A Critical Analysis of the Child and Adolescent Wellness Scale (CAWS)

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Abstract

Current practice for assessing children and adolescents rely on objectively scored deficit-based models and/or informal assessments to determine how maladaptive behaviors affect performance. Social-emotional assessment instruments are used in schools and typically provide information related to behavioral and emotional deficits, but provide little information related to a child's adaptive qualities. The Child and Adolescent Wellness Survey (CAWS) fills a gap in the psychological assessment literature. The CAWS was designed to assess strengths and competencies in school-aged children across multiple domains, each uniquely associated with healthy child outcomes. These domains include: adaptability, connectedness, conscientiousness, emotional self-regulation, empathy, initiative, mindfulness, optimism, self-efficacy, and social competence. Based upon a set of theoretical foundations including positive psychology, resilience research, and prevention science, the CAWS poses potential as a valuable assessment resource for psychologists and educators who strive to foster resilience and social-emotional competence in children.

Introduction

The Child and Adolescent Wellness Scale (CAWS) is a new measure of childhood psychological health. The CAWS was developed by Ellis P. Copeland and R. Brett Nelson (2002). The instrument is rooted in the philosophy of the positive psychology movement (Seligman, 2000). Within this movement, focus is given to descriptions of characteristics of children and their environments associated with well-being. The traditional approaches related to assessing strengths and competencies have included the use of self-concept scales and informal assessment measures. In contrast, the CAWS is not a tool designed to focus on the assessment of deficits among adolescents. It was designed as a support instrument for psychologists and educators to use to foster resilience and predict and enhance healthy outcomes among adolescents. Professionals are beginning to realize that the removal and control of problematic situations do not automatically result in optimal and/or continued health. Pittman (2003) reported that in which the goal is to cultivate the positive development of individuals and communities. That shift is most apparent in the newly created area of scholarly activity referred to as positive psychology. However, even with this aim toward creating optimal cognitive, social, and cultural

conditions, few measures have been developed to assess the positive attributes displayed in children (Lopez and Snyder, 2003). The CAWS embraces this paradigm shift and reflects the philosophy of positive psychology. The scale was crafted to assess, identify, and amplify the strengths and capacities that adolescents need to thrive.

This paper begins with a brief review of the theoretical origins of the CAWS. Following each theoretical description is a critical analysis of the rationale regarding applications of the CAWS. A brief description and critical review of each CAWS domain (adaptability, connectedness, conscientiousness, emotional self-regulation, empathy, initiative, mindfulness, optimism, self-efficacy, and social competence; see Appendix) and its utility related to the measurement of the wellness construct is presented. The final section of the paper includes a discussion of evidence-based findings related to the instrument, a set of conclusions, and suggestions for future research.

Conceptual Foundations

The CAWS (Copeland & Nelson, 2002) is anchored within three theoretical frameworks (positive psychology, resilience research, and prevention science). Initially based on all three frameworks, the authors of the CAWS have most recently embraced the positive psychology perspective (Copeland, 2006).

Positive Psychology. Almost a decade ago, the President of the American Psychological Association, Martin Seligman (1998) had a vision. Seligman's vision was to urge the social sciences to look beyond human weaknesses and propose a mission related to the scientific study of human strength, resilience, and optimal human functioning. According to positive psychology advocates, it is important to differentiate among dimensions of psychopathology (mental illness),

no pathology (mental health), and strengths above and beyond no pathology (positive psychology). Mental health is oftentimes described as a lack of pathology. This description represents a neutral view of mental health. In contrast to their neutral view is a positive position that includes the addition of qualities that can serve as buffers when a person is compromised with a disorder, stress, or illness. Mary Paquette (2006) stated that "a person who is physically fit and in shape is apt to withstand an emergency surgical procedure better than someone who is not, even though both may not have been previously sick. The fit person has something extra going for him or her to withstand the assault of surgery. Positive psychology asks different questions such as 'how can we move in the positive direction so that an individual is fit rather than just not sick?' There is an interest in cure and prevention but positive psychology adds the component of cultivation of strengths to make life even better" (p. 2).

Seligman and others (Csikszentmihalyi, 1990, 1999; Goleman, 1992; Myers 1992) shifted their views from the common "dysfunctional" model or remediation approach to a positive psychology view. They emphasized the development of human strengths, resilience, and other characteristics associated with optional human functioning (Seligman and Csikszentmihalyi, 2000). These characteristics (altruism, courage, honesty, happiness, creativity and optimism), were constructed to be "building factors that allow individuals, communities, and societies to flourish" (p. 13).

Positive psychologists make an effort to internally enlighten adolescents to be aware and excited about developing the complex skills and dispositions necessary to take charge of their lives, to become socially competent, compassionate and psychologically vigorous adults. Yet, without understanding the causal principles and/or recognizing the skills that contribute to

optimal adolescent psychological functioning, positive psychologists might be on a path to breaking their promise.

Another psychological framework that may be used to provide us with a deeper understanding of the development of adolescent full potential is well-being (Vaillant, 2002). Ryan and Deci (2001) reported that there are two approaches to the systematic study of well-being. The first approach is a subjective well-being approach. Well-being is described as expressing happiness and being satisfied with one's life. Well-being is simply defined as being happy. It is important to note that one must be cognizant that one is happy. The second approach to the study of well-being is a psychological well-being approach. Psychological well-being involves personal growth and living up to one's potential (Fava and Riuni, 2003). Individuals experiencing psychological well-being feel competent, accepted, and having purpose.

Connections between the CAWS instrument and positive psychology. Overall, a case can be made for the view that it is likely to be valid and worthwhile to assess adolescent's strengths and competencies, rather than their deficits. Absence of mental illness is not equivalent to psychological health. Our ultimate goal is to create optimal outcomes for all students (Copeland and Nelson, 2004). In order to establish the possibility for well-being for all students, we must recognize that even those who fall into "normal" ranges of functioning might very well benefit from interventions. Typically, these normal range students aren't included in mental health programming efforts.

If the promise of positive psychology is to motivate adolescents and inspire them to develop the skills and dispositions to become socially competent adults, an assessment based on those very skills seems not only logical, but essential. Traditional deficit-based assessments are

based on the assumption that something is missing and/or faulty factors are present if one is not psychologically well. There is a need to replace or fix something. Traditional deficit-based assessment practices include the use of self-concept scales and other measures that fundamentally assume the negative and are unfortunately based on the deficit or missing puzzle- piece model. Emphasis is given to the measurement of negative behavioral characteristics. In contrast, several pioneering models of positive psychology have appeared in the research literature. For example, Maslow's (1971) self-actualization theory, Deiner's (1984) positive emotionally theory, Block and Block's (1990) ego-resiliency theory, and Seeman's (1989) personality integration theory. Even Deci and Ryan's (1985) autonomy theory and Scheier and Carver's (1987) dispositional optimism theory include some positive external problem-solving strategies related to altering negative attributions, engaging in meaningful activities, and changing attitudes and perceptual styles to enhance the levels of adolescents.

To some degree, these causal principles can and do accurately explain optimal psychological functioning for some adolescents, yet these "after- the- fact" views are likely to not include non-symptomatic adolescents who could benefit from an intervention. This shift to give emphasis to promoting adolescent potential is long overdue. However, almost all assessment procedures continue to focus on the misguided something-lacking, something-broken standards. Positive psychology advocates are trying to transcend these traditional deficit-based views of assessment. Without a true positive, proactive approach directed at nurturing all students to reach their goal of achieving "the good life," the efforts of the positive psychologists will remain limited.

While reflecting on the principles driving positive psychology and those relevant to the provision of proactive psychological assessments such as the CAWS, Seligman's (1991) "learned optimism" contributions deserve some mention. Grounded primarily within the cognitive models of psychology, the assumption is that events directly impact youth's senses, after which their thinking determines their reaction to reality, based on the beliefs in each youth's schema. Thought determines adolescent reaction. According to Seligman and other practitioners, the appropriate focus for therapeutic intervention lies within the contexts of a youth's mental representations. The CAWS instrument appears to align rather well with Seligman's model. Psychologists and educators armed with individual adolescent's strengths can foster those characteristics that buffer against the onset of mental illness and academic setbacks.

In addition to psychological and academic preventions, positive emotions effect adolescent development across other domains as well, including physical well-being and social health. Taylor et al. (2000) discuss the relations between positive beliefs (optimism), disease progression, and physical health. They conclude that positive beliefs (optimism) and positive feelings (hopefulness) act as resources that protect adolescents during traumatic stress events and in the acquisition and maintenance of physical health. Positive emotions have been found to be related to longevity (Danner, Snowden, and Friesen, 2001), improved immune functioning (Charnetski and Brennan, 2001) and cardiac health (McCraty, Atkinson, Tiller, Rein and Watkins, 1995).

Research shows that individuals who experience happiness in their early years are more likely to be married, have high life satisfaction, and be appealing to others later in life (Harker and Keltner, 2001). Also, having supportive and caring relationships has been found to be

associated with positive health benefits (Ryff and Singer, 2000). Volunteering and other altruistic behaviors (e.g., conscientiousness) are reported to be strong sources of positive emotion (Argyle). The CAWS instrument, if implemented in a timely, prevention-based manner, could possibly be used as a framework in which to recommend interventions that would equip students with skills necessary to achieve these optimal outcomes.

Resilience Research. Resilience is the capacity of an individual to overcome difficult and challenging life circumstances and risk factors. Educational resilience is the ability of students to succeed academically despite risk factors that make it difficult for them to succeed. (Bernard, 1991; Wang, Haertel, and Walberg, 1997, 1998). Luther et al. (2000) explored what they considered to be the two major dimensions defining the term "resilient." These were exposure to "significant threat or severe adversity" and the achievement of positive adaptation "despite major assaults on the developmental processes" (p. 543).

Researchers have identified a number of protective factors, or what Rutter (1987) termed "protective mechanisms" (Garmezy, 1985, 1994: Rutter, 1987). These protective factors are said to be located both externally in the environments of children and internally, as personal attributes of the individual. A substantial body of literature reports the presence of external factors in a number of environments, including the family, peer groups, school, and the community. Each of these contexts possesses distinctive attributes that serve to counteract the negative outcomes on student's lives and instead promote the development of resilient qualities (Bernard, 1991; Wang, 1997; Rutter et al., 1979).

Others have identified a range of important roles teachers and schools play in providing protective assets (Werner and Smith, 1988). The studies by Rutter et al. (1979) and Werner and

Smith (1988) recognized the contributions made by schools and their teachers. These schools are characterized by their caring, attentive, and stable environments. They also are success-oriented in approach, acknowledge student achievements, and show a sincere interest in students, providing teachers as mentors and positive role models (Bernard, 1991, 1995).

Bernard (1991, 1995) described how schools can provide opportunities for students to develop internal assets for resilience including autonomy, problem-solving skills, an optimistic outlook on the future, as well as effective communication and relationship skills. He summarized these factors under three main categories, caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation (1995). Other researchers (Clarke and Clarke, 1984; Garmezy, 1985; Werner and Smith, 1988) have identified characteristics of resilient children that appear to be congruent with Bernard's "profile of the resilient child" (p. 44):

- having stable relationships with peers
- possessing well developed problem-solving skills
- considering realistic future plans
- having a positive sense of being able to achieve and deal effectively with tasks
- experiencing success in one or more area of their life
- being able to communicate effectively
- possessing a strong attachment with at least on adult
- acceptance of responsibility for themselves and their behavior

These characteristics, along with internal assets and protective factors/dispositions are believed to be the underlying essence represented and measured on the CAWS.

Connections Between the CAWS and Resilience Research. The CAWS includes ten dimensions (mindfulness, self-efficacy, optimism, connectedness, social competence, adaptability, initiative, emotional self-regulation, conscientiousness, and empathy; see Appendix) (Copeland and Nelson, 2004).

These dimensions appear to be congruent with the previously mentioned characteristics of Bernard's "profile of the resilient child" (Bernard, 1995). It is suggested that resilience stems from a healthy operation of basic human adaptational systems. If systems are intact, children should develop appropriately even if challenged. However, if children's basic adaptational systems are impaired, prior to or following adverse situations, the risk for problems in development is increased (Dumont and Provost, 1999).

In recognizing the significant roles teachers and schools play in developing resilience, it is important that school-family-community partnerships are promoted as potential sources of the protective factors that foster resilience in students (Epstein, 1995; Wang et al. 1997, 1998). Partnerships and relationships among school personnel can work together to coordinate and implement programs and activities designed to increase academic, emotional, and social successes of students served by schools. By focusing on students' strengths, these partnerships do not serve as a panacea for solving students' problems; rather they will foster the protective factors that overcome some of the barriers and risks students face.

For years, mental health professionals and educators have served adolescents by working within categorical models that replicate an "at risk" approach. Although much has been learned

about the impact of risk factors and deficits on youth's lives, the addition of an expanded focus on the protective factors and assets within adolescents, schools, and teachers (e.g., those which contribute to optimal healthy development and a capacity for resilience, such as the CAWS), can help us prepare to meet current and inevitable challenges that lie ahead.

Prevention Science. The most notorious current challenge to the profession education is the No Child Left Behind (NCLB) Act (U.S. Department of Education, 2001). Since the United States Surgeon General (U.S. Department of Health and Human Services, 1999, 2000) highlighted the gap between adolescent mental health needs and the availability of effective resources and programs to meet those needs, educational researchers have emphasized the necessity for collaboration in prevention. While services through agencies and mental health centers remain the dominant method of addressing problems experienced by adolescents, there are many barriers that prevent them from gaining access to services (a lack of awareness these centers exist, transportation issues, payment problems, and centers' limited capacity for serving patients). As publicity of these barriers has increased, so has the awareness of the importance of providing mental health care to youths "where they are" (in schools) (Weist and Ghuman, 2002).

Supportive evidence for the school as a primary outlet for prevention has also grown (Gillham, Reivich, Jaycox, and Seligman, 1995; Greenberg, Weissgerg, O'Brien, Zins, Fredericks, Resnik, and Elias, 2003; Weissberg and Greenberg, 1998; Zins, 2001). Several models of school-based programs are becoming increasingly prominent. Two perspectives within this health promotion framework have emerged since the 1990s (prevention science and positive youth development) (Catalano, Hawkins, Berglund, Pollard, and Arthur, 2002). These two perspectives are similar in overall focus, but differ in the emphases given to specificities.

Prevention science focuses on specific risk and protective factors, while positive youth development takes a more global approach to building youth capacity. This health promotion approach offers a universal perk (it has something for everyone). In relation to fulfilling the mandates of NCLB and considering the statistics on issues including violence, substance abuse, and high-risk sexual behaviors among adolescents, this notion of prevention warrants a broad health promotion strategy.

Connections between the CAWS and Prevention Science. Educators and school psychologists play a critical role in providing interventions for students. Effective programs empower young people to be involved in their work, which then becomes rewarding through the promotion of cooperation and mutual support. To foster healthy adolescent development, simultaneous efforts to reduce or prevent risk behaviors are essential. These efforts need to be matched with equal commitment to helping adolescents understand life's challenges and responsibilities and to develop the necessary skills to succeed as vibrant, passionate, responsible adults. Youths need awareness of their own strengths and appropriate knowledge and education related to how to foster their strengths. This developmentally appropriate approach should be delivered in a nonjudgmental and highly salient format, which emphasizes their choices, responsibilities, and consequences. All youths need to acquire a set of skills to promote healthy relationships. They need to develop peer supports and feel connected to their family, friends, schools, and communities (the CAWS dimension of connectedness). This sort of connection requires a commitment to building on everyone's capacity. It requires the perception that each adolescent is a person, rather than a potential problem.

The use of the CAWS does appear to have potential to empower youth to identify the critical issues they face that would enable them to find solutions that are most meaningful to their individual realities and circumstances. If included as a proactive piece of the health promotion approach, schools and collaborating community agencies could likely experience several levels of benefits. Community partnerships would be likely to embark on an investment in adolescents who have a specified set of strengths, rather than a laundry list of disorders and/or special labels. Businesses would be more apt to apprentice youths with a set of clearly defined skills. Mentors could align themselves with novices according to similar interests, motivations, and dreams.

Guidelines and strategies used to design and implement school-based interventions have been created. Several organizations have developed sets of principles for best practices including the National Assembly on School-Based Health Care (2000), the Children and Adolescent Service System Program (1991), and ethical guidelines for various professionals (e.g., social work, school counseling, school psychology, child and adolescent psychiatry). Evidence is growing that schools' mental health programs are indeed helping students and schools achieve desired outcomes. However, much work remains to be done.

Under NCLB, Title I schools are required to work jointly with family and community members to develop a school-family-community involvement policy. Although this provision is being overlooked (Ferguson, 2003), it is possible that invested partnerships hold the key to meeting the overarching goal of NCLB (reducing the achievement gap, and better serving all children). Education reform initiatives, such as Goals 2000, have focused on parent involvements and/or school-family-community partnerships (Simon and Epstein, 2001). Inherent to NCLB and previous reform initiatives is the belief that families and community

members are critical contributors to improving academic achievement. The CAWS, if utilized as an affirmative, developmental starting point, could serve as an incentive for would-be-investors/ partnerships/ apprenticeships, providing the motivation necessary to jump-start powerful, life-altering, guided opportunities and optimal well-being for all students. In the next sections that follow, a case is made for the view that the CAWS domains are essential outcomes we should strive to reach with all adolescents. No one should be left behind.

The CAWS Domains

As noted earlier, the CAWS was developed to measure positive psychological factors associated with adolescent development. These items were designed to reflect theories and research findings related to the psychological and social factors that are believed to not only buffer against the onset of mental illness but enhance adolescent health and well-being. The CAWS consists of 150 items divided into 10 separate domains (adaptability, connectedness, conscientiousness, emotional self-regulation, empathy, initiative, mindfulness, optimism, self-efficacy, and social competence). Each domain has been theorized and/or been shown through research to be associated with healthy outcomes experienced by adolescents. In what follows, a brief description of each domain and its significance to the general wellness construct is presented. These descriptions were crafted by Copeland (2005) in his presentation and paper related to the initial validation of the scale. The dimensions of the CAWS follow:

Adaptability. Adaptability has emerged as a critical predictor of resilience among children and adolescents (Luthar and Zalazo, 2003). It is believed that children who possess adaptive temperaments are more likely to experience advantageous outcomes and adjustments in the face of risk (Dumont and Provost, 1999). Adaptability has been found to be closely

associated with coping reactions to stress (cognitive and behavioral efforts to manage specific distressing problems and emotions) (Lazarus and Folkman, 1984, as cited in Bridges, 2003). Items on the Adaptability scale of the CAWS (see Appendix) were designed to measure respondents' ability to negotiate difficult situations and their preparedness for change.

Connectedness. The Connectedness scale was crafted to elicit information related to children's perceptions of belonging and acceptance in school, their family, and the community. Associations between interpersonal relationships and outcomes suggestive of well-being appear undisputed. The positive psychological benefits associated with healthy relationships, along with the detrimental effects associated with poor relationships, have been clearly documented in the research literature (Berscheid and Reis, 1998; Reis and Gable, 2003). Several recent landmark investigations have been undertaken in an effort to document connectedness as one of the most influential predictors of both positive outcomes and likelihood that adolescents will engage in harmful behaviors (McNeeley, Clea, Nonnemaker, James and Blum, 2002; Resnick et al., 1997). From an examination of a nationally-representative data set of 12,119 teenage participants collected as part of the National Longitudinal Study on Adolescent Health, Resnick et al. (1997) concluded that high parent-family connectedness and perceived school connectedness were among the strongest protectors against emotional distress, suicidality, violent behavior, and substance use. It also seems that school completion is much more likely when family and school connectedness is high (Marcus and Sanders-Reio, 2001). Additionally, a close relationship with a supportive adult has been found to be a very salient factor related to well-being for children at risk due to parental divorce and/or family disruption (Hetherington and Elmore, 2003).

Conscientiousness. Conscientiousness is reported (McCrae and Costa, 1999) to be one of five robust personality factors. Conscientiousness as assessed by the CAWS relates to a child's concern over personal choices and taking responsibility for their actions. Investigating health and mortality outcomes of participants form L. M. Terman's famous study of gifted children (Terman and Oden, 1947, as cited Schwartz et al., 1995), Friedman et al. (1993) and Schwartz et al. (1995) found that conscientiousness was a good predictor of longevity. A statistical survival analyses was performed on a sample of over 1000 "termites," (the participants in Terman's study were referred to as termites) 50 years or more after the initial data on these individuals were collected. Although the gifted sample was hardly representative of the general population, the studies by Friedman, Schwartz and their colleagues strongly suggested that individuals who were rated as conscientious in childhood lived significantly longer than less conscientious individuals, and that the personality trait of conscientiousness protected them against early death from cardiovascular disease and cancer even after controlling for drinking, smoking, and other aspects of personality.

Emotional Self-Regulation. Emotional-related regulation is a critical aspect of individual functioning, contributing to success in many domains of behavior, particularly social competence (Eisenberg, Fabes, Guthrie, and Reiser, 2002). High negative emotionality has been associated with externalizing problem behaviors and adolescent substance abuse/use (Eisenberg et al, 2002). Eisenber et al. (2002) argue that self-regulation involves two related yet distinct processes (emotion regulation and emotion-related behavioral regulation). They define emotion regulation as "the process of initiating, maintaining, modulating, or changing the occurrence, intensity, or duration of internal feeling states and emotion-related physiological processes, often

in the service of accomplishing one's goals" (p. 48). Emotion-related behavioral regulation develops early in life, and has been studied in infants through the use of delay of gratification tasks (Graziano and Tobn, 2003). A fairly complex construct, a comprehensive definition of emotional self-regulation involves physiological, perceptual, cognitive, and interpersonal processes. The inability to control one's emotions has been associated with a host of impulse control disorders, and is seen as a major contributor to social conflicts.

Empathy. Empathy was included as a component of the CAWS based on the premise that empathy-related responding is an important aspect of positive development (Eisenberg, 2003). Empathy is believed to evoke altruistic behavior and prosocial responding, each associated with psychological health in their own right (Batson, Ahmed, Lishner, and Tsang, 2002). Empathy can be defined as "an affective response that stems from the apprehension or comprehension of another's emotional state or condition, and which is identical or very similar to what the other person is feeling or would be expected to feel" (Eisenberg, 2003, p. 254). Early signs of empathy appear to predict later positive emotionality and resilience as children age (Eisenberg, 2003). However, the hypothesized strong links between childhood empathy, prosocial behavior, and psychological wellness require further substantiation through longitudinal research.

Mindfulness. Psychological mindfulness, generically referred to as self-awareness, is central to theories of emotional intelligence (Goleman, 1992). It appears that awareness and attention to one's internal states is a fundamental component of emotional competence. Items on the mindfulness subscale of the CAWS elicit individual's perceptions regarding their sense of self-awareness and intuition, as well as knowledge of their personal strengths and weaknesses.

Mindfulness is intuitively appealing as an important psychological contributor to overall wellness. However, its inclusion in the scale is based largely on theoretical suppositions. Of all the CAWS dimensions, the least is known about how mindfulness contributes to psychologically-healthy outcomes.

Optimism. Optimism refers to hope and expectancies for the future, and relates closely to explanatory style, or our personal explanations for events that occur in our daily lives. Optimism has consistently been linked to good mood, perseverance, achievement, and physical health (Peterson, 2000). Individuals' levels of optimism have important implications related to how well they cope with adversity and stress. Research suggests that pessimism leads to self-defeating patterns of behavior that tend to compromise personal health, both psychological and physical (Carver and Scheier, 2002). Seligman's (1998) research suggests that increasing optimism in children is a worthy target of intervention, leading to improved adjustment and development of healthy explanatory styles.

Self-Efficacy. Self-efficacy is a key component of Bandura's social cognitive theory (Bandura, 1997). He defines self-efficacy generally as "people's beliefs in their capabilities to produce desired effects by their own actions" (p. vii). In other words, self-efficacy refers to what we believe we *can* do (Maddux, 2002). Self-efficacy theory maintains that efficacy beliefs, developed over time and through experience, are important to psychological adjustment, psychological problems, and physical health (Maddux, 2002). Self-efficacy beliefs affect individuals' motivation, emotional well-being, and vulnerability to stress and depression (Bandura, 2003).

Social Competence. Examples of skills associated with social and emotional learning (SEL) (Zins, 2001) include empathy, assertiveness, and the ability to cooperate with others and resolve conflicts peacefully (Copeland, 2002). Social competence is a broad construct that incorporates affective, cognitive, and behavioral skills that combine to determine success in interpersonal relationships (Topping, Bremner, and Holmes, 2000). Topping et al. (2000) define social competence as "the possession and use of the ability to integrate thinking, feeling, and behavior to achieve social tasks and outcomes valued in the host context and culture" (p. 32). Social competence is widely accepted as an important predictor of resilience in children.

Discussion

This critique has included an examination of the theoretical and empirical literature. A specific focus was given to a critical examination of the cognitive literature. Within the context of the frameworks used to critically evaluate the utility of the CAWS, one must ask the inevitable question: "Is the measure valid and reliable?" One study (Copeland, 2005) provides strong support for the validity and reliability of the instrument. This initial study (results in Table 1) of the psychometric characteristics of the CAWS examined 281 students, grades 6-12 and showed a strong correlation (r =.72) between CAWS and Multidimensional Student's Life Satisfaction Scale (MSLSS). The internal consistency was reported as: Overall (.97), Adaptability (.75), Connectedness (.85), Conscientiousness (.84), Empathy (.77), Emotional Self-Regulation (.83), Initiative (.77), Mindfulness (.76), Optimism (.86), Social Competence (.81), and Self-Efficacy (.85). The study serves as a cautiously promising first step toward validation. Additional research is necessary to justify the wide spread use of the instrument in school settings. It is recommended that future analyses of the CAWS should include a large

sample to allow for additional confidence pertaining to the instrument's underlying factor structure. It is also suggested that efforts be directed at the systematic study of the associations between wellness as measured by the CAWS and outcome variables such as academic achievement, healthy perceptions of others, and resilience among cultural diverse populations. It is believed that if the CAWS can continue to be supported by future research, it most certainly can facilitate educators and school psychologists in keeping the promises associated with the positive psychology movement, enhancing resiliency, and promoting positive health through evidence-based intervention practices.

Martin Seligman (Hirtz, 1999, p. 22) set the tone as he spoke at his keynote address: "Psychology is not just the study of weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best within ourselves." The stage is set for educators and psychologists to use the conceptual framework described in this article to integrate recently developed knowledge structures and associated research findings to provide a broadened evidence-based view of their educational practices. Broadening our effort to include a focus on positive psychology, resilience, and preventive educational practices has potential to make a significant difference in our students' outcomes and our own satisfaction knowing that we truly aren't leaving any child left behind.

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Table 1

Internal Consistency Coefficients & Construct Validation

Dimension	α	N
CAWS		
Adaptability	.75	266
Connectedness	.85	266
Conscientiousness	.84	266
Empathy	.77	266
Emotional Self-Regulation	.83	265
Initiative	.77	266
Mindfulness	.76	266
Optimism	.86	266
Social Competence	.81	266
Self-Efficacy	.85	266
Overall	.97	265
MSLSS (Multidimensional Students' Life Satisfaction Survey)		
Family	.86	247
Friends	.83	226
School	.87	242
Living Environment	.84	247
Self	.78	241
Overall	.92	186

Note. Coefficient Alpha reported. Larger sample sizes reported for CAWS analyses due to estimation of missing data points. Pairwise deletion of missing MSLSS data resulted in smaller Ns.

Correlation between the CAWS and the MSLSS was .71. The MSLSS, an expansion of the Students' Life Satisfaction Scale (Huebner, 1991a, 1991b), is a measure of the construct of life satisfaction, which relates to happiness. Like the CAWS, the MSLSS was inspired by increased interest in promoting positive well-being in children (Huebner, 1994). Life satisfaction has been defined as a "global evaluation by the person of his or her life," and life satisfaction is widely believed to be an important facet of subjective well-being (Diener, 1994).

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