

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

Dr. Usha Tiwari Upadhyay<sup>1\*</sup>

### ABSTRACT

**Objective:** The aim of this study was to assess the effectiveness of Positive Psychology Intervention (PPI) on Emotional Well-being (EWB) of school going children with Specific Learning Disability (SLD) in Telangana, India. **Methodology:** In a pre-test post-test one group design, 75 (61 boys and 14 girls) children with SLD from 3 schools, age ranging between 8-12 years (class 3-7); fulfilling the inclusion and exclusion criteria were administered the intervention. Tools used include, Sarva Siksha Abhiyan Screening Check List, Malin's Intelligence Scale for Indian Children (MISIC), NIMHANS Index for SLD, ADHD rating scale, Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS), Positive and Negative Affect Schedule for Children (PANAS-C), Gratitude Adjective Checklist (GAC), Children & Adolescent Mindfulness Measure (CAMM) and Children's Attributional Style Questionnaire (CASQ). The multicomponent Positive Psychology Intervention (PPI) involving gratitude, mindfulness and attributional style was devised into three segments focused on the past, present and future aspects of EWB. The class wise groups were created. Each group received 12 weekly sessions of group intervention. Teachers' and students' feedback on effectiveness of intervention was obtained. Data analysis was done by using statistical package for the social sciences (SPSS Version 20.0). Wilcoxon sign rank test was calculated to indicate the difference between pre, post and follow-up scores. **Results:** The result of the study revealed that there was a significant improvement in the level of EWB in terms of improved life satisfaction and positive affect, and decreased negative affect of children with SLD after PPI. The effect was also maintained after 6 months follow-up study. **Conclusion:** The findings from the current study support this multi-component PPI as an evidence-based method for making long-lasting improvements in emotional well-being of children with SLD. Introducing positive psychology intervention programs in schools would also be beneficial for other children with and without specific needs.

**Keywords:** Emotional Well-being, Positive Psychology Interventions, Life Satisfaction, Positive Affect, Negative Affect, Gratitude, Mindfulness, Attributional Style, Specific Learning Disability

<sup>1</sup>Rehabilitation Psychologist & Special Educator, Consultant School Psychologist, Telangana, India

\*Responding Author

Received: August 18, 2020; Revision Received: September 21, 2020; Accepted: September 24, 2020

© 2020, Tiwari Upadhyay U.; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License ([www.creativecommons.org/licenses/by/2.0](http://www.creativecommons.org/licenses/by/2.0)), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

Positive experiences during childhood can shape better personality of children and add to their holistic development which will make them a better future citizen. During childhood and adolescence, a significant transition takes place in physiological, cognitive, emotional, moral, social, and other domains. However, most children sail through these transitions smoothly, some find it stressful and may develop psychological problems. Children with specific learning disability (SLD) are at greater risk of experiencing negative emotions than children without specific learning disability. The presence of specific learning disability poses a risk factor and is likely to be detrimental to their emotional well-being. Risk factors are factors that increase the chance of an undesirable outcome affecting the child, while protective factors are those that moderate the effects of the risk factor (Garmezy & Rutter, 1983). There are enormous positive human attributes, such as, gratitude, courage, humor, optimistic thinking, mindfulness, compassion and kindness which may act as protective factor and mitigate the adverse effect of risk factors in children with SLD.

### *Positive psychology and emotional well-being*

Positive psychology, a new approach to mental health is the science of well-being and human flourishing. Positive psychology is the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development (Duckworth, Steen, & Seligman, 2005). Positive psychology may be defined as the scientific study of virtue, meaning, resilience, and well-being, as well as evidence-based applications to improve the life of individuals and society in the totality of life (Wong, 2011). Various literatures reveal that well-being has overlaps with several concepts like subjective well-being (SWB), happiness (Diener, 1984; Peterson, Park, & Seligman, 2005), emotional well-being (EWB) (Peterson, Ruch, Beermann, Park, & Seligman, 2007) quality of life and life satisfaction (Diener, 1984). The scientific term used to operationally define the more ambiguous term, “happiness” in psychology literature is subjective wellbeing (Diener, Lucas, & Oishi, 2002). An integrative model of happiness was presented by Lyubomirsky, Sheldon, and Schkade, (2005). This refers to well-being as enduring or chronic happiness and proposes a theory of the determinants of well-being. According to this model, a person’s chronic happiness level is determined by three factors, namely: the ‘set point’ or genetic influences (50%), ‘life circumstances’ (10%), and ‘intentional activity’ (40%). Martin Seligman defines well-being with the PERMA model (Seligman, 2011), which stands for: P – positive emotions, E – engagement, R – relationship, M – meaning and A – accomplishment.

Subjective well-being, is a multi-faceted construct comprised of three distinct components: life satisfaction, positive affect and negative affect, (Diener, Oishi, & Lucas, 2009). Positive and negative affect refer to the frequency with which one experiences positive and negative emotions in daily life, respectively, whereas life satisfaction refers to the cognitive global evaluation of one’s life on the whole (Diener, 2000; Diener et al., 2009). Life Satisfaction (LS) refers to a person’s cognitive judgment of his or her satisfaction with life on the whole (Diener, 1994). The five domains (family, friends, school, self, living environment) items are averaged to create a total life satisfaction score in the present study. Positive affect (PA) is defined as feelings that reflect a level of pleasurable engagement with the environment, such as happiness, joy, excitement, enthusiasm, and contentment (Clark, Watson, & Leeka, 1989). These can be brief, longer lasting, or more stable trait-like feelings. High positive affect is a state of full concentration and pleasurable engagement, whereas low positive affect indicates lethargy. Negative affect (NA) refers to subjective distress and subsumes such aversive moods as disgust, guilt, anxiety, hostility and depression. High-NA indicates

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

subjective distress and unpleasant engagement, and low-NA denoting calmness and serenity. Emotional well-being is a specific dimension of subjective well-being that consists of one's perceptions of acknowledged happiness and satisfaction with life, and the ratio of positive to negative affect experienced (Lucas, Diener, & Suh, 1996). Furthermore, throughout this study emotional well-being will also refer to the subjective well-being in the context of literature referred.

### *Positive Psychology Intervention*

Positive psychology interventions (PPIs) are “treatment methods or intentional activities that aim to cultivate positive feelings, behaviours, or cognitions, rather than fixing negative or pathological feelings, thoughts and behaviours” (Sin & Lyubomirsky, 2009, p. 468). PPIs have increasingly been used in school settings to enhance student well-being and to foster a number of behaviours important to children success, such as a positive attitude towards learning, increased school satisfaction, improved social skills, and increased academic engagement and achievement. PPIs have also been used with children and adolescents to reduce symptoms of anxiety and depression and to increase positive affect (Layous, Nelson, & Lyubomirsky, 2013; Rashid & Anjum, 2008; Roth, Suldo & Ferron, 2017; Seligman, Ernst, Gillham, Reivich, & Lindkins, 2009; Suldo, Savage & Mercer, 2014). In the present study a 12-session multi-component group intervention, targeting gratitude (about past events), mindfulness (being in the present moment) and optimism (having optimistic explanatory style) was used.

*Gratitude* is considered as emotional construct evoked in response to feeling grateful for being the recipient of kind acts i.e., the appreciation one feels when somebody does something kind or helpful. It focuses on helping children understand a benefactor's intention in helping, the costs incurred in helping, and the benefits bestowed on the receiver - all crucial components of gratitude experience (McCullough, Kilpatrick, Emmons, & Larson, 2001).

*Mindfulness* is an intentional state of awareness, focused on the present moment with a non-judgmental or accepting attitude. It is a state of intentionally paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally (Kabat-Zinn, 2003). It has got three aspects of mindfulness: intention, attention, and attitude.

*Attributional Style* refers to individuals' habitual way of explaining the causes of positive and negative events in their life, subsequently which predicts future expectations.

*Optimistic explanatory style.* Optimistic explanatory style attributes success to stable, global, and internal causes. And failures to unstable, specific and external cause (Seligman, 1991).

*Pessimistic explanatory style.* Pessimistic explanatory styles, attributes failures to stable, global, and internal causes. And success to unstable, specific and external causes (Seligman, 1991).

Several studies have been undertaken to examine the effect of PPIs on children in India, especially in the area of education. Singh and Choubisa (2009b) conducted a positive psychology intervention using techniques like the three good things and the best possible selves exercise on students and found a significant increase in self-management, timeliness of task accomplishment and having written plans for the change. Anand and Sharma (2014)

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

investigated the impact of a mindfulness-based stress reduction program on stress and well-being in adolescents and concluded that the program was feasible and acceptable form of group intervention for reducing stress and enhancing well-being in a sample of adolescents studying in IX standard. Khanna and Singh (2014) investigated the perceived effectiveness of positive psychology intervention programs among North Indian school students. Intervention included ‘three good things’, ‘gratitude visit’, ‘me at my best’, ‘using signature strengths’, ‘strength gym’ and ‘using signature strengths in a new way’. It was found that majority of the participants (across all interventions) found it interesting and useful to participate in a positive psychology intervention and expressed willingness for future participation as well. Sankaranarayanan and Cycil (2014) investigated the effectiveness of Penn Resiliency Program (PRP) on a sample of Indian urban early adolescents. A significant reduction in pessimistic explanatory style and an increase in optimistic orientation were found. They found PRP was effective in changing negative attribution styles in children. Positive psychology interventions into life and work of schools may act as buffer against aversive life events, stress and problems, and empower students to have increased levels of creativity, better critical thinking skills and increased levels of positive emotion and adventitious to the larger society (Sanghani, Upadhyay, & Sharma, 2013).

### *Specific Learning Disability*

Specific learning disabilities (SLDs) are defined as “heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia” (RPWD Act, 2016). Specific learning disability (SLD) is the most common and invisible disability among school going children with 5%–17% of prevalence rate (Shah & Trivedi, 2017) in India. The prevalence of comorbidity of behavioural and emotional disorders among children with SLD is as high as of 30% (Sahoo, Biswas, Padhy, 2015). This states to the probability of the lack of positive emotions and well-being among children with SLD and suggest that their level of emotional well-being should be raised.

### *Objectives*

1. To study the effect of positive psychology intervention on emotional well-being (life satisfaction, positive affect and negative affect) of children with SLD.
2. To study the effect of positive psychology intervention on mediating well-being variables (gratitude, mindfulness and attributional style) of children with SLD.

## **MATERIAL AND METHODS**

**Study Setting:** Sample was collected from three English medium schools (2 CBSE and 1 State school) from the twin cities of Secunderabad and Hyderabad from Telangana state in India.

**Study Design:** The present study has adopted the one group pre-test post-test design to study the effect of PPI on emotional well-being of children with SLD. Differences attributed to application of the experimental treatment are then determined by comparing the pre-test and post-test scores.

### *Sample*

The sample comprised of 75 school going children with SLD (61 boys, 14 girls) aged between 8 – 12 years (Class 3 – 7). Purposive sampling technique was used. Due to limited

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

sample size all children with SLD in the selected schools were included in the study. The associated condition of ADHD was present in 53% (40) children and 47% (35) children were without ADHD.

### *Inclusion Criteria*

1. Meeting ICD-10 criteria for either Specific Reading Disorder (F81.0), Specific Spelling Disorder (F81.1) or Specific Disorder of Arithmetical Skills (F81.2), Mixed disorder of Scholastic Skills (F81.3) alone or in combination with or without Disturbance of Activity and Attention (F90.0).
2. Children with average intelligence having an IQ of 90 or above on Malin's Intelligence Scale for Indian Children.

### *Exclusion Criteria*

1. SLD with co-morbid disorders like seizure, conduct and emotional disorders.
2. Children with other disabilities like, visual impairment, hearing impairment and loco motor disability.
3. Children with chronic medical conditions, such as diabetes, heart anomalies, kidney disorders.
4. Children and parents with mental illness.

**Table 1: Distribution of Children with Specific Learning Disability selected for Positive Psychology Intervention Programme**

Variables	Frequency (n)	(%)
<b>Gender</b>		
Boys	61	81.3
Girls	14	18.7
<b>Class</b>		
3 <sup>rd</sup> standard	13	17.2
4 <sup>th</sup> standard	14	18.7
5 <sup>th</sup> standard	23	30.7
6 <sup>th</sup> standard	14	18.7
7 <sup>th</sup> standard	11	14.7
<b>ADHD</b>		
Present	35	46.7
Absent	40	53.3
<b>Total N</b>	75	100

### *Instruments*

1. **Screening Checklist.** Sarva Siksha Abhiyan Checklist for Children with Specific Needs (2003) was used for initial screening of children with specific needs by teachers in the schools.
2. **Malin's Intelligence Scale for Indian Children (MISIC; Malin, 1969).** Malin's Intelligence Scale for Indian Children (MISIC) is the Indian adaptation of the Wechsler Intelligence Scale for Children (WISC). MISIC has been standardized on 1,200 children. It consists of 11 subsets, classified into Verbal and Performance Subsets. The test- retest reliability is 0.91, concurrent as well as congruent validity have also been established. This tool has been widely used in the Indian context for assessing intellectual abilities in children.

**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

- 3. NIMHANS Index for Specific Learning Disabilities (Kapur, John, Rozario, & Oommen, 2006).** The NIMHANS index for Specific Learning Disabilities was developed in the Department of Clinical Psychology, NIMHANS, Bangalore. It was initially developed by Kapur, John, Rozario and Oommen in the year 1991 to screen children with SLD. The NIMHANS Index for Specific Learning Disabilities consists of tests of reading, writing, spelling and arithmetic abilities, to identify children with learning disabilities in these areas. The index comprises of two levels - Level I for children of 5-7 years and the Level II for children of 8-12 years of age. Reading, Writing, Spelling, Comprehension and Arithmetic (Addition, Subtraction, Multiplication, Division and Fraction) tests were used form the Level II battery.
- 4. ADHD Rating Scale.** American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. 4th edition. Washington DC: American Psychiatric Association; 1994.
- 5. Positive and Negative Affect Scale for Children (PANAS-C; Laurent, Catanzaro, Joiner, Rudolph, Potter, Lambert, Osborne, & Gathright, 1999).** The PANAS-C was adapted from the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) which is appropriate for children in 4th to 8th grades. It is a measure of the frequency with which an individual experience both emotional distress (e.g., negative mood such as fear, sadness, and anger) and emotional arousal (e.g., positive mood characterized by interest, engagement, and energy). It is a 27-item measure consisting of a 12-item positive affect scale including 'interested,' 'cheerful,' 'excited,' and 'happy' and a 15-item negative affect scale including as 'miserable,' 'lonely,' 'guilty,' and 'sad'. Children are asked to rate 27 words that describe various emotions on a five-point Likert-like scale to indicate the extent to which they have experienced each emotion in the past few weeks, from 1 (very slightly or not at all) to 5 (extremely). Laurent et al. (1999) reported internal consistency reliability of the PANAS-C at a coefficient alpha of .92 for the negative affect scale and .89 for the positive affect scale, which was similar to internal consistency reported for the PANAS at a coefficient alpha of .87 for both scales (Watson, Clark, & Tellegen,1988). Few words in the questionnaire were translated into simple English to make it more comprehensible for children.
- 6. Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson, Huebner, & Valois, 2003).** The BMSLSS is a brief form of the Multidimensional Students' Life Satisfaction Scale (MSLSS; Huebner, 1994), which was developed as a comprehensive measure of the five research-based domains (i.e., family, friends, school, self, and living environment) that contribute to general life satisfaction in youth. The BMSLSS contains six items; each item is scored on a 7-point Likert-like scale ranging from 1 (*terrible*) to 7 (*delighted*). The five domain items are averaged to create a total life satisfaction score while the global life satisfaction question stands alone as a one-item indicator. In the larger sample, internal consistency was reported at a coefficient alpha of .75 for the total score and item to total correlations were reported to range from .65 to .73 (Seligson, Huebner, & Valois 2003). Support for construct validity was reported in terms of a significant correlation with the PANAS-C, as positive and negative affect are theoretically related to life satisfaction. Moderate correlation was reported with positive affect ( $r = .43$ ), and a negative correlation was reported with negative affect ( $r = -.27$ ). In the present study five domains (family, friends, school, self, living environment) items were averaged to create a total life satisfaction score while the global life satisfaction question stands alone as a one-item indicator of children's overall life satisfaction.

7. **Gratitude Adjective Checklist (GAC; McCullough, Emmons, & Tsang, 2002).** It is the sum of the ratings of three adjectives: grateful, thankful, and appreciative. A Likert scale from 1 (very slightly or not at all) to 5 (extremely) followed each item. Internal consistency is strong ( $\alpha = 0.87$ ), and convergent and discriminant validity has been established in adolescent samples (Froh, Sefick, & Emmons, 2008).
8. **Children & Adolescent Mindfulness Measure (CAMM; Greco, Baer, & Smith, 2011).** The CAMM is a 10-item, 4-point Likert-type questionnaire used to assess present-moment awareness and nonjudgmental, non-avoidant responses to thoughts and feelings. Higher scores on the CAMM represent higher levels of mindfulness. Psychometric analysis shows strong internal consistency ( $\alpha = .81$ ; Greco, Baer, & Smith, 2011).
9. **Children's Attributional Style Questionnaire (CASQ; Seligman, Kaslow, Alloy, Peterson, Tanenbaum, & Abramson, 1984).** The CASQ is a 48-item self-report questionnaire used to measure attributional styles in children and adolescents, ages 7 through 17. It assesses the causal attributions for hypothetical positive and negative events. The scale uses both a forced choice and a dimensional approach. It comprises of multiple-choice items and yields scores for a child's explanatory style for good (24 items) and bad (24 items) life events along three sub scale dimensions - permanent vs. temporary, pervasive vs. specific, and personal vs. other. Composite scores of "total good" (labeled TG) and "total bad" (labeled TB) are obtained by summing each of the three individual sub scale dimensions for bad and good events respectively. Categorical descriptions of "optimistic", "average", "somewhat pessimistic" and "very pessimistic" are also assigned to children (based on a range of scores) based on norms for boys and girls separately (Seligman, 1991). Children who attribute negative events to temporary, specific, and external factors are classified as optimistic. Likewise, those who attribute positive events to permanent, pervasive and personal factors are also classified as optimistic. Pessimistic children incline to attribute positive events to temporary, external factors and when faced with negative events, they tend to engage in self-blame and generalize setbacks. In a study of 96 elementary school children in the U.S. (Seligman et al., 1984) reliability of the CASQ over a six-month follow-up for the composite sub-scales was consistent with Cronbach alpha co-efficient of 0.71 and 0.66 for total good and total bad respectively (Seligman et al., 1984).

### ***Procedure***

Baseline assessment of children's level of life satisfaction, positive affect, negative affect, gratitude, mindfulness and attributional style was done through standardized tests. Positive Psychology Intervention administered on children for the duration of 12 weeks. Their level of life satisfaction, positive affect, negative affect, gratitude, mindfulness and attributional style were assessed post intervention and again after 6 months follow up data were collected on the same variables i.e., life satisfaction, positive affect, negative affect, gratitude, mindfulness and attributional style. The process of data collection and activities of the study was completed through following five phases:

- *First phase:* Pre-intervention assessment (pre-test)
- *Second phase:* Preparation of the intervention package including pilot study
- *Third phase:* Intervention program implementation
- *Fourth phase:* Post-intervention assessment (post-test), and
- *Fifth phase:* Follow up assessment after six months

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

### ***Pilot Study***

Initially, a pilot study was undertaken by the researcher on a sample of 31 children with SLD. Total 12, weekly group sessions, of 1-hour duration each, were given. The result of the pilot study showed significant improvement in the level of positive affect and life satisfaction and significant decrease in the level of negative affect post-intervention. It was observed that children were very poor in completing the written home assignments probably due to their developmental reading, writing difficulties and parents were also not very keen in helping the children in this regard as they were more worried about and focused on academic activities of their children. Therefore, home assignments were reduced to minimal and more interactive activities were added during the sessions and each session duration was increased from an hour to two hours with required breaks. After addressing each of the problems identified in the pilot study; the actual research study on emotional well-being intervention program began.

### ***Intervention Development***

The major objective of the intervention package was to enhance the emotional well-being of children with SLD to deal effectively with the demands and challenges of everyday life. The emotional well-being group intervention was developed to be consistent with Seligman's (2002) framework for increasing happiness about past (gratitude), present (mindfulness), and future (optimistic thinking) aspects of emotional wellbeing with developmentally and culturally appropriate modification. The intervention was titled as "Emotional Well-Being Intervention Program".

***Intervention content and organization.*** The Emotional Well-Being Intervention program was organized into 12 sessions for the group with weekly session of two hours duration each. In addition, individualized sessions were also carried out as per the need of the child. PPI was spread over a period of 4 months. Class wise groups were formed. Intervention included interaction between researcher and participants through role play, storytelling, practical demonstration, group discussion, worksheets, chalk/white board activities, audio-visual aids, one to one interaction and minimal home assignments. Social rewards were used frequently and tangible rewards intermittently. Psychoeducation and concluding sessions were taken for parents for the implementation and continuity of the positive intentional activities for long lasting future benefits. Individual sessions were taken for students who were absent during the group session. The first session was planned as an introduction to the intervention format and establishing a supportive group environment (Session 1). Sessions 2 through 11 were organized into the three segments, including past (gratitude), present (mindfulness), and future (optimistic thinking) aspects of emotional life. The last Session 12, focused on termination including a review of concepts learnt, reflection on experience, motivation to continue these positive activities in future and children's overall feedback on the emotional well-being program.

***Table 2: Emotional Well-being Intervention Program – Overview***

S. No.	Theme	
<b>Session 1</b>	Introduction to Intervention	
<b>Session 2</b>	Introduction to Gratitude	Gratitude Module
<b>Session 3</b>	Gratitude Expression	
<b>Session 4</b>	Introduction to Mindfulness	Mindfulness Module
<b>Session 5</b>	Mindful Breathing - Sitting (MB-S)	
<b>Session 6</b>	Part 1: Introduction to optimistic	

**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

S. No.	Theme	
	thinking; Link between thoughts and feelings – Self talk	Attributional Style: Optimistic Thinking Module
<b>Session 7</b>	Part 1: ABC Model	
<b>Session 8</b>	Part 1: Thinking Styles – optimistic, pessimistic; Concept of permanence, personalization and pervasiveness; How can you become more optimistic?	
<b>Session 9</b>	Part 1: Challenging beliefs – ABCDE	
<b>Session 10</b>	Part 1: Decatastrophizing	
<b>Session 11</b>	Part 1: Review of Optimistic Thinking	
<b>Session 12</b>	Termination	

*Sample pages from Emotional Well-being Intervention Program*

**Emotional Well-being Intervention Program**

**Session 2: Introduction to Gratitude**

**Overview**

**Goals**

Introduction to gratitude - Discover students' current levels of gratitude.

Define gratitude and how it can impact happiness.

Learn a method of using gratitude to create a focus on positive interpretations of past events.

**Session Procedures**

A. Rate Your Own Gratitude

B. Group Discussion: Importance and components of gratitude, mental exercise for cultivating gratitude

C. Thanks Giving Inventory

D. Homework: Daily Thanks Giving Inventory

E. Homework Review

**Materials Needed**

Whiteboard or Blackboard and appropriate writing tool

Gratitude – PPT

Small paper slips for students to note self-identified ratings

Plain paper/Notebook for Gratitude Inventory

Pens, pencils, markers, etc. (or other colorful supplies to decorate notebook)

Student comprehension check: Gratitude

I am thankful worksheets

Tangible rewards for homework completion (stickers, pencils, etc.)

**Session 2 Procedures Defined**

**A. Introduction to Gratitude**

The words “thank you” and “thankful” were written in large, bold letters, on the front board for all children to view and read it aloud. When we say thank you, we feel “thankful”. Then they were asked that “when” and “why” we feel thankful. We feel thankful when someone does something for us or someone gives us something. When something good happens to us we feel grateful or thankful for it. Another word that is used to mean thankful is grateful.

The action of saying “thank you” to someone who has helped us or given us a gift is not only a good manners. This is a good feeling too which is known as gratitude. Gratitude is also being thankful for oneself and the natural beauty of the world. Gratitude is also felt when we notice good things in self, others and appreciate nature like sunrise, seashore, garden and park. Children were encouraged to discuss their ideas about gratitude.

**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

**Rate Your Own Gratitude**

Think about your current gratitude level and rate it on a scale from 0 to 10 with 0 being Continued ....

never grateful, 5 being sometimes grateful, and 10 being always grateful. Write on a piece of paper and fold it over.

0 = being never grateful

10 = being always grateful

5 = being sometimes grateful

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**B. Group Discussion: Importance of gratitude**

Gratitude is a talent that can be learnt to be happy.

It makes you feel good, energetic and attentive.

It improves your physical health.

It helps you to make good relationship with friends, parents and teachers.

Children were explained that when they are grateful, they are happy. They like to do something for the person who has helped them. When they are grateful more children would like to be their friend. Posing these questions to the group:

- Why is it important or not important to have gratitude in your life?

- Do you think being grateful can increase happiness? Why or why not?

**Components of gratitude:** They were explained that the three thoughts that are connected to feel grateful – intention, cost and benefit:

**Intention** - Someone goes out of their way or intentionally helps us, we feel grateful.

Situation 1: During lunch Siri realized that she forgot her snack at home. She told about it to her friend Mini. Mini's mother by mistake packed extra snack for her today, so she gave Siri her extra snack.

Situation 2: Rishi knows that his friend Ravi likes fruit and nut chocolate very much. On Sunday he went to market to buy his favorite game, he bought a fruit and nut chocolate also, and next day he gave it to Rishi.

Now tell me in which situation the deliberate help was given?

**Cost** - When someone intentionally help you, that means they also give something up to help you. It could be their time, attention, things, money, knowledge, effort and so on.

Situation: Your brother/sister helps you to do your homework.

What s/he might give up to help you? What may be the cost of helping you?

S/he may have given the time doing her/his homework, time to play, knowledge.

**Benefit** - When someone helps us, we are also benefited because of their help.

Situation: You were out sick from school for four days. Your friend knew it and came to your house and brought you his notes and other assignments.

How did you benefit from your friend's this intentional helping act?

- You were able to complete your class work on time.

- You could submit the assignments on time.

- You were happy and satisfied that though you were sick; still you covered your studies.

- You felt happy and satisfied that you have many friends who could help you in need.

Continued ....

All three of these things (intention, cost, and benefit) can happen at the same time.

PPT was used for the effective delivery of the whole content.

**Mental exercise for cultivating gratitude:** Under the following category children were encouraged to share their views and discuss by using blackboard:

Make a "what I take for granted list" - blessings

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

Consider being deprived of a routine pleasure - blessings

Why don't I feel grateful for what I really wanted?

### **C. Thanks Giving Inventory:**

They were asked to think about the day, and write down/draw/symbol something in their life that they are grateful for, including both small and large things, events, people, talents, and anything else they think of. Some examples may include: birthday party, kindness of your friends, extra help given by teacher, family dinner, your favorite movie, etc. Prompting each student to share 1 – 2 of their responses with the group after the completion of the inventory.

**Comprehension Check:** Asking the students to mark their responses in the given sheet.

### **D. Homework: Daily Thanks Giving Inventory**

Children were asked to think daily about the day and write down/draw/symbol something in their life that they are grateful for, just like done in the session. "I am thankful" worksheet was given to children to do the home assignment. Reminding them that they can include events, people, talents, or anything else they think of, whether it is large or small. They were informed that they can receive the incentives contingent on homework completion and return of the gratitude inventory.

**E. Homework Review:** Children were asked how they discovered that someone went out of their way to help them, what was the cost of helping to them and how did they benefit from others' help. When and how they completed the 'Daily Thanks Giving Inventory' and tangible reward for completion were provided. They were invited to share their recording of being grateful with the group.

### ***Treatment Integrity and Acceptability***

In order to document that the intervention was implemented as intended; children's attendance was recorded regularly. All participants attended all the 12 sessions, and isolated sessions were taken for children who were not present in the regular sessions.

***Comprehension Check (lesson 1 – 11)*** - Children earned a mean score of 64.84 (SD: 6.63) with overall 87.6% scores (maximum score 74).

***Emotional Well-being Intervention (Happiness) Program Evaluation*** – In order to assess intervention acceptability, or the degree to which students found the intervention helpful, a feedback from children was solicited on a five-point rating scale (1 -5) containing 14 statements at the last session. The analysis of 'Happiness Program Evaluation' completed by children revealed that children appraised the program with a mean score of 57.55 (SD: 6.79) with overall **82.2%** scores (maximum score 70).

***Teacher Evaluation Measure*** - Teachers' feedback on effectiveness of intervention was obtained through a four-point rating scale (1 – 4) covering 15 statements related with children's positive attributes in personal, social and learning arenas after the Emotional Well-being Intervention. The analysis of 'Teacher Evaluation Measure' completed by teachers show that they found the program effective.

### ***Data Analysis***

The data collected have been edited, coded and analysed by using statistical package for the social sciences (SPSS Version 20.0).

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

### *Ethical Consideration*

Informed consent was obtained from concerned school authorities after explaining the nature and purpose of the research study. The parents were informed in detail regarding the study and their rights to withdraw from research at any time. Their consent was obtained before the study. All participants were protected from unwarranted physical or mental distress, harm, danger, or deprivation. Children were given the choice to participate or not to participate and were given the option to withdraw from the study at any time. The confidentiality issues and concerns were discussed with students at the beginning of the intervention, and it was emphasized that the content of group discussions should remain confidential. The anonymity and confidentiality of the respondents was ensured, information collected was used only for research purpose and accurate findings were reported.

### **RESULTS**

The aim of the study was to find out the effect of positive psychology intervention on emotional well-being of children with SLD. Mean and standard deviation and a Wilcoxon signed ranks test were carried out on the data to examine whether any differences were significant from pre to post and follow-up intervention.

*Table 3: Pre and Post Intervention Mean Scores on Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS) (N = 75)*

Domains of Life Satisfaction	Pre scores	Post scores	Mean Difference	p-Value
Family life	5.69	6.31	<b>0.62</b>	$p < .01$
Friendship	5.45	5.72	0.27	$p > .05$
School experience	5.16	5.59	0.43	$p > .05$
Self	4.51	5.48	<b>0.97</b>	$p < .01$
Living environment	4.95	5.51	0.56	$p > .05$
Total Life Satisfaction	5.16	5.76	<b>0.59</b>	$p < .01$

Table 3 shows that the mean gain from pre to post intervention in family life and self-domain of life satisfaction was 0.62 ( $p < .01$ ) and 0.97 ( $p < .01$ ) respectively, which is statistically highly significant indicating that Positive Psychology Intervention (PPI) has shown improvement in children's family life and self-domain of life satisfaction. However, it appears that in the domains of friendship (0.27), school experience (0.43) and living environment (0.56) has also shown improvement in mean difference although not statistically significant. The mean difference in overall total life satisfaction was 0.59 ( $p < .01$ ) and it is statistically highly significant (Figure 1.). Hence, PPI has been effective in improving life satisfaction of children which is one of the vital components of emotional well-being.

Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

Figure 1: Pre and Post Intervention Mean Scores on Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS)

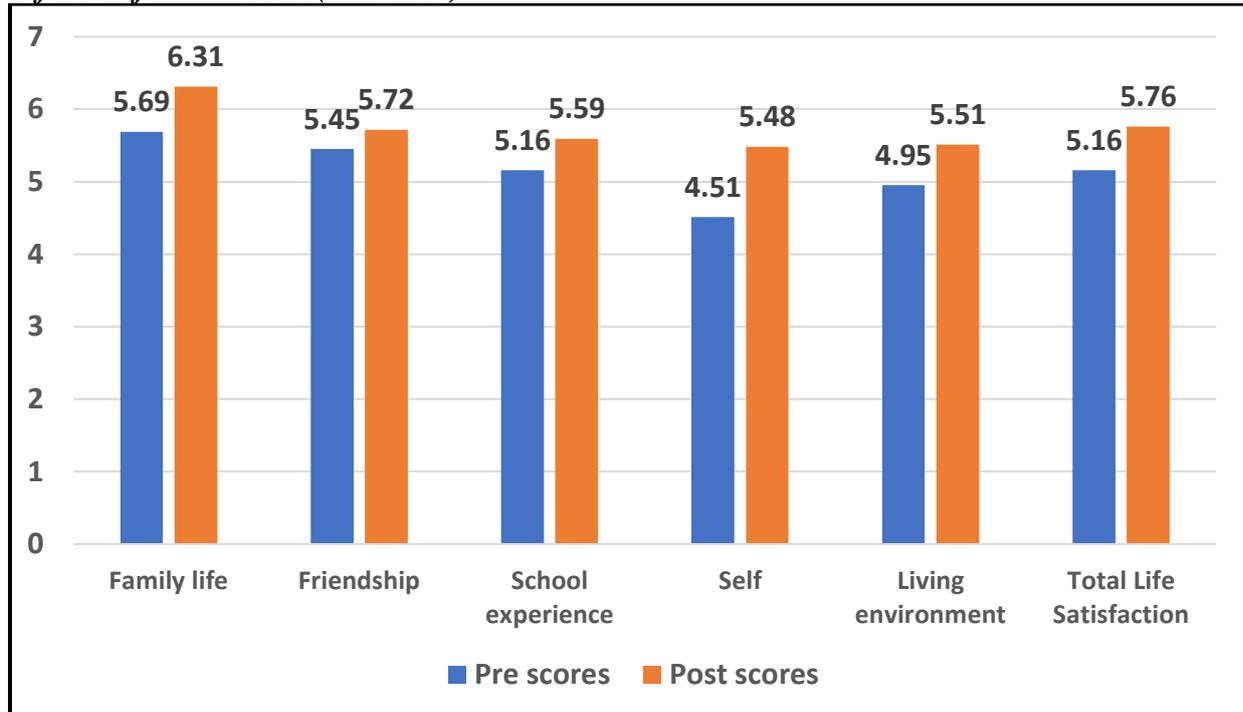


Table 4: Pre and Post Intervention Mean Scores on Positive Affect Negative Affect Scale-Children (PANAS-C) (N = 75)

Domain	Pre-Scores	Post Scores	Mean Difference	p-Value
Positive Affect	44.79	51.96	<b>14.13</b>	$p < .01$
Negative Affect	44.32	33.07	<b>-11.25</b>	$p < .01$

Positive and negative affect are the dominating dimensions of the emotional well-being. Results in Table 4, clearly reveal statistically significant improvement as the score on positive affect enhanced significantly with mean difference of 14.13 ( $p < .01$ ); while marked decrease in scores was observed on negative affect with mean difference of -11.25 ( $p < .01$ ) as measured by the PANAS-C from pre to post intervention (Figure 2).

From the above analysis it is clearly evident that there have been significant changes from pre to post intervention scores in all three major components of emotional well-being - life satisfaction, positive affect and negative affect. Children's level of life satisfaction and positive affect significantly increased whereas, their negative affect significantly decreased after the positive psychology intervention.

Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

Figure 2: Pre and Post Intervention Mean Scores on Positive Affect Negative Affect Scale-Children (PANAS-C)

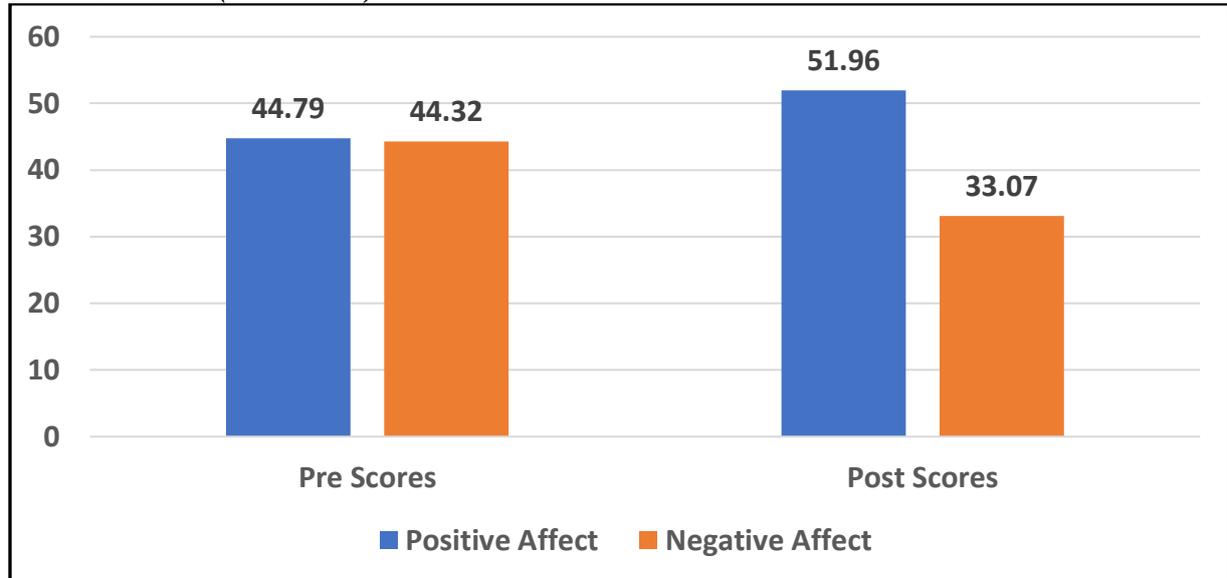
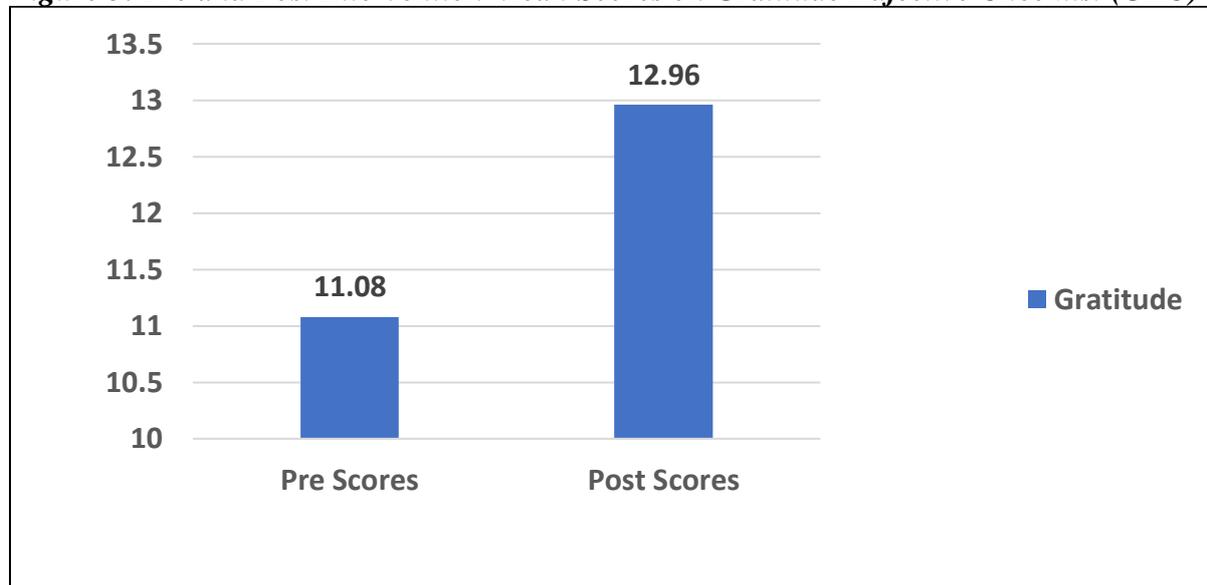


Table 5: Pre and Post Intervention Mean Scores on Gratitude Adjective Checklist (GAC) (N = 75)

Variable	Pre Scores	Post Scores	Mean Difference	p-Value
Gratitude	11.08	12.96	1.88	$p < .01$

Gratitude is a positive attribute and assessed as the sum of the three affect adjectives grateful, thankful, and appreciative. As shown in Table 5. the mean difference in gratitude scores from pre to post intervention was 1.88 ( $p < .01$ ) indicating statistically highly significant changes. The gratitude level of children significantly increased after intervention (Figure 3).

Figure 3: Pre and Post Intervention Mean Scores on Gratitude Adjective Checklist (GAC)



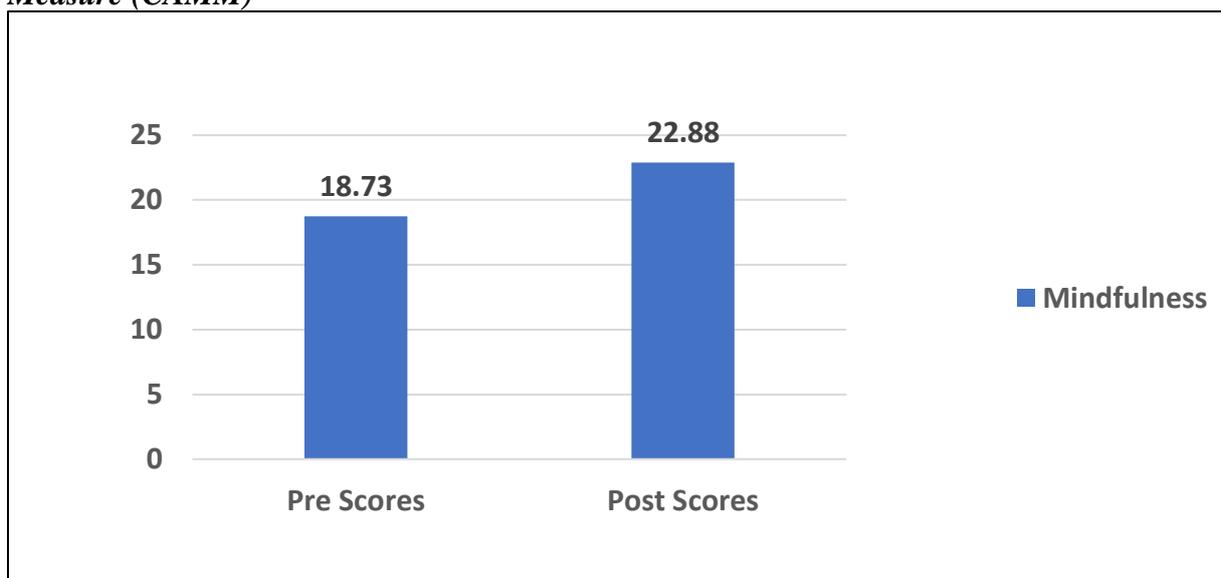
**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

**Table 6: Pre and Post Intervention Mean Scores on Child and Adolescent Mindfulness Measure (CAMM) (N = 75)**

Variable	Pre-Scores	Post Scores	Mean Difference	p-Value
Mindfulness	18.73	22.88	<b>4.15</b>	$p < .01$

Mindfulness is a positive attribute correlated with well-being. Table 6. represents the pre and post mean scores on mindfulness with mean gain of 4.15 post intervention which is statistically highly significant. Children’s level of mindfulness significantly improved after intervention as illustrated in Figure 4.

**Figure 4: Pre and Post Intervention Mean Scores on Child and Adolescent Mindfulness Measure (CAMM)**



**Table 6: Mean Scores on Children’s Attributional Style Questionnaire (CASQ) (N = 75)**

Domains of Attributional Style	Pre Scores	Post Scores	Mean Difference	p-Value
Permanent Good (PmG)	4.60	5.45	<b>0.85</b>	$p < .01$
Pervasive Good (PvG)	4.13	4.97	<b>0.84</b>	$p < .05$
Personalize Good (PsG)	4.67	5.07	<b>0.4</b>	$p < .05$
<b>Total Good (TG)</b>	13.45	15.49	<b>2.04</b>	$p < .01$
Permanent Bad (PmB)	3.31	2.68	<b>-0.63</b>	$p < .05$
Pervasive Bad (PvB)	3.51	2.48	<b>-1.03</b>	$p < .01$
Personalize Bad (PsB)	3.85	2.92	<b>-0.93</b>	$p < .01$
<b>Total Bad (TB)</b>	10.65	8.21	<b>-2.44</b>	$p < .01$
Total Good – Total Bad (TG – TB)	<b>3.59</b>	<b>7.00</b>	<b>3.41</b>	$p < .01$

Table 6 shows results of pre and post intervention mean scores on domains of attributional style. The mean difference in permanent good (PmG) was 0.85 ( $p < .01$ ) which is statistically highly significant. Mean scores on pervasive good (PvG) and personalize good (PsG) were 0.84 ( $p < 0.5$ ) and 0.4 ( $p < 0.5$ ) respectively statistically significant. Thus, it is evident that after intervention children attributed the cause for good events as permanent, pervasive and taken credit for it. The composite total bad (TB) and total good (TG) scores

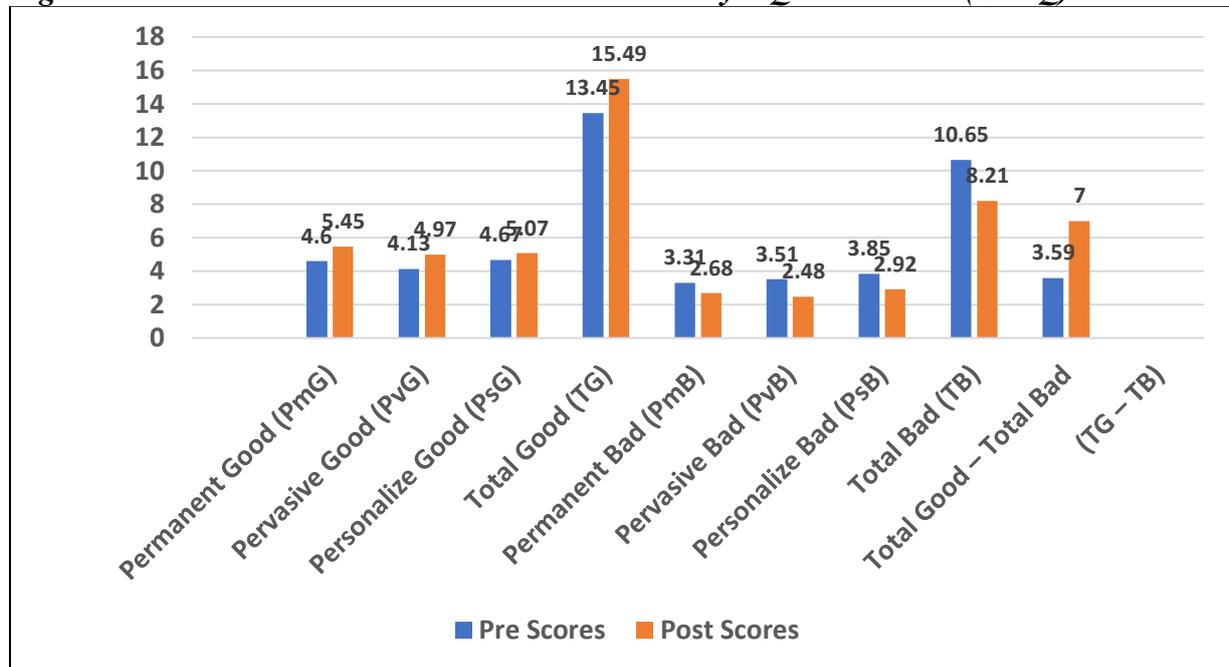
**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

on the CASQ indicate whether a child’s attributional style is optimistic or pessimistic. Therefore, a higher TG score indicates an optimistic explanatory style a higher TB score indicates a pessimistic attributional style. The mean scores on TG increased by 2.04 ( $p < .01$ ) indicating improvement in children’s positive attributional style post intervention.

Similarly, the mean scores on permanent bad (PmB) were statistically significantly decreased by -0.63 ( $p < 0.5$ ). Mean scores on pervasive bad (PvB) and personalize bad (PsB) significantly decreased by -1.03 ( $p < .01$ ) and -0.93 ( $p < .01$ ). These results signify that after the intervention children attributed the negative events to be temporary, specific and caused by outside factors. The mean scores on TB decreased by -2.44 ( $p < .01$ ) indicating decrease in their negative attributional style.

At the end, the result shows a statistically highly significant improvement in the total good minus total bad (TG – TB) mean scores by 3.41 ( $p < .01$ ). Hence, children’s overall attributional style improved after intervention (Figure 5).

**Figure 5: Mean Scores on Children’s Attributional Style Questionnaire (CASQ)**



**Table 7: Pre and Follow-up Intervention Mean Scores on Total Life Satisfaction, Positive Affect, Negative Affect, Gratitude, Mindfulness and Total Good, Total Bad, Total Good - Total Bad, of Children with SLD (N = 75)**

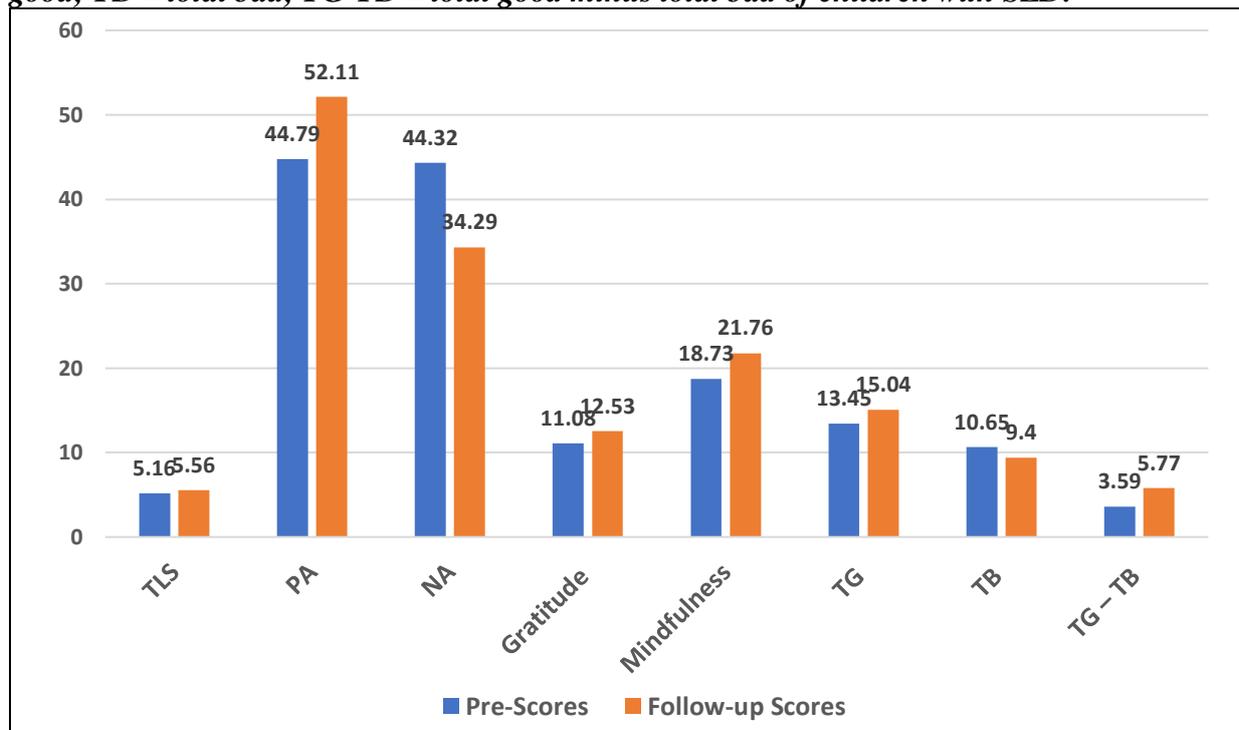
Variables	Pre-Scores	Follow-up Scores	Mean Difference	p-Value
TLS	5.16	5.56	<b>0.4</b>	$p < .01$
PA	44.79	52.11	<b>7.32</b>	$p < .01$
NA	44.32	34.29	<b>-10.03</b>	$p < .01$
Gratitude	11.08	12.53	<b>1.45</b>	$p < .01$
Mindfulness	18.73	21.76	<b>3.03</b>	$p < .01$
TG	13.45	15.04	<b>1.59</b>	$p < .01$
TB	10.65	9.40	<b>-1.25</b>	$p < .01$
TG – TB	3.59	5.77	<b>2.18</b>	$p < .01$

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

Note. TLS = total life satisfaction; PA = positive affect; NA = negative affect; TG = total good (attributional style); TB = total bad (attributional style); TG -TB = total good minus total bad (attributional style)

A statistically highly significant improvement was observed from baseline to follow-up mean difference scores of TLS 0.4 ( $p < .01$ ); PA 7.32 ( $p < .01$ ); NA -10.03 ( $p < .01$ ); gratitude 1.45 ( $p < .01$ ); mindfulness 3.03 ( $p < .01$ ); TG 1.59 ( $p < .01$ ); TB -1.25 ( $p < .01$ ) and TG – TB 2.18 ( $p < .01$ ) (Figure 6).

**Figure 6: Pre and Follow-up Intervention Mean Scores on TLS = total life satisfaction; PA = positive affect; NA = negative affect; G = gratitude; M = mindfulness; TG = total good; TB = total bad; TG-TB = total good minus total bad of children with SLD.**



Hence, it may be concluded that benefits of PPI on total life satisfaction, positive affect, negative affect, gratitude, mindfulness, attributional style-total good, total bad and total good minus total bad were retained even after 6 months as evident by follow-up results shown in Table 7 and Figure 6.

### DISCUSSION

The results of this study reveal a remarkable improvement in children’s level of emotional well-being in terms of increased life satisfaction and positive affect and decreased negative affect after positive psychology intervention. There was a significant increase in the gratitude, mindfulness and attributional style gain in children after positive psychology intervention. Statistically significant improvement noticed in children’s total good scores (optimistic attributional style) and total good minus total bad scores (improved attributional style); and significant decrease noticed in total bad scores (pessimistic attributional style) post intervention. The intervention gains were maintained at follow-up in all the study variables. Positive psychology intervention programme promoting emotional well-being of children with specific learning disability would act as an antidote and facilitate prevention of

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

emotional and social difficulties among children and would be useful in their rehabilitation. Positive psychology intervention programme of this study could be used for improvement of well-being of other children with impairment and disabilities. It must also be recognised that written home assignment is one important intervention technique used in positive psychology, could be only partially used with these children with SLD due to their limitations in reading and writing skills. Findings of the present study suggest potentially useful direction for the development of future interventions aiming at not only improving emotional well-being of children with SLD but also improving well-being of children with various difficulties like children with slow learning condition, intellectual impairment, visual and hearing impairment, psychological and personality disorders.

The comprehensive multi-component PPI encompassing gratitude, mindfulness and optimistic thinking utilized in the present research resulted in significant increase in positive affect and significant decline in negative affect at immediate post-intervention and at 6 months follow-up. These findings are consistent with Roth et al. (2017), reported 7th grade students who participated in the PPI made significant gains in all components of subjective well-being at immediate post-intervention.

Current findings are in consistent with the studies which indicated that simple exercises of gratitude that instructed students to focus on things or experiences in their lives for which they are grateful, yielded significant improvement in life satisfaction and emotional well-being (Froh, Sefick, & Emmons, 2008; Emmons & McCullough 2003). Similarly, Froh et al. (2014) found that elementary school children's gratitude and positive emotions could be increased through participation in a classroom curriculum focused on appraisal of benefit exchanges (i.e., grateful thinking).

Findings from the current study revealed significant improvement in the level of mindfulness of children after intervention. This is similar to the findings in Wall's (2005) study, which saw children participated in mindfulness meditation experiencing increased feelings of well-being and self-awareness, and less reactivity. The study children were asked to engage in a minimum of 10 counts of formal practice of mindfulness breathing each day twice at home, along with designed sessions on mindfulness; and most of them were able to do it. Likewise, Coffey, Hartman, and Fredrickson, (2010) demonstrated that mindfulness reduces psychological distress and optimizes psychological functioning in young people. Mindfulness training has been shown to be one effective approach in enhancing emotional well-being of children (Huppert & Johnson, 2010; Saltzman & Goldin, 2008).

It is evident from the present study that children's attributional style significantly improved after the positive psychology intervention. It was observed that most children exhibited decatastrophizing thinking pattern probably due to constant negative academic feedback by significant others in their lives like peers, teachers and parents. Seligman, Schulman, DeRubeis, & Hollon, (1999) have shown that "learned optimism" training programs, that teach children and adults to recognize catastrophic thoughts and transform them into more constructive and optimistic views, reduce depression and anxiety symptoms. Educational interventions intended to prevent depression through teaching students optimistic thinking includes the Penn Resiliency Program (PRP) and the Aussie Optimism Program-Positive Thinking Skills (AOP-PTS). Similarly, Sankaranarayanan and Cyclic (2014) tested the effectiveness of the famous Penn Resiliency Program (PRP) on a sample of Indian urban early adolescents and found significant reduction in pessimistic explanatory style and an

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

increase in optimistic explanatory style. The aforementioned study results proved that there was a significant improvement in the level of emotional well-being of children with SLD post positive psychology intervention.

A follow-up study results revealed that the gains were maintained in total life satisfaction, positive affect, gratitude, mindfulness, total good (optimistic attributional style) and total good minus total bad scores (improved attributional style). And also, there was a significant reduction in children's scores on negative affect and total bad (pessimistic attributional style). Some studies reveal that multi-target PPI studies have also been associated with maintenance of gains in life satisfaction at six-month (Suldo et al., 2014) and even one-year (Notter, 2013) follow-up. It is possible that the sustained high levels of afore mentioned positive attributes for children with SLD resulted from increased knowledge of skills of gratitude, mindfulness and optimistic thinking through intentional activities. Probably they were motivated and interested in these skills and able to utilize them when required. The enhancement of positive emotional experiences considered a means towards emotional well-being; and in the present study, positive affectivity in children has been proved as a strong prognosticator of emotional well-being incorporating cognitive and affective components.

### CONCLUSIONS

The results of this study reveal a remarkable improvement in children's level of emotional well-being in terms of increased life satisfaction and positive affect and decreased negative affect after positive psychology intervention. There was a significant increase in the gratitude, mindfulness and attributional style gain in children after positive psychology intervention. Statistically significant improvement noticed in children's total good scores (optimistic attributional style) and total good minus total bad scores (improved attributional style); and significant decrease noticed in total bad scores (pessimistic attributional style) post intervention. The intervention gains were maintained at follow-up in all the study variables. Positive psychology intervention program promoting emotional well-being of children with specific learning disability would act as an antidote and facilitate prevention of emotional and social difficulties among children and would be useful in their rehabilitation. Positive psychology intervention program of this study could be used for improvement of well-being of other children with impairment and disabilities. It must also be recognised that written home assignment is one important intervention technique used in positive psychology, could be only partially used with children due to the limitations in reading and writing skills in children with SLD. Findings of the present study suggest potentially useful direction for the development of future interventions aiming at not only improving emotional well-being of children with SLD but also improving well-being of children with various difficulties like children with slow learning condition, intellectual impairment, visual and hearing impairment, psychological and personality disorders.

### REFERENCES

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.
- Anand, U., & Sharma, M. P. (2014). Effectiveness of a mindfulness-based stress reduction program on stress and well-being in adolescents in a school setting. *Indian Journal of Positive Psychology*, 5(1), 17.
- Clark, L. A., Watson, D., & Leeka, J. (1989). Diurnal variation in the positive affects. *Motivation and Emotion*, 13(3), 205-234.

**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

- Coffey, K. A., Hartman, M., & Fredrickson, B. L. (2010). Deconstructing mindfulness and constructing mental health: understanding mindfulness and its mechanisms of action. *Mindfulness, 1*(4), 235-253.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*, 542-575.
- Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social Indicators Research, 31*(2), 103-157.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*(1), 34.
- Diener, E., Lucas, R. E., & Oishi, S. (2002). The science of happiness and life satisfaction. In S. R. Snyder & S. J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 463–473). New York: Oxford University Press.
- Diener, E., Oishi, S., & Lucas, R. E. (2009). *Subjective well-being: The science of happiness and life satisfaction*. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford library of psychology. Oxford handbook of positive psychology* (p. 187–194). Oxford University Press.
- Diener, E., Scollon, C. N., & Lucas, R. E. (2009). The evolving concept of subjective well-being: The multifaceted nature of happiness. In *Assessing well-being* (pp. 67-100). Springer, Dordrecht.
- Duckworth, A. L., Steen, T. A., & Seligman, M. E. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology, 1*, 629-651.
- Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84*, 377-389.
- Froh, J. J., Bono, G., Fan, J., Emmons, R. A., Henderson, K., Harris, C., ... & Wood, A. M. (2014). Nice thinking! An educational intervention that teaches children to think gratefully. *School Psychology Review, 43*(2), 132.
- Froh, J. J., Kashdan, T. B., Ozimkowski, K. M., & Miller, N. (2009). Who benefits the most from a gratitude intervention in children and adolescents? Examining positive affect as a moderator. *The Journal of Positive Psychology, 4*(5), 408-422.
- Froh, J. J., Sefick, W. J., & Emmons, R. A. (2008). Counting blessings in early adolescents: An experimental study of gratitude and subjective well-being. *Journal of School Psychology, 46*(2), 213-233.
- Garnezy, N. E., & Rutter, M. E. (1983). Stress, coping, and development in children. In *Seminar on Stress and Coping in Children, 1979, Ctr for Advanced Study in the Behavioral Sciences, Stanford, CA, US*. Johns Hopkins University Press.
- Greco, L. A., Baer, R. A., & Smith, G. T. (2011). Assessing mindfulness in children and adolescents: Development and validation of the child and adolescent mindfulness measure (CAMM). *Psychological Assessment, 23*(3), 606.
- Huebner, E. S. (1994). Preliminary development and validation of a multidimensional life satisfaction scale for children. *Psychological assessment, 6*(2), 149.
- Huebner, S. (2001). Multidimensional students' life satisfaction scale. *University of South Carolina, Department of Psychology, Columbia, SC, 29208*, 319-321.
- Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *The Journal of Positive Psychology, 5*(4), 264-274.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156. doi:10.1093/clipsy/bpg016

**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

- Kapur, M., John, A., Rozario, J., & Oommen, A. (2006). NIMHANS Index for Specific Learning Disabilities 1992. *Psychological assessment of children in the clinical setting*. Bangalore: National Institute of Mental Health and Neuro Sciences, 72-121.
- Khanna, P., & Singh, K. (2014). Perceived effectiveness of positive psychology intervention programs among North Indian school students. *International Research Journal of Human Resources and Social Sciences*, 1(7), 1–18.
- Laurent, J., Catanzaro, S. J., Joiner Jr, T. E., Rudolph, K. D., Potter, K. I., Lambert, S., ... & Gathright, T. (1999). A measure of positive and negative affect for children: scale development and preliminary validation. *Psychological Assessment*, 11(3), 326.
- Layous, K., Nelson, S. K., & Lyubomirsky, S. (2013). What is the optimal way to deliver a positive activity intervention? The case of writing about one's best possible selves. *Journal of Happiness Studies*, 14(2), 635-654.
- Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of Personality and Social Psychology*, 71(3), 616.
- Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology*, 9(2), 111.
- Malin, A. J. (1969). Malin's intelligence scale for Indian children. Nagpur (India): Child Guidance Center.
- McCullough, M. E., Emmons, R. A., & Tsang, J. A. (2002). The grateful disposition: a conceptual and empirical topography. *Journal of Personality and Social Psychology*, 82(1), 112.
- McCullough, M. E., Kilpatrick, S. D., Emmons, R. A., & Larson, D. B. (2001). Is gratitude a moral affect? *Psychological Bulletin*, 127(2), 249.
- Notter, O. S. (2013). *Building resilience in at-risk adolescents: Comparing the mechanisms of two school-based prevention programmes*. (Unpublished doctoral dissertation). Victoria University of Wellington, New Zealand.
- Peterson, C., Park, N., & Seligman, M. E. (2005). Orientations to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies*, 6(1), 25-41.
- Peterson, C., Ruch, W., Beermann, U., Park, N., & Seligman, M. E. (2007). Strengths of character, orientations to happiness, and life satisfaction. *The Journal of Positive Psychology*, 2(3), 149-156.
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65-76.
- Rashid, T., & Anjum, A. (2008). Positive psychotherapy for young adults and children. *Handbook of depression in children and adolescents*, 250-287.
- Rights of Persons with Disabilities (RPWD) Act, 2016. National Centre for Promotion of Employment for Disabled People [Internet]. Ncpedp.org. 2018. Available from: <http://www.ncpedp.org/RPWDact2016>. [Last accessed on 2018 Apr 09].
- Roth, R. A., Suldo, S. M., & Ferron, J. M. (2017). Improving middle school students' subjective well-being: Efficacy of a multicomponent positive psychology intervention targeting small groups of youth. *School Psychology Review*, 46(1), 21-41. <https://doi.org/10.17105/10.17105/SPR46-1.21-41>
- Sahoo, M. K., Biswas, H., Padhy, S. K. (2015). Psychological co-morbidity in children with specific learning disorders. *J Family Med Prim Care*, 4(1), 21-5. doi:10.4103/2249-4863.152243

**Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India**

- Saltzman, A., & Goldin, P. (2008). Mindfulness-based stress reduction for school-age children. In L. A. Greco & S. C. Hayes (Eds.), *Acceptance and mindfulness treatments for children and adolescents: A practitioner's guide* (pp. 139-161). Oakland, CA, US: New Harbinger Publications.
- Sanghani, J., Upadhyay, U., & Sharma, S. (2013). Positive psychology intervention in education well-being and achievement. *Indian Journal of Positive Psychology, 4*(2), 251-257.
- Sankaranarayanan, A., & Cyclic, C. (2014). Resiliency training in Indian children: a pilot investigation of the Penn Resiliency Program. *International journal of environmental research and public health, 11*(4), 4125–4139.
- Seligman, M. E. P. (1991). *Learned optimism*. New York: A. A. Knopf.
- Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY: Free Press.
- Seligman, M. E. P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. New York: Free Press.
- Seligman, M. E. P., Ernst, R. M., Gillham, J. E., Revich, K., & Lindkins, M. (2009). Positive education: positive psychology and classroom interventions. *Oxford Review of Education, 35*(3), 293–311.
- Seligman, M. E., Kaslow, N. J., Alloy, L. B., Peterson, C., Tanenbaum, R. L., & Abramson, L. Y. (1984). Attributional style and depressive symptoms among children. *Journal of Abnormal Psychology, 93*(2), 235.
- Seligman, M. E., Schulman, P., DeRubeis, R. J., & Hollon, S. D. (1999). The prevention of depression and anxiety. *Prevention & Treatment, 2*(1), 8a.
- Seligson, J. L., Huebner, E. S., & Valois, R. F. (2003). Preliminary validation of the brief multidimensional students' life satisfaction scale (BMSLSS). *Social Indicators Research, 61*(2), 121-145.
- Shah, H. R., Trivedi, S. C. (2017). Specific learning disability in Maharashtra: Current scenario and road ahead. *Ann Indian Psychiatry, 1*(1), 11-16.
- Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology, 65*(5), 467-487.
- Singh, K., & Choubisa, R. (2009b). Effectiveness of self-focused intervention for enhancing students' well-being. *Journal of the Indian Academy of Applied Psychology, 35*(Special issue), 23-32.
- SSA. (2013). *Assessment Guidelines*. Sarva Shiksha Abhiyan, MHRD, India.
- Suldo, S. M. (2016). *Promoting student happiness: Positive psychology interventions in schools*. Guilford Publications.
- Suldo, S. M., Savage, J. A., & Mercer, S. H. (2014). Increasing middle school students' life satisfaction: Efficacy of a positive psychology group intervention. *Journal of Happiness Studies, 15*(1), 19-42.
- Wall, R. B. (2005). Tai chi and mindfulness-based stress reduction in a Boston public middle school. *Journal of Pediatric Health Care, 19*(4), 230-237.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology, 54*(6), 1063.
- Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology, 52*(2), 69-81.

## Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India

### ***Acknowledgments***

This study is a part of my PhD thesis work. The author is extremely grateful for the children with specific learning disability who participated in the study. I would like to extend my thankfulness to school principals, teachers and the parents of children with SLD for their support in the research. I am immensely thankful to Dr. Jeff Laurent, Department of Psychology, Western Illinois University for the permission to use and/or create a translation of the PANAS-C for my research. Sincere thanks to my guide Dr. Saroj Arya, Associate Professor and Head (Retd.), Department of Rehabilitation Psychology, NIEPID, Secunderabad, Telangana who aided in preparing the intervention programme. The author did not receive any financial support or sponsorship.

### ***Conflict of Interest***

The author declared no conflict of interest.

***How to cite this article:*** Tiwari Upadhyay U. (2020). Effect of positive psychology intervention on emotional well-being of children with specific learning disability in India. *International Journal of Indian Psychology*, 8(3), 1255-1277. DIP:18.01.131/20200803, DOI:10.25215/0803.131