to investigate how counseling interventions influence specific outcomes among Latinx adolescents.

Limitations

First, results might not generalize to other Latinx adolescents in different academic or clinical settings. Additionally, since adolescents differ by developmental levels, findings might not apply to Latinx high school or college students. We also did not use an A-B-A design with withdrawal measures (Lenz et al., 2012) that would have

provided stronger internal validity to measure the impact on life satisfaction and hope. Finally, although three baseline measures are sufficient in SCRDS (Ikonomopoulos et al., 2015; Lenz et al., 2012), utilizing more baseline measures might have been more effective.

Conclusion

School counselors and clinical mental health counselors could consider using NACA counseling to assist Latinx adolescents in increasing hope and life satisfaction. Based on results of this study, the NACA wellness intervention shows promise as an effective method for improving positive outcomes among Latinx adolescents. We recommend that researchers continue to examine the impact of the NACA wellness model with larger sample sizes and different outcome variables to provide additional evidence. We also recommend that school counselors consider NACA counseling techniques when implementing treatment approaches for Latinx adolescents.

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Appendix

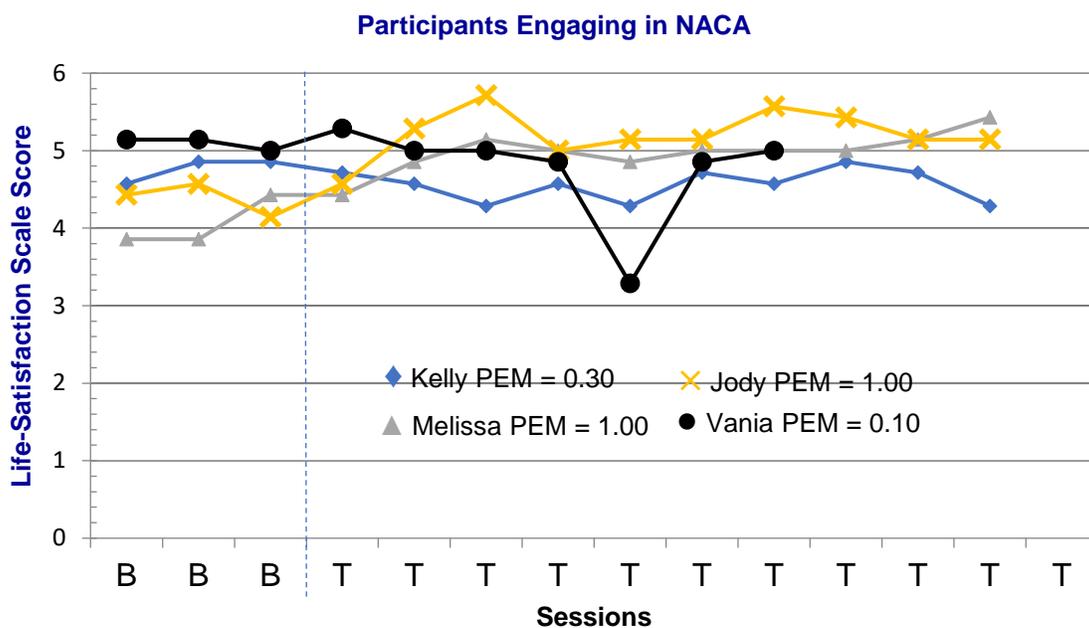


Figure A1. Graphical Representation of PEM Ratings for Life-Satisfaction by Melissa, Kelly, Jody, and Vania

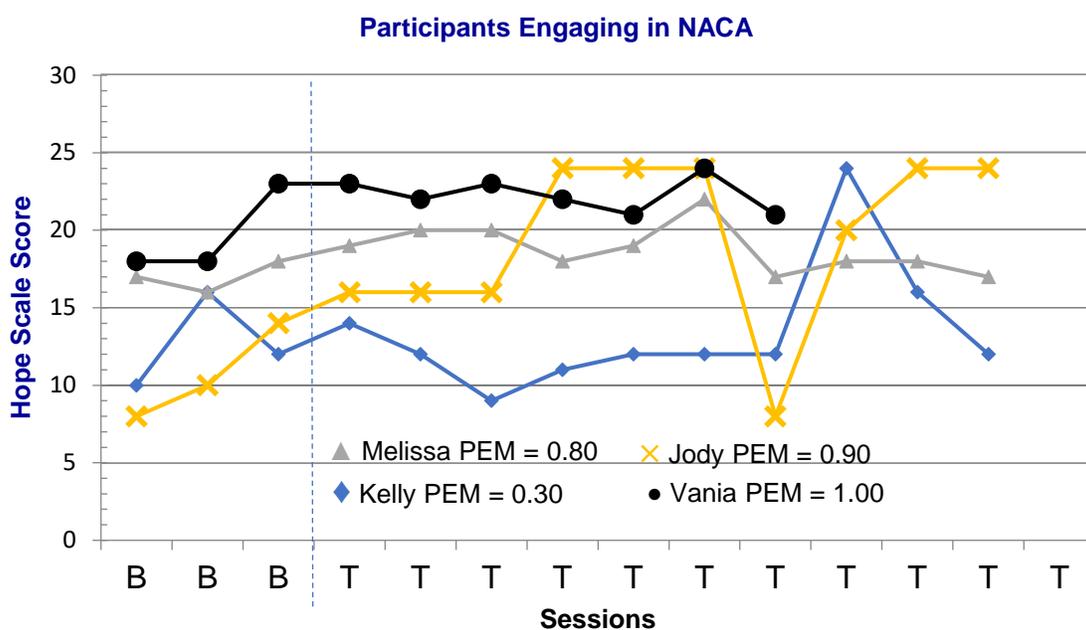


Figure A2. Graphical Representation of PEM Ratings for Hope by Melissa, Kelly, Jody, and Vania