A Positive Psychological Intervention to Promote Well-Being in a Multicultural School Setting in Greece

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Abstract

The present study seeks to examine the effectiveness of a Positive Psychology Intervention in enhancing well-being in a multicultural school setting. 121 5th and 6th grade primary school male and female students participated in the study. 57.9% were native Greeks and 42.1% were migrant children. 81 students were allocated to the positive intervention group, while 40 students partook in a control group with no positive orientation. Students were asked to complete a questionnaire battery a day prior to the interventions and also fifteen days later. Results indicated that only the positive intervention was effective in enhancing positive emotional experiences, optimism and self-efficacy in peer interactions two weeks after its implementation. The results were mostly undifferentiated for gender, migrant and socioeconomic status as far as positive emotions are concerned, while the patterns of influence of demographic variables on the efficacy of the intervention concerning the participants’ benefits in optimism and self-efficacy are discussed. The PPI group, as opposed to the control group, evaluated the intervention as particularly helpful with respect to all well-being variables, an effect maintained two weeks after the intervention. This positive intervention appears appropriate as a universal mental health promotion vehicle, especially within a demanding multicultural classroom context.

Keywords: Positive Psychological Intervention, multicultural classroom, well-being, positive emotions, optimism, self-efficacy

In the last two decades Positive Psychology, an alternative paradigm encompassing basic and applied sciences, has reformulated the goals of Psychology primarily by defining mental health as a construct which goes beyond the absence of disorder and malfunction to include well-being and positive adaptation (Seligman & Csikszentmihalyi, 2000). Its pioneers, followed by a growing number of researchers and practitioners, emphasized the importance of individual and institutional flourishing and well-being and also of understanding and enhancing positive aspects of human behavior, emotion and cognition (Gable & Haidt, 2005). The new Positive Psychology approach aims to complement rather than replace traditional psychological and psychotherapeutic approaches which, despite their accomplishments concerning the relief of mental illness symptoms and the development of various effective treatments, fail to provide the means for a more fulfilling life (Norrish & Vella-Brodrick, 2009). In fact, the main principles of this orientation can be traced back to the foundations of Counselling Psychology (Brady-Amoon & Keefe-Cooperman, 2017). In recent years Positive Psychology has widened its scope to embrace youth development. As stated by Larson (2000, p. 170), ‘a central question of youth development is how to get adolescents’ fires lit, how to have them develop the complex of dispositions and skills needed to take charge of their lives’. In this light, the present study aims to examine the efficacy of a school-based Positive Psychology Intervention (PPI) developed to promote well-being...
in an early adolescent sample in Greece. Taking into account the specific developmental characteristics of this transitional developmental stage we adopted the multidimensional approach to well-being proposed by Caprara, Steca, Gerbino, Paciello, and Vecchio (2006) indicating positive affect, optimism and self-efficacy as key variables in adolescents’ optimal experience. Furthermore, our intervention was designed for and applied in classrooms with multicultural composition. According to UNHCR (2016) in 2015 and 2016 alone more than one million people have reached the European coasts fleeing wars or extreme poverty, with 27% of those arrived in 2016 reported as minors, a fact that underlines the urgency for psychological and educational initiatives suitable for youths from diverse cultural backgrounds.

The Impact of Immigration on Young People’s Mental Health

Immigration is one of the most prominent phenomena of our times, affecting millions of people across the globe. People who leave their countries of origin and settle in new sociocultural environments face great challenges considering both their social and psychological adaptation (Berry, 1997). Receiving societies are, also, affected, as they struggle to respond effectively to the advanced needs of multicultural populations. Respective research, while underlying the heterogeneity of immigrant groups and individuals in terms of cultural values, pre-immigration experiences and their status as financial immigrants or refugees, suggests two factors as potential risks for immigrant adults’ and children’s well-being, namely stress associated with the acculturation process (Suárez-Orozco, 2001) and perceived discrimination (Wong, Eccles, & Sameroff, 2003).

The impact of these experiences on immigration is considered to be particularly significant during childhood and adolescence, when identity and self-competency beliefs formation take place (Fisher, Wallace, & Fenton, 2000; Wong et al., 2003). Studies focusing on these populations suggest that acculturative stress and perceived discrimination may increase the probability of psychological and behavioral problems, such as low self-esteem, anger, depression, alienation and psychosomatic complaints among immigrant adolescents (Pumariega, Rothe, & Pumariega, 2005; Wong et al., 2003). Furthermore, adolescents facing obstacles in cultural adaptation may adopt risky behaviors influencing their developmental trajectories in the long term.

Despite these findings, a number of studies address immigration not solely as a problem, but also as an opportunity for both immigrant youths and the societies receiving them (Berry, Phinney, Sam, & Vedder, 2006). This perspective derives its arguments from the fact that a significant part of immigrant population worldwide manage to adapt successfully and even thrive, while simultaneously enriching receiving societies with diverse cultural elements. In the presence of a set of protective factors, such as a positive cultural identity and a sense of belonging, lower exposure to prejudice, as well as enjoyment of family and peer support, adolescents of immigrant background are facilitated to manifest psychological resilience (Heidi, Miller, Baldwin, & Abdi, 2011; Pumariega et al., 2005; Wong et al., 2003). In support of the above, a review of current research by Stevens and Vollebergh (2008) revealed the lack of any consistent results indicating that immigrant youths suffer poor mental health compared to their native peers. Berry et al. (2006) reached similar conclusions concerning a number of indicators of psychological and social adaptation. These findings underline the need for further studies examining the buffering effect of protective factors against the adversities associated with immigration, as well as the development of interventions suitable for multicultural settings, such as the one described in the present study.
Components of Well-Being in Early Adolescence: Positive Affect, Optimism and Self-Efficacy

Positive Affect

In 1988, Watson, Clark, and Tellegen defined positive affect as a reflection of ‘the extent to which a person feels enthusiastic, active and alert’ (Watson, Clark, & Tellegen, 1988, p. 1063). Since then, positive affective experiences, usually referred to as positive emotions, have been shown to relate to numerous adaptive functions, such as attentional and cognitive broadening (Isen, 2003), approach motivation (Gable & Harmon-Jones, 2008), resource building (Lyubomirsky, 2001), engagement in pleasant activities and social interactions (Kashdan & Roberts, 2004), and adoption of flexible strategies in setting and pursuing goals (Carver, 2003). Positive emotions are, also, linked to adaptive coping mechanisms fostering resilience (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Despite the fact that the passage to adolescence reflects a developmental challenge in terms of the quality and the intensity of emotional experiences (Gilbert, 2012), current research concerning the impact of positive affect on adolescents is rather limited and focuses mostly on cognitive and academic outcomes. Relevant studies reveal the facilitating effect of positive emotional experiences on learning and achievement through the promotion of creativity and flexible learning strategies (Pekrun, Frenzel, Goetz, & Perry, 2007). Beyond academic achievement, research indicates positive affectivity as a major protective factor against depression among children and adolescents (Lonigan, Phillips, & Hooe, 2003). In the social domain, positive affect enables adolescents to initiate and maintain relationships (Forbes & Dahl, 2005) and show less vulnerability to negative peer influence (Mrug, Madan, & Windle, 2012). Not only is enhancement of positive emotional experiences considered a means towards psychological well-being, it is also a desired outcome of school-based counselling for young people (Rupani et al., 2014).

Optimism

Optimism, one of the cognitive components of adolescents’ well-being (Caprara et al., 2009) reflects a set of generalized expectancies characterized by a positive orientation towards the future (Scheier & Carver, 1992). In adult populations optimism has been shown to foster resilience and protect from distress and depression symptoms in both cross-sectional and longitudinal studies (e.g. Brissette, Scheier, & Carver, 2002). Likewise, optimism has been related to adaptive coping mechanisms in the face of adversity (Scheier, Carver, & Bridges, 2001).

In the light of the beneficial impact of optimism on adults’ well-being, a body of research has recently focused on positive orientation in life among youths. Optimism has emerged as a main component of healthy psychological development in childhood and adolescence, functioning as a protective factor against depression and hopelessness (Ey et al., 2005; Toner & Heaven, 2005), whereas pessimistic attributions and expectancies are linked to elevated depressive symptoms, anxiety and poor adjustment (Garber, Weiss, & Shanley, 1993). As far as positive outcomes are concerned, optimistic adolescents report higher levels of positive affect and satisfaction with life (Veronese, Castiglioni, Barola, & Said, 2012). Optimism is, furthermore, found to function as a personal resource enabling youths to attract social support and experience less peer rejection (Ciarrochi, Heaven, & Supavadeeprasit, 2008; Deptula, Cohen, Phillipsen, & Ey, 2006).
Self-Efficacy

Contemporary approaches in youth development view adolescents as active agents who evaluate environmental circumstances, develop expectations and regulate their emotions and behavior in order to adapt and succeed (Larson, 2000). In this light, self-efficacy, namely the subjective perception of one’s personal competence to achieve desirable outcomes (Bandura, 1977) is perceived as an essential resource that promotes mental health and well-being during adolescence. The study and cultivation of positive efficacy beliefs becomes more essential during early adolescence, a transitional stage characterized by enormous changes concerning the academic and interpersonal challenges facing young people.

In their study, Bandura, Pastorelli, Barbaranelli, and Caprara (1999) have indicated that high efficacy beliefs in academic and social tasks were associated with lower depression levels, both directly and through their influence in building prosocial behaviors. The perception of self-efficacy as a mental health contributor is further supported by more recent studies which have shown that adolescents with stronger efficacy beliefs tend to report less depression symptoms and psychological complaints (Jenkins, Goodness, & Buhrmester, 2002; Karademas, 2006). Apart from functioning as a barrier to the onset of mental illness, self-efficacy has been attested to promote positive outcomes, such as satisfaction with life (Vecchio, Gerbino, Pastorelli, Del Bove, & Caprara, 2007) and optimism (Caprara et al., 2009; Karademas, 2006).

Given the importance of the above crucial components of adolescent well-being and positive development, Positive Psychology is mainly interested in identifying the means and mechanisms through which young people may be assisted in cultivating their strengths and, therefore, achieving an optimal level of functioning.

Positive Psychological Interventions

Layous and Lyubomirsky (2014) pointed out that the most reliable way to increase happiness is by voluntarily adopting certain strategies on a cognitive and emotional level rather than just by ameliorating one’s life circumstances. Such ‘treatment methods or intentional activities aimed at cultivating positive feelings, positive behaviors, or positive cognitions’ (Sin & Lyubomirsky, 2009, p. 467) are grouped under the term Positive Psychology Interventions (PPIs). Being its applied branch, PPIs are thought to be ‘the bottom line of work in positive psychology’ (Seligman, Steen, Park, & Peterson, 2005, p. 413).

Most interventions, such as the ‘Three Good Things’ (Seligman et al., 2005), the ‘Loving–Kindness Meditation’ (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008) and the ‘Counting Blessings’ (Froh, Sefick, & Emmons, 2008) target the enhancement of positive emotional experiences and the alleviation of depressive symptoms by building skills which enable people to self-generate positive emotions and regulate positive and negative emotions. In terms of content, available interventions may focus on positive constructs and character strengths, such as hope (Feldman & Dreher, 2012), savoring and gratitude (Rash, Matsuba, & Prkachin, 2011; Sheldon & Lyubomirsky, 2006), optimism (Boehm, Lyubomirsky, & Sheldon, 2011; Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011) or forgiveness (Reed & Enright, 2006). Most recent studies (e.g. Sanjuán et al., 2016; Leontopoulou, 2015) include a series of activities in their curriculum. Concerning the effectiveness of positive interventions, the results of two available meta-analyses (Bolier et al., 2013; Sin & Lyubomirsky, 2009) have shown that evidence-based positive activities and programs can indeed contribute to both the enhancement of well-being and the alleviation of depressive symptoms.
School Based Well-Being Promotion in Early Adolescence

The school setting, as one of the most important environments for children and adolescents in terms of socialization, emotional and cognitive learning, can be seen as an excellent field where Positive Psychology's rationale and principles can be effectively applied by promoting young people's personal and social assets and resources (Clonan, Chafouleas, McDougal, & Riley-Tillman, 2004; Seligman et al., 2009). Such initiatives may complement existing school-based counselling services which have been shown effective in ameliorating students' mental health (Cooper et al., 2015). In recent years a number of PPIs have been designed to foster adolescents’ and middle school students' well-being, targeting a variety of indicators of positive youth development. Current research suggests that interventions which foster and enhance positive constructs and strengths, such as hope (Marques, Lopez, & Pais-Ribeiro, 2011) and gratitude (Froh et al., 2009; Froh, Sefick, & Emmons, 2008) had a positive impact in students’ mental health and life satisfaction, as opposed to control groups where such advancements were not observed. Other studies showed that the participation of students in activities which offer opportunities for positive and interesting school experiences result to increased well-being and positive emotions, which in turn facilitate the emergence of more such experiences (Dawood, 2014; Stiglbauer, Gnambs, Gamsjäger, & Batinic, 2013).

Apart from single scope interventions, there are examples of broader multi-component programs integrating the positive psychology perspective. The ‘Positive Psychology Program’ which was implemented to adolescents and followed a 20-25 session curriculum reported significant gains in school engagement and enjoyment, as well as improvements in social skills (Seligman et al., 2009). Further strength-based interventions, such as ‘Celebrating Strengths’ (Eades, 2005) and ‘Strength Gym’ (Proctor et al., 2011) were based on structured school-implemented curricula and had a beneficial effect on adolescents’ life satisfaction and well-being. A more recent school-based program developed by Suldo, Savage, and Mercer (2014) achieved an increase in life satisfaction among the participants which was maintained at a 6-month follow-up. Last but not least, Shoshani and Steinmetz (2014) developed a year-long intervention implemented by school teachers, where the participants reported short- and long-term gains in subjective well-being, self-esteem and self-efficacy.

A meta-analysis of Positive Youth Development programs (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011) suggests that the availability of a range of stimuli, activities and opportunities for expressing feelings and thoughts combined with the encouragement for participation in positive social and interpersonal interactions is a key component of successful mental health promotion initiatives. Research focusing on more traditional mental health services for adolescents, such as individual counselling and psychotherapy, underlines the importance of providing an accepting environment with ample opportunities for expressing oneself (e.g. Rupani et al., 2014; Sagen, Hummelsund, & Binder, 2013).

In order to address the particularities of multicultural school settings, which are of special interest in this study, mental health promotion interventions, including PPIs, should adopt certain characteristics. Researchers underline the need for extensive opportunities of positive interaction among students of different cultural backgrounds as a means of confronting stereotypes and discrimination (Rayle & Myers, 2004). Developing programs targeted at multicultural classrooms should adopt the principle of the ‘psychology of difference’ (Chin, 1993), namely the supposition that cultural diversity is an opportunity for positive outcomes rather than a risk factor. Of great importance is the multicultural competence of teachers and psychologists who develop and apply such programs as well as their high level of tolerance towards different cultures (Pedrotti, Edwards, &
Lopez, 2009). As far as content is concerned, several studies show that expressive methods such as role playing, art and psychodrama are suitable for groups of children with different ethnic backgrounds, as they are considered to be more culture-free (Beauregard, 2014; Chiumento, Nelki, Dutton, & Hughes, 2011; Miller & Billings, 1994).

The Present Study

The objective of this exploratory study was to test the efficacy of a Positive Psychology Intervention in a multicultural school setting at the onset of adolescence in Greece. This intervention study, the first of its kind in Greece to the best of our knowledge, sought to examine whether an experiential psychoeducational intervention enhanced student well-being, as indexed by positive and negative affect, optimism and self-efficacy. For this purpose, we designed a pre-test post-test PPI study that included both an intervention and a control group; the latter entailed an intervention with no particular positive orientation, as suggested by Sheldon and Lyubomirsky (2006). Our primary hypothesis was that participating in the PPI would boost positive affect, optimism and self-efficacy, relative to the control comparison group. In addition, we expected that the PPI would affect native Greek and non-Greek migrant children equally. However, no specific predictions were made regarding the effects of socio-demographic variables on the PPI and control groups, as current research presents no conclusive evidence of their impact on the efficacy of positive psychology interventions among adolescents (Froh, Sefick, & Emmons, 2008; Schonert-Reichl & Lawlor, 2010; Shoshani & Steinmetz, 2014).

Method

Participants

A total of 121 male (45.5%) and female (54.5%) students aged 10-13 years ($M_{age} = 11.23, SD = .74$) participated in this intervention study. Participants were enrolled at the 5th (50.4%) and 6th (49.6%) grades of two primary schools in the wider urban area of Athens, Greece. 57.9% of the sample were native Greeks, while 42.1% reported that either themselves, or their parents had migrated to Greece from a different country. Of the latter, 25.6% were first generation migrants and 16.5% were second generation migrants. Almost half the study sample 48.8% came from middle socio-economic status (ses) families, with 31.4% students originating from lower and 19.8% from higher ses families. According to the teachers of the participating school classes' immigrant children had adequate oral skills, but poor understanding and writing skills, compared to their Greek peers.

Of the total six school classes that participated in the study, four (a total of $n = 81$ students) participated in the Positive Psychology Intervention (PPI) group, while a further two classes (a total of $n = 40$ students) took part in an intervention with no particular positive orientation (control group). As the duration of the two interventions differed (the PPI taking longer to complete), allocation of the classes into the two groups was based on the amount of time teachers were able to afford the study. Table 1 displays information on the socio-demographic distribution of the sample in the two intervention groups.
Table 1
Socio-Demographic Characteristics of the Total Sample, the PPI Group and the Control Group

<table>
<thead>
<tr>
<th>Socio-demographic characteristic</th>
<th>PPI Group</th>
<th>Control Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>39</td>
<td>48.1</td>
<td>16</td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>51.9</td>
<td>24</td>
</tr>
<tr>
<td><strong>Class</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fifth</td>
<td>42</td>
<td>51.9</td>
<td>19</td>
</tr>
<tr>
<td>Sixth</td>
<td>39</td>
<td>48.1</td>
<td>21</td>
</tr>
<tr>
<td><strong>SES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower</td>
<td>25</td>
<td>30.9</td>
<td>13</td>
</tr>
<tr>
<td>Middle</td>
<td>41</td>
<td>50.6</td>
<td>18</td>
</tr>
<tr>
<td>Higher</td>
<td>15</td>
<td>18.5</td>
<td>9</td>
</tr>
<tr>
<td><strong>Country of Birth</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>61</td>
<td>75.3</td>
<td>29</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>24.7</td>
<td>11</td>
</tr>
<tr>
<td><strong>Country of Origin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>47</td>
<td>58</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>42</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td>81</td>
<td></td>
<td>40</td>
</tr>
</tbody>
</table>

**Measures**

**Questionnaire Battery and Evaluation Form**

Participants were invited to complete a questionnaire battery twice, once before the interventions took place, and once during the follow-up meeting two weeks later. It comprised a set of socio-demographic questions, including gender, age, ses, number of siblings, country of birth and of origin, and satisfaction from their living situation; and also two self-report questionnaires, as follows.

**Positive and negative emotions** — The Scale of Positive and Negative Experience (SPANE; Diener et al., 2010) is a 12-item questionnaire, including six items to assess positive feelings and six items to assess negative feelings, such as “Good”, “Unpleasant”, “Sad” and “Contented”. It is scored in a 5-point Likert-type scale and three subscales can be calculated, two for positive and negative experiences and one for a balance between them. Higher scores suggest higher frequency of positive and negative emotions, and also for balance. SPANE is reported to have good psychometric qualities and in this study, for the first completion Cronbach’s $\alpha$s were $\alpha = .81$ for positive emotions and $\alpha = .72$ for negative emotions. For the second completion the respective Cronbach’s $\alpha$s were $\alpha = .83$ and $\alpha = .77$.

**Optimism** — The Youth Life Orientation Test (YLOT; Ey et al., 2005) was administered to assess participants’ optimism levels. YLOT consists of nineteen statements, measured on a 4-point Likert-type scale. Sample items include “It’s easy for me to have fun” and “Things usually go wrong for me”. Higher scores suggest higher optimism. Ey et al. (2005) report high internal consistency ($\alpha = .83$), and Cronbach’s $\alpha$s in this study for the first completion were $\alpha = .70$ for the optimism subscale, $\alpha = .74$ for the pessimism subscale and $\alpha = .80$ for the total...
scale; as for the second completion of the scale, the respective Cronbach’s αs were α = .78, α = .80 and α = .86.

**Self-efficacy** — The Children’s Self – Efficacy for Peer Interaction Scale (CSPI; Wheeler & Ladd, 1982) comprises twenty questions, twelve items involving and eight non- conflict situations. Children are asked to indicate how easy or difficult it is for them to do what each item suggests. Sample items include “Some kids want to play a game. Asking them if you can you play is ___ for you” and “Some kids are making fun of someone in your classroom. Telling them to stop is ___ for you”. Higher scores in the two subscales, as well as in the total scale suggest higher self-efficacy in social interactions. The authors report alpha coefficients α = .85 for conflict and α = .73 for non-conflict situations. In this study Cronbach’s αs for the first completion were α = .83 for conflict situations, α = .72 for non-conflict situations and α = .88 for the total scale. For the second completion the respective Cronbach’s αs were α = .83, α = .71 and α = .86.

In addition to the above, an evaluation form was provided to both PPI and control group students to complete after the interventions and at follow-up. They were asked to describe how they felt after the intervention they each participated in. They were also invited to complete a four-point Likert-type scale especially constructed for the needs of the present study. Questions included whether the intervention helped them to have more positive and fewer negative emotions, to think more optimistically about life and to cooperate better or solve a problem together with their peers. Participants were also asked to note what they liked best and what they would change in the whole intervention process and to rate the whole intervention in a scale from 1 to 5.

**Procedure**

Both interventions were carried out at school during class time. A total of three meetings took place with both PPI and control groups. During the first meeting students completed a battery of self-report questionnaires (see Measures section). The interventions were carried out the day following the first meeting. The duration of the PPI was 2 hours, whereas the control intervention lasted 45 mins. Immediately after the conclusion of the interventions, students were asked to complete an evaluation form of the intervention they partook. Two weeks after the interventions, a follow-up meeting was arranged, during which students completed the questionnaire battery and the evaluation form for a second time. Class teachers were present at all times and offered assistance to any student experiencing difficulty in reading and completing the questionnaire batteries.

**Description of the PPI and the Control Group Interventions**

As regards the procedures for the PPI group, the intervention included four activities. Each meeting begun by showing a short video aimed at creating a positive climate in the classroom and igniting the emergence of positive emotions in children.

The second activity for the PPI group sought to identify and develop participants’ character strengths (Peterson & Seligman, 2004), which are key elements in the effective interventions and programs aimed at promoting children’s mental health (Catalano et al., 2004; Seligman et al., 2009). The Children’s Strengths Survey (Park & Peterson, 2003) was administered to participants in the PPI group in order to help them identify their signature strengths. This questionnaire assesses how much each of the 24 items is like/unlike them on a five-point Likert-type scale. Sample items include “I am always curious about the world” and “I am not very good at sensing what other people are feeling”. After completion, children were asked to select three of their character strengths
and to write them down at a provided form. Subsequently, in order to alert children to the fact that they possess some strong positive elements in their personality, and to enable them to connect those elements with particular outcomes in real life, they were each allocated into one of four groups that were formed based on similarities in the character strengths they displayed. Each group was offered materials, such as markers, cardboards, magazines and stickers, and participants were instructed them to create collages portraying their positive character strengths in order to show them to the whole class and to explain the ways these help them in their everyday life. This particular exercise was a variation of the “Coat of Arms” (Villalba & Myers, 2008) exercise. The use of artistic creation means in our variation was dictated by the need to facilitate cultural sensitivity. It was also in line with other studies that demonstrated how artistic creation can heighten well-being levels and positive emotions (e.g. Stuckey & Nobel, 2010), while the opportunities it created for collaboration in a pleasant activity increase self-efficacy and sense of adequacy in social relations (Usher & Pajares, 2008).

The third PPI activity was a modified version of the “Best Possible Selves” exercise (King, 2001) and focused on heightening positive expectations for the future, positive emotions and sense of personal ability and adequacy. The “Visualising Best Possible Selves” activity was shown to strengthen positive thinking and positive emotions (King, 2001; Sheldon & Lyubomirsky, 2006) and to also be one of the sources of self-efficacy (Bandura, 1993). After the children had enough time to create in their own minds their best possible future self, three random teams were formed. Participants were asked to prepare a small theater sketch in which to share their visions of their particular future self with their team members in a fictional future meeting. These theatrical representations were spontaneous and included various techniques used in drama therapy, such as “freezing time”, “role interviews” and “mirrors”. These techniques allow for savouring positive emotional experiences, development of empathy and observation of the self from different viewpoints.

The fourth PPI activity was the “Three Good Things” exercise (Seligman et al., 2005), in which children were asked to think and write down three good things that happened to them that day and to think of the reasons they believed these things happened and how they could act so that they could be repeated in the future. They were instructed to continue this exercise at home and their teachers were asked to encourage children daily to remember to do this exercise at home.

Efforts were taken so that the control group activities mirrored those for the PPI group, without these having the PPI’s particular positive contents. Once children were randomly allocated to teams, they were offered materials to create a collage, but no instructions regarding a theme. These were presented to the rest of the class. The following activity was the “Life Details” (Sheldon & Lyubomirsky, 2006), suggested by its authors as an appropriate control exercise.

**Results**

**Preliminary Analyses**

Because student assignment in the positive intervention and the control group was not random, but based on teachers’ choice between a longer or a shorter intervention, a series of preliminary analyses were conducted in order to test for differences in demographics and baseline well-being variables between the two subgroups (Bonate, 2000). As no significant differences between school classes were found on any of the variables tested, no analyses are included in the text.
Concerning the socio-demographic profile of the intervention and the control group, no significant differences were detected in terms of gender ($\chi^2(1) = .72, p > .05$), socio-economic status ($\chi^2(2) = .41, p > .05$) and immigrant background ($\chi^2(1) = .003, p > .05$). The socio-demographic characteristics of participants in both subgroups are summarised in Table 1, demonstrating sample homogeneity.

In order to test for possible mean baseline differences in well-being variables, a series of independent samples (positive intervention and control groups) t-tests were computed with dependent variables the pre-test scores in negative affect and optimism. In the case of positive affect, we conducted a Mann-Whitney non-parametric test, as the normal distribution precondition for the conduction of t-test was not satisfied. The aforementioned tests rendered no significant results, suggesting that the participants in the positive intervention and the control group scored similarly in positive affect ($Z = -1.02, p > .05$), negative affect ($t(119) = -.57, p > .05$) and optimism ($t(119) = -.23, p > .05$) prior to the respective interventions. Similar results emerged concerning Time 1 self-efficacy scores ($t(119) = .82, p > .05$). In light of these results baseline levels of well-being variables will not be used as covariates in further analyses. Mean pre- (Time 1) and post-test (Time 2) scores for both groups are presented in Table 2.

### Table 2
Mean Pre- and Post-Test Scores and Standard Deviations of Well-Being Variables by Group

<table>
<thead>
<tr>
<th>Well-being variable</th>
<th>PPI Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
</tr>
<tr>
<td>Positive affect</td>
<td>24.37 (4.25)</td>
<td>25.75 (3.75)</td>
</tr>
<tr>
<td>Negative affect</td>
<td>13.70 (3.98)</td>
<td>13.57 (4.24)</td>
</tr>
<tr>
<td>Optimism</td>
<td>24.58 (6.09)</td>
<td>26.69 (5.83)</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>59.83 (10.16)</td>
<td>63.31 (8.70)</td>
</tr>
</tbody>
</table>

The Effectiveness of the Positive Psychology Intervention

To examine the effect of the PPI on positive affect, negative affect, optimism and self-efficacy, we conducted a series of ANOVAs, in which the difference scores, namely the result of subtracting Time 1 scores from Time 2 scores, were used as dependent variables. The use of difference scores is suggested by Dimitrov and Rumrill (2003) as a method of choice in order to examine intervention effects in pre-test post-test designs, such as the one used in our study. In all general linear models applied to test our Hypotheses, group (PPI vs. control), immigration status (native vs. migrant), gender and socio-economic background served as fixed factors. The level of statistical significance was set at $p < .05$ and partial eta-squared ($\eta^2_p$) effect size was used in order to provide information about the magnitude of the intervention and demographic variables effects on well-being difference scores. Cohen’s (1988) criteria were adopted, according to which effect sizes ranging from .059 to .137 are considered moderate.

Positive and Negative Affect

Analyses revealed that students who participated in the Positive Psychology Intervention showed significant increases in their reported frequency of experiencing positive affect from pre-test to post-test, as opposed to those assigned to the control group, who manifested a mild mean decrease of their respective scores. As
depicted in Table 3, there was a significant main effect for Group for Positive Affect \(F(1, 120) = 12.17, p = .001\) of moderate size \(\eta^2_p = .11\). Concerning negative affect, as shown in Table 3, participants in the PPI group exhibited minimal decrease in their scores from pre-test to post-test, whereas control group’s mean scores increased slightly; both changes of no statistical significance.

According to the analyses of variance, none of the demographic factors controlled for, including immigration status, produced significant main effects or interactions on difference scores for both Positive and Negative Affect variables.

**Optimism**

With respect to optimism, the results of the respected analysis showed a significant main effect for Group \(F(1, 120) = 6.99, p = .01\). Specifically, participants in the Positive Psychology Intervention group reported significantly greater increases \((M = 2.11, SD = 3.79)\) in optimism scores from pre-test to post-test, compared to those in the control group \((M = 0.12, SD = 3.12)\). Concerning the magnitude of the effect size, as reported in Table 3, it was in the moderate range \(\eta^2_p = .07\).

Analyses showed no main effects of demographic variables on changes in optimism from Time 1 to Time 2, whereas a significant interaction effect for immigrant background \(x\) ses was noted. In particular, irrespective of the group they were assigned to, immigrant students of higher \((M = 3.00, SD = 4.59)\) and lower \((M = 1.36, SD = 3.13)\) ses and native Greek students of middle \((M = 2.87, SD = 4.16)\) and lower \((M = 2.80, SD = 3.36)\) ses increased their optimism scores, as opposed to those of immigrant and middle socio-economic background and those natives of higher ses, who presented a negative pattern (decrease) in changes in optimism from pre- to post-test \((M = -.15, SD = 2.58 \text{ and } M = -.38, SD = 3.30 \text{ respectively})\).

<table>
<thead>
<tr>
<th>Well-being variable</th>
<th>Group</th>
<th>(F(1, 120))</th>
<th>(p)</th>
<th>Partial (\eta^2_p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Affect</td>
<td>PPI</td>
<td>1.38 (2.75)</td>
<td>- .78 (3.29)</td>
<td>12.17 **</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>-.14 (2.98)</td>
<td>.48 (3.69)</td>
<td>.27 ns</td>
</tr>
<tr>
<td>Negative Affect</td>
<td>PPI</td>
<td>2.11 (3.79)</td>
<td>-.13 (3.12)</td>
<td>6.99 **</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.48 (7.51)</td>
<td>1.45 (5.71)</td>
<td>3.66 ns</td>
</tr>
</tbody>
</table>

**\(p < .01. \quad ***p < .001. \quad ns = \text{non-significant.}\)**

**Self-Efficacy**

Marginally non-significant main effects for intervention emerged from the analysis of variance concerning self-efficacy \(F(1,120) = 3.66, p = .059\), even though participants in the PPI showed higher increase in the respective scores from Time 1 to Time 2 compared to the students who joined the control group, as shown in Table 3.

Further analyses were conducted in order to examine the effect of the PPI on self-efficacy sub-domains, as defined by the quality of peer interaction, including conflict and non-conflict situations. With respect to self-efficacy concerning conflict social situations, no significant main or interaction effects were observed for Intervention or any of the demographic variables included in the model. On the contrary, analysis produced a
significant interaction effect for Intervention x Gender on self-efficacy in non-conflict situations difference scores \(F(1,120) = 5.74, \ p < .05\), with the respective effect size emerging into the moderate range \(\eta^2 = .06\). Specifically, girls assigned to the PPI group showed considerably higher increase in scores of self-efficacy in non-conflict situations from pre-test to post-test \((M = 1.86, \ SD = 3.73)\) compared to the control group ones \((M = .13, \ SD = 2.90)\). With respect to the male participants the observed pattern was reversed, as boys who appeared to benefit more considering their self-efficacy in non-conflict situations scores were the control group ones \((M = 1.81, \ SD = 3.41)\), as opposed to the PPI male participants, who presented relatively lower gains \((M = .54, \ SD = 3.24)\).

**Participants’ Evaluation of the PP and the Control Interventions**

For the purposes of the present study participants were asked to complete an evaluation form in order to assess their perceived benefits on well-being variables derived from the attendance of the PPI and the control group. Students assigned in both groups reported their evaluation twice; immediately after the completion of the intervention (Time 1) and two weeks later (Time 2). A four-point scale was used for each variable ranging from 0 (I was not helped at all) to 3 (I was helped a lot). In order to examine the maintenance of the mean perceived gains in Positive and Negative Affect, Optimism and Self-efficacy from Time 1 to Time 2, we conducted a series of paired samples t-tests for each group separately. Mean evaluation scores for both groups at both time points, as well as the results of the aforementioned analyses are presented in Table 4.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Time 1</th>
<th>Time 2</th>
<th>(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(M (SD))</td>
<td>(M (SD))</td>
<td></td>
</tr>
<tr>
<td>Positive Affect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPI</td>
<td></td>
<td>2.47 (.55)</td>
<td>2.42 (.69)</td>
<td>ns</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>2.35 (.77)</td>
<td>1.85 (.80)</td>
<td>***</td>
</tr>
<tr>
<td>Negative Affect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPI</td>
<td></td>
<td>2.21 (.74)</td>
<td>2.11 (.79)</td>
<td>ns</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>2.10 (.67)</td>
<td>2.10 (.74)</td>
<td>ns</td>
</tr>
<tr>
<td>Optimism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPI</td>
<td></td>
<td>2.42 (.57)</td>
<td>2.44 (.65)</td>
<td>ns</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>2.23 (.80)</td>
<td>2.00 (.75)</td>
<td>ns</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPI</td>
<td></td>
<td>2.47 (.63)</td>
<td>2.54 (.65)</td>
<td>ns</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>2.38 (.77)</td>
<td>2.17 (.75)</td>
<td>ns</td>
</tr>
</tbody>
</table>

\(p < .05. \quad ***p < .001. \quad ns = \text{non-significant.}\)

As depicted in Table 4, students who participated in the PPI group evaluated the intervention as particularly helpful with respect to all well-being variables. High evaluation scores were maintained two weeks later as no significant changes emerged from t-test analyses. A slight evaluation score decrease was observed for Positive and Negative affect, whereas scores for Optimism and Self-efficacy manifested a positive pattern (increase) from Time 1 to Time 2.
As far as the control group is concerned, participants evaluated the intervention as less effective compared to their PPI colleagues, a pattern consistent for all well-being variables, as shown in Table 4. Furthermore, as opposed to the PPI group, control group participants reported statistically significantly decreased perceived benefits in experiencing positive affect \[ t(39) = 3.387, \ p = .002 \] from Time 1 to Time 2. With respect to negative affect, evaluation scores manifested no change between the two measures, whereas optimism and self-efficacy evaluation scores showed a non-significant decrease.

**Discussion**

The present study brings together practices and findings from varied fields of positive psychological enquiries under a unifying Positive Psychology context. It yielded encouraging results regarding the promotion and enhancement of both migrant and native students’ well-being as a direct result of participation in the PPI. The findings suggest that this PPI enjoys multicultural validity, as regards experience of positive emotions and positive expectations about the future.

**The Experience of Positive and Negative Emotions**

Participation in the PPI seemed to enhance the frequency of positive emotions experienced two weeks after the intervention. Whereas, participation in the control group proved ineffective, as participants reported a slight reduction in the experience of positive affect. These findings support previous findings about the effectiveness of PPIs. For example, Sheldon and Lyubomirsky (2006) and Seligman et al. (2005) found that interventions including ‘The Three Good Things’ and ‘Best Possible Selves’ exercises were more effective in strengthening emotional well-being than control interventions with no particular positive content.

Regarding negative affect, our PPI failed to reduce the frequency of participants’ experience of negative events. Moreover, participation in the PPI or the control group did not seem to affect significantly the observed changes in the experience of negative emotions from Time 1 to Time 2. This finding contradicts previous indications that programs aiming at mental health promotion achieve reduction of negative emotions and symptoms of depression (Catalano et al., 2004; Gillham et al., 2007). This finding may be partially explained by the focus of the present PPI on enhancing the positive emotions, rather than reducing the negative ones, and also by the fact that previous studies reported reduction on the intensity, and not the frequency of negative emotions (Seligman et al., 2005; Sheldon & Lyubomirsky, 2006). Furthermore, our sample reported low enough negative emotions at the onset of the study, while other studies suggest that children that benefit more from positive psychoeducational interventions are those who report rather high levels of depression and stress prior to their participation in such studies (Froh et al., 2009). Finally, the above findings seem to support views that positive and negative emotions are distinct and relatively independent dimensions of human emotional experience (Watson et al., 1988). This distinction suggests that positive and negative emotions are shaped and enhanced or restricted depending on different emotional and cognitive processes (Clark, Beck, & Stewart, 1990). This conceptualization of emotions allows us to hypothesize that an intervention may only be effective on one, and not necessarily both dimensions of emotions.
Enhancing Optimism

The PPI described here proved effective in enhancing optimism levels two weeks after each implementation. This was a clear-cut result, since the control group failed to effect in either direction the expression of optimism in students. Previous studies also demonstrated that optimism can be developed by way of intervening in the processes and the prototypes of thinking and behaviors associated with it (Seligman et al., 2005). The extant literature highlights two basic components of effective programs targeted to elevating optimism, namely emphasizing the thought processes that construct a positive orientation in life and also reinforcing positive self-perception (Brissette, Scheier, & Carver, 2002; Gillham et al., 2007).

The effectiveness of this PPI as regards the strengthening of optimism can be possibly attributed to the particular exercises that may have allowed for the positive reconstruction of participants’ thinking patterns and the experience of personal adequacy in children. Identification of character strengths, and exercises such as ‘The Three Good Things’ and ‘Best Possible Selves’ have been shown to activate positive expectations for the future and to generate positive thoughts and mental images (Owens & Patterson, 2013). Working with character strengths, especially through the collage exercise, children had the opportunity to be exposed to a success condition and to obtain a positive social experience (Gander, Proyer, Ruch, & Wyss, 2013). According to recent studies, optimism can be reinforced through experiences that build self-confidence and a personal sense of adequacy (Carver, Scheier, & Segerstrom, 2010; Gillham et al., 2007), while other researchers emphasize the significance of interaction with peers in such situations (Boman et al., 2009).

Promoting Self-Efficacy

Self-efficacy in social interactions levels marginally increased for children who participated in the PPI, independent of whether such interactions involved conditions of conflict or cooperation. These results seem to confirm the current literature (Bandura, 1993; Masten & Coatsworth, 1998). Elements of the PPI that may have been conducive to success include affording participants the opportunity to interact successfully with their environment and their classmates in a safe environment (Pajares, 1996). In addition, the particular exercises reflected clear, short-term targets that all children could meet; this was proven to be a key element of the effective programs aimed at the promotion of self-efficacy (Snyder, Rand, & Sigmon, 2002). The use of techniques, such as the imagery and the psychodramatic experience of ‘Best Possible Selves’ may have contributed to this positive outcome. According to Bandura (1977), one of the basic sources of developing self-efficacy relies on observing the adequate and successful behavior of others. During the PPI each child was able to function as a model for all the others, since identification and processing of ‘Character Strengths’ participants had the opportunity to re-introduce themselves to their classmates, putting forward their positive characteristics and abilities.

The Effects of Demographic Characteristics of Participants

The PPI appeared to be equally effective for both genders, as far as experience of positive and negative emotions is concerned. Similar findings were observed in studies of programs and intervention effectiveness (Seligman et al., 2005; Sheldon & Lyubomirsky, 2006; Sin & Lyubomirsky, 2009). Furthermore, all members of the PPI group, independent of gender demonstrated significant enhancement of their optimism levels during at Time 2. Previous prevention programs carried out in schools for the increase of optimistic expectations and attributions revealed similarly positive results (Brissette et al., 2002). In addition, the literature does not support...
the existence of systematic differences in the way the two genders construct an optimistic or pessimistic orientation in life (Carver, Scheier, & Segerstrom, 2010). The effects of the PPI on self-efficacy did not differ for males and females. Nevertheless, the two genders enhanced their self-effectiveness under different conditions of social interaction. In particular, boys appeared to enhance their levels of self-efficacy under conditions of conflict or assertiveness. In contrast, girls tended to show more self-efficacy only in social interactions that require cooperation with their peers. This differentiation could be attributed to the different content of the social gender role that boys and girls are called to adopt in a particular cultural context (Rose & Rudolph, 2006). For males, self-efficacy may be enhanced through experiences of active pursuit and achievement, while for females, a sense of adequacy may be constructed in the context of interpersonal relations and the approach behaviors they entail (Toner & Heaven, 2005).

In the same venue, no systematic differences were observed in the way in which students from different socio-economic backgrounds responded to the PPI in terms of increasing their positive emotional experiences and enhancing their self-efficacy. This finding is in accordance with previous ones, as respective literature offers no conclusive findings in support of ses differences in the effectiveness of programs and interventions aiming at increasing the well-being and positive development (Barrett et al., 2001; Froh et al., 2009; Sheldon & Lyubomirsky, 2006). On the other hand, socioeconomic status, not solely but in interaction with migrant background, was found to influence significantly the effectiveness of the intervention as far as optimism is concerned. More precisely, students from lower ses backgrounds showed increases in their optimism levels irrespective of their migrant or native status, whereas their native classmates of higher ses, as well as the migrant ones of middle ses did not seem to benefit from the intervention. The extant literature partly sheds light on such findings, since programs targeted at populations facing a series of risk factors (e.g. poverty) seem to positively affect positive expectancies for the future (Brunwasser, Gilham, & Kim, 2009). Further research is needed in order to define the role of ses of students on the effectiveness of mental health promotion initiatives and to identify the subgroups which are more likely to be helped (Sweeting & Hunt, 2014).

All PPI participants, regardless of ethnic origin, reported significantly higher frequency of experiencing positive emotions fifteen days after participating in the intervention. This finding agrees with current literature, which maintains that ethnic origin or minority status do not influence the effectiveness of interventions promoting mental health (Greenberg et al., 2003; Seligman et al., 2005). Other contributing factors to the above finding may have been the particular ways in which enhancement of positive emotions was attempted in this study. More experiential ways (visual and drama techniques) were preferred to more verbal expressions of emotions, thus rendering the intervention more culturally neutral. Also, the SPANE questionnaire used in this study was less culturally charged (Diener et al., 2010), possibly adding to the above effect. Similar findings emerged for optimism. Both migrants and native participants in the PPI reported equally high levels of optimism at Time 2. Previous programs aimed at raising optimism (such as the “Penn Resiliency Program) proved effective in different cultural settings and are reported to equally help students of minority or not status (Ungar, 2005). Barrett et al. (2001) suggest that interventions targeted at multicultural groups should incorporate certain characteristics that do not necessarily include specific cultural elements, but which can lift any obstacles that minority students may face. The present positive intervention included exercises and verbal means that, to a degree, lift difficulties associated with the use of language and cultural opportunities (or, lack thereof), that minority students may face. In addition, by emphasizing positive characteristics and the opportunity for positive projection in the future (‘Best Possible Selves’ exercise), migrant children managed to mentally build a better future for themselves and to work on their optimism (Peters et al., 2013). This is no small feat, since it may be
more difficult to achieve under the burden of everyday life difficulties and given their minority identity and the constraints this puts on their personal and social development (Sue, Arredondo, & McDavis, 1992). The multicultural value of the PPI was, furthermore, confirmed concerning its effectiveness in enhancing the social self-efficacy of participants. While immigrant background was not found to affect significantly the effectiveness of the intervention on self-efficacy, the relatively minor benefits produced concerning this indicator of youths' well-being could be partly attributed to the multicultural composition of the sample. This may reflect the close connection between self-efficacy and adequacy beliefs and the socio-cultural context in which these are formed, as well as the dominant values of this context (Ungar, 2008). In particular, migrant participants in this intervention study came almost exclusively from Balkan and Far East countries, where the value that is attributed in personal ability and achievement is rather limited (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005).

Evaluation of the Intervention, Limitations and Next Steps

Overall, the PPI described in this paper was effective in the promotion of positive emotions, optimism and social self-efficacy of participants. On the contrary, participants in the control group did not appear to benefit with regard to any of the dimensions of psychological well-being here targeted. These findings are supported by subjective beliefs of participants in both groups. PPI participants reported that they benefited from their involvement in that group; this finding is corroborated by the fact that only this group reported a benefit for their self-efficacy at Time 2. It is also remarkable how participants in the control group reported improvement of aspects of their well-being. This phenomenon has been found many times in research into the effectiveness of interventions and therapy and is often attributed to the fact that participation in a group and creative process enhances the sense of well-being and mental health (Chambless & Ollendick, 2001).

This exploratory PPI study suffers certain limitations, the most important being opportunity sampling. This potentially threatens the generalization of results to other populations. However, opportunity sampling is rather common practice in applied research (Seligman et al., 2005; Sheldon & Lyubomirsky, 2006; Sin & Lyubomirsky, 2009) due to practical difficulties inherent to random sampling. In addition, the limitations of the opportunity sampling did not appear to negatively affect the validity of the findings, given that our main findings support other results of previous similar studies (Dawood, 2014; Froh et al., 2009; Shoshani & Steinmetz, 2014). A further limitation concerns the design of the intervention, with only two measurements fifteen days apart. More measurement points, as suggested in the literature might offer deeper insight into the longer-term effects of the intervention (Biswas-Diener, Kashdan, & Minhas, 2011). Having said that, the study’s exclusive focus on children and not on the wider systems that these belong is a point for improvement in subsequent studies. Inclusion of parents and educators in the study may offer a wider perspective on those mechanisms and processes that protect children against risk and maladaptation. Simultaneous interventions in the contexts of family, school and the community may aid toward this goal (Durlak et al., 2011; Hatzichristou, 2004; Kourkoutas & Giovanollias, 2015). Such intervention programs will benefit from incorporation of both quantitative and qualitative methods for measuring their effectiveness, as well as from the points of view of children and other adults alike.

Despite the above restrictions our results were encouraging in themselves; they also move the cause of Positive Psychology in Greece to the next level, i.e. from prevention to the promotion of the psycho-emotional adequacy and the enhancement of psychological resources and well-being. The study also responds to a
poignant current question in a country facing multiple challenges regarding immigration and refugee currents to adequately, proactively and effectively address migrant children needs and enhance their adaptive abilities in a novel social, cultural and economic milieu. Multiculturalism is an established characteristic in the modern school classroom in Greece. The present study developed the structure, methods and tools for an intervention that is effective for all students, migrants and native alike. Finally, this intervention study comes at a time and in the context of a country struggling to overcome the effects of a great economic, political and socio-cultural crisis; it may, thus, aid students to survive and thrive, by way of developing those crucial skills and abilities and building psycho-social resources that will enable them to become more resilient in the face of adversity and to flourish.

Apart from addressing current social and educational challenges at a national level, the present study manifests certain qualities which facilitate generalization of its results to other European countries. The multicultural efficacy of the Positive Psychological Intervention as demonstrated in this study functions as an essential argument towards this direction. Furthermore, specific study characteristics, such as the integration of psychodrama and art therapy techniques, the possibility of being implemented by teachers and mental health practitioners alike with minimum training and equipment, as well as its brevity, render this intervention a flexible mental health promotion medium and, thus, suitable for the various classroom curricula met in different educational systems in Europe.

Notes
i) Schools were selected for inclusion in the study based on enrollment rates of immigrant children: 33% to 53% of each of the six school classes that participated in the study consisted of immigrant children.
ii) Over half the immigrant children (51%) originated from Albania, 25.5% from the Philippines, 3.3% from Egypt, 2.5% from Romania, 1.7% from Poland and a further three students came from Ethiopia, Armenia and Germany.
iii) These were the classes in which enrolled students returned parental consent forms.
iv) Teachers were offered the choice between a shorter and a longer intervention and received no information on the particular contents of each intervention, so as not to bias their expectations and attitude during the interventions.
v) Due to participants’ age and their possible refusal to comply, the original instructions for this exercise to write down the required information were modified, in order to allow them to think about these instead.

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Competing Interests
The authors have declared that no competing interests exist.

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References


A PPI in a Multicultural School Setting


