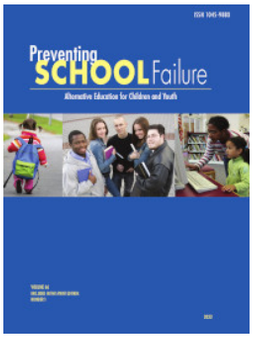

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Preventing School Failure: Alternative Education for Children and Youth

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/vpsf20

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To cite this article: Patrick R. Mullen, Jennifer Niles, Allison Dukes & Allison Spargo (2022): An examination of the GPS for SUCCESS program, Preventing School Failure: Alternative Education for Children and Youth, DOI: 10.1080/1045988X.2022.2048627

To link to this article: https://doi.org/10.1080/1045988X.2022.2048627

Published online: 18 Mar 2022.

PREVENTING SCHOOL FAILURE: ALTERNATIVE EDUCATION FOR CHILDREN AND YOUTH
https://doi.org/10.1080/1045988X.2022.2048627

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RESEARCH ARTICLE

An examination of the GPS for SUCCESS program

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ABSTRACT

Today's youth face multifaceted challenges in a time when society is more aware of the consequences of unhealthy decision-making. In this study, we tested the effectiveness of an emerging intervention, GPS for SUCCESS, a classroom-based 5-week program that helps students build their purpose in life while securing a commitment to achieve it. We employed a quasi-experimental study that included a nonrandom assignment to a treatment and comparison group. Findings indicated that the treatment group had statistically significant higher posttest scores on measures of meaning in life and personal growth initiative when compared to the comparison group and while controlling for their pretest scores. We discuss these findings and their implications for theory, practice, and future research.

KEYWORDS

Intervention; meaning in life; personal growth initiative; quasi-experimental

Today's youth face many social and individual challenges necessitating the ability to discern between healthy and unhealthy choices. In adolescence, students undergo physical, neurological, and social-emotional changes as a core task of development toward adulthood (Henderson & Thompson, 2015). Often, the developmental changes of adolescence affect individuals' relationships, sense of self, and decision-making (Henderson & Thompson, 2015; Tucker et al., 2011). Akos (2005) described the adolescent phase of development as one marked by a "complex interaction between internal changes (e.g., self-exploration, intellectual expansion) and interaction with a new and changing environment" (p. 96). Throughout the developmental process of differentiating from their parents and learning to respond to choices, youth have a desire for independence and increased responsibility (Akos, 2005).

In addition to natural developmental tasks, today's youth face unique challenges due to the COVID-19 pandemic, impacting emotional regulation, problem-solving, adaptability, and decision-making (Courtney et al., 2020; Dvorsky et al., 2021). Further exposure to chronic stressors, such as experiencing victimization or poverty, can affect adolescents' neurological development and subsequently increase their likelihood of engaging in risky behaviors (Nurius et al., 2020). As a result, there is a need for interventions that emphasize and strengthen adolescents' resilience, hope, relationships, and a sense of purpose (Lenz, 2021; Niles et al., in press; Spargo et al., 2021; Springer et al., 2004; Tucker et al., 2011) to ultimately promote optimal decision-making.

Personal factors promoting healthy lifestyles in youth

A number of factors contribute to healthy decision-making. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2021), responsible decision-making is a core competency of social-emotional learning and is critical for students' optimal development. CASEL (2021) describes the process of responsible decision-making as having multiple elements, including the development of (a) open-mindedness, (b) curiosity, (c) analysis of information, (d) identification of solutions, (e) evaluation of consequences, (f) critical thinking, (g) self-reflection, and (h) evaluation of impact.

In addition to the elements outlined by CASEL (2021), scholars have recognized various additional factors that protect against unhealthy decision-making. Within the context of substance use, increased self-regulation and self-efficacy serve as protective factors for individuals maintaining abstinence from addictive substances (Chavarria et al., 2012). Further, Padilla-Walker et al. (2011) identified the presence of hope as a protective factor against risk behaviors in adolescence, including substance use. Shorey et al. (2007) argued that hope is closely tied with personal growth initiative (PGI) with regard to goal orientation, achievement, and overall wellbeing. When an individual's level of PGI increases, so too does their level of hope, resulting in a strengthened belief in their ability to abstain from substance use (Niles et al., in press). The construct of hope is also closely related to that of meaning in life, another construct that may be supportive to healthy decision-making, especially within the context of substance use (Guiterrez, 2019).

Meaning and purpose as drives for healthy decision-making

Robitschek (1998; Robitschek et al., 2012) coined the term personal growth initiative (PGI) to describe the skills an individual has developed for self-improvement, including cognitive and behavioral skills, that can be applied

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throughout life experiences. PGI is an intentional practice toward improvement across life domains (Robitschek, 2003; Robitschek et al., 2012), and influences how much an individual seeks out opportunities for growth (Robitschek & Cook, 1999). Research has shown that individuals who demonstrate higher levels of PGI also exhibit more self-acceptance, more positive relationships, a greater sense of autonomy, and an increased perception of meaning in life (Robitschek & Keyes, 2009).

Throughout the literature, the presence of meaning in life has been associated with reduced risk for substance use and unhealthy decision-making (Brassai et al., 2011; García-Alandete et al., 2018; Gutierrez, 2019). When individuals have a sense of meaning in life, they likely feel an increased level of hope and subsequently have reduced engagement in and severity of substance use (Gutierrez, 2019). Interventions that bolster adolescents' sense of meaning in life also buffer against emotional dysregulation and hopelessness (García-Alandete et al., 2018). An increased sense of meaning in life in adolescence has been correlated with lower health risk behaviors, including substance use (Brassai et al., 2011). Adolescents experience a great deal of uncertainty and confusion during their phase of development; therefore, strengthening a sense of meaning in life may serve as an effective tool for the prevention of substance use (Wilchek-Aviad & Ne'eman-Haviv, 2016).

Interventions that increase meaning and purpose

Currently, few interventions exist with a particular focus on developing students' meaning and purpose as a prevention strategy for substance use. However, literature exists in support of prevention programs that prioritize the development of students' personal growth, sense of meaning and purpose, and subsequent healthy decision-making (Springer et al., 2004). In a 2004 analysis of substance abuse prevention programming, Springer and colleagues evaluated 46 school-based substance use prevention programs. Springer et al.'s (2004) findings revealed that the most effective programs included five program characteristics: (a) promotion of behavioral life skills, (b) strengthening of relational connection to positive peers and adults, (c) a clearly articulated prevention theory, (d) an emphasis on introspective learning and self-reflection, and (e) intense (e.g., frequent and consistent) contact with students. Because of their findings, Springer et al. (2004) asserted that future programs must be designed to be interactive with a focus on behavioral life skills, including conflict resolution, social skills, and emotion regulation.

More recently, Lenz (2021) examined the implementation of school-based positive psychology interventions with middle and high school students, emphasizing hope and resilience. These findings indicated that positive psychology interventions with an emphasis on hope and resilience could support adolescents' strengths-based development and well-being. Lenz proposed that counselors in school settings implement programming that helps students envision possibility through adversity, create long- and short-term goals, and develop a positive outlook on life. While there is emerging evidence that inventions focusing on improving purpose and meaning in life show promise for healthy decision-making and personal growth initiative, few such programs exist.

GPS for SUCCESS

The nonprofit organization My Life My Power (MLMP), founded in 2010, sought to help students find their overall purpose in life and overcome bullying while equipping them with tools to become more resilient to life challenges. Along with other initiatives, MLMP created a social-emotional-based Drug Prevention program titled GPS for SUCCESS to reduce problematic substance use by supporting youth in identifying a purpose and vision for their life that includes making healthy life choices. The program includes a train-the-trainer model whereby the MLMP staff hold workshops to prepare educators and law enforcement and military staff to implement the GPS for SUCCESS program by putting them through an Emotional and Belief Intelligence Leadership training as well as Facilitator Training. Once trained, the person's trained will have the background needed to implement the GPS for SUCCESS program.

The GPS for SUCCESS program itself is a 5-week intervention that engages students in the five core elements that make up the program, including vision, mission, purpose, team, and commitment. Figure 1 includes a review of the program elements. The program includes structured activities that can be delivered using online learning management systems or face-to-face. Program facilitators have implementation guides and lesson plans that help to structure the delivery of the intervention and ensure consistent delivery of the program.

In a recent article, (Spargo et al., 2021) provided an in-depth overview of the GPS for SUCCESS program along with an initial evaluation of its usefulness. In evaluating participants' responses to items on a questionnaire, the findings suggested the program improved the students' goal setting and pursuit of mentorship. In addition, of the students who completed the posttest survey, most of the participants enjoyed participating in the program (64%) and felt that all students should complete it (76%). While this initial practitioner-based research study provides some helpful information, it lacks rigor in its methods, not using a complex design, leaving several questions unanswered due to threats to the validity of the findings. Based on the limitations of the prior research, and the potential benefits of the GPS for SUCCESS program, we sought to study its effectiveness with a more advanced research approach and focused on the theoretical outcomes of the intervention. Thus, this study aims to test the effectiveness of the GPS for SUCCESS program at increasing personal growth initiative and meaning life in a sample of school-aged youth. The following research questions guided this study.

1. Do students who complete the GPS for SUCCESS program differ in personal growth initiative scores

Lesson 1: Vision
The goal is to get youth thinking outside of their current situations, begin to recognize where they want to go, and have something to strive toward in their daily lives preparing them for their future. Class discussion, extension activities and videos reinforce this.

Lesson 2: Purpose
The goal is to get the students thinking about what their purpose is in life, and if they don't know their purpose, to help them define and understand it. Therefore, their purpose answers: "why" they do what they do. Class discussion, extension activities and videos reinforce this.

Lesson 3: Mission
The goal is to tie their vision (what), their purpose (why) and have them create their mission (how) which serves as a game plan for achieving their dreams. Youth create clear, attainable, time stamped goals with actions steps. Class discussion, extension activities and videos reinforce this.

Lesson 4: Team
The goal is to review how they identified what they want to do, why they want to do it, and how they are going to accomplish it. Then they must understand the importance of good quality friendships and having mentors to help guide them through life. Class discussion, extension activities and videos reinforce this.

Lesson 5: Commitment
The goal is to reinforce their vision, mission, purpose and understanding the importance of commitment. Also, to shift focus and create a positive perspective, use their resources, and make proactive choices that align with their life when challenges arise. Class discussion, extension activities and videos reinforce this.

Figure 1. GPS for SUCCESS intervention components.

when compared to students who do not complete the program?

2. Do students who complete the GPS for SUCCESS program differ in meaning in life scores when compared to students who do not complete the program?

Method

Participants and procedures

Table 1 breaks down the demographic characteristics of the study participants. The sample in this study included school-aged youth attending nontraditional private schools in a southern state. The schools included in this study come from a system of private schools that serve grades 6-12 (described in more detail later). In our study, we employed a pretest-posttest quasi-experimental research design that included a nonrandom waitlist comparison group. The group that received the treatment included three private schools (from a system of schools) located in a southern state. The waitlist comparison group included two private schools from the same system as the treatment group. Before the study, the school sent home passive consent forms for the parents of the students to review, and the parents received a call to notify them of the study. If parents did not want their child to participate, they contacted the school directly.

Along with parental consent, each student reviewed an assent form and had the option to participate or not participate in the study. Students who elected to participate completed a pretest survey packet housed in a Qualtrics website. In total, 396 students attended the schools used in the study,

Table 1. Demographic characteristics of the sample.

	Comparison Group ($n = 39$)		**Treatment Group** ($n = 50$)	
Variable	*n*	%	*n*	%
Age				
13	2	3%	2	4%
14	4	10%	4	8%
15	1	3%	5	10%
16	7	18%	8	16%
17	7	18%	10	20%
18	2	5%	13	26%
19	2	5%	1	2%
20	2	5%	0	0%
Missing	11	28%	7	14%
Gender				
Male	19	49%	28	56%
Female	16	41%	20	40%
Transgender	1	3%	2	4%
Other	2	5%	0	0%
Missing	1	3%	0	0%
Race/Ethnicity				
Black or African American	25	64%	13	26%
Hispanic, Latino/a, or Spanish	1	3%	27	54%
White	0	0%	10	20%
More than one race/ ethnicity identified	6	15%	2	16%
Other	5	13%	2	4%
Missing	2	5%	0	0%

Note. $N = 89$.

with one parent (.3%) requested that their child not be included in the study. A total of 222 (56% of possible students in attendance) students completed the pretest, and 89 participants (40% of the sample that started the study, 60% mortality rate) completed the posttest survey. Figure 2 displays the Consolidated Standards of Reporting Trials (CONSORT; Moher et al., 2010) Flow Diagram that shows the process by which participants progressed through the study.

The treatment group received the GPS for SUCCESS program intervention while the waitlist comparison group did not. After the intervention, both groups completed the posttest survey questionnaires, and the waitlist comparison group then completed the intervention. School personnel created and assigned each student a unique, random access code that they entered into the Qualtrics survey to pair their pretest and posttest data. Before the study, we conducted an a priori power analysis to help determine the sample size needed for this investigation. Using .8 level of power, .05 p-value, and an anticipated medium effect size, we identified a sample of 269 participants as suitable for our analysis with two groups and one covariate. Our sample fell short of this sample size due to subject loss during the study, potentially resulting in Type II error (False-negative results).

Setting

For this investigation, we evaluated the treatment as delivered in a series of private nontraditional fully accredited schools that serve grades 6-12 in a single southern state. The school population includes students who have not been successful in a traditional classroom setting for various reasons, including low academic performance, low state test scores, behavior issues, and attendance challenges. In addition, the students who attend these school settings have lower socioeconomic status or have been involved in the Department of Juvenile Justice system. The teachers and tutors hold the training necessary to support students' social-emotional, career, and academic needs and meet students' needs with 504 or Individualized Education Plans. Students in these schools participate in credit recovery with the support of the school staff to accelerate and complete their academic requirements digitally, and students choose from different weekly schedule options to attend the school face-to-face that accommodate their schedule. One unique facet of the schools is that the students have opportunities to engage in career exploration and mentorship that helps to support their academic engagement one to two days a week. The school setting in this study also provides extracurricular resources, such as vocational rehabilitation, professional job/interview coaching, health/wellness coaching, after-school programs, summer camps, and other academic support programs.

Treatment

The GPS for SUCCESS program is a 5-week classroom-based intervention and covers five core principles (Spargo et al., 2021; see Figure 1). The first theme and related activities support students as they create a personal vision for their lives, seeking to answer the question, what do they want their lives to look like? Visions can be general (e.g., popular or rich) or specific (e.g., a musician or rapper). The information garnered from this activity supports the next theme, purpose. Exploring purpose with students provides an opportunity to understand why the student wants what they want and how this is meaningful for the student. For instance, if a student's vision was to be "a rap musician", further exploration into purpose might uncover that the

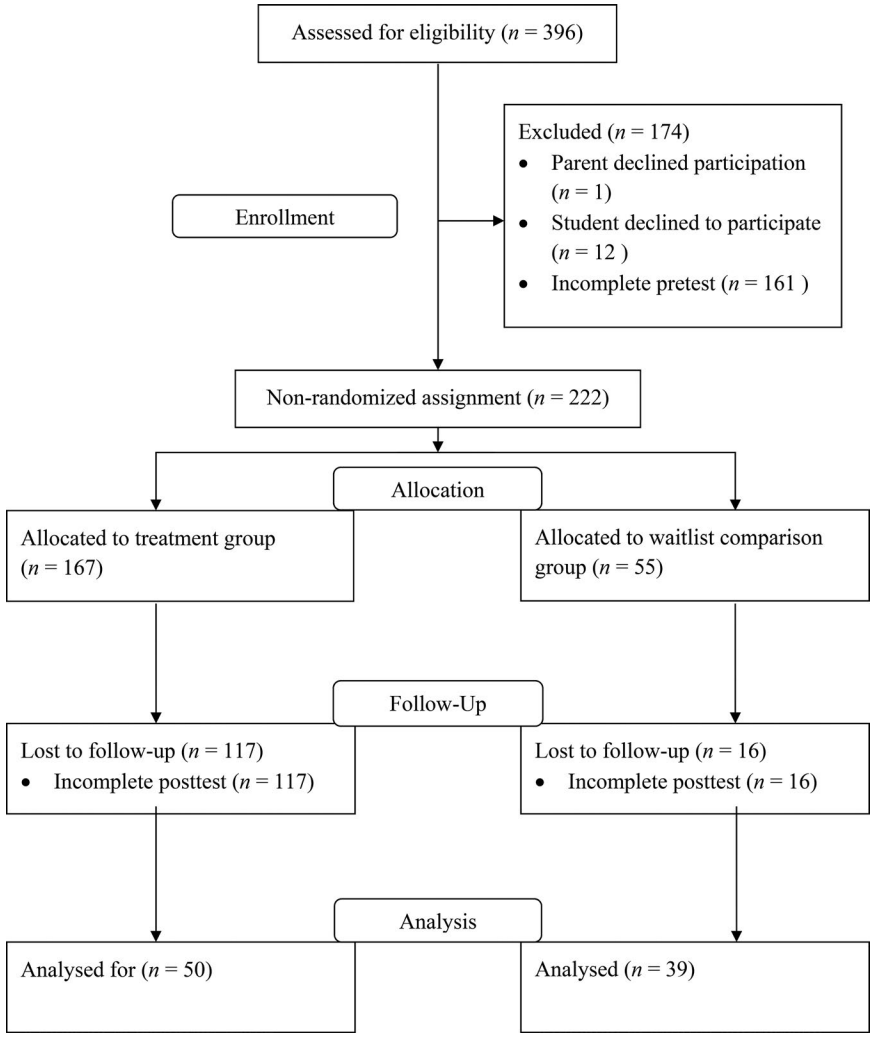

Figure 2. Consolidated standards of reporting trials (CONSORT) flow diagram.

student seeks adventure, stability, or influence. The next theme, mission, allows students to create a "game plan" for how to achieve their vision and mission, allowing a shift in focus from the goal of becoming a "rapper" to also include stability or notoriety as the underlying mission. The fourth theme, team, encourages students to discern who is important for them to support their overall mission and what role those teammates will have. The final theme, commitment, supports students to recognize and commit to their vision and to find ways to remain committed despite challenges (Spargo et al., 2021). Therefore the overall core Principals are summed up as Vision- "what", Purpose- "why", Mission- "how", Team- "who", Commitment- "commit".

The program itself is delivered digitally and supported by conversations and experiences led by the classroom facilitator. Students move through pre-loaded content in a classroom, which encourages them to reflect on five core principles. The intervention includes two days of implementation each week, with less formal integration throughout the week as directed by the online program. Day one includes introducing the core principle for the week using content found in the online learning management system and facilitator guide, observation of video, and completion of extension activity. Day two includes a review of the application of the core principle and the completion of the discussion question.

Treatment integrity

All participants received the intervention through a Google Classroom that the intervention creator (MLMP staff) developed, ensuring the materials were the same for all participants. In addition, the authors of the program created a facilitators' manual that supports the delivery of the program. All program facilitators completed the Emotional and Belief Intelligence Leadership Training and Facilitator Training before delivering the intervention and ensuring they were consistently prepared to support the facilitation of it. During the delivery, the program authors consulted with the GPS for SUCCESS facilitators for additional support.

Measures

Demographics

We created a demographics questionnaire to capture information regarding the demographic makeup of the students

in this study. The questionnaire captures data about the participants' age, gender, race, and grade level.

Personal growth initiative

Robitschek et al. (2012) developed the Personal Growth Initiative Scale-II (PGIS-II) to assess an individual's ability to "seek opportunities to grow" and to "capitalize on specific growth opportunities that present themselves" (p. 274). We used the PGIS-II (Robitschek et al., 2012) to capture data on participants' levels of personal growth initiative before and after the intervention. The PGIS-II expanded the original PGIS (Robitschek, 1998, 1999) by taking a more multidimensional look at the complexity of personal growth initiative. The PGIS-II comprises 16-items and four subscales: *Readiness for Change*, *Planfulness*, *Using Resources*, and *Intentional Behavior.* Items include six-point Likert responses ranging from 0 (*disagree strongly*) to 5 (*agree strongly*). Some sample items include, "I set realistic goals for myself" and "I use resources when I try to grow". We used the total score for our study by summing and averaging all the items on the scale. The PGIS-II has been tested across various samples, demonstrating discriminant and convergent validity with African American college students (Weigold et al., 2014), European American college students (Robitschek et al., 2012), and Polish citizens (Borowa et al., 2020). The PGIS-II also showed evidence of test-retest reliability intervals for up to six weeks (Robitschek et al., 2012; Weigold et al., 2014). Across multiple studies with diverse participants, scores on the PGIS-II produced strong internal consistency reliability with α's ranging from .90 to. 93 (Borowa et al., 2020; Robitschek et al., 2012; Weigold et al., 2014). In our study, scores on the PGI-II produced good internal consistency reliability (pretest α = .90, posttest α = .94).

Meaning in life

We used the Meaning in Life Questionnaire (MLQ; Steger et al., 2006) to obtain data on participants' perceived meaning in life. Steger et al. (2006) developed the MLQ to measure individuals' "sense made of, and significance felt regarding, the nature of one's being and existence" (p. 81). The MLQ consists of 10-items with 7-point Likert responses ranging from 1 (*absolutely untrue*) to 7 (*absolutely true).* Sample items include, "I understand my life's meaning" and "I am seeking a purpose or mission for my life," with item 9 reverse coded as "My life has no clear purpose." The scale consists of two subscales: *Presence* and *Search*. The MLQ's subscales demonstrated evidence of convergent validity with other measures of wellbeing (e.g., life satisfaction); the MLQ's lack of correlation with value rankings and participants' scores on social desirability provided evidence of discriminant validity (Steger et al., 2006). The MLQ has been psychometrically validated across various populations, including citizens of Iran struggling with life-threatening illnesses (cancer and multiple sclerosis; Naghiyaee et al., 2020), residents in American inpatient facilities (Schulenberg et al., 2011), and American public and community college populations (Steger et al., 2006). Total scores on the MLQ have continued to produce strong internal consistency reliability (α = .90; Naghiyaee et al., 2020; Schulenberg et al., 2011), as well as its subscales (α = .86 − .88; Steger et al., 2006). In our study, scores on the MLQ produced good internal consistency reliability (pretest α = .83, posttest α = .90).

Data analytic plan

To start, we completed initial checks to ensure there were no violations of related statistical assumptions. We evaluated normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliability of the covariate measure and found that the data met these statistical assumptions. Next, we compared the pretest scores on the measures for both the treatment and control to test for any differences between these groups using independent samples t-test. We employed two Analysis of Covariance (ANCOVA) analyses to compare two groups (comparison and treatment) on the separate outcome variables of personal growth initiative and meaning in life. We selected two ANCOVAs over a Multivariate Analysis of Covariance because the constructs of personal growth initiative and meaning in life differ theoretically. We used pretest scores as covariates to control their effect on the outcome variables. We report the partial eta squared effect size (η_p^2, Sink & Stroh, 2006) with values ranging from .01 ≥ (small effect), .06 ≥ (medium effect), and .14 ≥ (large effect).

Results

Preliminary analysis

The total sample included 89 participants. All participants complete the PGI-II across the pretest and posttest (treatment $n = 50$, comparison $n = 39$) whereas four participants did not complete the entire MLQ (treatment $n = 48$, comparison $n = 37$). We computed two independent samples t-test using scores on the PGI-II and MLQ as dependent variables while using the assignment to comparison or treatment group as the independent variables. The results indicated that scores on the PGI-II (t [87] = −.86, p = .39) and MLQ (t [84] = 1.09, p = .28) did not differ statistically based on whether a participant was in the treatment or comparison group prior to the intervention Table 1.

Research question one

We conducted a one-way between-groups ANCOVA to examine the effectiveness of the GPS for SUCCESS program in promoting positive growth initiative in a sample of school-aged youth when compared to a waitlist comparison group. The dependent variable in the study included scores on the PGIS-II (personal growth initiative), whereas the group (comparison or treatment) was the independent variable. We utilized pretest scores on the PGIS-II as a covariate in the analysis. After adjusting for pretest scores, there was

Table 2. Means, standard deviations, and change scores for outcome variables across pretest and posttest.

		Pretest	Posttest	
		M(*SD*)	*M*(*SD*)	Change Score
Personal Growth Initiative	T ($n = 50$)	3.86 (.80)	3.93 (.79)	+.07
	C ($n = 39$)	3.70 (.91)	3.48 (1.09)	-.22
Meaning in Life	T ($n = 48$)	5.08 (1.24)	5.35 (.93)	+.27
	C ($n = 37$)	5.36 (1.02)	4.67 (1.18)	-.69

a statistically significant difference between the comparison and treatment group, F (1, 86) = 4.44, $p < .05$, $\eta_p^2 = .05$. Table 2 depicts the differences in scores for this analysis.

Research question two

We conducted a second one-way between-groups ANCOVA to examine the effectiveness of the GPS for SUCCESS program in regards to increasing meaning in life among a sample of school-aged youth when compared to a waitlist comparison group. The dependent variable in the study included scores on the MLQ (meaning in life), while the group (comparison or treatment) served the independent variable. We used pretest scores on the MLQ as a covariate in the analysis. After adjusting for pretest scores, there was a statistically significant difference between the comparison and treatment group, F (1, 86) = 14.52, $p < .001$, $\eta_p^2 = .14$.

Discussion

In this study, we sought to examine the effectiveness of the GPS for SUCCESS program at increasing school-aged youth's personal growth initiative and meaning in life. The results for research question one indicate that students in the treatment group had higher personal growth initiative after the intervention when compared to the waitlist comparison groups while accounting for the pretest scores. Our interpretation of the results is that the GPS for SUCCESS program likely had a positive effect on students' personal growth initiative. Interestingly, the control group's mean score dropped between pre and posttest surveys, suggesting that the treatment may have helped to sustain the students' personal growth iniaitive during events that adversely impacted the comparison groups (i.e., end of the school year or COVID pandemic). However, this finding needs to be explored further to understand better and validate it. While the research on this program is just emerging, the findings here echo the preliminary findings in the Spargo et al.'s (2021) examination of the program, demonstrating that it positively influences goal setting and personal growth. The findings here also answer Lenz's (2021) call, to some degree, for identifying interventions that promote aspects of positive psychology, such as resilience, hope, and mental health.

The second research question examined the impact of the GPS for SUCCESS program on school-aged participants' meaning in life. Similar to research question one, we found that participants in the treatment group had higher meaning in life following the intervention when compared to the comparison group while controlling for their pretest scores. We interpret the findings to indicate that the GPS for SUCCESS program, or similar programs, can increase students' meaning in life. Based on prior research, we draw a logical conclusion that when we increase students' meaning in life, it is also likely that we decrease their pursuit of alcohol and drug use (Niles et al., in press). Despite our findings, it is helpful to consider the novelty of the GPS for SUCCESS program and the need to replicate the results to verify the findings found here.

Implications for theory and practice

Our findings support the theoretical framework used in developing the GPS for SUCCESS program (see Figure 1). The treatment focused on enhancing the core elements of vision, purpose, mission, team, and commitment. The increase in meaning in life ties closely with the vision, mission, and purpose in life, suggesting that the program accomplishes the proposed goals. Furthermore, our findings that indicated a significant difference in personal growth initiative between comparison and treatment groups ties to the concepts of utilizing positive relationships (i.e., mentors and friendships) and resources to pursue their dream (Lesson 4) and to commit to positive decision-making (Lesson 5). Thus, the outcomes of this study provide support for the theoretical elements of the GPS for SUCCESS program.

The findings from our study have implications for practice. First, the results indicate that the GPS for SUCCESS resulted in increased personal growth initiative and meaning in life, indicating that a curriculum like this one can influence these concepts. Educators and youth-based practitioners who wish to increase the meaning in life and personal growth initiative can implement this program or a program like it. Programs that focus on developing youth's vision and purpose impact essential outcomes like the ones used in our study. Another implication is that students within nontraditional school settings benefit from the GPS for SUCCESS program, as evidenced by the difference in scores for the comparison and treatment groups in this study. Students attending an alternative placement may face atypical stressors (Mullen & Lambie, 2013) that necessitate additional support, and the GPS for SUCCESS program helps to grow personal growth initiative and meaning in life. Increasing personal growth initiative and meaning in life likely leads to additional outcomes (Gutierrez, 2019, Niles et al., in press), such as reducing problematic substance use, but future research is needed to verify these claims.

Limitations and future directions

It is crucial to contextualize the findings from our study with the limitations in mind. First off, our sample is limited to a nontraditional, private school system that may not represent larger public educational settings well. Also, we achieved a high mortality rate in this study, meaning many participants who started the study did not participate in the posttest survey. While the reasons for students dropping the study are unknown, it could be due to several factors outside our control, such as time of the year (nearing summer) and a collateral impact of the COVID pandemic. Another limitation is the quasi-experimental nature of this study and the lack of randomized placement in comparison and treatment groups.

Given the limitations in our study, we recognize some immediate future research directions. It would be helpful to evaluate the GPS for SUCCESS Program with a general public school sample that may represent a broader population. Additionally, it would be useful to complete a study that assigns participants to comparison and treatment groups randomly. Similarly, it would be good to compare the GPS for SUCCESS program with a comparable treatment instead of a waitlist comparison group. Next, it would be helpful to examine additional outcome variables, such as alcohol and drug use, that the program may help prevent. Lastly, future research can track the outcomes of the GPS for SUCCESS program over time in a longitudinal study, examining the long term impact.

Conclusion

We set out in this study to examine the effectiveness of the GPS for SUCCESS program. We facilitated a quasi-experiment research design comparing scores of personal growth initiative and meaning in life between the treatment group and waitlist comparison group to accomplish this aim. We found that for both personal growth initiative and meaning in life the treatment group had statistically significant higher scores when compared to the comparison group. The findings provide some initial support for the effectiveness of the GPS for Success program and indicate that the program affects theoretically congruent concepts. While the findings provided promising results, more research using randomized designs with different samples is merited.

Notes on contributors

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Allison L. Spargo, Ph.D., is a faculty member at Walden University. Her teaching and research seeks to create equity-oriented systemic change across the lifespan.

Funding

Research funded in part by Atlanta-Carolina's High-Intensity Drug Trafficking Areas (AC-HIDTA) and My Life My Power (MLMP) funded by the Office of National Drug Control Policy (ONDCP) of the White House Executive Offices.

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References

Akos, P. (2005). The unique nature of middle school counseling. *Professional School Counseling*, *9*(2), 95–102. https://doi.org/10.1177/2156759X0500900211

Borowa, D., Kossakowska, M. M., Harmon, K. A., & Robitschek, C. (2020). Personal growth initiative's relation to life meaning and satisfaction in a polish sample. *Current Psychology*, *39*(5), 1648–1660. https://doi.org/10.1007/s12144-018-9862-2

Brassai, L., Piko, B. F., & Steger, M. F. (2011). Meaning in life: Is it a protective factor for adolescents' psychological health? *International Journal of Behavioral Medicine*, *18*(1), 44–51. https://doi.org/10.1007/s12529-010-9089-6

Chavarria, J., Stevens, E. B., Jason, L. A., & Ferrari, J. R. (2012). The effects of self-regulation and self-efficacy on substance use abstinence. *Alcoholism Treatment Quarterly*, *30*(4), 422–432. https://doi.org/10.1080/07347324.2012.718960

Collaborative for Academic, Social, and Emotional Learning. (n.d.). *What are the core competence areas and where are they promoted?* CASEL. https://casel.org/sel-framework/

Courtney, D., Watson, P., Battaglia, M., Mulsant, B. H., & Szatmari, P. (2020). COVID-19 impacts on child and youth anxiety and depression: challenges and opportunities. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, *65*(10), 688–691. https://doi.org/10.1177/0706743720935646

Dvorsky, M. R., Breaux, R., & Becker, S. P. (2021). Finding ordinary magic in extraordinary times: child and adolescent resilience during the COVID-19 pandemic. *European Child & Adolescent Psychiatry*, *30*(11), 1829–1831. https://doi.org/10.1007/s00787-020-01583-8

García-Alandete, J., Martínez, E. R., Sellés Nohales, P., & Soucase Lozano, B. (2018). Meaning in life and psychological weil-being in Spanish emerging adults. *Acta Colombiana de Psicología*, *21*(1), 196–216. https://doi.org/10.14718/ACP.2018.21.1.9

Gutierrez, D. (2019). Spiritus contra spiritum: Addiction, hope, and the search for meaning. *Spirituality in Clinical Practice*, *6*(4), 229–239. https://doi.org/10.1037/scp0000201

Henderson, D. A., & Thompson, C. L. (2015). *Counseling children*. Cengage Learning.

Lenz, A. S. (2021). Evidence for relationships between hope, resilience, and mental health among youth. *Journal of Counseling & Development*, *99*(1), 96–103. https://doi.org/10.1002/jcad.12357

Moher, D., Hopewell, S., Schulz, K. F., Montori, V., Gotzsche, P. C., Devereaux, P. J., Elbourne, D., Egger, M., & Altman, D. G. (2010). Consort 2010 explanation and elaboration: Updated guidelines for reporting parallel group randomized trials. *Bmj (Clinical Research ed.)*, *340*(1), c869–702. https://doi.org/:10.1136/bmj.c869 https://doi.org/10.1136/bmj.c869

Mullen, P. R., & Lambie, G. W. (2013). School counseling in disciplinary alternative education programs. *Journal of School Counseling*, *11*(17), 1–33.

Naghiyaee, M., Bahmani, B., & Asgari, A. (2020). The psychometric properties of the meaning in life questionnaire (MLQ) in patients with life-threatening illnesses. *The Scientific World Journal*, *2020*, 1–8. https://doi.org/10.1155/2020/8361602

Niles., J. K., Gutierrez, D., Dukes, A. T., Mullen, P. R., & Goode, C.. (in press). Understanding the relationship between personal growth

initiative, hope, and abstinence self-efficacy. *Journal of Addictions & Offender Counseling*.

Nurius, P., LaValley, K., & Kim, M. H. (2020). Victimization, poverty, and resilience resources: Stress process considerations for adolescent mental health. *School Mental Health*, *12*(1), 124–135. https://doi.org/10.1007/s12310-019-09335-z

Padilla-Walker, L. M., Hardy, S. A., & Christensen, K. J. (2011). Adolescent hope as a mediator between parent-child connectedness and adolescent outcomes. *The Journal of Early Adolescence*, *31*(6), 853–879. https://doi.org/10.1177/0272431610376249

Robitschek, C. (1998). Personal growth initiative: The construct and its measure. *Measurement and Evaluation in Counseling and Development*, *30*(4), 183–198. https://doi.org/10.1080/07481756.1998.12068941

Robitschek, C. (1999). Further validation of the Personal Growth Initiative Scale. *Measurement and Evaluation in Counseling and Development*, *31*(4), 197–210.

Robitschek, C. (2003). Validity of Personal Growth Initiative Scale scores with a Mexican American college student population. *Journal of Counseling Psychology*, *50*(4), 496–502. https://doi.org/10.1037/0022-0167.50.4.496

Robitschek, C., Ashton, M. W., Spering, C. C., Geiger, N., Byers, D., Schotts, G. C., & Thoen, M. A. (2012). Development and psychometric evaluation of the Personal Growth Initiative Scale-II. *Journal of Counseling Psychology*, *59*(2), 274–287. https://doi.org/10.1037/a0027310

Robitschek, C., & Cook, S. W. (1999). The influence of personal growth initiative and coping styles on career exploration and vocational identity. *Journal of Vocational Behavior*, *54*(1), 127–141. https://doi.org/10.1006/jvbe.1998.1650

Robitschek, C., & Keyes, C. L. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology*, *56*(2), 321–329. https://doi.org/10.1037/a0013954

Schulenberg, S. E., Strack, K. M., & Buchanan, E. M. (2011). The Meaning in Life Questionnaire: Psychometric properties with individuals with serious mental illness in an inpatient setting. *Journal of Clinical Psychology*, *67*(12), 1210–1219. https://doi.org/10.1002/jclp.20841

Shorey, H. S., Little, T. D., Snyder, C. R., Kluck, B., & Robitschek, C. (2007). Hope and personal growth initiative: A comparison of positive, future-oriented constructs. *Personality and Individual Differences*, *43*(7), 1917–1926. https://doi.org/10.1016/j.paid.2007.06.011

Sink, C., & Stroh, H. (2006). Practical significance: The use of effect sizes in school counseling research. *Professional School Counseling*, *9*(4), 401–411. https://doi.org/10.5330/prsc.9.4.283746k664204023

Spargo, A., Mullen, P., Gutierrez, D., & Kramer, J. (2021). GPS for Success: A Practitioner-Based Study With High School Students. *Professional School Counseling*, *25*(1). https://doi.org/10.1177/2156759X211050414

Springer, J. F., Sale, E., Hermann, J., Sambrano, S., Kasim, R., & Nistler, M. (2004). Characteristics of effective substance abuse prevention programs for high-risk youth. *The Journal of Primary Prevention*, *25*(2), 171–194. https://doi.org/10.1023/B:JOPP.0000042388.63695.3f

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, *53*(1), 80–93. https://doi.org/10.1037/0022-0167.53.1.80

Tucker, C., Smith-Adcock, S., & Trepal, H. C. (2011). Relational-cultural theory for middle school counselors. *Professional School Counseling*, *14*(5), 2156759X1101400. https://doi.org/10.1177/2156759X1101400503

Weigold, I. K., Weigold, A., Russell, E. J., & Drakeford, N. M. (2014). Examination of the psychometric properties of the Personal Growth Initiative Scale-II in African American college students. *Assessment*, *21*(6), 754–764. https://doi.org/10.1177/1073191114524019

Wilchek-Aviad, Y., & Ne'eman-Haviv, V. (2016). Do meaning in life, ideological commitment, and level of religiosity, related adolescent substance abuse and attitude? *Child Indicators Research*, *9*(1), 261–276. https://doi.org/10.1007/s12187-015-9310-x