

UC SANTA BARBARA



# COMPREHENSIVE ASSESSMENT OF RESILIENCE & EMOTIONAL STRENGTHS

## CARES

March 9, 2026

[UCSB School Mental Health Collaborative](#)

Furlong, M. J., Dowdy, E., & Park, H. K. (2025). *Comprehensive Assessment of Resilience and Emotional Strengths Manual*. University of California, Santa Barbara, School Mental Health Collaborative.

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## MANUAL'S GOALS

The primary objective of this manual is to describe the development and validation of the Comprehensive Assessment of Resilience and Emotional Strengths (CARES). The CARES is a concise screening and monitoring tool consisting of just 27 items. It adopts a strengths-focused, positive approach, making it ideal for universal screening and monitoring, as well as for supporting school-based wellness programs and services.

CARES integrates three carefully designed, thoroughly validated measures to provide a reliable method for assessing and understanding students' social and emotional well-being. The data produced by CARES includes California-validated norms that help educators make informed decisions about selecting, implementing, and evaluating student wellness services.

## CARES DEVELOPMENT PRINCIPLES

This introductory section of the CARES manual presents the essential concepts and guiding principles that shape its development.

### Principle 1: Schools Are Essential Contexts for Supporting Young People's Mental Health and Wellness Needs

Educational institutions play a critical role in addressing the mental health needs of adolescents, given that students spend a considerable portion of their time in these settings. Research underscores the necessity of comprehensive mental health screenings to facilitate the effective implementation of school-based services. By adopting universal screening practices, schools can shift from a reactive to a proactive, data-driven model of prevention and early intervention. This transition not only enhances access to care but also cultivates a culture of mental health awareness, ultimately creating a safer, more supportive learning environment.

### Principle 2: CARES is Based on a Balanced Mental Health Perspective

To effectively implement school-based mental health screening, it is essential to go beyond simply identifying the presence or absence of issues and instead embrace a holistic understanding of mental health. By adopting a wellness perspective, schools can provide tailored support that not only addresses emotional distress but also fosters overall well-being and promotes positive development.

The Dual Factor Model (DFM) of mental health suggests that psychological functioning consists of two fundamental dimensions: subjective well-being (SWB) and experiences of emotional distress. For young individuals, mental health encompasses their evaluations of essential life domains, such as family, peers, and school, as well as their experiences with distressing emotions. Optimal mental health is achieved when there is a balance between positive perceptions of one's quality of life and the infrequent occurrence of excessive emotional distress. CARES was explicitly designed to serve as a resource for enhancing school-based mental health support programs and services within the DFM framework.

### Principle 3: CARES Considers Keystone Resilience and Protective Factors

It is essential to understand a student's psychological well-being and emotional experiences in relation to their mental health. However, these aspects alone are not enough to fully grasp the range of experiences in a young person's life that contribute to their psychological and social well-being and place them on a positive developmental path. When considering the mental health and well-being of young people, it is essential to evaluate whether they have access to social resources and personal strengths, such as resilience, that help them adapt to and cope with life's challenges.

In the context of schools, research has shown that a powerful protective resource for supporting students' positive development and mental health is a sense of connectedness or belonging. The quality of supportive relationships that students have with teachers, staff, and peers is strongly linked to their engagement in school and their success in social-emotional learning and academics. Additionally, a second factor that promotes resilience in youth is the development of strong psychological well-being and personal assets, such as emotional competencies, self-efficacy, and self-awareness, shaped by their life experiences.

### Principle 4. CARES is Universal

The fourth principle guiding the development of the care program was that the assessment should serve as a universal wellness screener, providing relevant information for all students. This measure needed to deliver reliable data with sufficient sensitivity to identify students who were struggling, experiencing suboptimal mental health, and might benefit from access to high-quality support services. Equally important was the need for the assessment to offer affirming information to students who are thriving, as well as constructive insights for those whose overall wellness is less than optimal, helping them improve their life experiences.

## Principle 5. CARES is Brief

Our final guiding principle in developing CARES was the commitment to make participation voluntary and the survey concise. Students should have the freedom to choose whether to engage in the CARES surveys, ensuring their involvement is entirely optional. For those who choose to participate, we designed the survey to be completed efficiently, containing just 27 thoughtfully designed items. This approach respects and values students' time, making it easier for them to share their insights and experiences.

## CARES HAS MULTIPLE USES AND APPLICATIONS

### Tier 1 Universal Wellness Screening

A limited number of schools are currently implementing Tier 1 universal mental health screenings, which is partly due to the lack of a standardized wellness screeners to evaluate the impact and effectiveness of these screenings across different school districts. Many schools depend on commercial screening products, which can be expensive and impractical for smaller, rural, and under-resourced districts. This situation creates challenges for initiating and maintaining universal wellness screening programs that support students' overall development. There is a significant need for a validated universal wellness screener designed explicitly for California schools and students. This unmet need was a primary driver of CARES' development.

The CARES can be administered with identifiable information, provided that the appropriate policies for obtaining parental consent are followed. All students are invited to complete the CARES assessment, but they must first give their consent. Students who choose to participate enter their school ID, which allows the school care team to assess their individual wellness needs and compassionately provide follow-up support.

After completing the assessment, school leaders use the information gathered from CARES to inform staff, students, and parents/guardians about the student body's well-being. They will also share insights on initiatives to enhance the overall well-being of all students and emphasize how each member of the school community can contribute to this vital effort.

### Monitoring Community, State, and National Wellbeing

The CARES assessment can be administered as a population-based, anonymous public health measure to all students within a school, district, county, or state to monitor adolescents' mental health. Once the evaluation is completed, school and community leaders can use the information gathered from the CARES assessment to inform staff, students, and

parents/guardians about the overall well-being of the student body. These data will also help evaluate the necessity and effectiveness of student support services and track trends in well-being over time.

## Monitoring School Climate

Administering the CARES survey anonymously twice a year is a powerful strategy for schools to obtain critical insights into their students' psychological health and views on campus climate. These data equip schools to cultivate a genuinely supportive environment and effectively measure the impact of wellness programs and services on student growth and well-being. By prioritizing these insights, schools can make informed decisions that enhance the overall educational experience.

## Individual Psychoeducational Assessment and Progress Monitoring

The CARES tool can be used to set social-emotional goals and track the progress of students receiving support through an Individualized Education Program (IEP), a 504 plan, or other school-based counseling and wellness programs. This application provides clear and normative well-being information for parents, school staff, and students themselves. The collected data can be reviewed during the annual progress meeting to determine whether the goals have been met and to guide any necessary adjustments to the students' social-emotional objectives.

## Research and Evaluation

The CARES measure is specifically designed to facilitate research aimed at the delivery and evaluation of school-based wellness promotion and intervention programs. By incorporating CARES into their research protocols and utilizing standardized scoring methods, researchers can significantly enhance the comparability of their findings across different samples. This enhancement enables meaningful comparisons across diverse groups, thereby strengthening research outcomes and increasing the effectiveness of interventions across contexts. Consequently, this process improves the generalizability of the research findings.

## CARES DEVELOPMENT AND CONTENT OVERVIEW

The first component is the California Student Wellness Index. This 10-item measure provides a single score reflecting students' overall well-being. The second component is the 5-item School Connectedness Scale, which assesses students' social connections and their sense of belonging at school. The third part includes a condensed 12-item version of the Social Emotional Health Survey for secondary students. Together, these three components form the 27-item CARES tool. This tool is concise and flexible enough to facilitate Tier 1 universal

wellness screening, while also serving as a practical social-emotional assessment for individual students' evaluation plans.

## CARES: Three Phases of Development

The development of CARES advanced through three development phases over 10 years, from 2015 to 2025.

### 2015-2020: Social Emotional Health Survey-Secondary

With the support of a grant from the Institute of Education Sciences (IES), we partnered with the California Department of Education and WestEd to refine and evaluate the Social-Emotional Health Survey (SEHS-S) for secondary students. The SEHS-S consists of 36 items designed to assess students' personal strengths and is included in the CHKS Core and Social-Emotional Health Modules. In developing the CARES, we created a short form of the SEHS-S comprising 12 items to efficiently evaluate students' psychosocial strengths.

### 2020-2024: California Student Wellness Index

Data we obtained from the IES grant enabled us to move forward to develop the California Student Wellness Index (CSWI), a standardized score that measures overall student well-being for grades 6-12. The CSWI score is based on students' perceptions of their life satisfaction and their emotional distress over the past month. This index incorporates five items from the Brief Multidimensional Life Satisfaction Scale and five items from the Social Emotional Distress Survey. An [article](#) in *Contemporary School Psychology*, published in January 2024, offers a comprehensive account of the development, validation, and applications of the CSWI. The CSWI is a key CARES measure because it provides a standardized index for assessing each student's psychosocial wellness relative to peers in grades 6-12 in California.

### 2025: CARES Standardization

After developing the CSWI, we recognized that a measure comprising just 10 items, while useful, does not provide sufficient information about students' well-being to serve effectively as a Tier 1 universal wellness screener. However, we understand the importance of having a measure that is both concise, comprehensive, and can provide psychologists and other members of school care coordination teams with the necessary information to determine whether to follow up and help students who may require additional services, while also serving as a tool for use with individual students.

To enhance the CSWI, we added two new components. The first component is a 5-item School Connectedness Scale that measures students' sense of belonging at school. The second component includes 12 items from the SEHS-S, focusing on students' psychosocial strengths.

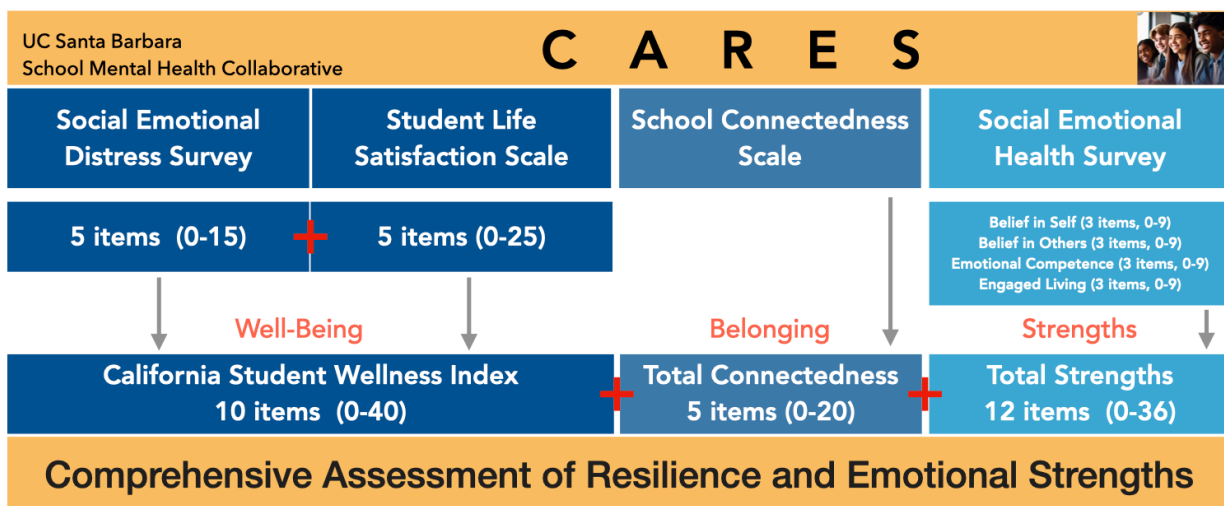
The three components of CARES—Student Well-Being, Student School Supports, and Student Psychosocial Strengths—create a robust and holistic Tier 1 screener. This strategic combination not only identifies students' psychological challenges but also highlights their wellness strengths, offering a balanced and practical approach to fostering student success and resilience. It is crucial to incorporate additional asset-focused components and conduct non-anonymous screenings to enhance the CSWI's effectiveness. These improvements will help us better understand students' perspectives and beliefs, highlight their strengths, and gather valuable insights. By including questions about school relationships and climate, we can examine the nurturing environment within the school and, ultimately, increase the CSWI's contributions. This vital information can help schools create nurturing environments that prioritize social-emotional well-being and foster stronger connections among students.

The CARES approach is founded on the belief that the primary goal for all students is to be "well" and, ideally, to thrive. Within this framework, any student who is struggling, regardless of the underlying reasons, can be identified and further evaluated through a coordinated Tier 2 care interview. Additionally, counselors can utilize the responses from the CARES assessment to help ALL students access resources and experiences that improve their life satisfaction and psychosocial well-being.

We analyzed data from over 1.2 million students who participated in the California Healthy Kids Survey to evaluate the psychometric properties and normative distributions of the CARES assessment. Additionally, we examined these tools for use as a universal wellness screener within school districts, and we explored how they could be incorporated into individual psychosocial assessments.

The CSWI, School Connectedness, and SEHS-S items make up the CARES (Comprehensive Assessment of Resilience and Emotional Strengths). This brief, comprehensive assessment provide valuable insights into students' psychological well-being and their perceptions of relationships within the school environment. The concise format of these assessments allows for flexible administration, enabling educators to understand individual student needs better and foster stronger social bonds and connections. Ultimately, this approach can enhance the overall educational experience for students. In just 27 items, CARES offers insights into students' mental health, their sense of belonging within the school community, and the personal strengths that contribute to their resilience and coping abilities, as shown in Figure 1.

Figure 1. CARES Component Measures



### THREE COMPLEMENTARY MEASURES

#### California Student Wellness Index

The CSWI is a concise self-report tool consisting of ten items designed to assess overall mental well-being across two main dimensions: life satisfaction and emotional distress. Life satisfaction is measured using the Multidimensional Student Life Satisfaction Scale (BMSLSS) and social emotional distress is measured using the Social Emotional Distress Survey (SEDS). The CSWI is based on the Dual-Factor Mental Health model, which combines responses to life satisfaction and emotional distress to produce a single composite score ranging from 0 to 40. The items of the CSWI are listed in Table 1.

#### CSWI Development and Standardization

The development of the CSWI involved analyzing data from 626,940 secondary students in California who completed the California Healthy Kids Survey (CHKS) during the 2021/22 and 2022/23 academic years. Additionally, we examined the stability and predictive validity of the CSWI using the Mental Health Continuum-Short Form (MHC-SF), which involved 1,828 participants from the 2020/21 and 2021/22 academic years. To establish the validity and reliability of the CSWI, we employed confirmatory factor analysis (CFA) and tested for measurement invariance. The CSWI development, evidence of its psychometric properties,

and interpretation information are thoroughly provided in a peer-reviewed publication ([Furlong et al., 2024](#)) and a detailed [technical manual](#).

### CSWI Items <sup>1</sup>

Tables 1 and 2 list the 10 CSWI items.

#### Table 1. Life Satisfaction Items

Generally, how satisfied are you with your life?

Response options:

Very Dissatisfied	Dissatisfied	A Little Dissatisfied
A Little Satisfied	Satisfied	Very Satisfied

- I would describe my satisfaction with my Family life as...
- I would describe my satisfaction with my Friendships as...
- I would describe my satisfaction with my School Experiences as...
- I would describe my satisfaction with Myself as...
- I would describe my satisfaction with Where I Live as...

#### Table 2. Social Emotional Distress Items

Over the past 30 days, how true do you feel these statements are about you?

Response options:

Not At All True	a Little True	Pretty Much True	Very Much True
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- I had a hard time relaxing.
- I felt sad and down.
- I was easily irritated.
- It was hard for me to cope, and I thought I would panic.
- It was hard for me to get excited about anything.

### CSWI Standardization Information

The CSWI Index is calculated by combining the total score from the Life Satisfaction, which ranges from 0 to 25, with the SEDS score, which ranges from 0 to 15 (reverse-scored),

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<sup>1</sup> Furlong, M. J., O'Malley, M., Chan, M-K., Dowdy, E., Goodwin, J., Ortiz, A., Nylund-Gibson, K., Hanson, T. (2025). [Development, validation, and multitier applications with the California Student Wellness Index](#). Contemporary School Psychology, 29, 315–332.

producing a total score that ranges from 0 to 40, with lower values reflecting poorer well-being and higher values reflecting more favorable mental health. The normative CSWI values are derived from the responses from students in grades 6 through 12 in California.

**CSWI Raw Scores:**

Mean (M): 28.05  
 Standard Deviation (SD): 8.10  
 Median (Md): 29  
 Lowest 15<sup>th</sup> percentile range: 0-19  
 Highest 15<sup>th</sup> percentile range: 36-40  
 Sample Size (N): 626,940

**CSWI Standard Scores (SS)**

Mean (M): 100  
 Standard Deviation (SD): 15  
 Skewness: -0.65  
 Kurtosis: -0.15

## School Connectedness (Belonging) Scale <sup>2</sup>

The School Connectedness measure comprises five items designed to evaluate students' social relationships within the school environment, shown in Table 3.

**Table 3. School Connectedness Items <sup>3</sup>**

Response options:

Strongly Disagree    Disagree    Neither disagree nor agree    Agree    Strongly Agree

I feel close to people at this school.

I am happy to be at this school.

I feel like I am part of this school.

The teachers at this school treat students fairly.

I feel safe in my school.

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<sup>2</sup> For more school connectedness information see, Centers for Disease Control [school connectedness resources](#), and its [links to risk behaviors](#).

<sup>3</sup> Furlong, M. J., Brennan, L. M., & You, S. (2011). [Psychometric properties of the Add Health School Connectedness scale for 18 sociocultural groups](#). *Psychology in the Schools*, 48(10), 986–997.

## School Connectedness Scale Psychometric Properties

The psychometric properties of the School Connectedness items were first evaluated for 18 sociocultural groups, using responses from 500,800 junior and senior high school students in California. This prior study confirmed several positive characteristics, including reliability, concurrent validity, and a solid construct structure.

A multigroup invariance test revealed that a single-factor model of Connectedness was consistent across all groups. Additionally, confirmatory factor analysis indicated that all items loaded on a single factor. The scale also demonstrated internal consistency, making it suitable for research and assessments in school settings.

## School Connectedness Standardization Information

The School Connectedness scale total score is the sum of its five items, ranging from 0 to 20, with lower values reflecting students' diminished sense of school belonging and higher values reflecting students' positive perceptions of their social bonds with school staff and peers. The data are derived from student responses in grades 6-12 in California.

### *School Connectedness Raw Score:*

- Mean (M): 12.47
- Standard Deviation (SD): 3.88
- Median (Md): 13
- Lowest 15<sup>th</sup> percentile range: 0-9
- Highest 15<sup>th</sup> percentile range: 16-20
- Sample Size (N): 568,242
- Alpha reliability coefficient: .83

### *School Connectedness Standard Score (SS):*

- Mean (M): 100
- Standard Deviation (SD): 15
- Skewness: -0.52
- Kurtosis: 0.61

## Student Strengths: SEHS-S Items

The [SEHS-S](#) is a well-validated measure widely used in research and for school-based mental health services. However, its 36 items make it inefficient for universal screening and monitoring, and it is better suited for Tier 2 or Tier 3 assessment. To address this issue, we

conducted analyses to develop a more concise assessment and to improve its application for wellness screening.

### SEHS-S Short Form (SEHS-S-SF) Development

Research groups from UCSB and [Proyecto Covitalidad](#) in Spain recognized the need for a shorter version of the SEHS-S; hence, we conducted analyses to develop a concise form. The proposed short form incorporates the best single item from each of the 12 SEHS-S subscales, resulting in scores across four domains: Belief in Self, Belief in Others, Social-Emotional Competence, and Engaged Living, as well as a total social-emotional strengths score.<sup>4</sup>

This analysis included responses from secondary school students in Spain (51% female) and the USA (50% female). We used item and Rasch analyses on the Spanish sample to select the most representative items for each first-order domain, resulting in a 12-item scale. We then conducted Confirmatory Factor Analyses (CFAs) on these items and explored measurement invariance (MI) across countries, genders, and grades. We correlated the SEHS-S-SF and SEHS-S factors to test convergent validity. We assessed internal consistencies using Cronbach's  $\alpha$  and McDonald's  $\omega$ .

The higher-order model for the SEHS-S-SF was validated through confirmatory factor analyses. Measurement invariance was established across different countries and educational grades for first- and second-order factor loadings, items, and first-order factor intercepts. However, measurement invariance was demonstrated only for first- and second-order factor loadings across gender. The domains of SEHS-S-SF displayed strong correlations with their corresponding SEHS-S domains, with values of .92 or higher. The internal consistency indices for the four subdomain strengths ranged from 0.54 to 0.81, with the general social-emotional strengths factor achieving a value of 0.86.

### SEHS-S-SF Items

Our analyses led to the development and validation of the 12-item SEHS-S (Table 4). The 12-item SEHS-S exhibits strong psychometric properties, allowing for a comprehensive assessment of students' social-emotional strengths. This short form is handy for time-sensitive evaluations, such as school wellness screenings, hence we included it in the CARES.

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<sup>4</sup> Francisco Javier López Fernández, David Pineda, Raquel Falcó, Juan Carlos Marzo, Erin Dowdy, Mei-ki Chan, Michael Furlong y Jose Antonio Piqueras (2024). "Desarrollo y validación transcultural de la Social Emotional Health Survey-Secondary Short Form (SEHS-S-SF). XIII Jornadas de la Asociación Iberoamericana para la Investigación de las Diferencias Individuales "Líneas actuales en el estudio de las diferencias individuales y la salud" celebradas en el Centro de Congresos de Elche (Alicante) los días 26 y 27 de Septiembre de 2024.

**Table 4. SEHS-S Short Form Items <sup>5</sup>**

**Response options:**

0 = Not at all true. 1 = A little true. 2 = Pretty much true. 3 = Very much true

**Belief in Self**

I can do most things if I try. (self-efficacy)

I understand my moods and feelings. (self-awareness)

I try to answer all the questions asked in class. (persistence)

**Belief in Others**

At my school, there is a teacher or some other adult who always wants me to do my best.  
(school support)

My family really gets along well with each other. (family support)

I have a friend my age who helps me when I'm having a hard time. (peer support)

**Social-Emotional Competence**

I accept responsibility for my actions. (emotional regulation)

I try to understand what other people go through. (empathy)

I think before I act. (self-control)

**Engaged Living**

I usually expect to have a good day. (optimism)

On most days, I feel grateful. (gratitude)

On most days, I feel active. (zest/enthusiasm)

**SEHS-S Short Form Standardization Information**

The SEHS-S-SF total score is the sum of its 12 items, which range from 0 to 36, with higher scores reflecting students' stronger psychosocial strengths. The data were derived from student responses in grades 6-12 in California. The 12-item SEHS-S exhibits strong psychometric properties, allowing for a comprehensive assessment of students' social-emotional strengths. This short form is handy for time-sensitive evaluations, such as school wellness screenings.

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<sup>5</sup> Furlong, M.J., Dowdy, E., Nylund-Gibson, K. et al. (2020). [Enhancement and standardization of a universal social-emotional health measure for students' psychological strengths](#). *Journal of Well-Being Assessment*, 4, 245–267.

**SEHS-S-SF Raw Score:**

Mean (M): 23.59  
Standard Deviation (SD): 7.14  
Median (Md): 24  
Lowest 15<sup>th</sup> percentile range: 0-16  
Highest 15<sup>th</sup> percentile: 31-36  
Sample Size (N): 104,682  
Alpha reliability coefficient: .87

**SEHS-S-SF Standard Score (SS):**

Mean (M): 100  
Standard Deviation (SD): 15  
Skewness: -0.42  
Kurtosis: -0.05

## CARES NORMATIVE INFORMATION

Tables 5-9 show the raw score, standard deviations, and percentile rank equivalents for the Social Emotional Distress Survey, the Student Life Satisfaction Scale, the CWSI, the SEHS-S-SF, and the School Connectedness Scale.

The CARES cross-measures correlations were all positive and in the expected direction: *CSWI-Connectedness* ( $r = .50$ ), *CSWI-SEHS-SF* ( $r = .59$ ), and *Connectedness-SEHS-SF* ( $r = .45$ ).

## CARES Measures Normative Distribution Graphics

**Table 5. Comprehensive Assessment of Resilience and Emotional Strength, Raw Scores, Standard Scores (M = 100, SD = 15), and Percentiles**

Raw Score	Distress		Satisfaction		CSWI		SEHS-S-SF		Connectedness		Raw Score
	SS	%	SS	%	SS	%	SS	%	SS	%	
0	83	13	45	1	45	1	50	1	51	1	0
1	87	19	48	1	50	1	53	1	55	1	1
2	90	25	51	1	52	1	55	1	58	1	2
3	93	32	54	1	54	1	57	1	62	1	3
4	97	42	57	1	56	1	59	1	66	1	4
5	100	50	60	1	58	1	61	1	70	2	5
6	104	61	63	1	60	1	63	1	74	4	6
7	107	68	66	1	61	1	65	1	78	7	7
8	111	77	69	2	63	1	67	1	82	12	8
9	114	82	73	4	65	1	69	2	86	18	9
10	117	87	76	5	67	1	71	3	90	25	10
11	121	92	79	8	69	2	74	4	94	34	11
12	124	95	82	12	71	3	76	5	98	47	12
13	128	97	85	16	73	4	78	7	102	55	13
14	131	98	88	21	74	4	80	9	106	66	14
15	135	99	91	27	76	5	82	12	110	75	15
16			94	34	78	7	84	14	114	82	16
17			97	42	80	9	86	18	118	88	17
18			100	50	82	12	88	21	122	93	18
19			103	58	84	14	90	25	125	95	19
20			106	66	85	16	92	30	129	97	20
21			109	73	87	19	95	37			21
22			112	79	89	23	97	42			22
23			115	84	91	27	99	47			23
24			119	90	93	32	101	53			24
25			125	95	95	37	103	58			25
26					96	40	105	63			26
27					98	45	107	68			27
28					100	50	109	73			28
29					102	55	111	77			29
30					104	61	113	81			30
31					106	66	116	86			31
32					107	68	118	88			32
33					109	73	120	91			33
34					111	77	122	93			34
35					113	81	124	95			35
36					115	84	126	96			36
37					117	87					37
38					119	90					38
39					120	91					39
40					122	93					40

**Table 6. Social Emotional Health Survey-Secondary Short Form Sub-Domain Belief in Self Raw Scores, Standard Scores (M= 100, SD = 15), and Percentiles**

Raw Score	Standard Score	Percentile	N
0	61	1	1873
1	68	2	1896
2	74	4	4306
3	81	10	9543
4	88	21	11585
5	95	37	15132
6	102	55	22335
7	109	73	14871
8	116	86	10330
9	123	94	12811

**Table 7. Social Emotional Health Survey-Secondary Short Form Sub-Domain Belief in Others Raw Scores, Standard Scores (M= 100, SD = 15), and Percentiles**

Raw Score	Standard Score	Percentile	N
0	52	1	751
1	59	1	1459
2	67	1	3176
3	74	4	6604
4	81	10	9516
5	88	21	13461
6	95	37	18384
7	102	55	17824
8	110	75	16516
9	117	87	16991

**Table 8. Social Emotional Health Survey-Secondary Short Form Sub-Domain Emotional Competence Raw Scores, Standard Scores (M= 100, SD = 15), and Percentiles**

Raw Score	Standard Score	Percentile	N
0	54	1	1637
1	64	1	683
2	69	2	1896
3	76	5	6939
4	84	14	8286
5	91	27	13861
6	99	47	23921
7	106	66	17609
8	113	81	14840
9	121	92	15010

**Table 9. Social Emotional Health Survey-Secondary Short Form Sub-Domain Engaged Living Raw Scores, Standard Scores (M= 100, SD = 15), and Percentiles**

Raw Score	Standard Score	Percentile	N
0	67	1	4225
1	73	4	3730
2	79	8	5609
3	85	16	11691
4	91	27	11063
5	97	42	12515
6	103	58	18939
7	109	73	10937
8	115	84	9695
9	121	92	16278

## APPENDIX 1. SOURCES OF CARES STUDENT RESPONSES

### California Healthy Kids Survey (CHKS)

The original CSWI data were collected through the CHKS, an anonymous self-report survey conducted by the California Department of Education (CDE) in partnership with WestEd. The information gathered from the CHKS informs public policy in education and human services, helps school districts prioritize planning, and enhances students' school experiences. The CHKS includes questions about resiliency, protective factors, risk behaviors, and school climate.

The CHKS core module includes ten items from the CSWI, and five items from the School Connectedness scale. The optional Social Emotional Health Module (SEHM) contains the additional 12 SEHS-S items. Our analysis of student responses to the CHKS during the 2023-2024 academic year provides the CSWI, SEHS-S, and Connectedness data to establish their response distributions. In recent years, driven by the goal of better understanding and promoting students' mental health, many schools have opted to administer the core module annually to students in Grades 6 through 12.

### CHKS Data Collection Procedures

School districts obtained guardian consent for students in Grades 7, 9, and 11 to participate in the survey. Some districts also invited students from other Grades (6-12)—the procedures for obtaining guardian consent, whether passive or active, vary by school district. Student consent was also required.

At the beginning of the survey, participants were informed that their involvement was voluntary. They could skip any questions and discontinue their participation at any time. The administration procedures adhered to all relevant laws and regulations. During the 2023-24 academic year, students completed the online survey in three waves: fall (October–December 2023, 34.0%), winter (January–March 2024, 46.5%), and spring (April–June 2024, 19.5%).

### CARES Sample

For the 2023/24 academic year, the high school version consists of 142 items, while the middle school version contains 135 items tailored for younger students. Both versions feature the CSWI and Connectedness items. Students in 512 of the state's 977 school districts, representing 52 of California's 58 counties, participated in the CHKS. Only students who completed all CSWI and Connectedness items and passed the quality checks were included in

the analysis for this report. An overview of the 525,520 students in the primary sample is provided in Table 6.

The optional CHKS SEHM was completed by a subsample of 80,947 students from 96 school districts across 28 counties statewide. The gender distribution of this subsample is as follows: male (49.3%), female (48.1%), non-binary (1.2%), and other (1.4%). This distribution closely mirrors the larger sample (see Table 10).

**Table 10. California Healthy Kids Survey CHKS 2023/24**

Total Sample Descriptive Information	N = 525,520	
	n	%
Grade		
6	16944	3.2
7	148215	28.2
8	26364	5.0
9	144073	27.4
10	30404	5.8
11	133750	25.5
12	25211	4.8
Other/Ungraded	455	—
Declined to answer	104	—
Gender Identification		
Male	258461	49.3
Female	252013	48.1
Nonbinary	6352	1.2
Another Identification	6928	1.3
Declined to answer	1766	0.3
Transgender Identification		
No	424034	80.7
Yes	8736	1.7
Not sure	9152	1.7
Decline to respond	19040	3.6
Missing	1360	0.3
Ethnicity (could select more than 1)		
American Indian, Alaskan Native	19978	3.8
Asian or Asian American	115175	21.9
Black, African American	41662	7.9
Hispanic or Latinx	249532	47.5

Native Hawaiian, Pacific Islander	14769	2.8
White	179416	34.1
Declined to answer	1976	0.4
Student Program Eligibility		
English Learner	37439	7.1
Special Education	43672	8.3
Living circumstances		
Home with 1+ parents/guardians	485591	92.4
Another relative	7305	1.4
A home with more than one family	17994	3.4
Friend's home	845	0.2
Foster, group home	1095	0.2
Hotel, motel	923	0.2
Shelter, car, temporary housing	1177	0.2
Other	9602	1.8
Declined to answer	988	0.2
Parent Education		
Did not finish high school	55432	10.5
Graduated from high school	78858	15.0
Attended some college	51550	9.8
College degree (4-year)	237933	45.3
Do not know	93905	17.9
Declined to answer	7842	1.5
Home Language		
English	336458	64.1
Spanish	125745	23.9
Other Asian	29429	5.6
Others	33108	6.3

Note. This Table includes students who answered all the CSWI and SEHS-S-SF items and passed a response quality check. There are more students in Grades 7, 9, and 11 because, historically, the CHKS has been administered to those grades. The students' responses in Grades 6, 8, 10, and 12 are from schools that invited all students to take the survey.

## APPENDIX 2: CARES SCORING EXAMPLE

### Student Life Satisfaction

	0	1	2	3	4	5
	Strongly Dissatisfied	Dissatisfied	A Little Dissatisfied	A Little Satisfied	Satisfied	Strongly Satisfied
My family life					X	
My friendships				X		
My school experiences			X			
Myself				X		
Where I live					4	X
Item score (0-5)		0	2	6	8	5
Total Life Satisfaction Raw Score (0-25)						20

### Social Emotional Distress

	0	1	2	3
	Not At All True	A Little True	Pretty Much True	Very Much True
I had a hard time relaxing.	X			
I felt sad and down.		X		
I was easily irritated.		X		
It was hard for me to cope, and I thought I would panic.	X			
It was hard for me to get excited about anything.			X	
Item Score	0	2	2	0
Original Total Distress Raw Score (0-15)				4

### School Connectedness

	0	1	2	3	4
	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I feel close to people at this school.				X	
I am happy to be at this school.				X	
I feel like I am part of this school.			X		
The teachers at this school treat students fairly.				X	
I feel safe in my school.					X
Item Score (0-4)	0	0	2	9	4
Total Raw Score (0-20)					15

### Student Strengths: Social Emotional Health Survey

	0	1	2	3
	Not At All True	A Little True	Pretty Much True	Very Much True
I can do most things if I try			X	
I understand my moods and feelings.		X		
I try to answer all the questions asked in class.			X	
At my school, there is a teacher or some other adult who always wants me to do my best.				X
My family really gets along well with each other.			X	
I have a friend my age who helps me when I'm having a hard time.				X
When I make a mistake, I admit it.		X		
I try to understand what other people go through		X		
I think before I act.			X	
I usually expect to have a good day.		X		
On most days, I feel grateful.				X
On most days, I feel active.			X	
Item Response Score (0-3)	0	4	10	9
Total Raw Score (0-36)				23

### CARES Scoring Summary Example

CSWI Subscales	Range	Raw Score	Standard Score M = 100, SD = 15
Life Satisfaction	0-25	20	106
Social Emotional Distress Survey (use this value to obtain the distress standard score)	0-15	4	97

#### SEDS Original Raw Score to Reverse Score Conversion

Original Raw Score	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reverse Scored	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0

#### Computing CSWI Total Raw Score

Life Satisfaction Score	20
+ Distress score of 4 Reverse = 11	11
CSWI Total Raw Score (0-40)	31

#### CARES Subscales Raw and Standard Scores

CARES Subscales	Range	Raw Score	Standard Score M = 100, SD = 15
CSWI: Satisfaction + Distress (SEDS) (reversed) Raw/Standard Score	0-40	31	106
School Connectedness Raw/Standard Score	0-15	15	110
Social Emotional Health Survey Raw/Standard Score	0-36	23	105

### APPENDIX 3: CARES ADMINISTRATION FORM

#### Directions

Please read each question carefully and choose the response that best reflects your feelings. Your honesty is crucial, and there are no right or wrong answers. You can skip any questions that you prefer not to answer.

I would describe my satisfaction with...

	0	1	2	3	4	5
	Strongly Dissatisfied	Dissatisfied	A Little Dissatisfied	A Little Satisfied	Satisfied	Strongly Satisfied
My family life						
My friendships						
My school experiences						
Myself						
Where I live						

Over the past 30 days, how true do you feel these statements are about you?

	0	1	2	3
	Not At All True	A Little True	Pretty Much True	Very Much True
I had a hard time relaxing.				
I felt sad and down.				
I was easily irritated.				
It was hard for me to cope, and I thought I would panic.				
It was hard for me to get excited about anything.				

How much do you disagree or agree with these statements?

	0	1	2	3	4
	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I feel close to people at this school.					
I am happy to be at this school.					
I feel like I am part of this school.					
The teachers at this school treat students fairly.					
I feel safe in my school.					

Read each item and choose the response that best describes you.

	0	1	2	3
	Not At All True	A Little True	Pretty Much True	Very Much True
I can do most things if I try				
I understand my moods and feelings.				
I try to answer all the questions asked in class.				
At my school, there is a teacher or some other adult who always wants me to do my best.				
My family really gets along well with each other.				
I have a friend my age who helps me when I'm having a hard time.				
When I make a mistake, I admit it.				
I try to understand what other people go through				
I think before I act.				
I usually expect to have a good day.				
On most days, I feel grateful.				
On most days, I feel active.				

How would you rate your overall mental health and well-being at the present time?  
 (Poor mental health includes excessive stress, anxiety, and depression.)

<b>Very Poor</b>					<b>Fair</b>					<b>Excellent</b>
0	1	2	3	4	5	6	7	8	9	10

What are your favorite school subjects? (You can select one or more)

- Languages
- Social Studies
- PE
- Arts
- Math
- English
- Sciences

Which of these words best describe you? (You can select one or more)

- Curious
- Confident
- Outgoing
- Creative
- Determined
- Cheerful
- Hopeful
- Kind
- Resourceful
- Self-Disciplined

### CARES Scoring Summary

CSWI Subscales	Range	Raw Score	Standard Score M = 100, SD = 15
Life Satisfaction	0-25		
Social Emotional Distress Survey (use this value to obtain the distress standard score)	0-15		

#### SEDS Distress Original Raw Score to Reverse Score Conversion

Original Raw Score	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reverse Scored	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0

#### Computing CSWI Total Raw Score

Life Satisfaction Score	
+ Distress Reverse Scored	
CSWI Total Raw Score (0-40)	

#### CARES Subscales Raw and Standard Scores

CARES Subscales	Range	Raw Score	Standard Score M = 100, SD = 15
CSWI: Satisfaction + Distress (reversed)	0-40		
Connectedness Raw/Standard Score	0-15		
SEHS Student Strengths Raw/Standard Score	0-36		

## APPENDIX 4: RESPONSE CONCORDANCE OF CARES MEASURES

When schools use CARES for universal wellness screening, they should consider how students' participation and responses can support efforts to improve well-being for everyone. Right after the survey, CARES student-support teams review responses to identify students who report lower life satisfaction and greater emotional distress in the past month, as indicated by their CSWI scores (0-40). There is no set CSWI score that teams use to decide which students need follow-up, but many teams begin by looking at students whose CSWI scores are in the lowest 25th or 15th percentile, which suggests their well-being could be better.

When Care teams take part in this process, they can quickly find information that supports student resilience by looking at each student's school-connectedness and Social Emotional Health Survey-Secondary-Short Form SEHS-S-SF. Answers to the connectedness question can show possible sources of social support and ways students cope. The SEHS-S-SF strengths also highlight personal qualities that help students handle life's challenges.

As Care teams review students' connectedness and strengths responses, they will want to know more about how students' CSWI 0-40 responses are related to their connectedness and personal strengths responses. To examine the relationships among students' CSWI, Connectedness, and SEHS-S-SF responses, we identified a subsample of 13,354 students who answered all items from these measures in the 2024-25 statewide CHKS administration.

Higher scores on these three measures indicate positive well-being states, as such we would expect student responses to them to be positively correlated, and they were—  
CSWI/Connectedness  $r = .49$ ; CSWI/SEHS-S-SF  $r = .56$ ; Connectedness/SEHS-S-SF  $r = .54$ .  
These correlation values indicate that student with low or high CSWI were likely to report similar low or high responses on the connectedness and strengths scales. The magnitude of the correlations, however, is such that some students with low CSWI scores reported higher levels of connectedness and personal strengths. The importance of this observation is that it provides a rationale for school Care teams to examine the CARES measures to understand each student's unique well-being profile better.

To better understand the relationships among the CSWI, Connectedness, and SHES-S-SF, we identified the lowest 25% (Q1) and the highest 25% percentile (Q4). We examined the stability of Q1-Q4 responses for each pair of measures. <sup>6</sup>

### California Student Wellness Index and School Connectedness

Table 1 presents the Q1-Q4 responses for the CSWI and Connectedness measures. A high level of concordance was observed, with 85.8% of Q1 and 89.5% of Q4 responses falling within the same quartile. Approximately 14.2% of students with Q1 CSWI scores reported Q4 school connectedness, suggesting that school social supports may serve as a resource for managing immediate well-being challenges.

*Table 1. California Students Wellness Index Lowest Quartile (Q1) and Highest Quartiles (Q4) by School Connectedness Lowest Quartile (Q1) and Highest Quartiles (Q4)*

Quartiles		CSWI	
		Q1 (lowest 25%)	Q4 (highest 25%)
Connectedness	Q1	85.8%	10.5%
	Q4	14.2%	89.5%
Kappa = .752 (substantial concordance), Approximate T = 86,854, p < .01. N = 13,354.			

<sup>6</sup> Quartile Raw Score Ranges

Table 1. Connectedness\_Recoded\_Q1\_0\_10\_Q4\_15\_20 by CSWI\_Recoded\_Q1\_0\_25\_Q4\_35\_40

Table 2. SEHSB\_Recoded\_Q1\_0\_18\_Q4\_28\_36 by CSWI\_Recoded\_Q1\_0\_25\_Q4\_35\_40

Table 3. SEHSB\_Recoded\_Q1\_0\_18\_Q4\_28\_36 by Connectedness\_Recoded\_Q1\_0\_10\_Q4\_15\_20

## California Student Wellness Index and Social Emotional Health Survey-Brief

Table 2 presents the Q1-Q4 responses for the CSWI and SEHS-S-SF. Most responses matched closely, with 89.8% of Q1 and 92.3% of Q4 answers in the same quartile. About 10.2% of students with lower Q1 CSWI scores showed Q4 personal strengths. This observation suggests that, for some students, well-being support services could build on their individual assets and psychological strengths in their support plans.

**Table 2. California Students Wellness Index Lowest Quartile (Q1) and Highest Quartiles (Q4) by Social Emotional Health Survey-Brief Lowest Quartile (Q1) and Highest Quartiles (Q4)**

Quartiles		CSWI	
		Q1 (lowest 25%)	Q4 (highest 25%)
SEHS-S-SF	Q1	89.8%	7.7%
	Q4	10.2%	92.3%
Kappa = .820 (almost perfect concordance, Approximate T = 94.796, p < .01. N = 13,354.			

## School Connectedness Scale Social Emotional Health Survey-S-SF

Table 3 shows the Q1-Q4 responses for connectedness and SEHS-B (personal strengths). There was high concordance, with 87.3% of Q1 and 91.1% of Q4 responses falling into the same quartile. The students' reactions in this sample indicate that about 12.7% of the students with CSWI Q1 scores reported much higher Q4 levels of personal strengths.

*Table 3. School Connectedness Lowest Quartile (Q1) and Highest Quartiles Q4) by Social Emotional Health Survey-S-SF Lowest Quartile (Q1) and Highest Quartiles (Q4)*

Quartiles		Connectedness	
		Q1 (lowest 25%)	Q4 (highest 25%)
SEHS-S-SF	Q1	87.3%	8.9%
	Q4	12.7%	91.1%
Kappa = .784 (substantial concordance), Approximate T = 90.543, p<.01. N = 13,354.			

### Summary

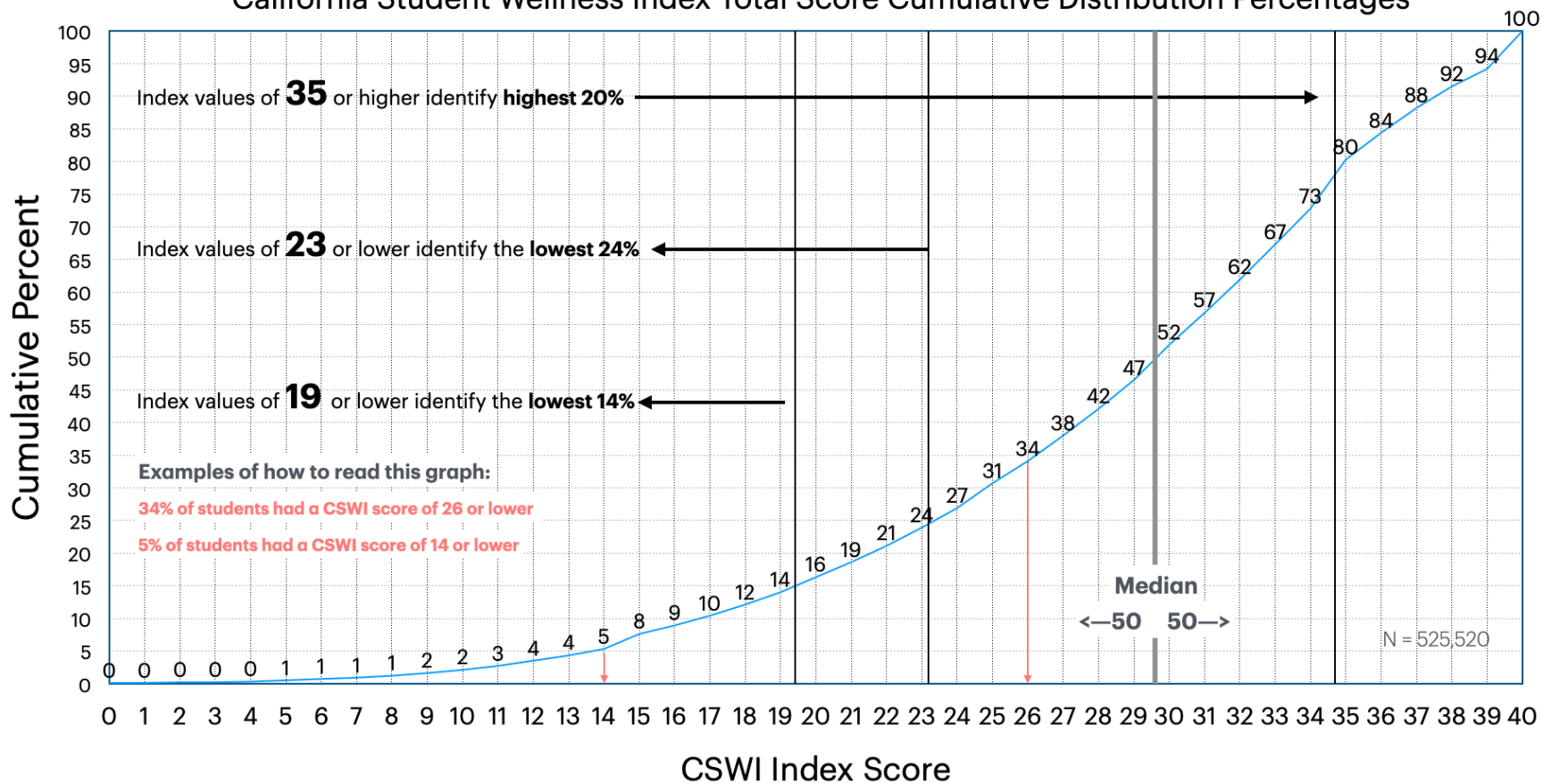
Students’ responses to the three CARES measures are highly correlated. Those reporting lower well-being on the CSWI are significantly more likely to experience weaker school social relationships and personal strengths. When students report low life satisfaction and immediate emotional distress, they may be facing broader life challenges that require attention and follow-up. Notably, about 15% of students with Q1 CSWI scores have at least one Q4-level resilience resource that could be incorporated into their support service plan.



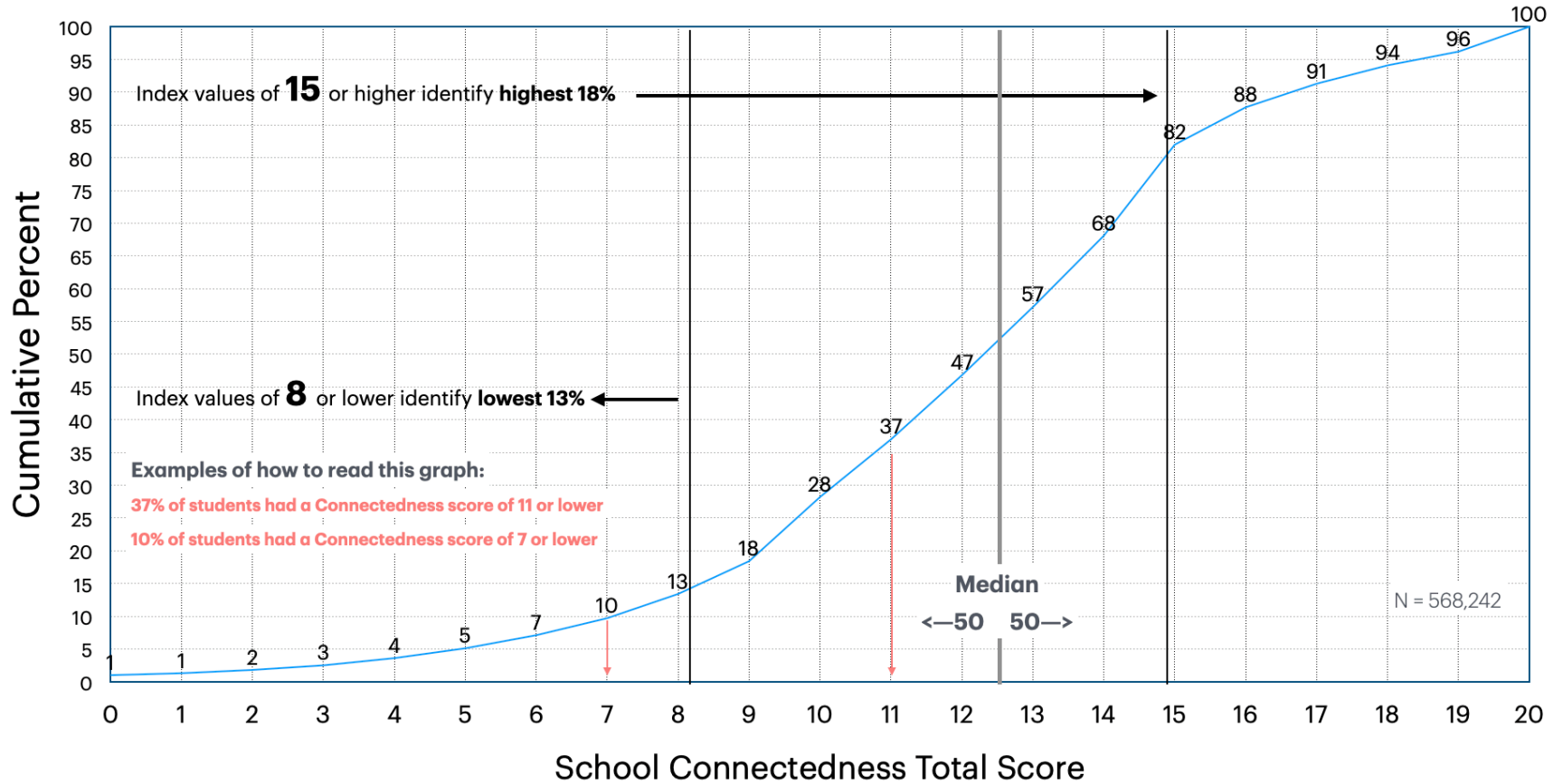
## APPENDIX 5: CARES CUMULATIVE DISTRIBUTION PERCENTAGES

The following three pages present cumulative percentage distributions for the CARES measures. These graphs offer interpretive data by indicating the percentages of California students scoring below and above each raw score value.

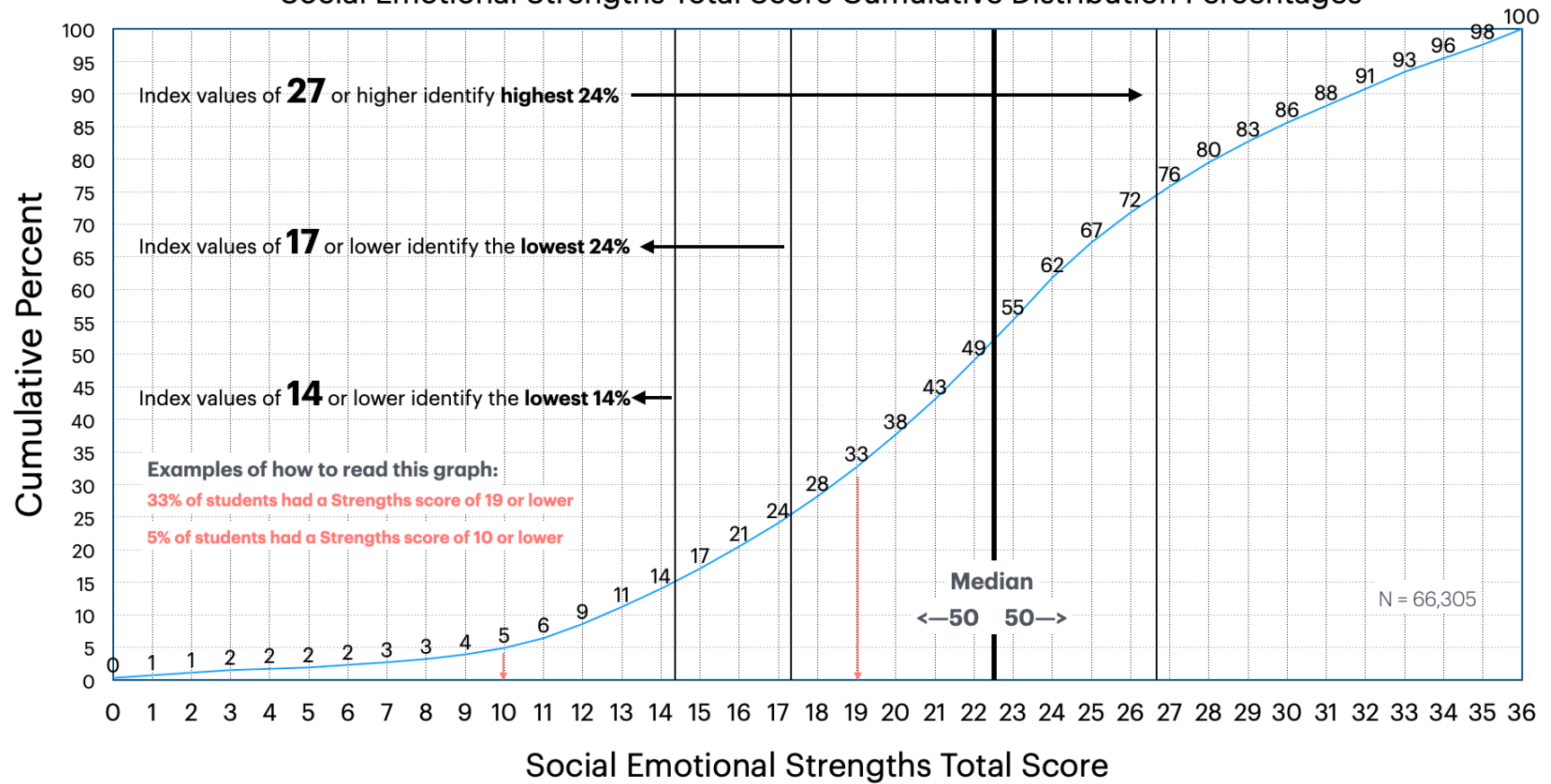
California Student Wellness Index Total Score Cumulative Distribution Percentages



School Connectedness Total Score Cumulative Distribution Percentages



Social Emotional Strengths Total Score Cumulative Distribution Percentages



## APPENDIX 6. CARES RESOURCES

The CARES assessment resources are vital tools for school personnel dedicated to enhancing students' well-being. These resources are intended solely for individuals who hold a master's degree or higher in psychology, education, social work, counseling, or a closely related field. Users should have formal training in the ethical administration, scoring, and interpretation of assessments. All CARES assessments are intended solely for personal and professional use by properly credentialed individuals or those supervised by qualified professionals.

### California Student Wellness Index Resources

[CSWI Development and Standardization Article](#)

[CSWI Technical Guide Manual](#)

[Self-Study/Review: 101 CSWI Development and Validation](#)

[Self-Study/Review: 102 Clinical Use and Applications](#)

### Comprehensive Assessment of Resilience and Emotional Strengths Resources

CARES Development and Validation Manual (this document)

[Self-Study/Review: CARES](#)

[Example of the CARES Online Administration Form](#)

Tier 2 and 3 Assessment and Counseling Resources: Development, Validation, and Multitier Applications of the California Student Wellness Index Online Supplemental Material, [pages 46-56](#).

### Counseling Intervention and Wellness Screening Resources

[Student Strengths Intervention Resources](#)

[Universal Screening Resources](#)

[UC Santa Barbara School Mental Health Collaborative](#)

[UC Berkeley Greater Good Center](#)

[Scanlan Center for School Mental Health](#)

[UCSB School Mental Health Collaborative](#)

## APPENDIX 6. LIST OF ACRONYMS

CARES	Comprehensive Assessment of Resilience and Emotional Strengths
CHKS	California Healthy Kids Survey
Connectedness	School Connectedness Scale
CSWI	California Student Wellness Index
Life Satisfaction	Student Life Satisfaction Scale
MHC-SF	Mental Health Continuum-Short Form
SEDS	Social Emotional Distress Survey
SEHS-S	Social Emotional Health Survey-Secondary
SEHS-S-SF	Social-Emotional Health Survey-Secondary-Short Form

## CONTACT INFORMATION

[Michael Furlong](#), Ph.D., is a Research Professor and Distinguished Professor Emeritus of School Psychology at the University of California, Santa Barbara. He has received the 2022 School Mental Health Research Award from the National School Mental Health Center and the 2021-22 UCSB Edward A. Dickson Emeritus Professorship for his contributions. Dr. Furlong's expertise includes providing consultation and support to the California Department of Education and WestEd on matters related to the California Healthy Kids Survey. He is co-editor of the *Handbook of Positive Psychology in Schools* (2009, 2014, 2022). [mfurlong@ucsb.edu](mailto:mfurlong@ucsb.edu)

[Erin Dowdy](#), Ph.D., is a Professor in the [Department of Counseling, Clinical, and School Psychology](#) at the University of California Santa Barbara. She is a licensed psychologist and a nationally certified school psychologist. Her research career and scholarly publications have focused on the universal assessment of social and emotional health and risk. She is committed to promoting [equitable screening practices](#). Dr. Dowdy has a proven track record of disseminating research through peer-reviewed journals and at professional conferences. Her research and collaborative work with schools, state agencies, and community organizations have been funded by various agencies. [edowdy@ucsb.edu](mailto:edowdy@ucsb.edu)

[Hee Kyung Park](#), Ph.D., is a Postdoctoral Scholar in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara. She holds a Pupil Personnel Services Credential in School Psychology. Her research interests include the development, implementation, and assessment of culturally responsive social-emotional learning interventions within multi-tiered systems of support, with a focus on both national and international contexts.

### Suggested Citation

Furlong, M. J., Dowdy, E., & Park, H. K. (2025). *CARES: Comprehensive Assessment of Resilience and Emotional Strength Development and Normative Manual*. University of California Santa Barbara, School Mental Health Collaborative.