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Due to some practical limitation, the publication of the proceedings of the seminar (Positive Psychology And Health: Interventions And Strategies) organized by the Department of Psychology, M.D. University, Rohtak on 28th and 29th March 2010 had been delayed. Now, the department intends to publish the proceedings of the above said seminar very soon. If you are interested to publish your paper in the proceedings, please send your consent by 25-07-11and send the updated copy of your paper by 10th Aug.2011 positively. Waiting eagerly for your response.

Thanks

Life skills training for positive psychological development: A study of Tibetan refugee adolescents

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Abstract

The present study examined the effectiveness of life skills training in strengthening coping styles, self-confidence and emotional intelligence among Tibetan refugee adolescents studying in SOS Tibetan Children's Village in the Indian state of Himachal Pradesh. They were administered questionnaires measuring the level of coping styles, self-confidence and emotional intelligence. Using a median split, the sample was divided into 2 equal sized groups. Participants securing above the median score were further randomly assigned to two groups (experimental and control). The participants were also assessed on the life skills and if required they were re-trained till they could achieve the pre-set standard. After a gap of 2 weeks of attaining the set standards, they were readministered the same questionnaires given prior to life skills training. The pre and post intervention data were analyzed using ANCOVA to measure the effectiveness of life skills training on the psychosocial parameters. The result of the ANCOVA showed that life skills training programme has significantly improved coping styles, self-confidence and emotional intelligence among experimental group as compared to control group. Life skills training which has been previously found to be effective in combating HIV, AIDS, smoking, teenage pregnancy also contributes greatly in enhancing coping skills, self-confidence and emotional intelligence among adolescents.

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Introduction

Why are some people happy and some are not? Why is it that some people not only survive mental adversities but also thrive while many do not? For the past half a century psychology has been consumed with a single topic-*mental illness*. Disorder and damage have taken precedence over human strengths and virtues (Seligman, 2002). In other words, Seligman posits that we have been so obsessed with what is wrong with humans that we have ignored what is right with humans. Taking this point into perspective, *positive psychology* is now gaining momentum and it has caught the attention not only of the academic community but also the general public.

Sheldon and King (2001) define positive psychology as "nothing more than the scientific study of ordinary human strengths and virtues". Positive psychology has been described as a study of human strength and optimal functioning and one of its key aims is to foster research on the positive personal traits and dispositions that are thought to contribute to subjective well-being and psychological health (Pajares, 2001).

Positive psychology and coping

Broaden and build theory of positive emotions postulates that positive emotions such as joy, interest, contentment, pride and love broaden an individual's thought-action repertoire, which builds physical, intellectual and social resources and these resources facilitate coping with adversity. This coping leads to increased positive emotions which ultimately increases resilience and enhances emotional wellbeing (Fredrickson's, 1998 & 2001). Kobasa (1979) has found that some people are less susceptible to stressful situation and tend to cope better with it than others.

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These people who can endure stressful situations without resorting to any maladaptive behavior or such illnesses have a personality structure called *hardiness* which has 3c characteristics:

1. Control: A belief that people could control or influence the events of their experience.
2. Commitment: An ability to feel deeply involved in the activities in their lives.
3. Challenge: Anticipating change as an exciting challenge to further development.

The implications of a hardy personality could profoundly affect the way health promotion and preventative measures are used in the health field. Another research indicates that positive qualities of optimism contribute to and foster adaptive functioning (Ben –Zur, 2003; Chang & Sanna, 2003). Optimists are more focused, strategic in their planning, and active in problem-focused coping. Pessimists on the other hand, tend to focus on and ventilate their feelings, have a tendency towards denial, withdrawal, self-blame, and avoidance (Scheier, Weintraub & Carver, 1986).

Positive psychology and self-confidence

One of the positive psychology's signature constructs is *optimism* which is typically defined as holding a view of life events and situations that is characterized by positive thinking and maintaining positive attitude towards the future (Peterson, 2000; Seligman, 1991). Bandura self- efficacy theory (1986) states that persons with high self-efficacy are those who believe they can perform well and are more optimistic and view difficult tasks as something to be mastered than to be avoided. Self-confident persons are more positive in facing adversities and focus on their strengths rather than weaknesses. They hold positive expectations for favourable outcomes.

Positive psychology and emotional intelligence

Emotional intelligence has a significantly positive role in many important aspects of human functioning such as: sensitivity for others and one's own emotions, emotional self-concept, coping with stress, maintaining positive mood, and openness. Emotional intelligence is also instrumental in developing a successful performance, (it includes academic, occupational as well as social interaction) happiness, well-being and the quest for a more meaningful life, which are the topics of study in the area of positive psychology (Seligman & Csikszentmihalyi, 2000).
Brackett and Mayer (2003) have demonstrated in their study that those individuals with an enhanced sense of well being are those who possess high emotional self-awareness, accurate and positive self-regard, self-actualization and effective reality testing.

Life skills intervention and adolescents

It was estimated that by the year 2010, there would be a rise in the population of adolescents in the world than ever before and a significant percentage of this age group (age 10-19) has the possibility of becoming either a boon or a curse to their respective countries depending on the capacity of governments, communities and families to develop the human potential of this generation (Pan American Health Organization, PAHO 2001). Besides, impact of rapid urbanization and competition is clearly manifested in the changes that are taking place in the family structures and makes adolescents incompetent to effectively deal with pressures and demands of modern life. It is precisely within this context that schools must now equip children with life skills in order to enable them to become critical and creative participants in society rather than remain mere passive consumers of information (Loveless, 2002).

Life skills are defined as "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life" (WHO, 1996). As suggested by WHO, to create long term improvement in mental well being and behavioral preparedness, interventions need to be maintained for long time. Thus, integrating life skills education in the school curriculum will be successful in providing long-term intervention, which will enable children to accommodate and practice these life skills in their day to day life.

Tibetan Refugee adolescents

Since the Chinese occupation of Tibet in 1959, many Tibetan started to leave their homeland and fleeing into exile in India and Nepal in order to escape religious and political repressions. An average of 2,000 to 2,500 Tibetans come into exile every year. More than 44 percent of them are adolescents and young adults (age 14-25) and 90% of them are unaccompanied by parents (Bernstorff & Welck, 2004).

The main reason for teenagers to leave their homeland is to seek modern education and maintain Tibetan culture and language outside Tibet. The most common route to escape is by crossing the Himalaya which can take from several days to months. Journey is often long and dangerous. Many of them suffer frostbite, hypothermia and also get killed by Chinese patrol on the border. Thus, escape to India itself is a significant risk of traumatic exposure.

An expanding body of literatures have demonstrated that immigrant and refugee adolescents face a lot of stress, (Oppedal & Roysamb, 2004; Tartakovsky, 2007) anxiety, (Terheggen, Strobe & Kleber, 2001; Leibkind, 2000; Rey, 1998) emotional and behavioral problems (Rey, 1998 and Silver, 2005). Several studies have reported a high rate of anxiety, depression, PTSD among these refugee children. (Evans et al. 2008). Although behavioral and mental health problems have been extensively studied, there have been very few studies where intervention strategies have been planned and executed to help them cope with problems. Thus, the objective of the present study is to investigate whether life skills training [LST] will be effective in enhancing positive psychological development in Tibetan refugee adolescents. Positive psychological development can be translated in terms of numerous positive psychological attributes. However; the present

study has focused on coping, self-confidence and emotional intelligence on the basis of their relevance in the context of earlier research done.

H_1: Life skills intervention will significantly strengthen coping strategies among Tibetan adolescents.

H_2: Life skills intervention will significantly improve self-confidence among Tibetan adolescents.

H_3: Life skills intervention will have significant effect on emotional intelligence among Tibetan adolescents.

Method

Study setting

The study was conducted in Tibetan Children's Village Chauntra and Tibetan Children's Village Suja located in Himachal Pradesh, India. It was founded on 17th may 1960 and originally served as a nursery school for Tibetan refugee children providing only the basic care for children but with the passage of time, Tibetan Children's Village has today grown into full-fledged and integrated educational institution for destitute Tibetan children in exile, as well as for hundreds of those escaping from Tibet every year. It has established branches in India extending from Ladakh in the North to Bylakuppe in South, with over 16,726 children under its care (Pema, 2004).

Sample

A total of 600 Tibetan adolescents, aged between 13 to 19 years old, studying in class 7th, 8th, 9th and 10th were initially screened on their performance on each dependent variables such as coping styles, self- confidence and emotional intelligence. Depending upon the scores obtained in each dependable variable and using median split, an initial sample of 600 students were divided into 2 groups, one which was falling above the median (N=300) and another which was falling below the median (N=300). Individuals who fell above the median were further divided into experimental and control groups, consisting of 150 students in each group, including both males and females.

Measures

The questionnaire consisted of 3 sections as follows:

1. Coping across situations questionnaire CASQ, English version by Dr. Seiffge-Krenke (2006). It is a standardized tool to measure coping strategies. There are 21 coping strategies which are broadly categorized into Active, Internal and Withdrawal Coping and 8 problem areas. An "X" in the questionnaire means that a person employs this coping strategy in that particular problem area. All the "X" is counted 1 and if there is no "X" we count it as "0".If we count the row-sums,

we will have general information about how much a subject uses the three coping styles.

2. Self-confidence Inventory is constructed by Dr. M. Basavanna (1975). It is a standardized tool to measure the level of self-confidence among students. It is an inventory of 100 items, to be answered either true or false. It can be scored easily. The higher the score; lower is the level of self-confidence and vice versa.
   Reliability: Split-half reliability was found to be 0.91
   Validity: Item validities for all the items are at or above 0.90

3. Emotional Intelligence Profile (EI-Profile) - a self scoring instrument is adapted from Cooper & Sawaf's tool "An Integrated E.Q assessment& individual profile." It has been modified and standardized on Indian population. It measures emotional intelligence of an individual. There are 76 items & 7 domains. The scale is responded on 4 categories viz very well, moderately well, little well, not at all well. And score allocated to each item is 03, 02, 01, and 0 respectively, for items 06, 08, 09,16, 18, 20, 22, 32, 41, 48, 54, 55, 56, 64, 66, 69, 73, 74 & 76 should be scored reversed.

Procedure

First of all, the researcher had contacted the school authority to get the formal approval in order to carry out the study in the school. Research was conducted in 3 phases and following procedures were taken in each phase:

Phase 1

- Before proceeding with administration of the questionnaires, ice-breaking in the form of brief activities like humorous games, jokes, puzzle etc were done for about 10 minutes to build rapport with the participants. A researcher also made sure that the students were comfortable and rooms were well ventilated and illuminated.
- Total samples of 600 students were administered tests on coping styles, self confidence and emotional Intelligence. All the questionnaires were in English.
- Using a median Split, whole groups were divided into 2 groups comprising of 300 in each group. Group which fell above the median were further divided into experimental group (N=150) and control group (N=150).
- A sample consisted of both male and female.

Phase 2: (Intervention)

- Experimental group was taken for life skills training and they were further randomly divided into sub-groups consisting of 5 to 11 students in each group so that it would be more convenient to apply life skills.

- Before proceeding with intervention, they were briefly introduced to what life skills (10 skills) were all about, its sub-skills (28 subskills) and the essence of life skills in facing the challenges in one's life.
- Brain storming, role playing and discussion methods were employed to implement the life skills.
- Life skills assessment scales were administered after each intervention session to assess how much the participants have understood and how effective the LST has been. The intervention was completed in 30 basic sessions and additional 15 sessions were also given for those students who were not able to comprehend life skills in one session. It took 7 months to complete the whole intervention.
- Control group were not introduced to any intervention method as their result would be compared as base line so, students who belonged to control group remained in their respective class as the school administrator provided a separate room to conduct life skills training for the experimental group.

Phase 3:

- After 2 weeks from the completion of life skills training, students in both control and experimental groups were readministered on all the test given in phase 1 to measure effectiveness of LST. Two week periods had to be taken because of the time constraints as school was closing for winter vacation.
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Results

In order to test the suggested hypotheses, the data was subjected to ANCOVA. ANCOVA conducted to examine the significant effect of life skills intervention on the dependent variables. * According to Tabachnick and Fidell (1983) covariate in the SPSS analysis is pre-test score which will be referred as "Pre". The results are reported as follow:

Insert table 1

According table 1, before adjustment, there was no significant interaction (F=.32, p >.05) which shows that there was no systematic effect between the two groups. Samples have been randomly assigned to both the groups. Group (F=.037, p >.05) has no significant effect on active coping whereas pre* (F= 87.74, p= .01) has significant effect on active coping. After adjusting for the initial differences in the pre-intervention test scores for both experimental and control group, the F ratio was significant for both group and pre (F= 8.51, p > 00, F= 87.68, p < .05 respectively). Experimental group has higher mean score of 25.41 (SD = 6.85) than control group with mean score of 23.40 (SD = 7.49). This shows that the experimental group employed more active coping as compared to the control group which implies that LST has successfully increased the active coping strategies for experimental group.

Insert table 2

Table 2 reveals that there was no sys matic bias in the pre-intervention test scores and randomization of group has been suc ssfully achieved before the LST was given as no significant interaction effect (F=.02, p .05) was found in pre adjustment scores. F ratios for group (F= .11, p >.05) was not s nificantly related to internal coping whereas pre (F=52.15, p <.01) has been found sig ficant. After the adjustment was done, both group and pre (F = 8.02, p <.05 and F = 2.44, p <.01) have been significantly related to internal coping. LST has positive im ict on internal coping as experimental group has relatively higher score (m= 31.41, sd = 5.26) than control group (m=2915, sd=6.29) in the post intervention test.

Table 2.15 presents F score, significan e level in pre and post intervention scores and pairwise comparison on withdrawal co ing.

Insert table 3

As seen from table 3, differe e in mean withdrawal coping as a result of both group and pre was non-significant (F .08, p > .05) which shows that sample has been randomly assigned to experimental and control group. Main effect of group on withdrawal coping has no significant fect either before or after the adjustment of means, which indicates that post interventi scores of the experimental group did not differ from that of control group. However, he mean differences in post test scores show the trend that experimental group uses ess withdrawal coping than their counterparts. However; the findings suggest that b h, before and after adjustment of means, pre and post test scores differed significantly Thus; it cannot be concluded that the post test scores differed as a result of LST only

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Insert table 4

Table 4 shows that a preliminary a alysis evaluating the homogeneity-of-regression assumption was successful as intera ion effect of group by self-confidence pre was found to be non-significant (F=.32, p >.05).However, significant main effect of pre was observed (F= 223.64, p< .01) whereas main effect of group was not significantly related to self-confidence (F = .29, p >.05). I the post adjustment score, it was found that both group and pre has significant effect o self-confidence (F=.22.58, p < .01 and F= 226.33, p <.01 respectively). Self-confidenc score for experimental group was significantly lower for experimental group (m= 46. 6, sd = 15.05) as compared to control group (m = 55.19, sd =15.24) in the post interven on scores due to LST as low score indicates high self-confidence.

Insert table 5

The test of the group by pre interaction shows non-significant result ($F = .94$, $p > .01$). This suggested that group and pre did not combinely influence emotional intelligence and group has been randomly assigned. Main effect of pre has significant effect on emotional intelligence ($F = 139.83$, $p < .01$) whereas main effect of group was observed non-significant ($F = 2.62$, $p > .01$). After adjusting for pre-intervention test scores, a significant effect of the both group ($F= 23.65$, $p < 0.01$) and pre ($F=139.36$, $p < 0.01$) on emotional intelligence has been found. LST has positive effect on emotional intelligence as experimental group has shown higher mean of 135.90 (sd =19.79) score than control group with mean of 126.43 (sd = 18.90).

Discussion

The result showed that life skills intervention has successfully enhanced coping strategies, self-confidence and emotional intelligence among Tibetan refugee adolescents. The objective of life skills training and positive psychology was to achieve optimal functioning and improve well-being of an individual. In the present study, Tibetan refugee adolescents were showned to have better active and internal coping after the implementation of life skills training. This is in line with a study by Clarke (2006), who has examined the relationship between active coping and psychological health among youth. The result showed that youth who used active coping response to controllable stressors had fewer externalizing problems and higher social competence. This point is further supported by Cunningham, Brandon and Frydenberg (2002) who reported that adolescents' adaptive coping resources could be improved and maladaptive coping could be reduced with the facilitation of school based prevention programmes on modeling and optimistic thinking. Moreover, it is not only the stress but also the coping strategies which determine the effect of stressors. Aronowitz's (2005) study on development of resilience among at- risk youth conceded that adoption of positive thoughts and avoidance of negative thoughts is an effective strategy to manage stress under any circumstances. Thus; positive emotions and beliefs play a significant role in coping with stress.

Positive psychology emphasizes the strengths of a person and self-confidence is one of the must-have attributes of any individual. It was shown that self –esteem is highly correlated with happiness (Baumeister, Campbell, Krueger & Vohs, 2003), and self-confident people are generally more positive. For example, an experience of positive affects assists an individual to participate in activities and enhances self-confidence. In the present investigation, Tibetan refugee adolescents reported a significant increase in their self-confidence due to life skills training. A similar finding was revealed d by Smith et al. (2007) who suggested that intensive psychological training improves one's self confidence in their ability regarding key psychological behavior. Thus, happy individual feels good about themselves and have confidence in performing task. Another positive attribute which has high correlation with happiness is emotional intelligence (Judeh, 2007). Emotional intelligence is an integral part of positive psychology. The ability to

feel empathy and resilience help an individual to maintain positive attitude and deal emotionally with stressful situation. Adolescents who reported high level of management and regulation of emotions reported low levels of psychiatric distress (Ciarrochi, Deane, & Anderson, 2002). Therefore, emotionally intelligent person are more likely to cope successfully with emotional upheavals and are better resilient to stress (Zeidner & Matthews, 2000) because they could perceive, appraise and regulate their emotions better. (Salovey, Bedell, Detweiller, & Mayer, 2000).

Thus, life skills intervention has enabled Tibetan refugee adolescents in building cognitive resources and optimistic disposition which are the focus of positive psychology.

Conclusion

1 Life skills intervention has significantly increased active and internal coping and in the experimental group.
2 Self-confidence has significantly improved in an experimental group than control group after the life skills intervention has been implemented.
3 Experimental group has scored significantly higher emotional intelligence than control group in post intervention score due to life skills intervention.

Implications

Life skills intervention which has been previously found to be effective in reducing substance abuse (Botvin et al, 2004., Byrene et al 2005 and Killop et al, 2006), protecting against AIDS and HIV(Buczkiewicz et al, 2001) reducing stress, anxiety, and depression, (Sergin, 2000.,Vinnick, 2005) preventing violence and improving behavior (Vinnick, 2005; Botvin et al , 2006) and enhancing self confidence and self esteem (WHO, 1999; Hay, 2000; Robert, 2007) also contributes in strengthening coping strategies, developing self-confidence and emotional intelligence among Tibetan adolescents who besides being refugees are also facing a critical adolescent's stage.

References

Aronowitzm, T. (2005).The role of "envisioning the future" in the. *Public Health Nursing, 22,*200-208.

Bandura, A. (1986). Social foundations of thought and action Prentice –Hall. Englewood Cliffs.

Basavanna, M. (1975). *Manual for the S-C Inventory.* Varanasi, Rupa psychological centre.

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or heal their lifestyles? *Psychological Science in the Public Interest,(4),* 1-4.

Brackett, M.A. & Mayer, J. D. (2003). Convergent, discriminant and incremental validity of competing measures of emotional intelligence. *Personality and Social Psychology Bulletin, 29,* 1147-1158.

Ben- Zur, H. (2003). Happy adolescents: The link between subjective well-being, internal resources, and parental factors. *Journal of Youth and Adolescence, 32,* 69-79.

Bernstorff, D., & Welck, H. V. (2004). *Exile as Challenge*: *The Tibetan Diaspora.* Orient Longman.

Botvin, J. G., Griffin, W.K., &Nichols, D.T. (2006). Preventing youth violence and Delinquency through a universal school Based Prevention Approach. *Journal of Prevention Science, 7,* 403-408.

Brandenburg, N. A., & Greenbaum, P. E. (2005). Comparison of children with serious emotional disturbances served in residential and school settings. *Journal of Child and Family Studies, 1,* 43-59.

Buczkiewicz, M., & Carnegie, R. (2001).The Uganda Life skills initiative. *Journal of Health education, 101,* 15-22.

Byrne, G.D., & Mazanov, J. (2005). Prevention of adolescent smoking: Prevention of adolescent Smoking: A perspective test of 3 models of intervention. *Journal of substance use, 10,* 363-374.

Chang, E. C., & Sanna, L. J.(2003). Optimism, accumulated life stress, and psychological and physical adjustment: Is it always adaptive to expect the best? *Journal of Social and Clinical Psychology, 22,* 97-115.

Ciarrochi, J., Deane, P. F., & Anderson, S. (2002). Emotional intelligence moderates the relationship between stress and mental health. *Journal of Personality and Individual Differences, 32,* 197-209.

Clarke, A. T. (2006). Coping with interpersonal stress and psychosocial health among children and adolescents: A meta-analysis. *Journal of Youth and Adolescence, 35,* 11–24.

Cooper, R., & Sawaf, A. (1997). *Executive E.Q: Emotional intelligence in leadership and organizations.* The Berkeley publishing group, New York.

Cunningham, E. G., Brandon, C. M., & Frydenberg, W. (2000). Enhancing coping resources in early adolescence through a school- based program teaching optimistic thinking skills. *Journal of Stress, Anxiety and Coping, 15(4),* 369-381.

Evans, D., Buxton, D.C., Borisov, A., Manatunga, A. K., Ngodup, D., & Raison, C. L. (2008). Shattered Shangri-la: differences in depressive and anxiety symptoms in

students born in Tibet compared to Tibetan students born in exile. *Journal of Social Psychiatry Psychiatric Epidemiology, 43,* 429-436

Fredrickson, B., L. (2001). The roles of positive emotions in positive psychology: The broaden and build theory of positive emotions. *American psychologist* 56, 218-226.

Frydenberg, E., Lewis, R., Bugalski, K., Cotta, A., McCarthy, C., Smith, L. N., Poole, C. (2004). Prevention is better than cure: Coping skills training for adolescents at school. *Educational Psychology in Practice, 20.*

Hay, I., Byrne, M., & Butler, C. (2000). Evaluation of a conflict-resolution and problem solving programme to enhance adolescents' self concept. *British journal of guidance and counseling, 28.*

Judeh, A. (2007). Emotional intelligence and its relationship with happiness and self-confidence among Al-Aqsa university students. An-*Najah University Journal for Research - Humanities, 21 (3).*

Killop, J., Ryabchenko, A. K., & Lisman, A. S. (2006). Life skills training outcomes & potential mechanisms in a community implementation. *Journal of Substance use and misuse, 41.*

Kobasa, S. (1979a). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37 (1),* 1-11.

Kobasa, S. (1979b). Personality and resistance to illness. *American Journal of Community Psychology, 7 (4),* 413-423.

Liebkind, K. (2000). Self-reported Ethnic identity, Depression and Anxiety among young Vietnamese refugees and their parents. *Journal of social psychology, 6,* 120-125.

Loveless, A. (2002).Literature review in creativity, new technology& learning Report 4, a report for NESTA future lab. Retrieved 12th Jan 2005 from www.nestafuturelab.org

Manganelli, P. (1998). Hardiness and Health. B.A. thesis.Saint Anselm College, Manchester.

Murthy, V.G.C. (2005). *Prologue to life skills Education Training Package, Part B, intervention,* Regional Institute of Education, Mysore.

Murthy, V. G. C., & Rao, G. V. A. (2005). *Life skills Education training package (part c): A trainer's manual,* Regional Institute of Education, Mysore.

Oppedal, B., & Roysamb, E. (2004). Mental health, Life stress and Social support among young Norwegian adolescents with immigrant and host national background. *Scandinavian Journal of Psychology, 45,* 131.

Paho. (2001*). Plan of action on Health & development of Adolescents & Youth in the America,* 1998-2001, Washington, D.C.

Pajares, F. (2001). Toward a positive psychology of academic motivation. *Journal of Educational Research, 95,* 27-28.

Pema, J. (2004). Tibetan Children's Village [Online] Available: http://www.tcv.org.in/ [Dec, 1 2010]

Peterson, C. (2000). The future of optimism. *American Psychologists, 55,* 44-55.

Salovey,P., Bedell, B. T., Detweiller, J. B., & Mayer, J. D. (2000). Coping intelligently: emotional intelligence and the coping process. In C.R Snyder (Ed.), *Coping: the psychology of what works* (pp141-164). New York: Oxford University Press

Scheier, M. F., Weintraub, J. K., & Carver, C. S. (1986). Coping with stress: Divergent strategies of optimists and pessimists. *Journal of Personality and Social Psychology, 51,* 1257-1264.

Seiffge-Krenke, I. (2006). Coping across situations questionnaire.

Seligman, M. E. P. (1991). *Learned optimism.* New York: Knopf.

Seligman, M. E. P. (2002). *Authentic happiness.* New York: Free press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologists, 55,* 5-14.

Sergin, C., & Flora, J. (2000). Poor social skills are a vulnerability factor in the development of psychological problems. *Human communication Research, 26,* 489-514.

Sheldon, K., & King, L. (2001).Why positive psychology is necessary? *American Psychologist, 56,* 216-217.

Silver, S. E., Duchnowski, A. J., Kutash, K., Friedman, R. M., Eisen, M., Prange, M. E., Taksic, V., & Mohoric, T. (2006). The role of trait emotional intelligence in positive outcomes in life. University of Rijeka.

Smith, R. C., Mettler, J. A., Stoffelmayr, B. E., Lyles, J. S., Marshall, A. A., Van Egeren, L. F., Osborn, G. G., & Shebroe, V. (2007). Improving residents' confidence in using psychological skills. *Journal of General Internal Medicine. 10 (6),* 315- 320.

Tabachnick, B. G., & Fidell. L. S. (1983) Using multivariate statistics.Harper & Row publishers: NY.

Tartakovsky, E. (2007).A longitudinal study of acculturative stress and homesickness: high school adolescents immigrating from Russia to Ukraine to Israel without parents. *Journal of Social Psychiatry and Psychiatric Epidemiology, 42, 485-494.*

Terheggan, M.A., Stroebe , S. M., & Kleber, J. R. (2001).Western conceptualization and Eastern Experience: A cross-cultural study of Traumatic stress reactions among Tibetan Refugees in India. *Journal of Traumatic Stress, 14,* 391-403.

Vinnick, A.L., & Erickson, T. M. (2005). Social skill in 3rd & 6th grade children: A moderator of life time stressful life events and behavior problems. *Journal of Child and Family studies, 3,* 263-282.

W. H.O. (1996). Life skills: Planning for research. Geneva.

Zeider, M., & Matthews, G. (2000). Personality and intelligence. In R.J.Sternberg (ed): *Handbook of intelligence.* New York: Cambridge University Press.

Table 1: Summary of ANCOVA showing pretest and post test intervention scores on active coping.

Dependent Variable: Active Coping

	Before adjustment		**After adjustment**				
Source	**F**	**Sig**	**F**	**Sig**	**Group**	**Mean**	**SD**
Group X Pre	.32	.57			Experimental	25.41	6.85
Group	.037	.85	8.51	.00**	Control	23.40	7.49
Pre	87.74	.00**	87.68	.01*			
Error	11797.14		11809.84				

**P< 0.01, * P< 0.05

Table 2: Summary of ANCOVA showing pretest and post test intervention scores on internal coping.

Dependent Variable: Internal coping

	Before adjustment		**After adjustment**				
Source	**F**	**Sig**	**F**	**Sig**	**Group**	**Mean**	**SD**
Group X Pre	.02	.88			Experimental	31.41	5.26
Group	.11	.74	8.02	.01*	Control	29.15	6.29
Pre	52.15	.00**	52.44	.00**			
Error	8503.67		8404.30				

**P< 0.01, * P< 0.05

Table 3: Summary of ANCOVA showing pretest and post test intervention scores on withdrawal coping.

	Before adjustment		**After adjustment**				
Source	**F**	**Sig**	**F**	**Sig**	**Group**	**Mean**	**SD**
Group X Pre	.08	.775			Experimental	21.78	6.56
Group	.06	.80	.01	.92	Control	22.23	5.43
Pre	31.83	.00**	32.19	.00**			
Error	9687.60						

Dependent variable: withdrawal coping

**P< 0.01, * P< 0.05

Table 4: Summary of ANCOVA showing pretest and post test intervention scores on self-confidence

Dependent Variable: Self-confidence

	Before adjustment		**After adjustment**				
Source	**F**	**Sig**	**F**	**Sig**	**Group**	**Mean**	**SD**
GroupX Pre	.32	.57			Experimental	46.66	15.05
Group	.29	.59	22.58	.00**	Control	55.19	15.24
Pre	223.64	.00**	226.33	.00**			
Error	38583.24		38624.64				

**P< 0.01, * P< 0.05

Table 5: Summary of ANCOVA showing pretest and post test intervention scores on emotional intelligence.

Dependent Variable: Emotional intelligence

	Before adjustment		**After adjustment**				
Source	**F**	**Sig**	**F**	**Sig**	**Group**	**Mean**	**SD**
Group X Pre	.94	.33			Experimental	135.90	19.79
Group	2.62	.11	23.65	.00**	Control	126.43	18.90
Pre	139.83	.00**	139.36	.00**			
Error	75312.70		75552.81				

**P< 0.01, * P< 0.05