ABSTRACT

Title of Document:	TEACHER IDENTIFICATION OF STUDENTS FOR A SOCIAL-EMOTIONAL INTERVENTION
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This study described how students received services for social-emotional issues in several schools where a social competence program was implemented. The study examined several variables including a) teacher referral practices in the context of a program designed as a prereferral intervention for these issues in elementary school-aged children; b) child characteristics; and c) group dynamics. Referring teachers completed pre and post-test behavior rating forms for 45 children (N=45) in the program. All students completed pre and post-test measures of listening comprehension and self-report measures of depression, anxiety, and anger. A case study of two children with different initial profiles highlights how initial child characteristics affect performance and progress in the group situation. The variability in child performance demonstrates the need for careful selection of participants when conducting group interventions in schools. Implications for prereferral interventions are discussed.

TEACHER IDENTIFICATION OF STUDENTS FOR A SOCIAL-EMOTIONAL
INTERVENTION

By

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Dedication

This thesis is dedicated to my friends and family who supported me during this process. I would also like to dedicate this work to the amazing children who participated in the STORIES groups. They helped me build my counseling skills while having a lot of fun.

Acknowledgements

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Chapter 1: Introduction

The use of prereferral interventions: A brief history

The climate of schools and the practices related to services for students with disabilities is dynamic. Procedures for how children receive services and for determining which children are eligible for services in schools are constantly changing. Historically, children were able to receive specialized services only if they were referred for a formal evaluation and, on the basis of that evaluation, were found to be eligible for special education. Due to changes in laws, practices and procedures now include documented attempts at interventions prior to making a referral for an evaluation to determine eligibility. In some areas, there has been a push for using response to intervention (RTI), a proposed method for appropriate identification of children with learning disability (LD); however, effective methods of utilizing RTI are still being investigated (Fuchs, Mock, Morgan & Young, 2003). Since the reauthorization of the Individuals with Disabilities Education ACT (IDEA) in 2004, RTI has become a larger part of policy and practice (Cheney, Flower, & Tempelton, 2008).

Prior to the 1950s many children with disabilities lived at home with their parents; children with more severe disabilities were institutionalized (Ysseldyke & Algozzine, 2006). In the later half of the twentieth century, legal rulings rapidly changed the way we think about students who may learn or behave differently. This new emphasis changed the focus of the education field to examine research and training, assessment, alternative and vocational education and special education services for children (Ysseldyke & Algozzine, 2006). Mamlin and Harris (1998)

noted that in the 1970s and 80s there was an increase in referrals and placements for children labeled learning disabled (LD); these high referral rates led to changes in practices for referring and testing children for special education (Fuchs et al., 2003).

Children with emotional and behavioral problems in school also take up teacher time and school resources, while often falling behind academically; however, only a small percentage of students in schools receive services for social emotional issues as compared to the large percentage of children showing need for mental health support or intervention during school years (Cheney et al., 2008; Hoagwood & Erwin, 1997). Despite the need for a strategic referral plan for both academic and emotional issues, a review of the literature into the 1990s showed that teachers continued to refer children without much justification or attempts to solve problems prior to referral (Fuchs et al., 2003; Mamlin & Harris, 1998).

In addition to high referral rates, there is a history of an overrepresentation of culturally and linguistically diverse students in special education (Algozzine, B., 2005; Harris-Murri, N., King, K., Rostenberg, D., 2006). Law changes, controversies about placement, and disparities between the types of children referred compared to their percentage in the population has made the referral process for special education a popular topic in the field. Researchers and leaders in the field have come up with several potential solutions to help more students learn in the general education classroom and to make placements into special education more appropriate.

Over the past several decades placement into special education has remained a controversial topic. While the current position of the National Association of School Psychologists (NASP) is for inclusion whenever possible, issues surrounding over-

representation of certain groups in special education with too few being identified

from other groups still plague the field (NASP, 2002). Currently within the field of

school psychology, several remedies have been proposed to help even out the

inconsistencies in referrals and placement. These remedies have included school-wide

evidence-based prevention programs, changes in assessment practices, and response

to intervention (RTI) (NASP, 2005).

Mental health prereferral

Mental health interventions in schools tend to include school-wide universal

prevention programs, selected interventions for children deemed "at-risk," and

indicated programs for children presenting with specific issues (Rones & Hoagwood,

2000). Several studies report on universal programs in schools; however, this type of

investigation does not inform us about the individual level (Bruns, Walrath, Glass-

Siegel, & Weist, 2004; (Horne, Stoddard, & Bell, 2007). Universal programs do not

inform prereferral intervention because of lack of individual level data available

within most of these programs.

Targeted interventions for children at-risk for social emotional issues may be

the closest way to use a mental health intervention as prereferral intervention, prior to

any special education decision-making. For students already known to have a

significant problem, it seems logical to immediately start an intensive intervention.

Assigning someone to short-term services if they can be better helped by long-term

services and interventions may waste time and resources. Furthermore, students will

need varying amounts of time to respond to treatment; providing and then removing

some interventions may not match student needs. Prereferral interventions for mental

health issues would likely be most beneficial when at-risk children are given an intervention, and then, decisions are made based on their performance and rate of progress. If these students are able function on the level of their non-identified peers, interventions should be terminated. Otherwise, they should be filtered into a more intensive and specific intervention.

STORIES program as mental health prereferral

The STORIES (**S**tructure/**T**hemes/**O**pen communication/ **R**eflection/ **I**ndividuality/**E**xperiential learning/**S**ocial problem-solving) program was developed as a group intervention aimed at enhancing children's social competence by using the story form and authentic peer interactions to have children learn and practice socially appropriate reactions and behaviors in social situations (Teglasi & Rothman, 2001). The program will be described in more detail later in this paper; however, it should be noted that STORIES meets NASP criteria for a mental health intervention. Several position papers encourage learning and practice of new academic and social skills within a naturalistic environment. Additionally, repeated practice of these new skills promotes generalization to other settings. Furthermore, STORIES directly links social and academic arenas; competence in both is necessary for school success (NASP, 2002; 2003).

This study explored teacher referrals of children to STORIES groups for social emotional issues. The groups served as a prereferral intervention for these students as they were not already receiving special education or other services. The referral process and the initial characteristics of group members was examined in this investigation. Additionally, the present study utilized a case example from a recent

group to demonstrate how STORIES can be used to look at the trajectories of participants to distinguish children who respond from those who need a more intensive or different mode of service delivery.

Prereferral intervention assumes that some children will be helped by targeted interventions and that children who need more help will be identified by not responding as expected to the intervention. This study looked at several variables for children who seemed to respond or did not respond to the intervention due to early termination from the intervention.

Furthermore, the present descriptive study examined who gets referred for prereferral interventions given a specific referral question. This implementation of STORIES targeted children presenting with primarily internalizing issues, such as shy or withdrawn behavior in the classroom. The literature suggests that these children are typically less likely to get referred for intervention, despite poor academic and social outcomes. Additionally, shy and withdrawn children typically receive fewer services and interventions as compared to their externalizing peers (Thompson, 2004). This imbalance likely occurs because children with internalizing issues are usually less visible and disruptive in the classroom setting. The characteristics of this sample (*N*=45), in relation to the referral question, will be explored. The use of pre-testing procedures for group selection is discussed in this paper.

Non-responders

It is important to distinguish those who don't respond to short or less intense interventions from children who will potentially benefit. It would be ideal to gain a sense ahead of time of who would be more likely to respond. When children are

placed in a group setting that is not matched to their needs, the intervention may not be effective for that child or small group. Rhule (2007) mentions the potential iatrogenic effects that groups can have when the dynamics are not balanced; this pertains mostly to having too many aggressive children in one group where behaviors can become more severe instead of being abated. Additionally, it is inevitable that some students will not attend sessions or will drop out of interventions. Some children will not respond to or benefit from a short-term intervention. Therefore the time that they could have spent receiving a more appropriate service has been lost; at best they were simply delayed from being considered for more intensive treatment. Clearly, ideal practice would be to match children to suitable interventions. Systematic referral and prereferral practices will inevitably improve decisions about appropriate interventions and proper placement.

This study raised several questions and hypotheses related to issues around prereferral interventions that are targeted for a specific population. Current practice involves documenting that an intervention has been implemented prior to referral to a formal evaluation. Hence, it is necessary to design procedures whereby children may be pre-referred when a problem is noticed and that attempts are made to ameliorate the problem are documented (prereferral intervention). Through a description of a prereferral group intervention for internalizing social emotional issues, this exploratory study addressed some points about the prereferral interventions for mental health including: who gets referred for these types of interventions? What are the implications of these selections? And, who will benefit from the intervention? The study will look at how teachers make choices and selections to intervene with

students they see as having internalizing social emotional issues that are affecting

classroom performance.

Chapter 2: Literature Review

Research on referral to special education has looked mainly at academic issues that lead to teachers or parents initiating a process where children are evaluated for eligibility (Pugach, 1985; Gottlieb, Gottlieb, & Trongone, 1991). Prereferral is typically defined as a process that is preventative; therefore, interventions are created and implemented for children raising concern before a formal special education evaluation is conducted. This process often uses a problem-solving approach, is action-oriented, and focuses on enhancing the performance of students and teachers within the general education setting (Buck, Polloway, Smith-Thomas, & Cook, 2003). Prereferral intervention refers to the "systematic activities designed to allow the student to remain in the general education setting while attempts are made to increase appropriate social and academic performance" (Noll, Kamps, & Seaborn, 1993). This definition of prereferral has remained relatively stable over time; however, the process in which prereferral has been applied across schools, districts, and states varies greatly (Buck et. al, 2003).

Referral typically refers to the more formal process of evaluating a student for special education needs through a formal psychoeducational evaluation. This process typically begins with the parent or teacher noticing a problem and should be followed by an attempt, prior to referral, to resolve the problem in the general education setting. Referral is more directly related with eligibility for special education services (Gottlieb, Gottlieb, & Wishner, 1994; Gottlieb et al., 1991).

Approaches to referral and prereferral in the educational system have changed greatly over time and have been influenced by federal guidelines, which have governed how children receive services. Changes have been made over the years to distinguish these two processes. A revised version of the Individuals with Disabilities Education Act (IDEA) was signed into law in 2004 and this act made a greater distinction is between the two concepts. The notion of prereferral grew out of concerns about schools being too quick to consider special education. Additionally, it is now required to document some interventions addressing concerns prior to a formal assessment. The reporter of these concerns are still mainly the student's teacher or parent; however, what is different now is when there is an initial concern it is necessary to offer prereferral intervention and document the success or failure of the attempt. A referral can occur if there is no response or the response in not adequate.

Although children get referred for academic, behavioral, or a combination of problems, there have been limited studies looking at referral or prereferral for purely behavioral issues in schools (Cheney et. al, 2008). The research that has been conducted seems to indicate that children who exhibit externalizing issues in the classroom are more likely to be referred than children with internalizing problems (Cowen, Wilson, & Lorion, 1976; Mamlin & Harris, 1998). Groups are often used as the format for prereferral social emotional interventions in schools; however, when groups are not conducted well they may have unintended iatrogenic effects for the children involved (Rhule, 2007). To avoid problems created by poor group composition, several researchers have suggested methods for group selection including collaboration and screening (Sullivan, Wright, & Nilah, 2002; Ritchie &

Huss, 2000). The present study seeks to better understand the prereferral process for social emotional interventions. Specifically, the study will investigate how teachers make choices for which children get referred, the child characteristics most likely linked to a referral, and also the implications for referring children who may not match the referral question or specified group population. This descriptive study addresses these issues by exploring data collected during a two-year investigation of the STORIES program as a prereferral for shy/withdrawn elementary school children.

The review of the literature gives some background in the areas of referral and prereferral for social emotional issues. It is important to investigate studies that look at child characteristics that may lead to referral and teacher reasoning for referrals. There are many differences between referral for academics and referrals for behavior; there is significantly less research on interventions for social emotional issues. A current trend in the field, response to intervention (RTI) is a suggested method for reducing inappropriate referrals and documenting intervention attempts.

The RTI framework aligns with IDEA (2004) and No Child Left Behind (NCLB) 2001, in that it aims to measure and provide educational services that are linked with student progress (Glover & DiPerna, 2007). RTI may guide instruction and also help determine which children need more intensive special education services. Specifically, if a child fails to respond to repeated interventions he or she might be identified with a specific learning disability (SLD) (Glover & DiPerna, 2007). However, there are not many distinctions made between programs for mental health interventions and those designed for academic problems. There is considerably more research on academic interventions in schools, but even how academic

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interventions should be conducted is not clear among school psychologists or teachers (Fuchs & Fuchs, 2006).   The recent suggestion of RTI to reduce inappropriate referrals and placement to special education for learning disabilities has promise, but remains controversial and poorly defined.

Currently, there is no clear plan for how RTI should be implemented as a prereferral procedure for children presenting with social emotional or mental health issues in schools. NASP advocates for school psychologists to be involved in comprehensive mental health services in schools. These programs, which may include group counseling formats, should emphasize prevention and early intervention as opposed to a "wait to fail" model or mental health treatments not backed up by theory and research (NASP, 2003). Ideas for applying RTI to be used for intervening with social or behavioral issues have just begun to be sorted out in the literature (Cheney et. al, 2008; Harris-Murri et. al., 2006).

There are suggested guidelines for using RTI with children experiencing academic difficulty (Fuchs & Fuchs, 2006), but RTI for academics is still not carefully outlined in a way that provides a connection to meaningful changes in academic achievement. Implementation of RTI for academic issues involves assessing children using the class curriculum. Following intervention, changes are examined on these measures often without specifics about child progress as compared to their classmates or national same-aged peers. Critics of RTI note that this process may delay appropriate assessments, or the RTI intervention procedures may be misused as assessments themselves. RTI is still an idea that needs to be fully modified and clarified for use with LD, and many researchers believe it has potential

to be used successfully in the future whereas others are more critical about the concept (Fuchs et al., 2003). How this process could be used for social emotional interventions is particularly unclear. Although the intent of RTI is to appropriately identify students in need of services, it is not clear that this goal is being met.

When teachers have concerns related to academics the classroom teacher is usually the one delivering the prereferral intervention. However, social emotional issues are more complicated. Teachers, who are experts in academics, but not social emotional issues, can sometimes deliver class-wide programs, but prereferral is targeted. Sometimes teachers may set up a behavioral plan or general classroom management, but the teacher is usually not equipped to go much further to address children's mental health needs and prereferral interventions need to be delivered outside the normal classroom routines. This study will investigate prereferral for social emotional issues in contrast to academic concerns. Often the term behavioral is used; however, behavior is a limited construct. This study will focus on the broader conceptualization of social emotional. This includes issues of children being withdrawn or having issues with self-regulation, in addition to externalizing and other issues. While it may be the domain of the teacher to manage the behavior in the classroom, the child may still not be available for learning or for interacting with peers. Therefore, targeting interventions aimed at social emotional concerns need to be available.

Cheney, Flower, and Templeton (2008) conducted a study to determine if student behavior improved after implementing a prereferral program for emotional issues, Check, Connect, Expect (CCE program). They were also interested in finding

which metrics were best at tracking change. This was a large randomized control study in which intervention schools were matched with similar controls in three school districts. Students in first through third grade were identified for participation in the CCE intervention using a screening tool for behavioral disorders. A total of 326 students (N=326) were identified for enrollment in the project, of these students 199 (n=199) were at the intervention schools. The remaining students were in control schools; however, it was not clear if the control students received social interventions offered in their schools. Project staff administered training workshops in the treatment schools and had continued contact with the teachers in those schools. The teachers were primarily responsible for conducting the interventions with the identified students. These teachers were responsible for filling out ratings and metric. There was nothing written about project staff involvement in the control schools.

The students remained in the intervention period for up to 2 years (October 2005-June 2007). Data for students who participated for at least 80 days were analyzed. The researchers found percentage of change to be the best metric for determining a successful response to the treatment. The other methods considered were based on recommendations by Gresham (2005) and included examining the percentage of non-overlapping data points for student rating scores pre and post intervention, effect size, and use of a reliable change index (cf Gresham, 2005 as cited in Cheney, Flower, & Tempelton, 2008). They determined that about two-thirds of children responded to the treatment; the majority of the early responders were students with externalizing as compared to internalizing issues. The students were receiving daily report cards (DRC) during the intervention and this way of monitoring

continued after the study terminated. Overall, the authors framed this study to show how a social emotional intervention could be used within the RTI framework. The authors used a screening tool and then delivered a tier 2 targeted program to the children deemed at-risk. This study noted that it is difficult to measure and track change for social emotional interventions. Future studies need to clarify how much change is needed to label a child as a success. This study seemed different than typical RTI interventions for LD in that the tier 2, targeted intervention was implemented after a mass screening and was given to several students already identified for special education. Individual progress was monitored, but these methods in schools would likely be different when not conducted in the context of a randomized control trial.

Harris-Murri, King, and Rostenberg (2006) also believed that RTI, although initially designed to be more appropriate for learning interventions, could be applied to emotional issues in accordance with IDEA criteria. The authors mentioned clear problem identification and selection of an appropriately matched intervention are needed to be able to use RTI for intervening in emotional domains (Harris-Murri et. al, 2006). Specifics about interventions were not provided in this review article; however, the authors posit that teachers and school staff could work collaboratively to deliver culturally responsive interventions matched to the needs of children experiencing difficulty (Harris-Murri et. al, 2006).

In the academic domain it is clear that teachers are primarily responsible for prereferral interventions, and they are often responsible for then initiating a formal referral for evaluation if the interventions do not alleviate the problem. Academic

prereferral interventions can usually be conducted without removing the child from their academic setting. However, there is no parallel process in the socio-emotional domain. Teachers can design and implement behavioral intervention plans. They are sometimes involved in whole class interventions for improving social competence; however, they are not normally in a position to provide mental health prereferral interventions.

Referral and prereferral practices

Referral practices in which students are evaluated for special education eligibility are legally mandated, and these procedures are relatively well defined. Only recently has it been required to attain a sense of prior interventions, which need to be documented, before moving into a formal referral process (NASP, 2005). Teachers or parents are usually involved with initiating the process that leads to a referral. Prereferral intervention typically happens in one of three ways. First, a concern is raised and, rather than going to the referral stage, an intervention is proposed, implemented, and monitored. Second, children may be identified for a prereferral program through a general screening to identify those at-risk. And third, sometimes a program is offered that meets the needs of different children at-risk for a specified problem, and then children who may benefit are matched with this available intervention program. In both prereferral and referral practice there tend to be inconsistencies in the way that parents or teachers select children who need intervention or assessment. In the present study, where the STORIES program was available for students showing internalizing behaviors in the classroom, the identification process for prereferral was similar to the third situation above. In this

case a targeted program was available and teachers and school staff were asked to select appropriate students to participate in the intervention. The role of selecting children for a prereferral intervention was given primarily to classroom teachers, with other school staff serving in a consultative role.

To reduce inconsistencies and bias in the formal referral process, principles of nondiscriminatory assessments have been articulated and include components such as the use of multiple evaluation measures, and team-based decision-making has been promoted as best practice (NASP, 2002; Pugach, 1985). Additionally, NASP advocates for clear prereferral interventions before formal assessments take place (NASP, 2002).

Review of school referral practices

Inconsistencies in the referral process were examined in a recent study by Buck, Polloway, Smith-Thomas, and Cook (2003), which demonstrated that the variation in the prereferral and referral process still exists at a national level. In this study practices across all 50 states were examined through a survey format. It was found that terminology, practices, and policies varied greatly by state. When prereferral practices leading to an assessment were more clearly defined and implemented the number of inappropriate referrals to special education was reduced. State level personnel provided this data, so it does not provide information about individual teacher or school practices (Buck et al, 2003). However, it shows the need for clarification of prereferral practices in order to reduce inappropriate placements into special education.

Gottleib, Gottleib, and Wishner, (1994) provided a review of practices related to referral and placement in the 1980s and 1990s. They also looked at the differences in how children were identified with an educational disability as compared to earlier decades. They noted that many children who were being identified with a learning disability (LD) at that time used to fall under the category of Educable Mentally Retarded (EMR). At that time, these children did not meet criteria for MR, but also did not have the discrepancy needed for LD diagnosis at that time. The authors also noted that their sample showed an overrepresentation of language minority students placed into special education and an even more notable percentage of male and ethnic minority students. Additionally, special education rates were highly linked to poverty (Gottleib, Gottleib, & Wishner, 1994).

Who refers?

Parents and teachers tend to initiate the referral process, which may look different depending on who made the referral. Teachers noted that large class size made it difficult for them to accommodate low-achieving or low-ability students within the classroom and believed students would be better off with "small group instruction" (Gottleib, Gottleib, & Wishner, 1994). Additionally, at the time of this study there were great differences in referral practices when the referrals came from parents instead of teachers (Gottleib, Gottleib, & Trongone, 1991). Specifically, in a review of school records of 439 special education evaluations, it was noted that parents often referred for purely academic reasons, where teachers were more likely to refer for reasons including behavioral aspects. Children referred by parents tended to be higher functioning than those referred by teachers. In this sample, the percentage of

white children referred by parents was much higher than those referred by teachers, indicating there may have been bias in referral related to race. In this sample, 31% of children were referred for combined academic and behavioral concerns (Gottleib, Gottleib, & Trongone, 1991). This demonstrates that a significant portion of referred students may have benefited from interventions addressing mental health, as well as academics.

The role of initiating the referral process typically begins with the teacher. Pugach (1985) noted that despite attempts to alter the referral to placement process, at that time it seemed that the key moment that ended up leading to a special education referral was initial description of the problem presented by the classroom teacher. It seemed that although teacher input carried immense weight in the decision-making process, very little was known about teacher use of the referral process. In Pugach's (1985) study of the role of teachers in the referral and prereferral process, her main purpose related to the need to protect students from inaccurate decision to placement into special education, and to outline system wide problems in special education delivery. She noted that the regular classroom teacher has the most impact on referral decision. This study involved interviews of 39 classroom teachers in Midwest related to a wide variety in practices, including prereferral intervention, consultation and referral. She found that there was no systematic method for getting support and that reasons for referral included poor behavior, need for 1-to-1 instruction, discrepancy between ability and achievement, and specific skill deficits. Additionally, system policies were unclear and there were discrepancies between policies and implementation. While this study is limited by its sample size, and the interview

format may not be a completely accurate representation of true referral practices, it does seem to support that at the time teachers played a large role in decisions that were not always evidence-based, and that despite federal law, clear procedures for referral to placement are not always followed (Pugach, 1985). Clearly, how children get from an identified concern to a formal evaluation is a widely inconsistent process. Once they get to the formal referral the procedures are more laid out.

Teacher referral practices

Wilson, Gutkin, Hagen, and Oats (1998) conducted a study in which twenty teachers (N=20) were given detailed interviews about their prereferral practices within the general education classroom. The researchers were interested in the self-reported knowledge base of and the behavior of teachers in working with difficult to teach students in the classroom. They gathered data on prereferral, prereferral intervention, referral, and post-referral practices. Wilson and colleagues believed that teachers were ultimately responsible for the success of interventions and that their ability to collaborate with school psychologists and be involved in the intervention process would lead to more success with students (Wilson et al., 1998) In this study, "prereferral" counted as the time period when the teacher and a prereferral team tried to resolve the presenting problem without a formal evaluation, and referral was connected with formal special education evaluations. Findings showed that overall teachers were unable to describe interventions they provided and that they were often able to only explain or provide interventions involving low levels of classroom change. About 80% of teachers attributed problems to the students and not their own teaching ability. Teachers described more change in their practices after the referral

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stage, but not at the prereferral period. This study linked results to implications for school psychologists in demonstrating the importance of a good collaborative relationship with teachers, as they are predominantly responsible for referrals. School psychologists should know teacher practices related to prereferral intervention. Although the study had a small sample it demonstrated the need for more consultation and availability of other interventions for students experiencing difficulty in the classroom.

Social-emotional prereferral practices

The most common interventions for social emotional issues include instructional modifications, counseling, and behavior management strategies. The most appropriate methods are often agreed upon through collaboration (NASP paper, 2005). Classroom teachers may be able to implement some interventions in the behavioral or mental health realm; however, the classroom teacher does usually not perform services such as individual or group counseling. Other school personnel such as the school counselor or school psychologist typically provide these interventions.

There is evidence that schools perform mental health prereferral interventions, but there are limited studies looking at the effectiveness of prereferral intervention models (Noll, Kamps, & Seaborn, 1993; Harris-Murri, King, & Rosenberg, 2006). Children with behavioral issues are particularly challenging and the research on interventions for behavior, as compared to academics, is scarcer. Noll, Kamps, and Seaborn (1993) conducted a case study description of a prereferral model for behavior problems. Their results indicated a need for a continuum of services for students with behavioral issues as well as a need for standards of who should provide prereferral,

documentation of services, clear guidelines for evaluating interventions, and longitudinal follow-up of students who receive these interventions.

Student traits leading to referral

Lane, Givner, and Pierson (2004) looked at linkages between teacher referral and skills that their students needed for classroom success in all elementary school grades (K-6). They noted the purpose of prereferral intervention practice is to generate interventions that meet the needs of students experiencing difficulties in school to ultimately reduce inappropriate referrals to special education. The authors, interested in how certain school behaviors were linked with referral, surveyed 126 teachers (N=126) at 4 elementary schools in Southern California. Teachers of all experience levels viewed self-control and cooperation as highly important for school success. Seven social skills emerged as necessary for classroom success: following directions, attending to instruction, controlling temper with peers and adults, getting along with those who are different, responding appropriately to aggression by others, and using free time in an acceptable way. Prereferral interventions should focus on students gaining these skills, as these seem to be key to functioning in the general education classroom. Based on this list of skills, it seems that children presenting with externalizing problems in the classroom are more likely to gain teacher attention and be referred for their problematic behavior.

Who gets referred for social-emotional/behavioral interventions?

Since teachers are often the primary referral agents for children experiencing difficulty (Pugach, 1985), it is important to look at the characteristics of children who typically get referred. Several studies have investigated child characteristics that are

linked with referral (Livner et al, 1993; Cowen, Wilson, & Lorion, 1976). Cowen, Wilson, and Lorion (1976) conducted several studies based on a large set of data looking at child traits that can influence diagnostic judgments. Data collected included impressions/ratings by teachers (referral agents) and aids (conducted the intervention) at 3 time points: referral and two after intervention sessions. The raters answered questions on how well they knew the child, how much they liked them, and how serious was the need for intervention. The measures looked at acting out, moodiness and withdrawal, and learning problems. Overall, those seen as having less severe problems and those rated as more likeable prior to the intervention showed better outcomes after an intervention. Child traits can influence diagnostic judgments. An interesting finding was that better liked children were seen globally as having fewest problems and as less maladjusted on the referral measures. Groups of children were classified as "acting out", "withdrawn" or having "learning problem". Comparisons of these children indicate that teachers viewed the acting out children as the least liked and having the most severe problems. Cognitively impulsive children are the most visible to their classroom teachers, and teachers liked children from a family with problems less than children without known family problems (Cowen, Wilson, and Lorion, 1976). Clearly, liking is negatively correlated with the chance of being referred. Child characteristics are linked to teachers' perceptions of severity of problems; it is likely that this is linked with referral tendencies. This study would indicate that acting out or externalizing children, who are often the most visible in the classroom and least liked are the most likely to get referred to interventions. This idea would likely hold when there is an intervention in the school that is already available,

as was the case with STORIES in the present study. Whether the teacher is making a spontaneous referral or there is a program available, teachers may be more inclined to refer children with certain overt characteristics.

Teacher views and referral

In a more recent study, teachers' views were compared to those of mental health workers on the treatability and prognosis of children in 3 groups: acting out, shy, and learning problems (DeStefano, Gesten, & Cowen, 2001). The major finding from this study is that the presenting child characteristics greatly change adult views of treatability and prognosis. Shy-anxious children, as compared to learning problems or acting out children, were rated as easier intervention targets for teachers, making them the least likely to get referred for help by outside sources. Additionally, they were viewed as easier and more enjoyable to work with, and have a more favorable prognosis when rated by mental health professionals and non-professionals. Acting out children were consistently rated as most difficult to work with. When the raters were compared, it was noteworthy that mental health professionals had a more positive view than teachers for all problems types, the appropriateness of the referral, the pleasure of working with children, and the prognostic outcome. The one exception was that teachers saw referrals to the mental health workers for learning problems as appropriate, whereas mental health workers saw their services as less appropriate for these children. (DeStefano, Gesten, & Cowen, 2001). These findings have strong implications for psychologists interested in doing targeted interventions for children with shy/withdrawn behaviors, as teachers are less likely to refer these children. It appears based on the previous research that teachers are more likely to

work with shy children, but may refer acting out children and sometimes children with learning issues to interventions run by other school personnel. It seems that this externalizing population would also be referred for evaluation more quickly.

Teacher characteristics and referral

Teachers vary greatly and this can influence who asks for help or refers children. In a study looking at referral practices, 55 elementary school teachers (N=55) were given 12 vignettes portraying typical classroom problems. This study found that teacher self-efficacy, perceptions of control, and attributions did not seem to affect teacher decisions to refer or seek consultation around a child. The study found that experienced teachers leaned toward referral more often (Hughes, Barker, Kemenoff, & Hart, 1993). This study used hypothetical situations; therefore the responses of teachers may not indicate their actions in real life situations. However, it was interesting how referral was defined in this study:

> A process whereby you would receive assistance from an educational specialist who would handle the presenting problem for you. Your involvement with the educational specialist would be to describe the presenting problem to him or her. The educational specialist (school psychologist, educational specialist, resource teacher) would then take the primary responsibility for the analysis of the presenting problem and the development of a treatment program (pp. 372).

In the Hughes et al. study (1993) 93% of teachers reported using referral at least once using the above definition. When these teachers were given vignettes of classroom problems they were more likely to attribute student personality factors as having greatest weight in the problem. In this study it was clear that referral was being used prior to a formal special education evaluation. This action was more in line with a referral for consultation or invention help from a specialist in the school.

Additionally Mamlin and Harris (1998) investigated teachers' reasons for referral and their evaluations of the referral process in an elementary school where prereferral interventions and inclusion of special education students was being implemented. Teachers tended to refer to special education when they had heterogeneous classrooms and may not have been prepared to handle certain types of behavior in that context. They may have also lacked other resources to help their situation. The major findings showed teachers did not want students out of their classroom, but believed referral was a way to get more help for the child. The surveyed teachers noted some frustrations with the referral process, but overall rated it as successful. The teachers interviewed in this study frequently mentioned "drugs, violence, neglect, or abuse" as part of the past or present situation of students being referred. The study suggested further investigation is needed of what can be done to prevent severe emotional and behavioral damage that is related to external factors (Mamlin & Harris, 1998). Students are only able to function in certain environments before certain risk factors will lead to emotional or cognitive issues. This study demonstrated a need for more school based mental health services.

Who gets referred is different when there are spontaneous teacher referrals for academic or behavioral issues in the classroom, as compared to when there is a targeted program available. In the case of there being a specific program aimed to help certain students, the referral process may look somewhat different. In cases of a targeted program, counselors or school psychologists may advertise that there is a service or they may speak to specific teachers to recruit students (Ritchie & Huss,

2000). The present study will be looking at a case where there is a program available and teachers are asked to select students that match a certain criteria.

Mental health in schools

In recent years there has been a clear need for expanded mental health services in schools. Studies have indicated that schools with more available services have fewer students referred for mental health and emotional issues, while fewer available services is linked with more problems (Bruns, Walrath, Glass-Siegel, & Weist, 2004). Bradshaw, Buckley, and Ialongo (2008) conducted a longitudinal study to look beyond barriers to mental health services to see which children are getting treatment and when. They looked at 678 children (N=678) in an urban area, which was predominantly African-American and low SES. The first data collection occurred when the children were entering first grade. The researchers were interested in how a child's type of symptom relates to receiving mental health services. Initially, there were 3 groups: non-symptomatic (NS), which accounted for 78 %, internalizer and average performers (IAP) 5%, and externalizers and low performers (ELP) 17%. By 9th grade, 24.6% of sample had received some special education services, with externalizing children receiving services earliest.

Eventually, 75% of the ELP group received services, as compared to 40% of IAP and 18% of NS students. This study has many implications for early and high quality mental health services in schools. It is of critical importance to detect and prevent academic and behavior difficulty because in this sample almost half of the children had had some services by 9th grade, with about 25% getting referred to special education. Interestingly, the internalizing children initially showed average

performance; however, this many have been a source of teacher bias or the academic issues had not yet emerged. In this sample, boys and non-minority youth seemed to receive intervention earlier (Bradshaw, Buckley, & Ianlongo, 2008). Overall, this study showed the need to detect and intervene with mental health issues as early as possible. Mental health and academic performance are linked and untreated issues can lead to more serious behavioral issues. Although children with the most overt symptoms tend to get treated earlier, there is a need to intervene with children experiencing a variety of issues. In this study, the internalizing children were average performers at first, but later on many were referred for academic problems. This provides evidence for the need for specific interventions for children presenting with internalizing issues in elementary school, such as the program utilized in the current study.

With the predominance of universal interventions for mental health, there is little information about matching student characteristics with treatment. Additionally, universal programs do not yield individual information about who benefits from what treatment. Horne, Stoddard, and Bell (2007) noted that many universal programs also make targeted interventions available for students needing more intensive intervention. However, there is little research done on the outcomes of these targeted groups or interventions within schools. While there is a dearth of school data on targeted interventions for certain populations, there is a good deal of information with outpatient therapy. However, outpatient therapy tends to be conducted in mostly individual formats, the schools often utilize a group format for treatment.

Overall, this study showed that mental health in the schools is important, and not just for externalizing children. Children with other issues tend to get sent for formal referrals later on, as many issues get worse over time. It is important to conduct early prereferral interventions for children with a range of presenting issues, including internalizing.

Who responds? Barriers to treatment success

While outpatient treatment for mental health issues and treatment in schools vary greatly, there is limited research on the outcomes of mental health interventions in schools. School programs may benefit from learning about child outcomes in other treatment settings to best serve children within the school environment. Additionally, schools want to prevent iatrogenic effects that may be unintended outcomes of treatments (Rhule, 2007). Increased knowledge about response to treatments may help school practitioners avoid these outcomes.

Kazdin and Wassell (1999) studied barriers to treatment and therapeutic change for children referred to outpatient treatment for conduct related issues. Their sample consisted of 200 children (*N=* 200) with 45 girls (*n=45)*, 155 boys (*n=155*). These children and families were seen in an outpatient facility. The researchers examined stressors and obstacles that compete with treatment, treatment demand issues, perceived relevance of treatments, and relationship with therapist. They noted that children with aggressive or conduct disordered (CD) behaviors are most often referred and least likely to have significant change in treatment. These children are the most resistant to change and the most difficult to work with. In this study low SES, parent pathology, stress and severity of child issues predicts little change in

treatment. Dropping out of treatments was related to high levels of perceived barriers to treatment, such as   stressors and obstacles, high treatment demands, perceived relevance of the treatment, and relationship to therapist. The authors noted that even effective treatments do not work with all children. This lesson applies to conducting treatments in schools as well. This study showed the importance of identifying factors that predict therapeutic change in developing and implementing interventions (Kazdin & Wassel, 1999). Within schools there is very little information on who responds to treatments administered. Initial presenting factors help create and understanding of how grouping children together may contribute to outcomes. Studies of outpatient interventions demonstrate that as in the schools, conduct problems are difficult to treat. However, there is limited information on how best to match kids with treatments. Since groups are so often run in the schools it would be important to determine how to set up groups and how to match children with interventions.

Ideal referral system

Ideally, referrals and prereferrals would be made through a careful process in which children are matched with appropriate interventions. Prereferral intervention for social emotional issues should be multi-tiered with options to select more or less intense interventions based on initial child needs.   Ritchie and Huss (2000) advocated for careful screening of participants before placing them into group counseling interventions. They suggest a good recruitment process involves multiple factors including having clear group goals that are aligned with goals for the target population, communication with the referral agents, and screening of participants

through individual interview, group interviews, or screening assessment measures (Ritchie & Huss, 2000).

Sullivan and Wright (2002) noted that methods for screening and assigning children to interventions, especially group interventions, are absent from the literature. They were interested in determining if a collaborative group process, using teachers as a resource, would improve upon the referral system and ultimately the success of group interventions. They developed and implemented a collaborative group counseling and referral process. They formed counseling groups for two categories of second graders in an efficient and systematic manner, which maximized teacher input and participation. Using this interaction oriented approach they recruited the students and then surveyed the teachers on their experience. From this small study it appeared that input from teachers and counselors led to a better group composition and overall more satisfaction for the adults involved. The study had a very small sample of 6 teachers and the counselors involved in the groups; however, the adults were highly satisfied with the process and recommended it be expanded to other grade levels (Sullivan & Wright, 2002).

Brigman and Web (2007) also suggest that work and collaboration with teachers is essential for group selection and running group interventions. This project used a much larger sample and discussed screening for groups so that group members and participants have clear expectations and a "good fit" can be found. Additionally, when group members are not carefully selected the group participation may have unintended iatrogenic effects for group members (Rhule, 2005). In certain studies looking mostly at adolescents with conduct issues detrimental effects were sometimes

observed. It is possible that groups with young children have the same effects. Rhule (2005) noted that "intervention programs, particularly experimental programs undergoing evaluation, would profit greatly in soliciting feedback from participants, clients and members of their environments regarding their response to, and experience of, the intervention." Researchers need to look at group selection and be aware of possible negative effects. Group members should be carefully selected so that they have a greater chance of benefiting than a risk of being harmed by the intervention.

Use of groups in schools as interventions

In order to maximize the effects of interventions for students at-risk for social and emotional issues, schools must accurately identify students and provide services during the early school years (Cheney et. al, 2008). The group format is often used in schools as a means of delivering mental health services to children. Groups allow for the treatment of more children with fewer resources, and when conducted properly, allow a setting where children can learn and practice appropriate skills. Research suggests that children who participate in group counseling experiences in schools can make gains in social and emotional knowledge, which is linked with their academic performance (Prout & Prout, 1998; Shectman & Pastor, 2005) Group mental health interventions have been used for children identified as having a specific issue and also for those who are considered at-risk for social emotional issues. For children who are at-risk groups could be used as a prereferral intervention to help students catch up to their peers or to identify the children who are truly in need of more intense services. The use of groups as prereferral interventions has not been

adequately researched. Additionally, since group interventions can sometimes have iatrogenic effects particularly when conducted beyond primary grades and without careful selection procedures (Rhule, 2007), it is important to understand which children get referred by teachers to interventions and which children will respond best to a particular intervention. The current study will examine teacher referrals to a prereferral group social emotional intervention. A better understanding of teacher referral practices and the types of children most often referred will add to the literature on prereferral practices and interventions for social emotional issues in schools.

Several studies have looked at the use of the group format in addressing social emotional issues with positive effects. For example, Miller and colleagues (2005) found that children were able to name more emotion words after participating in an intervention (PATHS), which was aimed at low income, mostly minority students. This was an important finding as more emotion knowledge is correlated with less peer rejection.

Many studies have been done looking at the group format in helping students with LD or ADHD. Children with LD are often socially rejected by peers (Kavale & Forness, 1996); therefore students with these learning problems are at risk for emotional issues as well and are likely to benefit from intervention in social domains. Shectman and Pastor (2005) worked with 200 students ($N=200$) with various learning disabilities and attention problems in cognitive behavioral and humanistic group interventions and found that both fared better than the children who were in a wait-list control condition. The researchers noted that the humanistic therapy orientation had

more benefit to learning than would have been expected, but that participation in both group types reduced social rejection which is linked with adjustment (Shectman & Pastor, 2005).

In another study looking at group counseling, Shectman and Katz (2007) compared students with LD or ADHD (*N*=87) to a wait-list control group. This study also investigated the relationship between the group leader and group members, which proved to be a meaningful variable. It seems that expressive supportive therapy in the context of an experiential group process is effective in improving social competence for children with LD and ADHD (Schectman & Katz, 2007). Process-oriented, expressive supportive groups seems to be suitable formats for treatment of social skills (Shectman & Katz, 2007; Schectman & Pastor, 2005)

Some researchers have tested groups as a prereferral intervention in schools (Larkin & Thyer, 1999). In this study, teachers were given guidelines for selection of children with some school behavioral problems. Students with ADHD or other formal diagnoses were excluded, as the study only wanted to look at at-risk children. Identified children were placed in treatment or waitlist control conditions through random assignment. The groups were equal on initial characteristics. After the intervention, improvement occurred on measures of self-esteem, perceived self-control, and classroom behavior for the group completing the eight counseling sessions. However, no significant changes were found for controls. Since this was a delayed intervention for some of the students it was noted that the students on the wait-list also showed improvement after receiving the intervention. The Larkin and Thyer (1999) study is important in that it shows the utility of groups as prereferral or

early intervention for students with behavioral concerns. The methodology of this study seems consistent with how Teglasi and Rothman (2001) evaluated the STORIES program; STORIES was the intervention implemented in the present study. In the Teglasi and Rothman (2001) study, STORIES was used to reduce bullying behavior. All students participating eventually received the program; however, a counterfactual, or an estimate of what would have happened in the absence of the program, was attained by the use of a wait-list control group (Teglasi & Rothman, 2001).

Rice and Myer (1994) conducted a study of a group intervention for general education students with emotional and behavioral concerns. The program used leader ratings similar to STORIES to rate progress, where children were rated after each session on behavior. In this study, adolescents were randomly assigned to treatment and control conditions and the researchers looked at process variables to track the trajectories of the participants. The groups were to teach adaptive emotional, cognitive, and behavioral responses to stressors or challenge. The ratings by leaders of effectiveness showed some progress after 16 sessions of about 40 minutes using small groups for intervention.

Horne, Stoddard, and Bell (2007) reviewed several current interventions that had group components in schools. They noted that in each case the program would apply a universal intervention and then have additional focus and attention on targeted interventions for some students. The universal programs were intended to influence alls students in the school, whereas the targeted programs were intended for those at high risk for problem behavior. In this case, the problem behavior was bullying or

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aggression. The targeted portion of these interventions was in the form of counseling groups for students. Additionally, teacher supports were built into the intervention. Teachers received training to help change classroom climate and they were also provided with supportive group sessions. Teacher trainings were aimed at helping students maintain positive behaviors when back in the classroom. The authors mentioned the need for training for those who lead the groups because the groups may be less effective without "adequate attention to group process and group dynamics" (Horne, Stoddard, & Bell, 2007).

The authors noted that psychoeducational and counseling groups could be effective in changing behavior; the effect can be similar to that of individual interventions (Horne, Stoddard, & Bell, 2007). However, they noted that those conducting groups should have adequate training, supervision, and understanding of program intents. Under these circumstances groups will be most effective. Additionally, they mentioned communication between researchers and the practitioners in schools so that findings from research studies will make there way into practice.

In the current study there was a program available for a targeted school problem. Teachers were highly involved in the selection process. They were told about the basic components of the intervention and asked to select children who presented as shy/withdrawn in the classroom.   In this use of STORIES, the prereferral intervention for children at risk for social emotional issues was used as a vehicle to catch children up to their peers in terms of social development. It was also intended to help identify those children who would benefit from more long-term, intensive interventions. Tracking the children weekly throughout the course of the

program monitors the trajectory of improvement or lack of change. This would help identify children who need continued interventions or referral for evaluation. These aspects of the program fit within the broad conceptual framework of providing an intervention prior to referral for those at risk (RTI). The prereferral intervention does not aim to eliminate special education that provides more intensive interventions, but to help prevent long-term difficulty when feasible (Fuchs & Fuchs, 2006).

The present study examined child characteristics when teachers are asked to select students for a targeted intervention and how these children respond to the intervention. First, it adds to the limited research on prereferral for social emotional concerns. It also looks at, exploratory and descriptive manner, which students are selected by teachers when there is a specific program available. Second, it examined characteristics of individual students (nested in groups) in terms of who benefits from this type of program and which children may have needed a different type of intervention for their presenting concerns. The implications of the selections are discussed and future directions for student selection are laid out in the paper. There are three basic parts to the study. The first part looked at the student characteristics of the referred sample. The second part made comparisons across scores and ratings over times to determine which children benefited, showed no change, or were not successful in the program. The third part l explored, through a detailed case study, the performance of two children within a single group who had very different starting characteristics and presenting behavior in the group.

Research Questions

The specific research questions that will be addressed are:

1. When a targeted program for social emotional school issues is available, who gets referred?

2. What data are useful to differentiate initial child characteristics for those who seem to enjoy and benefit from a program as compared to those who drop out or show low engagement in the group setting?

3. How is performance within the group context different for two children, one aggressive and   one not?

   3A. What combination of factors may be linked to remaining engaged in the group process?

Chapter 3: Methods

Participants

The present study utilized data collected from a two-year research project conducted during the 2006-2007 and 2007-2008 school years. The participants were recruited from fourth grade classrooms from five elementary schools in a semi-urban county. A total of 45 children (N=45) participated in the program over the two years. The sample included 25 boys (n=25) and 20 girls (n=20). In Year 1, 21 students (n=21) participated in 4 groups spread across three schools. In Year 2, 24 students (n=24) participated in 4 groups across 4 schools. All of the schools served an ethnically and culturally diverse population. The schools were located in a Washington, D.C. area suburb. This county serves a population that is largely minority (~75%) and about 16% of families speak a language other than English in the home (US Census Bureau, 2007). The current sample was 98% minority, which is higher than the percent minority of the county, but is representative of the population of the participating schools. The participants selected were representative of their individual school populations in terms of ethnicity and primary language. The majority of the participants, 64%, were African-American. Approximately 25% of students were Hispanic. About 25% of students spoke a language other than English in the home and these same students participated at some time in an ESOL program. These students came predominantly from one of the schools in the study with a large Hispanic population. The average age of the students when starting the program was 9 years and 7 months. Several of the students were receiving other school programs, such as organization groups or lunch bunches.

Selection Procedures for Participants

        The five schools were selected based on support of the school psychologists, consent of the principals to work in the school, and availability of space to conduct groups during the student lunch hour. Selection of participants varied slightly by year and by school.

Year 1

        In Year 1 of the project three schools were selected to participate: School A, School B, and School C. During year 1, School A had two groups of children participate in the STORIES program (N=11; n=5, n=6). School B and C each had a group comprised of 5 students (n=5; n=5). The school psychologists were primarily responsible for facilitating the recruitment of the participants. The school psychologists communicated with the 4th grade teachers in their school. They gave a brief overview of the project and asked for teachers to select children who presented as shy or withdrawn in the classroom. The psychologists' role was to describe the program to the teachers and explain that it would not take away from academic time as the groups would be meeting during the lunch hour for about 15 sessions (the groups would be reading books and working on social skills). The psychologists were also asked to communicate with teachers the importance of helping children with internalizing issues. Teachers generated a list of students for the program and the psychologist disseminated permission forms to students until 5 or 6 students were in the group. No strict exclusion criteria were established for participants, although teachers were asked to refer students who were not already receiving services in the school. Participation was also dependent on parental consent for their child to attend

sessions during the student's lunch hour. In school A, the school principal

participated in the referral process by making some recommendations. In year 1,

each group was initially composed of 5 children. One group in school A gained a 6th

member based on a recommendation made by the school principal.

The teachers, parents, and students involved in the project completed consent

and assent forms approved by the University of Maryland Institutional Review Board

(IRB). An explanation of the group was provided to children individually by

graduate student researchers after parental consent was obtained. Children had the

opportunity to ask questions before signing their assent form.

Year 2

Recruitment procedures varied slightly for Year 2 of the project. Researchers

selected 4 schools in the 2007-2008 school year. These included schools A and B

from Year 1 and the addition of two new schools (Schools D and E). The graduate

student researchers presented a PowerPoint presentation to the new schools

summarizing the program, its goals, and target students. The presentation took about

15 minutes and teachers were given the opportunity to ask questions following the

presentation. At school D, all of the fourth grade teachers, the school psychologist,

and special education teachers attended the presentation. At school E, the

presentation was less formal; however, that school had only one fourth grade class.

Schools A and B participated for a second year and these schools used similar

recruitment procedures as Year 1, since the same teachers were participating. These

teachers were reminded that the group was for the children who they viewed as shy or

withdrawn and were not already receiving services. During year 1 several students

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with externalizing behaviors were referred to groups. In year 2 it was stressed by the researchers and by the psychologists that referred externalizing students may have negative consequences for the group and other participants. It was also mentioned that shy and withdrawn children often do not get as much attention at school and the group was designed to work with this population.

For schools A and B, the school psychologists met with the fourth grade teachers to explain the program and ask for appropriate students. Due to several referrals of externalizing children in year 1, the school psychologists were asked to highlight the importance of providing services for children with internalizing issues, and to also explain that the program would not be a good fit for children presenting with extreme acting out behavior in the classroom. In school A, all students were selected from a single class due to the extended absence of the other fourth grade teacher. A total of 24 students were recruited during Year 2, with 6 participants per group (N=24). In schools A and D, all students were recruited from a single classroom. In schools B and E, students were selected from 4 different fourth grade classrooms.

Measures

Teacher reported student behavior

Behavior Assessment Scale for Children, Second Edition (BASC-2; Reynolds & Kamphaus, 2004), Teacher Rating Scale (TRS-C)-This scale is completed by the classroom teachers and is designed for rating skills and behavior for children ages 6-11. The completion time for this measure is approximately 10 to 15 minutes. The 148-item form contains descriptions of behaviors that the teacher rates on the

following 4-point Likert-type scale: never, sometimes, often, and almost always. Teachers are asked to respond to items such as "cries easily" and "hits other children." The BASC-2, TRS-C is composed of the following subscales: adaptability, aggression, anxiety, attention problems, atypicality, conduct problems, depression, hyperactivity, leadership, learning problems, social skills, somatization, study skills, and withdrawal. Also, there are five composite score areas: externalizing problems, internalizing problems, school problems, adaptive skills, and behavioral symptoms index. The BASC-2, TRS was normed with a sample of 4,650 children (ages 2 – 21) from 375 testing sites; the population was consistent with the US Census. Internal consistencies for the normed sample averaged .80 for all age levels. Internal consistencies for the composite scales were found to have a coefficient alpha of .90 and above. The median value of the test-retest correlation was found to be .90 for the BASC, TRS-C and ranged from .84 to .93 for the composite scales.

Student self-report measures

The Children's Depression Inventory- Short Form (CDI-S; Kovacs, 1999) is a 10-item screening measure of depressive symptoms in children. Children are asked to pick the item that best describes their recent feelings from three items such as "I am sad once in a while," "I am sad many times," and "I am sad all the time." Each test item consists of three choices scored 0, 1, or 2; which correspond to the absence of the symptom, a mild symptom, or a strong symptom. The student is asked to report how well the statement describes him/her for the past two weeks and is reminded that there is no right or wrong answer. Responses to the items produce a depression index in the form of a _T_-score ($M = 50$; $SD = 10$), with higher scores indicating more

depressive symptoms. Scores ranging from 60-69 represent the student may be "at-risk" for depressive symptoms and scores above 70 typically indicate a significant level of self-reported depression. According to the test manual (Kovacs, 1999), the CDI-S is strongly related to the full inventory ($r = .89$). It also demonstrates acceptable internal consistency ($\alpha = .80$).

The Multidimensional Anxiety Scale for Children - 10 Item (MASC-10; March, 1997) is an abbreviated version of the MASC, a rating scale for anxiety in children. The MASC assesses manifestations of anxiety including physical symptoms, harm avoidance, social anxiety, and separation/panic. The MASC-10 also asks about these areas in 1-2 selected questions from the long form, but only yields an overall anxiety index T-score ($M = 50$; $SD = 10$), with higher scores indicating more anxiety. The MASC-10 strongly correlates with the MASC Total Score ($r = .90$). Test-retest reliability is also high ($r = .83$). This measure was designed for children between the ages of 8 and 19. Children are given instructions and two examples. They are then asked to respond on a 4-point Likert-type scale: never true about me, rarely true about me, sometimes true about me, and often true about me. Children respond to test items such as "I get dizzy or faint feelings," "I feel restless and on edge, " and "I feel shy."

The Children's Inventory of Anger (ChIA; Nelson & Finch, 2000) is a self-report questionnaire made up of 39-items that looks at children's anger in response to hypothetical situations. The test yields an anger index in the form of a T-score ($M = 50$; $SD = 10$). Additionally, scores for four subcategories tapping into children's responses to frustration, physical aggression, peer relationships, and authority

relations are calculated. Higher scores indicate more anger and scores are given in T-scores ($M = 50$; $SD = 10$). Responses are given on a 4-point Likert-type scale. Children's choices are displayed on a pictorial representation with increasing anger levels valued from 1 to 4. The test items are written on a third grade reading level; however, the manual notes that the items can be read aloud to children of lower reading ability. For this study, the examiners read all test items to the children. Children are asked to point to or circle their answers such as "I don't care…" "that bothers me…" "I'm really angry…" and "I can't stand that…." The test manual reports internal consistency of the ChIA Total Score ($\alpha = .95$). Test-retest reliability over a one-week interval was also acceptable ($r = .75$). The test is highly correlated with other measures of anger. Furthermore, it is recognized for its ability to distinguish between a subgroup of the standardization sample and children in a residential juvenile detention center known to have higher than average levels of aggression or anger.

Performance based measures

The Listening Test (Barrett, Huisingh, Zachman, Blagden, & Orman, 1992) is a diagnostic test of listening comprehension for elementary school students ages 6 through 11. It is used to assess a student's strengths and weaknesses in specific listening skill areas, which are related to common classroom listening situations. The test takes approximately 30 minutes to administer. The examiner presents test items in a conversational style with normal intonation and at a typical speaking rate. The Listening Test examines a student's ability to listen with a purpose, understand a main idea and supporting details, recognize vocabulary, and infer answers. The test

yields a total listening score (SS=100) and also scores for the following domains: main idea, details, concepts, and reasoning. Fifteen items factor in to each domain score. The Listening Test was normed through administration to a large random sample of over 1,500 children of the targeted age. Test-retest reliability coefficients varied with in the age groups. The score ranges for each domain were: .83 to .93 for the main idea task, .44 to .91 for the details task, .61 to .90 for the concepts task, .47 to .92 for the reasoning task, and .33 to .88 for the story comprehension task. Internal consistency estimates of reliability were determined using Kuder Richardson (KR20) reliability coefficients of each task by age. The averages of these coefficients were .65 for the main idea task, .58 for the details task, .56 for the concepts task, .53 for the reasoning task, and .64 for the story comprehension task. Internal consistency estimates all reached acceptable levels and were reported in point biserial correlations between item scores and task scores. Of the individual items, 93 % showed statistically significant average correlations with task scores.

For this study, Year 1 students were given The Listening Test as a measure of their listening comprehension and responding skills. In Year 2, the newer version of the measure was available and administered to the sample.

The Listening Comprehensions Test- 2 (Bowers, Huisingh, & LaGiudice, 2006) is an updated version of the Listening Test (1992). This version of the test is similar to the original version in its age range and main skills assessed. However, the five subtests in this version break down into the categories of main idea, details, reasoning, vocabulary, and understanding messages. The Listening Comprehension Test-2 uses a more natural context of having children listen to information, pay

attention, and respond with a purpose. The Listening Comprehension Test -2 test

manual (Bowers et al, 2006) notes a strength of this test to be that it assesses children

in a "real-life" way, as opposed to rote or artificial repetition of information. The

normative population of the test reflected the demographics of the national school

population demographic as presented in the 2000 National Census; children were

from 49 states, general and special education classes, as well as various ethnicities

and SES. Reliability for this measure was established using test-retest and internal

consistency methods. The reliability coefficient for the total test is .91; reliabilities for

the individual subtests across age groups are .68 or higher. Inter-rater reliability

ranged from .88-.94 across forms completed by speech pathologists. The average

percent agreement was 93%.

*The Thematic Apperception Test (*TAT) (Morgan & Murray as cited in

Teglasi, 2001) investigates children's abilities to organize their thoughts and tell a

complete story with a beginning, middle, and an end. Children are also asked to

comment on the characters' thoughts and feelings in the pictures. Eight cards from

the TAT were selected (1, 2, 3BM, 4, 5GF, 7, 8BM, 13); children were asked to tell a

story about each picture using standard instructions for administration,

encouragement and follow-up. These cards were selected because they are more

commonly used in research and are age-appropriate for a fourth grade sample. Use of

the TAT at pre-test gave the research team a qualitative depiction of the children's

cognitive level, organizational skills, and ability to perform on a less structured task.

This information was important in structuring the group to match student needs.

Student responses were transcribed verbatim and codes were used to depict prompts given by the examiners during administration.

Observational measures

Group leader ratings

STORIES leader codes were created by graduate student researches at the University of Maryland, College Park and were based on previous ratings used in other investigations of STORIES (Teglasi & Rothman, 2001; Rahill & Teglasi, 2003; Teglasi, Rothman, Sedlik, & Sweeney, 2006). Two raters, the leader and group co-leader, fill out the coding form immediately after each STORIES session, rating each child on six cognitive and behavioral dimensions. Three dimensions will be examined in the current study and these include attention, response appropriateness, and cognitive understanding (related to group process and discussions). All categories are rated on a 6-point Likert scale (0-5). The Attention subscale referred to the percent of attention that was directed toward the group as compared to preoccupation with unrelated activity and was rated from extremely low to extremely high. The Response Appropriateness subscales coded quality of child responses to group leader and group members. This scale ranged from 0 (extremely low), where the child would disregard group rules and disrupt the group to 5 (exemplary), where the child obeys rules, can redirect himself, and helps others resume group rules or activities. Cognitive Understanding subscale codes the quality and character of verbal responses and measures students' cognitive/emotional understanding of the group interactions and discussions. This scale rated the child from 0, extremely limited, to 5, high, on this trait. A score of 0 shows limited awareness or understanding, off-topic

responses, and significant misunderstanding of the story or situation. A score of 5 showered clear understanding of the topic with original insight about the psychological world of the characters, self, or others and information is applied and uses appropriate problem solving.

These ratings take approximately 5-10 minutes to complete after the session. There is a section on the form for notes or observations not captured by the 6 ratings. The rating form has a space for the leader's codes, the co-leader's codes, and the mean of the two ratings. Ratings +/- 1 point would be considered adequate for establishing inter-rater reliability.

Transcription Codes

STORIES transcription codes were created by professors and graduate student researches at the University of Maryland, College Park during prior investigations of STORIES (Teglasi & Rothman, 2001; Rahill & Teglasi, 2003; Teglasi, Rothman, Sedlik, & Sweeney, 2006). After verbatim transcripts are created from the digitally recorded sessions, the coding scheme is used to score individual responses on quality.

For the current investigations the coding of transcriptions will use an altered method created by graduate student researchers. This altered coding method was developed by graduate researchers involved in Year 2 of the STORIES project. Data involving these transcriptions and codes is also part of another study investigating group climate (Maslak, Lynch, Sedlik, & Sherry, 2009).

The coding of transcriptions will investigate the performance of two group members selected from group E. The measure will establish how the performance of these group members related to group cohesion and group process (Yalom, 1995).

The simplified coding procedure for this group was created because the group leaders wanted to establish a measure of group climate as important to the group dynamic. Given that this particular group encountered difficult dynamics where members reacted to each other's provocative behaviors, this was an ideal group in which to evaluate group climate. The verbatim responses will contrast the performance of two children with various initial characteristics and presentation in the group setting on whether their verbal responses contributed to a negative or constructive group process.

The coding scheme will investigate performance of the two selected cases coding for group hindrance and group cohesion statements in the sessions. Statements will be coded as positively affecting group cohesion and group process, negatively affecting the process, being a neutral statement, or mixed (having both positive and negative aspects within the same verbalization). A verbalization will be coded as positive if it involves self-disclosing, such as making a positive commitment or interest statement, proposing prosocial solutions to problems that arise during group, and praising, advocating for, or sharing with other group members. Negative statements will include making negative statements about commitment or interest in the group, proposing antisocial solutions to problems in the group, and insulting, interrupting, or refusing to share with other group members. Mixed responses are those that included both prosocial and negative aspects within the same response, such as a student trying to show interest while insulting another students. All other verbalizations will be coded as zero/neutral. The procedure will keep track of the percentage of positive comments that promote group cohesion and negative

comments that hinder the group process with respect to how much the child spoke overall.

A rater will code each transcript; the rater was also the group leader and therefore was able to distinguish the voices of the individual children. Rating will be made by going through the transcripts while listening to the digital recording of the session and coding each response as positive, negative, mixed, or neutral. The ratio of responses is calculated. Additionally, frequency counts of each child's responses are calculated.

Procedures for recruitment and data collection

After school psychologists and teachers selected students for participation, permission forms were sent home and returned. Trained graduate students then entered schools to work with students prior to starting the group. The graduate students met with each selected child individually. The basics of the group were explained to the child and questions were encouraged. Researchers read the child assent form to the children, which outlined that the group was voluntary and was about learning to solve problems. The assent form also mentioned confidentiality, with the exception of reported abuse.

Once children signed the assent form, researchers conducted extensive pretest data collection with each child. The pretesting took approximately one hour to for the child and researchers to complete all of the pre-test tasks (assent, Listening Tests, TAT, and the three self-report measures). This was often done in one session with two researchers; however, in some cases testing was split into two days. During this period, children told stories about 8 TAT cards, completed the listening

comprehension measure and completed the three self-report forms. The self-report

forms (ChIA, MASC-10, and CDI) were read aloud to the students to account for

variation in reading comprehension ability. Students were given the choice to circle

their own answers or point and have the researcher complete the form. For the ChIA,

children pointed to the face that most represented how they would feel in certain

situations. The three self-report measures took about 15 minutes to complete. The

listening comprehension measure was administered according to standard protocol

and took up to 30 minutes per child.

These same procedures and measures were repeated during post-test data

collection, which took place after each group terminated. During post-test data

collection researchers did not test children in groups they themselves had conducted.

Procedures for the intervention

The STORIES program was developed to use the peer group process and the

story form to enhance the complexity and organization of children's social reasoning

(Teglasi & Rothman, 2001). The program utilizes guided reading of children's books

to highlight important morals, understand emotions, and teach steps for solving-

problems. The group experience allows children to have the opportunity to practice

new skills in a safe and structured environment. This intervention showed reduction

of aggressive or bullying behaviors in previous studies with general education

students and for a group of students labeled as ED. These studies showed that the

trajectory for aggressive children might be altered by participation in the group.

Specifically, for children ranked as the most aggressive, post-group ratings were more

favorable than matched wait-list controls (Teglasi & Rothman, 2001; Rahill &

Teglasi, 2003). The activities and major lessons associated with this intervention make it adaptable to different populations of children. An 8-week pilot in 2006 with 5 shy/withdrawn fifth grade students indicated that STORIES may be beneficial for students presenting with internalizing issues in schools. This pilot group was composed of 5 (N=5) African and African-American females. Most participants showed noteworthy gains in cognition as rated by group leaders in post-session ratings and codes of the transcriptions of the actual STORIES sessions. These codes were obtained from transcripts and rated independently of leader observations during the sessions and therefore were a more objective measure of change. This pilot group had a favorable dynamic and provided some evidence that STORIES would be beneficial for students with internalizing issues (Teglasi, Rothman, Sedlik, & Sweeney, 2006).

STORIES sessions are highly structured and children are engaged in a specific group discussion process using age and grade appropriate readings as the basis for the group discussion and activities (Teglasi & Rothman, 2001). In this intervention, elementary school students meet weekly with group leader and at least one co-leader who read stories aloud as children read along silently. The leaders facilitate discussion about the story and the problems encountered by the characters. The materials are carefully selected to ensure that the children can relate to the characters in the story and the types of problems they must overcome. In all of the stories the characters end up solving problems, often after several failed attempts. Group leaders highlight story themes and ask the children to make connections to their own lives.

This process aims to improve social functioning and child cognition through experiential learning and the influence of the peer group (Teglasi & Rothman, 2001).

Groups were facilitated by a combination of trained graduate students, school psychology interns in the schools, and doctoral level school psychologists. Licensed psychologists supervised the graduate students and interns, and all project team members met regularly to discuss progress of groups and plan future sessions during weekly meetings. In some cases, school psychologists sat in on group sessions to observe and help facilitate sessions. Group leaders each followed the same general plan; however, the speed and complexity of discussion varied among the groups due to differences in the cognitive level and behavior of the members of each particular group. For example, a group of a lower cognitive level may need more specific examples to understand an idea (Nuijens, et al., 2006). One group had children with very limited vocabulary and this group took time to create a "feelings words" chart to help them identify and label emotions during the stories.

Program Year 1

In year 1 of the project 10 sessions of STORIES were conducted during the children's lunch hour on a weekly basis. Each session was 45-60 minutes and was attended by the children selected and a group leader and co-leader. All attempts were made to keep the leader of each group consistent for all sessions throughout the course of the program. On occasion, other members of the projects substituted as a co-leader. Group sessions were digitally recorded. Additionally, leaders and co-leaders completed rating forms after each session and wrote process notes. Group members were rated on several dimensions including behavior, attention, responses,

and connections to story and group. In year 1, books read during the project were *Big Al* and *The Secret of the Peaceful Warrior* (Clements, 1997; Millman, 1992).

Program Year 2

Year 2 utilized similar procedures; however, three of the groups were able to meet for 15 or more sessions. One of the groups (B) met for 10 sessions in year 2 from late fall through early spring. This was due to availability of the school psychologist leading the group in that school. Additionally, the selected books for year 2 varied slightly. *Big Al* (Clements, 1997) was still read and discussed. *The Secret of the Peaceful Warrior* (Millman, 1992) was replaced by several "Little Bill" books by Bill Cosby. These books, *The Meanest Thing to Say* and *The Day I saw my Father Cry* (Cosby, 1997; Cosby, 2000), seemed more of a match to the participants' cultural background and academic level. The specific lesson plans differed slightly from the books used during Year 1, but the same steps for problem solving were used and similar themes were discussed in both years and all groups. Additionally, in both years children engaged in similar activities such as creating a storyboard poster about each book and also engaging in some role-play activities.

The group process of STORIES begins with activities to build cohesion and set the framework and ground rules; this is common practice in many group-counseling programs (Yalom, 1995). The group members participate in an icebreaker activity, hear an explanation of the group, and are asked to work together to select a group name and to generate the rules that members will follow. Group leaders always introduce and explain the concept of confidentiality and its limitations. The group members then work on an art project, which displays their name on a large

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poster with the rules. The purpose of the art activity is to show children that when they all work on an individual piece it can become part of a larger and beautiful whole. The group name artwork and the rules are displayed at all subsequent sessions.

All groups who participated in the project covered and discussed the same basic concepts, including steps required in problem solving and themes and morals of stories. Children were taught to examine the context of the problem, the internal feeling of the character, the intentions of the character, their plans and actions, the consequences, and the moral. All groups also participated in the similar hands-on activities related to the books discussed. Activities were varied throughout the group process. These included taking the perspective of different characters, such as "what would you do or what would you say in this situation?" discussions and extension of concepts with specific activities, which included making predictions or "what if" situations, and vocabulary building activities. At the completion of each book children worked on "storyboard activities," in which the children completed pictorial representations on a poster board to depict the characters' external feelings, internal feelings, plans and intentions, actions, consequences, and the story's overall moral.

All groups close with a final session consisting of a party and a review of the group process. Children are asked to recall themes from stories and morals they learned. Group leaders thank the students for their hard work and participation with treats during this last group meeting.

Research questions

Who gets referred?

This descriptive study reports on child and group characteristics for each of the eight groups to demonstrate the types of children referred to the groups given the referral question. Specifically, when teachers were asked to select children who were shy and withdrawn for an available group intervention, who did they end up selecting for group? The answer to this question has implications for how children should be matched to specific types of mental health promotion or prevention programs made available in schools. To answer the question, "who gets referred to groups?" the analysis will include a descriptive table of the demographic characteristics of the entire sample (N=45). This table (Table 1) will provide information on age, gender, ethnicity, and ESOL status. Additionally, a table will display (Table 2) the group means and standard deviations (Groups 1-8) for the child self-report ratings. Individual child scores on these ratings will be displayed to demonstrate variation within groups. Post-test scores on these same measures are also presented on table 2.

Teacher reports (BASC-2) will be displayed on Table 3. The Listening Test, a performance measures, will be shown on Table 4. Pre and post-test scores will be reported for these measures. Differences greater than one half standard deviation on standardized measures are representative of noteworthy change from pre to post-test.

In addition, groups will be compared to see whether different levels of guidance to the teachers about the referral process (i.e. PowerPoint v. school psychologist request) are associated with characteristics of the children referred. School and classroom variables will also be examined to see if they tie into the characteristics of the children who are referred in each school.

Who benefits?

Correlations within pre and post scores on the measures as well as across pre and post-tests will be investigated. Typically, on age-normed measures a change of more than half a standard deviation may be considered significant change. While the study lacks a counterfactual or presence of a control group, we will note changes that equal or exceed one half of a standard deviation on selected measures. These cases will be in bold font on the charts. However, in many cases children with behavioral issues tend to get worse over time (Huesmann & Guerra, 1997; Skroban, Gottfredson, & Gottfredson, 1999), so there is no way to tell if the children in this study would have fared better than a control group with no intervention.

Additionally, over the course of the program seven children did not complete the program. Five of these students left or were asked to leave due to severe disruptive behavior within the group setting. Two students moved. Those who terminated early will be marked on the presented tables. Separate markings will distinguish the type of attrition. Whether or not a child benefited from the group experience will be determined by a composite score of their behavior leader ratings. Students who benefited will be defined as voluntarily coming to group and actively participating without presenting behaviors that disrupted the group experience. Behavior ratings 3 or higher on the behavior scale will count as benefiting. Ratings lower than three will distinguish children who stayed in the group, but did not actively participate or follow group rules consistently. The children who remained in the group and benefited, those who remained but showed little progress, and those who dropped out of the group will be presented in a table, by the 8 groups in the 5

schools. The analysis of attrition will further demonstrate which children are more likely to voluntarily attend and actively participate in a structured group social emotional experience.

Additionally, a summary table of pre and post-test scores on the measures of listening comprehension and several of the behavioral scales on the BASC-2 will be presented. Group means and standard deviations will be presented along with individual child scores that will demonstrate within-group variation. For each group, the "dropouts" will be reported based on records of when the child chose to leave or was asked to leave group for behavioral reasons. Additionally, it will be indicated on the chart if a child left the group for reasons other than behavior problems, such as if the child's family moved.

How is performance within the group context different for children based on their starting characteristics? A case study.

To investigate what participation in the group process can look like for two individual children with different initial profiles, transcriptions of the actual group sessions will be coded for promoting or hindering the group process. Two participants (n=2) will be examined. These particular children were selected due to their different initial characteristics, and, their performance as rated by their group leaders. As previously stated, the coding scheme for the transcriptions was modified from previous STORIES projects. It was created to demonstrate how the children's in-session verbalizations affected the group process. The two selected children were selected from group E and will be noted on the above tables. While they had very

different initial profiles, their teacher selected them to participate in the same group for the specified program.

The pretest Thematic Apperception Test (TAT) results will be coded for the two selected students in the cases study. Each student responded to 8 picture cards. This TAT data will be used to demonstrate differences in cognition and how these two students perceived relationships. TATs were coded for these students on these dimensions for their pre and post-test stories. These stories tap into thinking and organization for these two students. Differences between the two children may give some insight as to whether or not they are ready to handle a group experience.

Data generated from the transcriptions of actual student performance over sessions may show specific patterns in child performance during the intervention. These patterns may depict how the group can promote growth for one child in relation to their rate of making prosocial and pro-group statements or they may be hindering the group process by distracting from or actively trying to hinder the functioning of the group. This section is expected to demonstrate that certain interventions may be positive environments for some children, while being inappropriate for other children.

For the two selected children, the trajectory of these students in the group will be demonstrated through graphic representations of the leader ratings on the scales of attention, verbal responding, communication style and cognitive understanding of the group experience. Means of the leader and group leader ratings will be used in the graph. Reliability of these ratings is presented.

Implications for future groups

Overall, this study examines the types of children teachers referred and what the group process looked like for different types of children. The visual display of the standardized measures scores will give information about starting characteristics and scores at pre and post-test. These data may show patterns in teacher referral practices.

The case study will give an example of what the group process can look like and means for two different children. This exploration gives insight to future selection and group dynamics.

The use of STORIES as a prereferral intervention is discussed in the context of this descriptive and exploratory study on referrals to a targeted intervention. The study gives an example of how teachers select children when a targeted program is available for those having internalizing issues that affect their classroom performance. This program offers services prior to children being referred for a formal evaluation to consider eligibility for services under the special education rubric. It has potential to provide interventions that are needed as part of a process to provide documentation of interventions and progress prior to referral for eligibility determination. In this context, STORIES may serve a similar function for socio-emotional and behavioral issues, as does the RTI framework for learning issues.

Chapter 4: Results

Who gets referred?

Descriptive statistics were run in order to answer the research question of which children get referred when a targeted program for social emotional issues in schools becomes available. All groups contained 5 or 6 participants at the start of the program. From Table 1 it is shown that when 45 students (N=45) were referred to 8 groups (n=5-6) the sample was fairly evenly split by gender with slightly more males selected (males=25; females=20). Within groups the students were not always equally distributed by gender, with two groups, Group 5 and Group 8, being predominately male. Groups 5 and 8 were also different in that these two groups were the only groups where children were selected from a single classroom. All six other groups were selected from multiple fourth grade classes within a single school.

The mean age of students at pre-test was 9 years, 7months. Only one group was slightly older at pre-test. Group 2 from School B had a group that was older on average; the group was also predominantly comprised of English Language Learners (ELL) also participating in an ESOL program. About one fourth of the sample (24%) comprised English Language learners, the majority of these students were from School B in Year 1 and Year 2.

The sample was largely minority with the most students being black or African American. The demographic information for the forty-five participants closely matched the populations in the schools and the county. Twenty-nine of the students in the sample self-identified as black or African-American during pre-test

interviews. The second largest group was students of Hispanic ethnicity (*n*=11);

seven of these students were from School B. School B was in an area with a large

Hispanic population. Basic demographic information is displayed on Table 1 .

Table 1: Demographic characteristics of STORIES participants (N=45)

Group	N	Sex	*Mean age*	Percent ESOL	*Ethnicity*
Whole Sample	45	M= 25 F= 20	9yrs, 7mnths	24	Caucasian=1 Asian =1 Black=29 Hispanic=11 Bi-racial=2 Missing =1*
Group 1 (School A)	5	M=3 F=2	9yrs,9 mnths	0	Black=5
Group2 (School B)	5	M= 2 F= 3	10yrs, 5mnths	80	Hispanic=4 Bi-racial=1
Group 3 (School C)	5	M= 3 F= 2	9yrs, 7mnths	0	Black= 4 Hispanic=1
Group 4 (School A)	6	M= 2 F= 4	9yrs, 6mths	16.7	Black=5 Asian=1
Group 5 (School A)	6	M= 5 F= 1	9yrs, 8mnths	16.7	Black=4 Hispanic=1 Bi-racial=1
Group 6 (School B)	6	M=3 F=3	9yrs, 5 mnths	50	Caucasian=1 Black-2 Hispanic=3
Group 7 (School D)	6	M= 2 F= 4	9yrs, 6mnths	0	Black=5 Missing=1*
Group 8 (School E)	6	M= 5 F= 1	9yrs, 5mnths	33.3	Black=4 Hispanic=2

Note.   * Delineates missing data.

Self-report data

Pre-test data for groups and individual students on self-reported depression (CDI), anxiety (MASC-10) and anger (ChIA) is shown on Table 2. For all three self-report measures a T-score of 50 is average. Scores above 60 indicate a child is "at-risk", and scores above 70 are "clinically significant".

For this sample (*N*=45), group mean scores were all in the average or non-significant range for self-rated depression, anxiety, and anger. Standard deviations on these measures were about 10 points indicating variation that is similar to the normative sample within groups (Kovacs, 1992; March, 1997; Nelson & Finch, 2000). The means and standard deviations reported for the norming samples on these measures were M=50, SD=10.

Within the sample, there were 4 children who were at-risk or in the clinically significant range for self-reported depression symptoms (T-scores higher than 60) on the Child Depression Inventory-Short Form (Kovacs, 1992). These children were in different groups and different schools. The majority of students did not report depressive symptoms at pre-test.

For anxiety, as measured by the MASC-10, the whole sample had a mean score of 53.73 with a standard deviation of 10.94, consistent with the normative sample (March, 1997). One group, group 5 in School A, had a mean score in the at-risk range (M=62.17). In other groups there were individual children who reported elevated anxiety at pre-test, but the mean scores for the seven other groups were not clinically significant. Overall, there were 12 children whose self-reported scores

placed them at-risk or in the clinically significant range on the anxiety measure at pretest. These children were spread fairly evenly across groups and schools.

Pre-test scores on the ChIA, a measure of anger, indicated that the group's average was in the normal range (M=54.30, SD=9.96) but was slightly higher than the normative sample (T=50) (Nelson & Finch, 2000). One group, School A (Group 1) had a group mean in the at-risk range with three out of five children reporting elevated anger. There were 10 children overall whose self-reports of anger were elevated, placing them in the "at-risk" or in the "clinically significant" ranges. The seven children who were not members of group 1 were evenly spread across the other groups. All sample, group, and individual level scores on the self-report measures can be seen on Table 2.

Table 2: Self reported depression, anxiety, and anger of STORIES participants.

Group	N	CDI mean Pre (post)	SD Pre (post)	MASC-10	SD Pre (post)	ChIA Pre (post)	SD Pre (post)
Whole Sample	45	49.47 (50.35)	9.13 (9.06)	53.73 (54.84)	10.94 (10.90)	54.30 (51.68)	9.96 (10.10)
Group 1 (School A)	5	49.60 (46.0)	10.99 (3.67)	54.20 (56.40)	7.60 (12.88)	60.40*(55.20)	3.78 (6.30)
Child 1		69.0* (50.0)		60.0* (67.0)*		55.0 (53.0)	
2		47.0 (44.0)		58.0 (54.0)		58.0 (46.0)	
3		43.0 (50.0)		57.0 (63.0)*		62.0* (55.0)	
4		43.0 (43.0)		41.0 (35.0)		64.0* (60.0)*	
5 --		46.0 (43.0)		65.0* (63.0)*		63.0* (62.0)*	
Group 2 (School B)	5	56.00 (58.00)	14.71 (9.90)	48.80 (59.40)	11.90 (7.93)	55.50 (48.6)	19.13 (8.56)
Child 1 (6)		81.0**(69.0)*		30.0 (47.0)		46.0 (47.0)	
2 (7)				59.0 (59.0)		43.0 (40.0)	
3 (8)		43.0 (53.0)		58.0 (61.0)*		59.0 (61.0)*	
4 (9)		50.0 (59.0)		52.0 (69.0)*		52.0 (53.0)	
5 (10)		56.0 (65.0)* 50.0 (44.0)		45.0 (61.0)*		59.0 (42.0)	
Group 3 (School C)	5	50.60 (47.50)	14.52 (7.68)	57.80 (51.25)	7.73 (12.66)	52.40 (53.25)	11.01 (8.88)
Child 1 (11)		41.0 (44.0)		50.0 (48.0)		49.0 (47.0)	
2 (12)		41.0 (44.0)		60.0* (69.0)*		56.0 (57.0)	
3 (13)		43.0 (43.0)		59.0 (39.0)		66.0* (64.0)*	
4 (14)-		53.0 (miss)		69.0* (miss)		55.0 (miss)	
5 (15)		75.0**(59.0)		51.0 (49.0)		36.0 (45.0)	
Group 4 (School A)	6	48.83 (45.67)	4.62 (4.03)	57.33 (53.00)	3.20 (6.13)	52.50 (47.67)	10.23 (7.39)
Child 1 (16)		41.0 (44.0)		60.0* (48.0)		54.0 (51.0)	
2 (17)		50.0 (47.0)		52.0 (50.0)		40.0 (38.0)	
3 (18)		53.0 (50.0)		60.0* (58.0)		45.0 (40.0)	
4 (19)--		46.0 (40.0)		55.0 (45.0)		70.0** (54.0)	
5 (20)--!		50.0 (43.0)		59.0 (57.0)		52.0 (56.0)	
6 (21)		53.0 (50.0)		58.0 (60.0)*		54.0 (47.0)	

Group	N	CDI mean	SD	MASC-10	SD	ChIA	SD
Group 5	6	47.0 (50.50)	3.95	62.17*(57.50)	6.15	57.0 (52.50)	3.37 (7.42)
(School A)			(12.65)		(12.36)		
Child 1 (22)		53.0 (44.0)		63.0* (49.0)		miss (62.0)*	
2 (23)		47.0 (65.0)*		58.0 (46.0)		58.0 (53.0)	
3 (24)		46.0 (38.0)		63.0* (49.0)		miss (miss)	
4 (25)		43.0 (44.0)		53.0 (79.0)**		53.0 (miss)	
5 (26)		50.0 (68.0)*		71.0**(61.0)*		56.0 (51.0)	
6 (27)		43.0 (44.0)		65.0* (61.0)*		61.0* (44.0)	
Group 6	6	50.17 (48.60)	6.37	54.50 (52.40)	10.58	58.83 (47.75)	9.22
(School B)			(5.03)		(8.53)		(11.70)
Child 1 (28)		46.0 (49.0)		47.0 (65.0)*		65.0* (41.0)	
2 (29)		47.0 (43.0)		60.0* (56.0)		62.0* miss	
3 (30)		62.0* (56.0)		59.0 (47.0)		63.0* (60.0)*	
4 (31)		46.0 (45.0)		53.0 (51.0)		65.0* (55.0)	
5 (32)-		47.0 miss		69.0* miss		57.0 miss	
6 (33)		53.0 (50.0)		39.0 (43.0)		41.0 (35.0)	
Group 7	6	45.67 (55.67)	5.75	47.83 (56.17)	16.81	48.5 (51.67)	13.43
(School D)			(11.59)		(13.14)		(12.64)
Child 1 (34)		46.0 (46.0)		49.0 (42.0)		42.0 (37.0)	
2 (35)		40.0 (53.0)		63.0*(71.0)**		54.0 (55.0)	
3 (36)		56.0 (77.0)**		21.0 (66.0)*		41.0 (51.0)	
4 (37)		41.0 (47.0)		41.0 (45.0)		29.0 (37.0)	
5 (38)		47.0 (60.0)*		56.0 (46.0)		62.0* (66.0)*	
6 (39)		44.0 (51.0)		63.0* (67.0)*		63.0* (64.0)*	
Group 8	6	49.17 (50.17)	10.70	47.17 (52.0)	12.91	54.17 (56.33)	13.54
(School E)_			(9.35)		(15.32)		(15.71)
Child 1(40) ^^--!		43.0 (46.0)		41.0 (49.0)		57.0 (61.0)*	
2 (41)--!		43.0 (37.0)		35.0 (35.0)		41.0 (28.0)	
3 (42)		69.0* (63.0)*		43.0 (63.0)*		34.0 (64.0)*	
4 (43)^^		47.0 (53.0)		52.0 (75.0)**		65.0* (50.0)	
5 (44)		40.0 (57.0)		71.0**(53.0)		61.0*(62.0)*	
6 (45)		53.0 (45.0)		41.0 (37.0)		67.0*(73.0)**	

Note. Scores of 60-69 are "at-risk"=*; scores 70 and higher are clinical levels=**; miss= missing data; ^^= children in case study. Children who moved during the study are noted by a -; children who left or were removed from groups because of behavior or refusal are noted with a --. Children identified as primary behavior problems have a !.

Table 3 depicts whole sample, group, and individual scores on the composite scores of the BASC-2 on Internalizing, Externalizing, and School Problems. At pre-test the entire sample was in the "at-risk" range on internalizing (SS=60.32) and school problems (SS=62.05). While on average the whole group was not "at-risk" on externalizing, internalizing and externalizing at pre-test was significantly correlated (.366; p<.05). Additionally, having school problems on the BASC-2 was correlated with both internalizing (.578, p <.01) and externalizing problems (.378 p<.05); these correlations indicate the co-occurrence of these issues. These correlations are expected on the basis of the literature (McConaughy & Skiba, 1993). Teacher and self-reports of internalizing issues did not match well for this sample. There were no significant correlations between teacher rated anxiety, depression, or internalizing scores on the BASC-2 with self-reported ratings of depression and anxiety on the CDI and MASC-10. This has also been seen in the literature (Epkins & Meyers, 1994). In this sample, the correlation between the CDI and the BASC-2 internalizing at pretest was .127 (p=.452). The correlation between the MASC and BASC-2 was .180 (p=.287). These were for 37 cases due to missing BASC-2s from teachers. A complete table of the correlations between self-report ratings, teacher ratings, and research collected listening comprehension scores can be seen in Appendix B.

In this sample the teachers identified 16 children as "at-risk" or significant for internalizing problems. There were 15 children who rated themselves as high on MASC (anxiety) and there were 5 who self-rated as high on the CDI (depression). Of these cases, only Child 1 rated himself as high on both measures. Therefore, there were 19 children with elevated self-reports on internalizing constructs and 16 rated as

at-risk by teachers. For six of these cases (Child 1, 14, 15, 22, 35, and 42) there was

an elevated teacher and self-rating. Based on these scores there were 29 children who

would or would not have been identified as internalizing depending on the informant.

For internalizing, Group 1, 5, and 7 had group mean scores that were "at-risk"

at pre-test. Group 1 and 5 were both from school A. Group 1 had students from 3

classrooms and group 5 had students from a single classroom (and were selected and

rated by a single teacher). Group 7 had students from 4 different classrooms. All

other groups (2, 3, 4, 6, and 8) had means in the average range at pretest. Overall,

there were 15 individual students rated by their teachers as internalizing at pre-test.

These students were primarily in the above three groups.

For externalizing, the whole sample mean was in the average range (55.51) at

pre-test. Group 1 and group 8 were in the at-risk range as a group at pretest (67.20

and 62.17, respectively). The other six groups were in the average range on

externalizing at pre-test. There were 13 students in the whole sample in the "at-risk"

or "clinically significant" range at pre-test as rated by teachers; the students were

predominantly in groups 1 (school A) and 8 (school E). There were 15 students who

self-rated as high on anger based on the ChIA. Of the students rated high on

externalizing (BASC-2) or self-reported anger (ChIA) there were only 6 children who

overlapped. Therefore, there were 23 children who would or would not have been

identified depending on informant used.

The entire sample was in the at-risk range for school problems on the BASC-2

(M=62.06, SD=13.04). Three groups were in the at-risk range on this score; Group 2

(M=64.50), Group 5 (60.25), and group 6 (60.25). One group, Group 1 was in the

clinically significant range at pre-test (M=74.0). Groups 1 and 5 were both from school A and Groups 2 and 6 were both from school B. There were 19 children in the whole sample with elevated school problem scores at pre-test; the vast majority of these students were in the groups from school A and B.

For this sample, school problems were negatively correlated (-.218) with listening test scores, but this correlation did not reach a level of significance ($p<.05$). This may be due to the small sample size and missing data for the BASC-2.

Table 4 shows the group means and standard deviations on the Listening Test (Year 1) and Listening Test-2 (Year 2). This test has a mean standard score of 100 (SD=15). For this sample, the mean was 79.76 (SD=17.12). This score is more than a standard deviation below the mean of the normative sample.

Group means varied. Group 2, which also had the most ESOL students, had a group mean of 55.40 (SD=19.13). This was the lowest score of all the groups. Groups 7 and 8 were the only two groups that had mean Listening Test-2 scores in the average range (95.0 and 94.50, respectively). Groups 7 and 8 were also the groups that received the power point presentations explaining the program. The five remaining groups had pre-test scores in the 70s or 80s, which is more than a standard deviation below average. Individual scores varied greatly; the minimum score was a 34.0 for a student in group 2 and the maximum score was a 120.0 for a student in group 6. These students were both in School B. Listening Test scores were negatively correlated with self-reported depression (-.316, $p<.05$) at pre-test and this correlation was stronger at post-test (-.409, $p<.01$), indicated that children with higher listening test scores were self-reporting lower-rates of depression symptoms.

Table 3: Internalizing, Externalizing, and listening comprehension scores.

Group	N	BASC-2 Internalize	BASC-2 Internalize Post	BASC-2 Externalize	BASC-2 Externalize Post	BASC-2 School Problems	BASC-2 School Problems Post
Whole Sample	33-45	M= 60.32 SD=13.28	M=64.76 SD=18.69	M=55.51 SD=11.58	M=60.06 SD=14.31	M=62.05 SD=11.45	M=62.06 SD=13.04
Group 1 (School A)	5/4	M= 75.00** SD=10.82	M=82.75** SD=5.06	M=67.20* SD=12.44	M=74.50** SD=12.61	M=71.80** SD=12.81	M=74.00** SD=9.09
Child 1		78.0**	81.0**	63.0*	57.0	78.0**	76.0**
2		88.0**	89.0**	67.0*	76.0**	83.0**	84.0**
3		75.0**	77.0**	84.0**	87.0**	82.0**	84.0**
4		76.0**	84.0**	72.0**	78.0**	84.0**	74.0**
5--		58.0	missing	50.0	missing	56.0	60.0* missing
Group 2 (School B)	4/3	M=59.25 SD=9.57	M=64.67* SD=13.01	M=43.25 SD=.96	M=45.33 SD=2.52	M=64.50* SD=6.95	M=65.00* SD=11.27
Child 1 (6)		Missing	Missing	Missing	Missing	Missing	Missing
2 (7)		52.0	Missing	43.0	Missing	65.0*	Missing
3 (8)		67.0*	78.0**	44.0	48.0	74.0**	78.0**
4 (9)		50.0	52.0	44.0	45.0	61.0*	59.0
5 (10)		68.0*	64.0*	42.0	43.0	50.0	58.0
Group 3 (School C)	4/3	M=58.50 SD=9.82	M=58.67 SD=6.35	M=48.00 SD=5.35	M=49.67 SD=7.37	M=54.50 SD=3.79	M=55.67 SD=2.52
Child 1 (11)		47.0	55.0	56.0	58.0	55.0	53.0
2 (12)		Missing	Missing	Missing	Missing	Missing	Missing
3 (13)		55.0	55.0	45.0	44.0	57.0	56.0
4 (14)-		62.0*	66.0*	45.0	47.0	57.0	58.0
5 (15)		70.0**	Missing	46.0	Missing	49.0	Missing
Group 4 (School A)	5/4	M=58.40 SD=18.11	M=81.50** SD=28.46	M=54.40 SD=11.26	M=62.25* SD=18.50	M=54.50 SD=4.72	M=61.00* SD=12.52
Child 1 (16)		Missing	101.0**	Missing	83.0**	Missing	78.0**
2 (17)		56.0	86.0**	49.0	54.0	48.0	55.0
3 (18)		43.0	40.0	43.0	41.0	54.0	49.0
4 (19)--		47.0	Missing	53.0	Missing	56.0	Missing
5 (20)--!		57.0	Missing	54.0	Missing	53.0	Missing
6 (21)		89.0**	99.0**	73.0**	71.0**	61.0*	62.0*

Group	N	BASC-2 Internalize	BASC-2 Internalize Post	BASC-2 Externalize	BASC-2 Externalize Post	BASC-2 School Problems	BASC-2 School Problems Post
Group 5	6/6	M=66.83*	M=67.33*	M=58.67	M=66.83*	M=72.50*	M=73.83*
(School A)		SD=13.83	SD=18.51	SD=12.14	SD=11.48	*	*
Child 1 (22)		60.0*	58.0	57.0	68.0*	SD=9.91	SD=11.09
2 (23)		91.0**	105.0**	64.0*	73.0**	80.0**	77.0**
3 (24)		56.0	59.0	71.0**	82.0**	83.0**	84.0**
4 (25)		76.0**	61.0*	44.0	49.0	73.0**	77.0**
5 (26)		60.0	62.0*	45.0	59.0	75.0**	76.0**
6 (27)		58.0	69.0*	71.0**	70.0**	69.0*	77.0**
						55.0	52.0
Group 6	4/5	M= 55.00	M=62.80*	M=46.25	M=58.20	M=60.25*	M=58.20
(School B)		SD=9.20	SD=17.41	SD=4.35	SD=17.25	SD=11.09	SD=12.78
Child 1 (28)		65.0*	67.0*	42.0	43.0	76.0**	78.0**
2 (29)		43.0	52.0	43.0	42.0	53.0	48.0
3 (30)		54.0	57.0	50.0	67.0*	52.0	49.0
4 (31)		58.0	47.0	43.0	83.0**	60.0*	52.0
5 (32)-		Missing	91.0**	Missing	42.0	Missing	64.0*
6 (33)		Missing	Missing	Missing	Missing	Missing	Missing
		M=61.33*	M=47.50	M=57.00	M= 42.50	M= 54.67	M=40.0
Group 7	3/2	SD=10.02	SD=7.79	SD=13.53	SD= .71	SD=19.50	SD=4.24
(School D)						2	
Child 1 (34)		51.0	42.0	43.0	42.0		37.0
2 (35)		62.0*	Missing	58.0	Missing	41.0	Missing
3 (36)		Missing	53.0	Missing	43.0	46.0	43.0
4 (37)		Missing	Missing	Missing	Missing	Missing	Missing
5 (38)		71.0**	Missing	70.0**	Missing	Missing	Missing
6 (39)		Missing	Missing	Missing	Missing	77.0**	Missing
						Missing	
Group 8	6/6	M= 48.17	M= 49.50	M=62.17*	M=62.17*	M=58.17	M=55.33
(School E)		SD= 6.65	SD= 11.68	SD= 7.22	SD= 7.89	SD= 6.71	SD=7.74
Child 1(40)^^--		44.0		65.0*		61.0*	
!		43.0		61.0*		47.0	
2 (41)--!		60.0*		59.0		56.0	
3 (42)		44.0		54.0		57.0	
4 (43)^^		52.0		75.0**		61.0*	
5 (44)		46.0		59.0		67.0*	
6 (45)							

Note. For BASC-2, scores of 60-69 are "at-risk"=*; scores 70 and higher are clinical levels=**; indicates child in case study. Group 8 Post-test was collected after the school year and is not counted. Children who moved during the study are noted by a -; children who left or were removed from groups because of behavior are noted with a --.

Table 4: Listening Test Scores.

Group	N	Listening Test Total Pre Mean	*SD*	Listening Test Total Post	*SD*
Whole Sample	45 (pre) 42(post)	79.76	17.12	84.81	17.38
Group 1 (School A)	5	74.80	13.33	84.20	14.48
Child 1		64.00		71.00	
Child 2		81.00		90.00	
Child 3		59.00		69.00	
Child 4		92.00		104.00	
Child 5--		78.00		87.00	
Group 2 (School B)	5	55.40	19.13	62.20	19.27
Child 1 (6)		42.00		45.00	
Child 2 (7)		68.00		65.00	
Child 3 (8)		34.00		47.00	
Child 4 (9)		52.00		61.00	
Child 5 (10)		81.00		93.00	
Group 3 (School C)	5	76.80	16.07	77.50	20.81
Child 1 (11)		93.00		106.00	
Child 2 (12)		75.00		74.00	
Child 3 (13)		55.00		56.00	
Child 4 (14)-		92.00		missing	
Child 5 (15)		69.00		74.00	
Group 4 (School A)	6	71.33	8.87	84.00	11.93
Child 1 (16)		75.00		91.00	
Child 2 (17)		81.00		98.00	
Child 3 (18)		59.00		73.00	
Child 4 (19)--		64.00		93.00	
Child 5 (20)--!		69.00		68.00	
Student 6 (21)		80.00		81.00	
Group 5 (School A)	6	80.83	8.04	80.17	9.663
Child 1 (22)		87.00		97.00	
Child 2 (23)		74.00		79.00	
Child 3 (24)		89.00		84.00	
Child 4 (25)		88.00		74.00	
Child 5 (26)		71.00		69.00	
Child 6 (27)		76.00		78.00	

Group	N	Listening Test Total Pre Mean	SD	Listening Test Total Post	SD
Group 6 (School B)	6	95.00	13.61	97.00	14.82
Child 1 (28)		120.00		116.00	
Child 2 (29)		93.00		83.00	
Child 3 (30)		80.00		83.00	
Child 4 (31)		87.00		95.00	
Child 5 (32)-		93.00		missing	
Child 6 (33)		108.00		108.00	
Group 7 (School D)	6	94.50	9.05	97.67	14.82
Child 1 (34)		105.00		116.00	
Child 2 (35)		90.00		94.00	
Child 3 (36)		102.00		79.00	
Child 4 (37)		99.00		109.00	
Child 5 (38)		81.00		89.00	
Child 6 (39)		90.00		99.00	
Group 8 (School E)	6	84.00	15.91	92.80	14.46
Child 1 (40)^^--!		89.00		102.00	
Child 2 (41)--!		96.00		109.00	
Child 3 (42)		84.00		89.00	
Child 4 (43)^^		104.00		93.00	
Child 5 (44)		63.00		missing	
Child 6 (45)		68.00		71.00	

Note. For LT, scores have a mean of 100 and SD of 15; ^^ indicates students in case study. Children who moved during the study are   noted by a -; children who left or were removed from groups because of behavior are noted with a --.

Attrition

Due to missing data in the area of in session leader ratings, it was not possible to calculate in session scores. Therefore, it was impossible to see if the pre-test scores could predict in-group performance and allow us to determine which children benefited most from the program. However, it seems reasonable to posit that students who were terminated from the program prior to completing the majority of sessions did not benefit from the group. Children who left the group due to inappropriate behavior may have even limited the experience of the other group members.

Children who dropped out of the group are identified by dashes (-;--) on Tables 2, 3, and 4. Two children left the group due to moving, which can be seen as a natural form of attrition. The children who changed schools during the program are marked by a single dash (-) and there is no post-test data available for them. Five children left the group experience prematurely due to inappropriate behavior in the group or participation refusal; these children are identified with a double dash line (--).

During Year 1, three children left the groups prematurely for behavior related issues. These students can be seen on the Tables as Child 5, 19, and 20. All three of these children were from the same teacher and same class in School A. Two children were assigned to Group 4 and one student was a participant in Group 1. Leaders reported the reasons for these three students leaving the group early. In this group, student 20 was resistant to the group process very early on. During the first few sessions the leaders had to persuade him to come to group. Reportedly, he

misbehaved and refused to participate in the sessions. During one session before he dropped out he was taken back to class during the session because his behavior was disruptive to the group. Eventually, the student was told he could only come back if he obeyed group rules and he declined. Shortly after, group leaders observed him bullying Child 19 in the lunch line before group. The following week this student refused to come. Shortly after the two were observed teasing child 5 who refused to come back to his group, which met a different day. Child 5 had not been a behavior problem, but he could not be convinced to rejoin his group. In this case there was a domino effect of dropping out that began with Child 20. Child 20 was the only student who was perceived by leaders as a major behavior problem in the group. Child 19 and Child 5 were influenced by this child's behavior.

In Year 2, there were two students who terminated participation early due to behavior related issues. Again, group leader accounts were used to document why these students left group. These two students are identified as child 40 and 41 on Tables 2, 3, and 4. Child 40 is also part of the case study. Again, both of these students were in the same group and same class.

Leaders reported that in early sessions Child 41 was being disruptive. After consulting with the faculty advisor overseeing the program, the leaders spoke to the student about his participation. They asked him if he would like to continue participating and the student took the option to leave group. In this case the student was given the choice to leave, but this choice was given due to identified behavior issues.

Child 40, who will be discussed in more detail as part of the case study portion of this paper, was also being disruptive to the group. In this case, the leaders talked to the student several times about his behavior. At one point he refused to come, but the following week asked to rejoin the group. Leaders explained to the child that his participation was contingent upon following group rules. He returned to the group. He participated in some of the ninth group session (his seventh session), but again was disruptive and was escorted back to class during the group session. The next week, although the student expressed interest in participating, he was told that he did not demonstrate the ability to behave and would not be permitted to join the group again. This student then would bang on the door outside group during several of the following sessions. This is documented on the transcriptions of this group and in process notes generated by the group leader and co-leader during the course of the group.

The five students who left group early represented 11% of the total sample. All five students were male and in both years of the projects those who dropped out were from a single class. It seems that of these five students, three could be described as leaving for inappropriate group behavior; two students from year 1 seem to have been peer pressured or bullied into leaving group. Group leaders did not report any inappropriate in-group behavior for either of these students. The 3 children who were identified as group instigators are marked on the Tables with an ! symbol.   When self and teacher ratings of these three children are examined some patterns emerge. At pre-test, none of them rated themselves as elevated on self-report measures of depression, anxiety, or anger (See Table 2). Child 41 self-rated as much lower than

average on anxiety. None of their teachers rated them as elevated on internalizing (the referral question) at pre-test. However, Child 40 and 41 were both at-risk for externalizing on the BASC-2 at pre-test. When the BASC-2 was examined by subtest, all three of these children were rated as low on anxiety (a BASC-2 subtest that is part of the internalizing composite). Child 20 has an anxiety score of 48, Child 40 was rated as a 38, and Child 41 had a score of 42 on this sub-test. These scores indicate that the teachers may have viewed these children as lower than average on anxiety. Overall, these children seemed to have some consistency in that they both self-rated and were seen by teachers as having low emotionality.

For these same three children, Listening Test scores were low for child 20 (SS=69). Scores for Child 40 and 41 were 89 and 96, respectively. These were average to high on Listening for this sample. Listening comprehension score does not seem to have a pattern; however, consistently low scores on measures of emotions seems to be a trend.

Benefits

The full sessions for several groups were transcribed verbatim by paid transcribers. Examining transcriptions gives and idea of what actually happened in the group. Transcriptions give a picture of group climate and contributions and changes that occurred for individual group members. The following excerpt is from the 15th session for group 5. Group 5 was an interesting group in that the teacher reported major behavior problems in the classroom for several group members, but this was not seen in the group setting. This group had been rated the highest on internalizing, externalizing, and school problems composites on the BASC-2 (see

Table 3). Additionally, this group had a low mean score on the Listening Test-2,

compared to the other groups in their cohort (see Table 4). However, this group

reported to their group leader during sessions that they like reading and learning new

words. These comments can be heard on session recordings and are available in the

transcriptions of the sessions. The leader did not report behavior problems and also

reported an increase in prosocial behaviors, such as turn-taking and sharing, by the

end of the group.   In the transcribed segment below, the school counselor came into

the group and the children were explaining what they did and what they liked.

Transcript from Group 5, Session 15 (Children's names are not identified.)

Leader- K do you want to start? So everybody will get a turn, C? so [what is] one
thing that you liked about group?
K- they nice.
Leader- what is nice? the group members? So K liked how all the group members
were nice. I think you guys all were very nice. Huh? Ok M what did you like?
M- The reading, I mean like the posters, when we draw.
Leader- You like the drawing.
Co-leader- ok.
Leader- C?
C- um, the rules.
Leader- You liked making the rules? Making the rules or following the rules? Which
one did you like?
C- The last one [rule]. It says, the last one says… it was, it was, uh, what's said in the
group stays in the group.
Leader- Right! What is that big C word? Bonus for whoever [answers].
C- Confidentiality!
Leader- excellent.
Co-leader- very good, C. Yeah I talk about that.
Leader- you guys talk about that too? [co-leader in this session was a school
counselor]
Co-leader- Yeah, well I do that, it is always a biggie.. ok, wait I have to hear the rest.
D and MG and? [other student names]
L- So C actually liked, you liked making the rules and learning new words? The
goodie bag is for you guys to take home. There are surprises in there for later. We
will wait a second. You guys aren't still hungry now are you? No.
J- What I like about group is that [pause] that we read books.

Leader- mmhm, you like the books.

J- and [pause] play games. Sometimes we play games.

Leader- did we play games? We played games. Well some of the times we played games.

J- and we get to do activities.

Leader- Activities, yeah. Alright, D what about you? What did you like?

D- I liked that we played games and learned fun things and draw and share with each other.

Leader- draw and share.

Co-leader- I like that. You used it D I think it is great.

Leader- And what about you MG what did you like?

MG- The best part of group was getting to read the book and doing the drawing.

Leader- books and drawing.

Co-leader- So, now the drawing, what was the drawing?

MG- We draw pictures of the story that we read.

Co-leader- Oh, individual? Individual pictures?

Leader- Guys, [do you] remember what was on those squares that we drew? I know that is kind of a tough question. What did we draw on those squares?

C- we drawed picture of the main characters.

Leader- and what they were doing, right?

M- We drew like how it was like the feelings, how he was looking.

Co-leader- on little paper?

Leader- We did it on one board in 6 sections. We drew what is happening on the outside, so you know big Al has no friends. How does he feel? Lonely and sad. What are his plans and intentions? He wants to make friends. Then we did, what did he try what was his plans and actions? And he tries changing himself. And then what are the outcomes? He makes friends. And the moral is to be yourself.

Co-leader- be yourself. I like that. I like that book.

Leader- MS what did you like about group?

MS- when we share.

Leader- When we share?

MS- yeah.

Leader- Yeah, our group was very nice to each other. They are very good as a group.

In this excerpt from group 5 it is apparent that the children enjoyed participating in the group and were willing to talk about their experience with a new adult. Benefits such as learning to share, taking turns speaking, and giving original statements were not measured by any of the standardized measures, but were improvements observed for this group.

Of the 45 original participants, 38 finished the group. The majority expressed to group leaders not wanting the group to end. Group leaders for many groups reported changes that could not be seen on any of the standardized measures such as improved ability to express original ideas, more organized thoughts, and more awareness and appropriate reactions to members of the group.

Standardized measures

The Listening Test and Listening Test-2 is the measure where there was the most visible change from pre to post test (Table 4). As a whole, the sample's mean standard score increased 5 points (SS=79.76 to SS=84.81). When examining individual groups, several groups made marked improvement. Group 1 had a mean 10 point increase. Group 4 had a mean 13 point increase. Additionally, many individual students made gains in this area. Again, there is no comparison group and there are other factors that may have contributed to this improvement. However, many children did appear to make gains from pre to post test. The Listening Test is normed by age, so the different in time was accounted for by the instrument.

The BASC-2 did not show teacher rated improvement on Internalizing, Externalizing, or School Problems. Without a comparison group of matched controls we cannot tell what the trajectory would have been for these students without intervention.

For the self-report measures there were no significant pre-post changes at the level of the sample. However, when individual scores are investigated, many students moved more into average or acceptable ranges (high 40s-low 50s). Overall changes were not seen partly because some students who had given abnormally low

self ratings (likely defensive scores) were more honest in answering at post-test. Furthermore, although some students reported higher scores in anxiety at post-test, this may reflect an increased awareness and not necessarily a decline in functioning. For example, Child 44 in the case study actually reported a higher level of anxiety at post-test, which seemed to represent a more accurate reflection for this child and was more in line with teacher ratings of internalizing and group leader reports on this child. An increase in self-report accuracy for some children is supported by somewhat higher correlation between depression and listening test score at post-test. Due to the various reasons for changing self-report scores, these scores should be interpreted with caution (See Table 2).

All correlations can be seen in Appendix B. The CDI pre-test scores were highly correlated with post-test scores for the forty-three children (N=43) who completed the forms at both time points (.571, p<.001). The MASC from pre to post-test (n=43) did not reach significance; correlation coefficient .266 (p=.085). The ChIA also had highly correlated pre to post-test scores (n=39); correlation was .585 (p<.001). None of the self and teacher reports (BASC-2) correlated at pre or post-test.

Teacher reports on the BASC-2 were highly consistent from pre to pos-test. School Problems may have been the most stable rating with a correlation of .942 (p<.001). Externalizing from pre to post was also a highly stable rating with a correlation of .888 (p<.001). Internalizing was also correlated from pre to post-test (.882; p<.001) Almost all of these dimensions were also correlated with each other (see Appendix B).

Listening Test scores were not correlated with any teacher ratings, even school problems. The self-reported depression score at pre-test was negatively correlated with LT at pre and post-test. CDI at post-test was also strongly correlated with LT at post test; correlation of -.409 (p<.01). This indicates a relationship between self-reported depression scores and low scores in Listening Comprehension.

How does performance in the group differ for two children in the same group, one aggressive and one not?

Pre-tests scores for case study

Two children were selected to be part of a case study due to different behavior and response to group participation. This group was considered the most difficult group in the study and leaders reported continuous struggles with behavior management during the sessions. The two children selected presented very differently within the group setting. Leaders reported that one student seemed quite prosocial and highly motivated to participate. The other student, who was eventually asked to leave, was a seen as a behavior problem early on in the intervention. Additionally, this group had complete leader ratings and data available on verbalizations during group. The complete data allows for a thorough analysis of group process in this case.

Child 40 and Child 43 were both from the same school and class and participated in a STORIES group during Year 2. Child 40 dropped out of the program after 9 sessions, whereas Child 43 remained in the program for the entire course. For this group, the program lasted 17 sessions. Table 5 shows the basic demographic information for these two children. Table 6 portrays their teacher-reported pre-test scores on the BASC-2 subtests that make up the composite scores

for externalizing and internalizing. Their composite scores on these two scales are seen on Table 3.

Child 40 was in the at-risk range, as rated by his teacher at pre-test for hyperactivity (66.0), aggression (65.0), and conduct problems (62.0). The teacher also rated him as at-risk for attention issues (64.0). Additionally, this child was lower than average on the teacher rating of anxiety (38.0). Child 43 was in the average range on all of these subscales at pre-test, and her anxiety was more in the average range (48.0). Both children had similar scores on the school problems scale on the BASC-2; however, child 40 had a score that placed him in the at-risk range (61.0) and child 43 had a score of 57.0.

On measures of listening comprehension (Listening Test-2), Child 43 had scores that were all in the average range on this measure 93-111. Child 40 had scores ranging from low-average to average (82-104). While he had a scaled score of 104 for picking up the main idea, he obtained lower scores in areas that required using reasoning skills (82.0), picking up on details (83.0), and understanding messages (88.0) (Child 43 earned scores of 107, 100, and 93 in these areas. Again, this student was an English Language Learner; although he was proficient in conversational English and English was his primary mode of communication, scores on this measure should be interpreted with caution since it was normed on an English-speaking sample.

Case study

Table 5:Demographic comparison of 2 children, one who dropped out (aggressive) and one who remained in the group (not aggressive).

Case Study	Group	Sex	Age at Pretest	ESOL	Ethnicity	*Drop out*
Child 40	8	M	9yrs, 7mths	Yes	Hispanic	Yes
Child 43	8	F	9yrs, 2mths	No	African American	No

Table 6: BASC-2 (Pretest) comparison of 2 children, one who dropped out (aggressive) and one who remained in the group (not aggressive).

Case	Depression	Somat-ization	Attention	Withdrawal
40	50.0	47.0	64.0*	44.0
43	45.0	43.0	55.0	49.0

	Hyper-activity	Aggression	Conduct	Anxiety
40	66.0*	65.0*	62.0*	38.0
43	53.0	54.0	54.0	48.0

Note. Scores of 60-69 are "at-risk"=*; scores 70 and higher are clinical levels=**;

Table 7: Listening Test-2 comparison of 2 children, one who dropped out (aggressive) and one who remained in group (not aggressive).

Case Study	Main Idea	Details	Reasoning	Vocabulary	Messages	Total
Child 40	104	83	82	97	88	89
Child 43	111	100	107	106	93	104

Note. Standardized with mean of 100 and SD of 15.

Story-telling abilities for case study

Both child 40 and 43 participated in a story-telling task at pre and post-test. They were each asked to respond to 8 cards from the Thematic Apperception Test (TAT). Scores were calculated on several dimensions by this author and checked by her advisor for accuracy.

Pretest TATs

Relationships

In terms of relationships, child 40 (dropped out of group) and child 43 (remained in group) had some similarities at pre-test in their stories, but also some major differences in how they view relationships.

Differentiation

Coding for differentiation evaluated what children notice about qualities of others. The two children had variable performances related to the ability to differentiate within and across individuals. As can be seen in Chart 1 a number of categories were checked for both children that suggest limited differentiation of the unique qualities of individuals, such as unclear distinctions of viewpoints; noting

superficial attributes of characters, pervasive sense of being upset and focus on

immediate needs rather than intentions or goals. However, these limited ways of

differentiating characteristics within and across individual were seen much more

frequently in the protocols for child 40.   Both children told stories that included

vague understandings of intentions and limited recognition of the functions of

feelings. This occurred in all 8 of child 40's stories and in 7 of child 43's stories.

Child 43 was more likely to note stereotypical roles for characters. In this category of

differentiation, Child 43 had some positive aspects to her stories. These did not exist

for child 40. Child 43 had three stories in which the characters had psychologically

distinct needs. She also had three stories where characters were viewed on their own

ground. Finally, she had one story where there was a prosocial goal directed activity.

Chart 1. Differentiation within and across individuals (Teglasi, 2001)

Differentiation within and across individuals

(Check as many as apply for each story) **Cards–>**	1	2	3	4	5	7	8	13
Fuzzy distinction of viewpoints due to characters portrayed differently in the picture being described as doing, feeling, or thinking the same thing.		40 43	43	40	40	40		43
Superficial, outward attributes are distinguished (lifestyle, possessions or how characters look or what they are doing in the stimulus).				40		40	43	40
Global distinctions, depicting characters in terms of diffuse negative affect or pervasive sense of upset.							40 43	40
Distinctions are based on **simple event-feeling connections** (crying because he fell; feels good because she got out of her punishment) or **vague intentions** (find out what something is; solve the problem) without grasping the psychological process (not recognizing the **functions of feelings and thoughts** as distinct from events.).	40 43	40 43	40 43	40	40 43	40 43	40 43	40 43
Emphasis on the function served, such as **stereotypical role or duty** as parent, spouse, child	43					40 43		43

or friend.								
Distinctions are **dichotomous** (good-bad; weak-strong; threatening vs. safe; special vs. ordinary).							43	40 43
Distinctions based on **immediate needs**, desires or wants (not realistic goals or durable intentions).	40 43				40	40		40
Distinctions of characters' values, goals, principles, long-term investment					43			
Characters have legitimate differences in their needs, feelings, views, and actions (**psychologically distinct from one another**)		43		43		43		
Different individuals are **viewed on their own ground** and not simply as serving others' immediate needs;		43		43		43		
Persons balance **durable investment** in relationships or in prosocial **goal-directed** activities (not just wanting an outcome) with immediate concerns.				43				

Integration

In terms of the ability to relate story characters to his or her circumstance and also to the other characters in the story (integration) clear differenced emerged in rating the pre-test scores of the two children. Information related to integration can be seen on Charts 3, 4, and 5. The rating checklist for integration within and across individuals included only positive indicators and none were checked for Child 40, which indicated that he was unable to tell stories with congruent relationships. Child 43 had 6 out of 8 stories in which the connections among individuals were clearly valued. She had two stories where the positive and negative facets of a single character were reconciled. Finally, in one story she had recognized differences in feelings and goals, had characters communicate ideas based on mutual understanding and respect, and also showed balance in the perspectives and needs of all the story's characters. Additionally, she told three stories where the characters had a sense of autonomy in pursuing a prosocial goal.

Conversely, Child 40 told 6 stories where characters simply reacted to an isolated incident without consideration of the full picture. He told 4 stories in which characters were seen as harmful or acted with no remorse. Both children told one story in which characters were only evaluated in what they could provide.

Chart 2. Integration within and across individuals (Adapted from Teglasi, 2001)

(Check as many as apply for each story) Cards–>	1	2	3	4	5	7	8	13
Legitimate differences in feelings, tensions, goals are appreciated and addressed respectfully						43		
Outward aspects of a person are connected with inner psychological processes (the impact of actions vs. intent and true feelings vs. self-presentation)								
Stable, enduring dispositions as well as momentary experiences of a single individual are reconciled								
Positive and negative facets of a single character are reconciled	43					43		
The connections among individuals is valued (versus isolated attributes, momentary concerns, material gain, honors or recognitions)		43	43	43		43	43	43
Perspectives and needs of all characters are balanced by coordinating past, present, and future interests of all concerned (recognition that prior history and goals influence views of the present).		43						
Characters communicate their ideas to others and/or their actions are based on mutual understanding and respect.						43		

Chart 3. How characters relate when differentiation and integration of perspectives is sufficient (adapted from Teglasi, 2001)

(Check as many as apply for each story) Cards–>	1	2	3	4	5	7	8	13
Autonomy, sense of initiative, conviction, deliberate pursuit of realistic, prosocial, or goal directed activities in any character.		43		43	43			
All characters are balanced in their respective sense of autonomy. They respect and appreciate each other's individuality (e.g., intentions, feelings, thoughts, actions, outcomes) apart from their own needs or feelings.								
Characters relate to the moral dimension of experienced rather than respond exclusively to the immediate situation								
Characters bring prior history, conviction, or investment; and act on the basis of deliberate intention rather than momentary provocation								
Views and needs of all characters depicted in the stimulus or story are considered in the resolution rather than centering on only one character.								
Characters are related to one another, rather than entrenched in separate concerns or insights that are not communicated.								
Characters retain their individuality (convictions, intentions, outcomes) while interacting cooperatively								

Chart 4. How characters relate when differentiation and integration of perspectives is limited

(Check as many as apply for each story) Cards–>	1	2	3	4	5	7	8	13
Imbalance of autonomy where one person is competent, heroic, or intrusive, while others are incompetent, helpless, or ignored.	43						40	
People are viewed as obstacles or as harmful and act with no remorse or consequence				40	40 43	40	40 43	
Characters react to isolated experience without the perspective of a bigger picture (considerations that should inform appraisal and reactions).	40	40	40 43	40		40	40	40
People are evaluated only in terms of what they provide. Characters relate in terms of what they do for or want from each other without recognition of one another's autonomy.								40

Levels of object relations

The level of object relations (mental models of relationships), or how related characters were to one another, was assessed on a five point rating scale using the concepts in the checklists above. On this scale Level One indicated a disorganized or detached level of relatedness, level two indicated momentary experience of relatedness, level three indicated a functional experience of relatedness, level four demonstrated reciprocity and standards as basic to relatedness, and level five was the highest level where the story showed relatedness through mutuality of autonomy (for detail, see Teglasi, 2001). The following chart (Chart 5) shows the differences in scores on the 8 TAT cards for these two children.

Chart 5. Case study ratings on TAT object relations at pre-test.

Card	1	2	3	4	5	7	8	13
Child 40	1	1	1	2	2	2	2	2
Child 43	2	3	2	4	2	4	3	3

As demonstrated in Chart 6 while neither child reached the maximum level of object relations in their 8 stories, Child 43 showed considerably more relatedness between characters in the stories she told as compared to Child 40.

Cognition: Level of abstraction

As part of the cognition rating of the TAT stories, level of abstraction in the interpretation of the stimulus and narrative structure was rated on a 4 level scale. Level 1 indicated a piecemeal description of the stimulus, level 2 was a literal interpretation of the stimulus, level 3 had a focus on the short-term only and interpretation was bound to the depiction on the card, and level 4 included and interpretive explanation of the scene (for detail, see Teglasi, 2001). The ratings for the two children are shown on Chart 6.

Chart 6. Case study ratings on TAT levels of abstraction at pre-test.

Card	1	2	3	4	5	7	8	13
Child 40	2	1	2	1	1	3	2	1
Child 43	1	1	2	2	2	3	2	2

For this level of abstraction rating, the two children had similar performances on this task. They had most stories that either give a piecemeal description of the picture, such as "I see a horse and there is a woman…" or "everything is so black and white!" There were some stories that went somewhat beyond this, but each child only had one story that had a coordinated story, but with limited focus. Their ability to abstract relevant information from the TAT cards may be somewhat related to their

performance on the Listening Test-2. For understanding messages, a subtest of the Listening Test-2, Child 40 had a score in the low-average range (SS=88). Child 43, had a relative weakness in this area compared to her other scores (SS= 93). This may indicate that the children had a hard time detecting the underlying meaning for information. Additionally, while Child 43 had average scores in all other Listening Test-2 categories, Child 40 had difficulty with reasoning (SS=82) and with detecting important details (SS=83). These were areas of weakness for him compared to his average scores on vocabulary and understanding main ideas.

Levels of perceptual integration

Perceptual integration involves both accuracy in interpreting the pictured stimulus and also having the ability to understand and connect internal and external worlds for the characters in the scene (psychological mindedness). Perceptual integration was rated for the two children on a 5 level scale: level 1: discrepant, level 2: literal, level 3: superficial, level 4: accurate, and level 5: nuanced (for detail, see Teglasi, 2001). Chart 7 displays the scores obtained in this area.

Chart 7. Case study ratings on TAT levels of perceptual integration.

Card	1	2	3	4	5	7	8	13
Child 40	2	2	2	1	2	2	2	2
Child 43	2	2	2	3	2	2	2	2

Overall, the children had a similar level of perceptual integration. In both cases they often simply listed aspects of the picture without really connecting them to emotions. In the cases where the children received a score of a 1 they made mistakes such as completely misreading the basic stimuli or associated emotion. For both, the majority of stories had a simple and literal interpretation or superficial description of the scene and characters' feelings. The one card on which they differed the most (4) focuses on a conflict between two people; the children differed greatly on how they approached this card. Child 40 completely misinterpreted the basic emotions/conflicts that appeared in the picture. He begins with, "A man and a woman are dancing, and they are both staring at something. And the man is staring at the woman and the woman is staring at the man." Additionally, he tends to focus on irrelevant details without understanding the big picture. He noted, "It is probably the 1980s and a man has curly hair and a woman has her hand on the man's shoulder. Child 43 approached this card very differently. Her interpretation was that the man in the picture is feeling sick and the wife is looking at him with concern. In her story, the wife feels sick because her husband was sick. While her story shows much more connectedness and understanding that the story told by child 40, she only reaches a level 3, or superficial, level of perceptual integration because there was limited interpretation of the psychological processes of the characters. Furthermore, the interpretation is fairly simplistic and there is little understanding of intentions, goals, or plans.

Level of cognitive-experiential integration

   A five level scale was used to rate the children's schemas, as demonstrated by

their stories, in terms of the clarity of differentiation among the various levels of

experience such as thoughts, feelings, intentions, etc. and how cohesive or

coordinated these dimensions are in the stories. The levels of cognitive-experiential

integration included level 1:disorganized, level 2: rudimentary, level 3: superficial,

level 4: realistic, and level 5: complex and responsible. Ratings for the two children

are seen on Chart 8.

   Chart 8. Case study ratings on TAT level of cognitive-experiential integration

at pre-test.

Card	1	2	3	4	5	7	8	13
Child 40	1	1	1	2	2	3	3	1
Child 43	1	2	3	3	3	3	3	1

   Additionally, both children responded differently when asked to perform

this storytelling task. Child 40 frequently reached for the pile of cards or asked if he

was done. He also tried to engage the examiner in off topic discussions. Child 43 did

not resist the task and only expressed being tired or frustrated on Card 8 when she

said, "I don't know what is happening in this story. I am all storied out because of

those last stories." She then went on to finish the task without resistance. Coding of

child behavior during story narration is seen on chart 9.

Chart 9. Narrator behavior

(Check as many as apply for each story) **Cards–**	1	2	3	4	5	7	8	13
Resists task by making silly or irrelevant responses while narrating the story such as making fun of or blaming the cards.	40							40
Negative reaction to the stimuli-where the narrator is uncomfortable looking at the cards or is frightened or has an extreme emotional reaction to the scene. ,							40	
Significant discomfort, boredom, or frustration with the task (wants to stop, keeps asking how many more).	40						40 43	40
Off task by chatting in a friendly manner while receiving instructions or narrating the story							40	40
Unusual behaviors such as throwing the cards or making noises			40	40	40			

Chart 10 below, depicts the narrator's plan for telling the story. The results from this analysis demonstrate that both child 40 (dropout) and child 43 (remained in group) had some difficulty with planning and organizing their thoughts and ideas to meet the task demands. Both children had some difficulty distancing themselves from the task. For example, in one story Child 43 responded, "He is looking outside the window…at me! And the boy asks can he play with me?" Child 40 had more trouble with sometimes losing the set for the story because of personal associations or off-topic discussions. For example on Card 8 he said, "the boy went to 'juby'- that is like a kid's prison, cause there is a kid's prison in America. You know that right? That is a short way to say that." Both of these children seemed to have trouble understanding motives or intentions. Additionally, they both had trouble explaining transitions between a problem being introduced and the solution to the problem.

Chart 10. Narrator's plan for telling the story

(Check as many as apply for each story) Cards– >	1	2	3	4	5	7	8	13
First person stories or personal reactions suggesting inability to distance self form objective demands of the task.	40	43	43		43		40	40 43
Narrator loses the set for telling the story (drawn away from initial focus by Examiner's inquiry or personal associations).					40		40	40
Arbitrary shifts in perspective, inconsistencies, or contradictory details in the story.			40			40		40
Narrative implies that causes for events or motives are poorly understood	43	43				40 43	40 43	40
No tension and/or no outcome. (If checked, ignore the two items below)	43	43						
Outcome or change occurs without adequate transition.	40	40	40 43	40	43	40	40	40
Outcome does not adequately address the central conflict, tension or dilemma as posed by the narrator.		40	40		40			

Chart 11. Characters' feelings, thoughts, and behaviors

(Check as many as apply for each story)* Cards– >	1	2	3	4	5	7	8	13
Story characters don't care, are bored, engage in wishful thinking or short term solutions.	43			40		40	40	
Characters desire immediate gratification or material gain.	43					40		40
Characters act or react without clearly defining the problem or goal.								
Actions occur in response to a previous event or previous action without planning or anticipation. (character is faced with challenges that are ordinarily anticipated)					40			
Characters jump to inappropriate or premature conclusions; can't figure things out; fail to consider reasonable alternatives or overreact.			40		40 43		40 43	
Characters desire to avoid/escape legitimate, age-appropriate restrictions/ responsibilities considered unfair or incomprehensible.						43 40		
Characters continue to behave in ways that contradict how they think they "should" act.							40	

*Content may be too limited for any to apply

Character's feelings, thoughts, and behaviors, shown above in chart12, were difficult to code for both child 40 and 43 because they often failed to describe these traits without prompts from the examiner. Additionally, both told stories that were tangential and had limited information, so there was often too little information to apply these categories. In general, child 40 told more stories where characters seemed to "be bored" or not care about the situations. He also told more stories

where characters seemed to want or need immediate gratification.   Both children

seemed to have difficulty describing characters that could clearly define and solve the

problems in the stories.

Post-test TATs

Codes for the children's post-test TATs are seen on charts 13-16. These

charts depict post-test scores, as well as changes from pre to post-test.

Chart 12. Case study ratings on TAT object relations during post-test and

changes from pre to post.

Card	1	2	3	4	5	7	8	13
Child 40	2 (+1)	2 (+1)	2 (+1)	2 (0)	3 (+1)	2 (0)	2 (0)	2 (0)
Child 43	3 (+1)	3 (0)	4 (+2)	4 (0)	3 (+1)	4 (0)	3 (0)	4 (+1)

Note. + increased scores from pretest; 0 indicates no change, - indicates decreased

score.

In terms of object relations, Child 43 seemed to have all stories that either

improved or stayed the same in this category. Her characters seemed to have more

awareness of others and more respect for autonomy. Her improvement in this

understanding is demonstrated in the following example:

Card 13 (pre)

> There's a boy sitting in a farm and he is looking outside the window… at me! And the boy asks me can he play with me? And I say, "yes you can play with me" and I ask him what does he want to play and he says, "I don't know. I'm playing with you. You can pick the game since you let me play with you ... I mean because you were so nice and let me play with you." That's all. (*Thinking?*) That the girl was so nice that he let me play with her and I had no other friends… I had no other person to play with. The end. *(Feeling?)* Sad… I mean happy because he has a friend to play with and he is hoping he could see her again because the girl was moving away when they started playing. The end. (*How does it turn out?*) That he gets to see her. He goes to Disneyworld and he gets to see her. He finds out where she was going to go and he gets to see her.

Card 13 (post)

> There is a boy that is in a farm door and is looking out the window and imagines that he is a farmer. And he wants to be a farmer. That's the thing he wants to do when he gets older. And his parents tell him to push, I mean go, for his dream and follow it. And he does. And he is really happy now. And his parents encourage him and when he goes older he becomes a farmer and works at the same farm where his parents work. (*Feeling*?) Happy and excited. And encouraged. And loved.

In this example, her post-test story is notable better in terms of relatedness. In the first story the characters relate in terms of what they can provide for each other (company, friendship), however, there is little recognition of autonomy in the other character. The experience is somewhat stereotypic and there is a lacking of deliberate intentions. In the second story, the thoughts are more organized, and the story is cohesive with clearly demarcated intentions. This story fits the description in Teglasi's (2001) description of level 4 in that "reciprocity is not perceived as quid pro quo, but as a natural mode of relating among individuals who care about each other."

In terms of object relations, Child 40 also either showed no change or showed some improvement in his stories. However, his scores at pre-test were lower in this

area and remained lower at post-test. His responses to card 1 demonstrate some

improvement in object relations.

Card 1 Pre-test

> Um... it is black and white, so I can't see so good what it looks like... It is a
> boy looking at, like, an instrument. It is an instrument, right? (*There is no
> right or wrong, it is just a story that you want to tell)*   So, I'll put this one here
> (*he moved card off to the side*)... Oh! I have to tell a middle, right? The
> middle is that he is sad. And the ending is that he might be ending up happy.
> Now that is done, right? (*Thinking?*) His instrument broke. (*How does it turn
> out?)* He fixes it. That's all.

Card 1 Post-test

> At the beginning this boy looks like he broke his violin. And in the middle he
> looks like he was all sad and unhappy. And at the end it looks like then, I
> can't tell, because it looks like somebody came and fixed it for him.
> (*Thinking?*) He is thinking about his violin because his parents probably
> bought it for him for a day really special to him. (*How does it turn out*?) That
> he got it all fixed up at the end.

In this example, his first story is disorganized and detached. He does not seem

to understand causality; the instrument broke and then it is fixed. There are no other

characters or connections drawn in. His second story was slightly better and was

rated as a level 2 (momentary experience of relatedness). In his second story he

mentions that he broke the violin and that someone else came and fixed it. There is

little reciprocity, but it is an improvement that he noted, "his parents probably bought

it for him on a day really special to him."

Chart 13. Case study ratings on TAT levels of abstraction at post-test.

Card	1	2	3	4	5	7	8	13
Child 40	2 (0)	2 (+1)	2 (0)	2 (+1)	2 (+1)	3 (0)	2 (0)	2 (+1)
Child 43	2 (+1)	2 (+1)	3 (+1)	3 (+1)	3 (+1)	3 (0)	3 (+1)	3 (+1)

Child 40 showed some improvement in his level of abstraction from the stimulus from pre to post-test. Although most of his stories still had a fairly literal interpretation of the stimulus, his descriptions were less piecemeal and he made more connections as compared to simply listing what he saw in the picture.

Child 43 also showed improvement in her ability to abstract information from the picture and make interpretation. The majority of her responses increased by 1 point, indicating she was being less literal. Although, she continued to often focus on the short-term, there was clear improvement from pre-test.

Chart 14. Case study ratings on TAT levels of perceptual integration at post-test.

Card	1	2	3	4	5	7	8	13
Child 40	2 (0)	2 (0)	2 (0)	2 (+1)	2 (0)	3 (+1)	2 (0)	2 (0)
Child 43	3 (+1)	2 (0)	4 (+2)	3 (0)	3 (+1)	3 (+1)	3 (+1)	4 (+2)

At post-test, child 40 told stories that were primarily at a literal level of perceptual integration. His stories were not incorrect, but were often simple descriptions of the stimulus with little interpretation and understanding of causality.

In general, his stories were slightly better than at pre-test. He did not have any level 1 (discrepant) stories at post-test. The stories were all at the literal or superficial level of perceptual integration.

Child 43 showed some improvement in her level of perceptual integration. She had two stories reach a score of level 4 (accurate), indicating she told stories that demonstrated more complex reasoning abilities and an understanding of social causality. Her stories did not reach the highest level in this category (nuanced) because her understanding of causal relationships was not always clear. However, she showed marked improvement in this category from pre to post test.

Chart 15. Case study ratings on TAT level of cognitive-experiential integration at post-test.

Card	1	2	3	4	5	7	8	13
Child 40	2 (+1)_	2 (+1)	1 (0)	2 (0)	3 (+1)	3 (0)	2 (-1)	2 (+1)
Child 43	2 (+1)	2 (0)	3 (0)	3 (0)	3 (0)	3 (0)	3 (0)	4 (+3)

At post-test, Child 40 was still telling mostly stories that were rated at a "rudimentary" level of cognitive experiential integration. He used a simplified process of reasoning. Characters respond without thinking or reasoning. Additionally, he often describes vague plans and outcomes. In terms of change from pre-test, he has three stories that improved from disorganized to rudimentary, which is a notable improvement. He had several stories remain at the same level and one decrease a level from superficial to rudimentary.

Child 43 had little change in this area for the majority of her stories. In her case, the majority of her stories were at a superficial level, in which she had vague,

but socially appropriate content. She had marked improvement on story 13, which was initially disorganized, but reached a realistic level that had conceptually clear content with deliberate actions and intentions.

Within group performance measures

Leaders rated the children on several dimensions after each STORIES session. The leader and co-leader completed the same rating forms. Ratings for child 40 and child 43 are presented graphically on charts 17 -20. The agreement for the two raters on these four dimensions was quite high; the agreement was 93.2% in which the ratings were within one point of each other. Additionally, for the ratings that were counted as disagreements there were no differences in the ratings greater than two points. Ratings for communication style, attention, response appropriateness, and cognitive understanding are presented.

Attention was coded at the percentage of attention directed toward the group experience as opposed to preoccupation with an unrelated activity. The first chart shows the mean ratings of the leader and co-leader for the two children in the case study. Child 40 only attended 7 sessions before dropping out of the group permanently; he had resisted coming to some sessions, but was eventually asked to leave because of behavior issues in the group. He has two absences prior to formally leaving the group. His scores are shown on the solid line. Child 43 attended all group sessions and her scores are represented by the dashed-line. It is seen on the graph that child 40 had lower initial attention ratings and that his scores seemed to get worse over time before leaving the group. Child 43 had moderate attention at first

and her scores seemed to improve over sessions, which would seem to indicate active participation and engagement in the group experience.

Communication style was also coded by both raters on a Likert-type scale from 0-5 and coded for body language and vocal clarity when speaking. On this rating measure the differences between the two children was somewhat smaller, although the general trend was that child 43 had more consistently higher ratings. Child 40 had ratings that were more variable, from 2.5-4, while child 43 had ratings ranging from 3.5-5, but the majority of ratings were in the 4-5 range; this indicates consistently high ratings on communication style.

Response appropriateness coded for the appropriateness or suitability of responses to the group leaders and other group members. This rating also ranged from 0-5. On this rating scale there were the most differences between the ratings of the two children in the case study. Child 43 began at a 2, indicating a moderate level of appropriate responses. She then gradually improved until she was consistently receiving mean ratings of 3.5.-4, indicating a fairly high ration of appropriate to inappropriate responding to leaders or other group members. Conversely, child 40 began at a 1, indicating a very low level of appropriate responses. He then had variable scores with his highest score reaching a 2 and he finished his run in the group with three consecutive zeros, indicating he almost never responded appropriately to others in the group situation.

Finally, cognitive understanding was also scored on a likert-type rating from 0-5. This scale measured quality and character of verbal responses. Leaders were asked to rate separately for cognitive/emotional understanding of story and

cognitive/emotional understanding of group interactions. They were also told, in

rating group interactions, they may consider behaviors such as being out of turn,

hoarding materials, excluding group members, proxemics, etc., as indicative of not

fully understanding a group process. For cognitive understanding both students had

an initial mean rating of a 2, indicating a moderate level of cognitive understanding of

the group process. Child 43 increased gradually averaging at a rating of 3.5 at the end

of the group. Child 40 had more variable performance with his highest mean score

hitting a 2.5, but he also received two scores of 0 and two scores of .5 before leaving

the group. These low scores indicated a minimal understanding of the group process.

Again, it should be noted that because of absences and early group

termination child 40 has data for 7 sessions and 15 sessions were available for child

43. Even with the differing amount of leader rating data, the in-group differences

between these two children is quite clear.

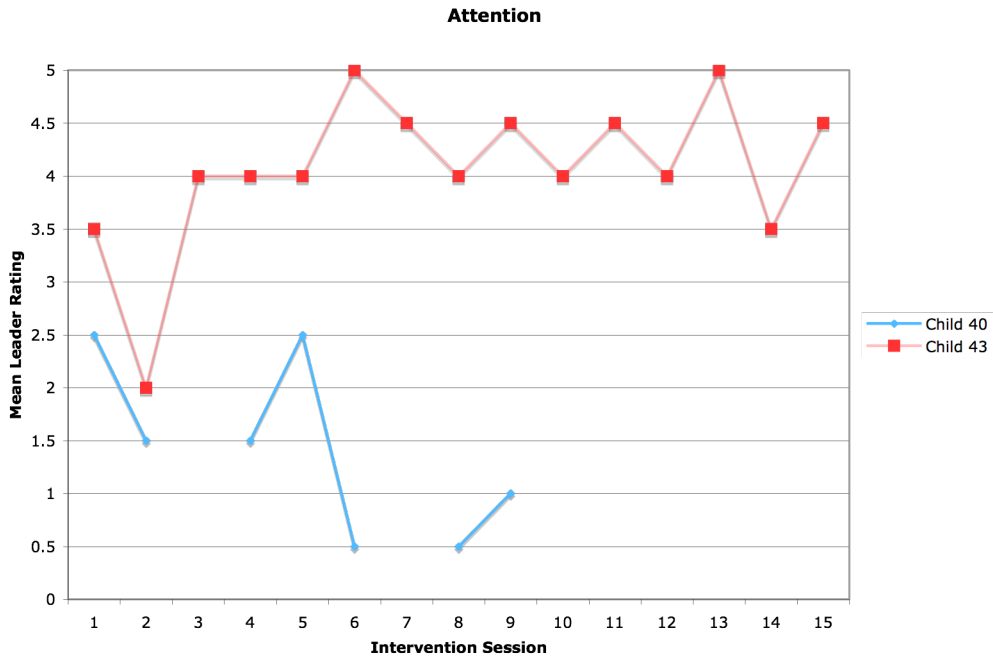**Chart 16. Mean attention ratings for case study as rated by group leaders.**

Attention

Chart 17. Mean communication style ratings for case study as rated by group leaders.
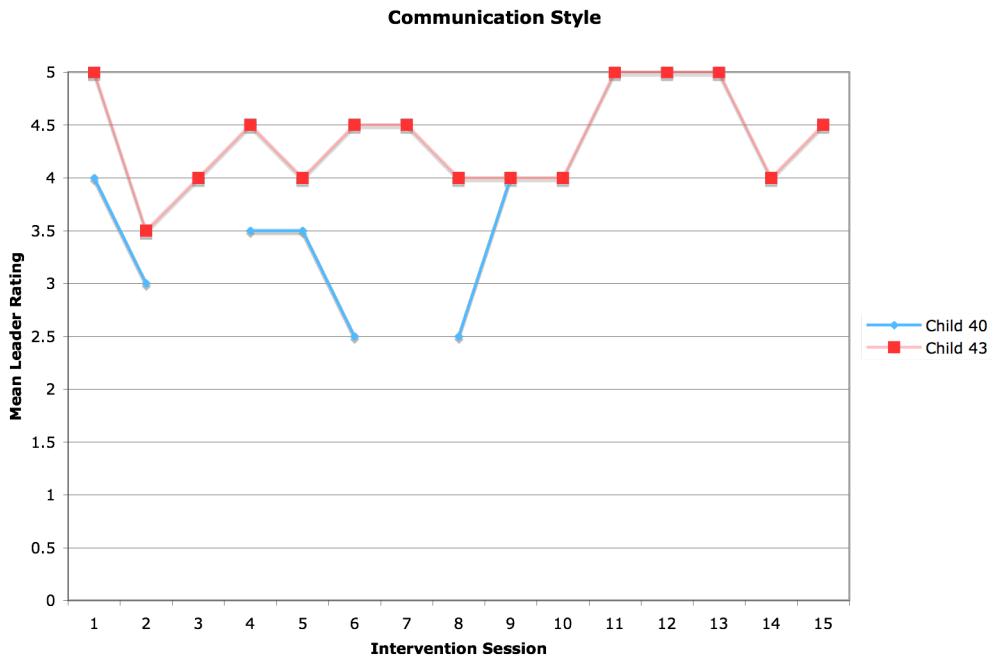
Communication Style

Chart 18. Mean response appropriateness scores for case study as rated by group leaders.
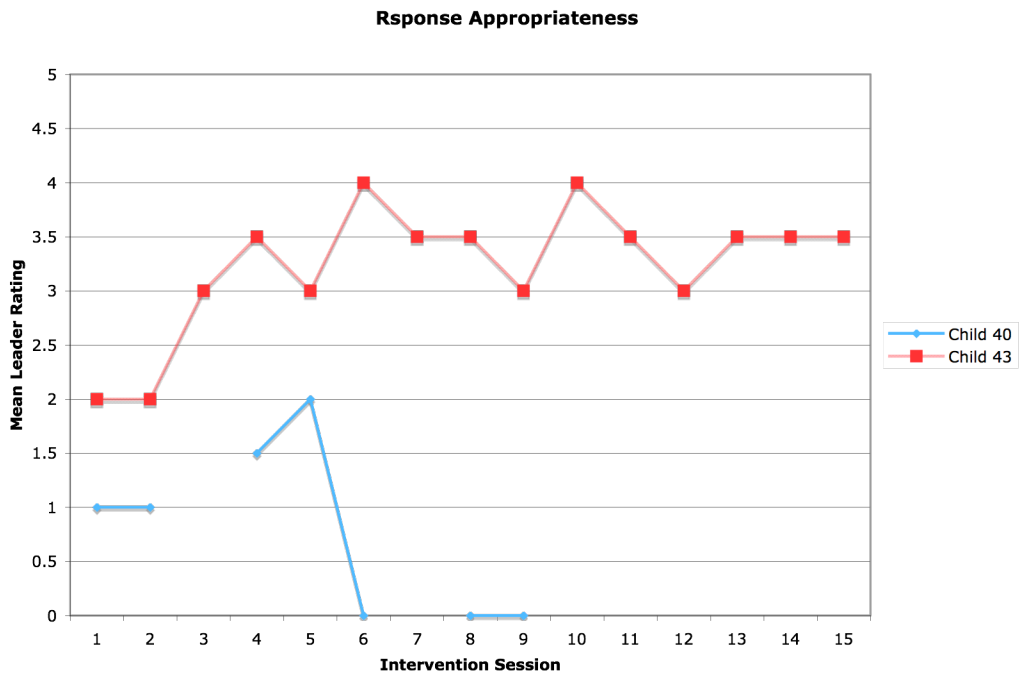
Chart 19. Mean cognitive understanding of the group for case study as rated by group leaders.

Cognitive Understanding of Group Experience
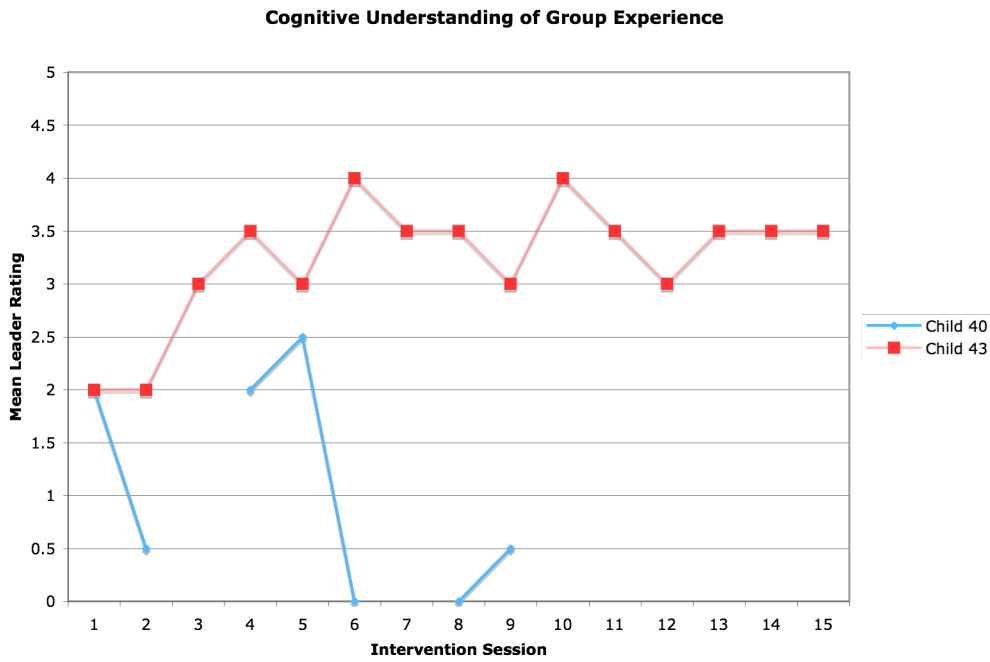

Within group performance measures

Verbatim transcriptions of the STORIES sessions for group 8 revealed differences in the percentage of positive, negative, mixed, and neutral verbalizations made by these two students within group. Ten sessions were transcribed verbatim by a paid worker. Transcriptions were checked for accuracy by the group's leader and co-leader. Of the 10 sessions, Child 40 was present for 7 sessions before leaving the group. Child 43 was present for all 10 sessions. This data was presented at the National Association of School Psychologists Annual Conference as part of a presentation on group climate (Maslak et al., 2009).

Each response was coded using a rubric as having a positive (+), negative(-), neutral (0) or mixed (+/-) contribution to the group. The rubric for these codes can be

seen in the Appendix. Reliability for the coding of each category was calculated in SPSS and all reliabilities were high. Cronbach's alpha for the proportion of positive (+) responses was .952. For negative responses (-), Cronbach's alpha was .932. Reliability for neutral responses (0) was slightly lower, Chronbach's alpha was .796. Finally, for mixed responses (+/-), reliability was .825. As seen on the pie charts (Chart 20, 21), both children had verbalizations in all categories. The charts demonstrate the percentage of positive, negative, mixed, and neutral responses for the sessions that the students attended. In the charts, the solid grey section (positive) represents the proportion of positive verbalizations. The black section (negative) represents the proportion of negative verbalizations. The largest section in a pattern (neutral) demonstrates the proportion of neutral verbalizations that did not contribute nor take away from the group experience. Lastly, the striped sections (mixed) shows the proportion of mixed responses. Although both children had responses in each, child 40 made significantly more negative or disruptive comments that were rated as negatively contributing to group climate. Child 43 had significantly more positive comments. The children had a similar number of neutral responses. Finally, Child 43 had more mixed responses. In these cases she had a response that contained both positive and negative aspects within the same rating. An example of this would be showing interest, while insulting another group member, such as, "I want to read the story, dummy!" In mixed responses, the intention may have been to contribute positively, but the child was unable to execute this in a prosocial manner.

Chart 20, 21. Transcription codes for group climate; proportion of response types.

Mean Proportion of Response Types Across Sessions: Child 40

Positive   Neutral
Negative   Mixed

Mean Proportion of Response Types Across Sessions: Child 43

Positive   Neutral
Negative   Mixed
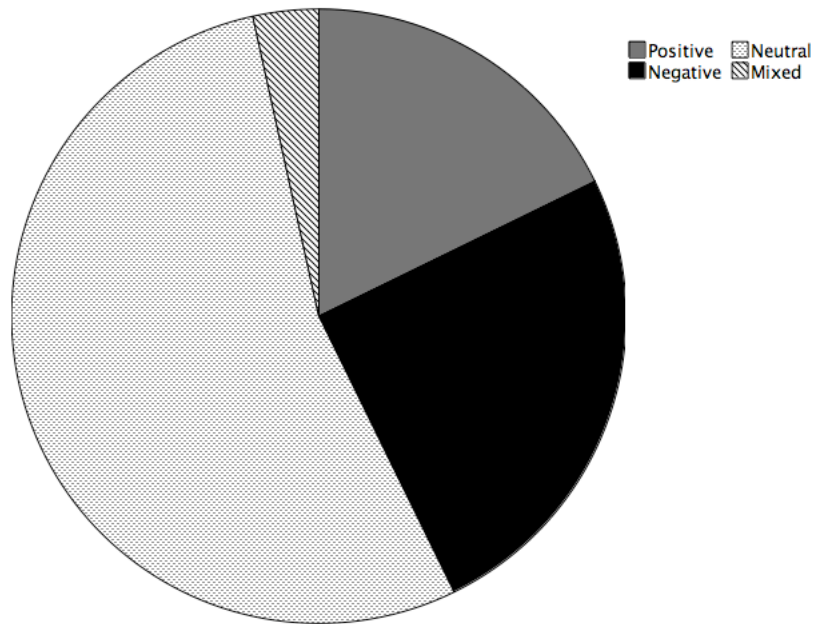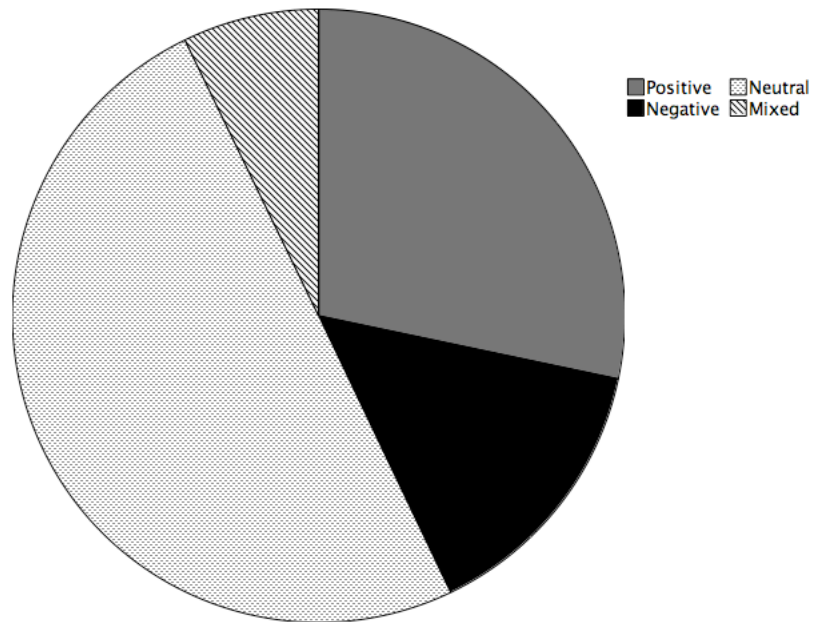
The means of the types of responses, in addition to the proportions above, also demonstrates differences between the two children. For these results the total number of responses was averaged across the sessions in which the children participated. The average number of verbalizations in each category can be seen on Table 8.

Table 8. Average verbalizations per session for all response types.

	Positive Responses (+)	Negative Responses (-)	Neutral Responses (0)	Mixed Responses (+/-)	Average Total Responses/Session
Child 40	25.71	36.14	77.86	5.0	145.90
Child 43	41.30	21.30	72.80	10.50	144.71

As seen above on Table 8, both children spoke about the same amount in the sessions they attended (Child 40 had 145.90 average verbalizations and Child 43 had an average of 144.71). However, the types of responses differed. Child 40, who ended up leaving the group, had an average of 15 more negative responses per session. Child 43, who was identified by leaders as an appropriate group member was contributing an average of about 15 more positive responses per session. The two children had a relatively similar number of neutral responses per session. Child 43 had twice as many mixed responses (10.5/session as compared to 5.0). Again, this is likely due to inappropriate attempts to be helpful. These positive attempts often included an interruption of the group leader or a negative comment addressed at another group member.

Overall, it is important to note that although Child 40 left the group he was contributing an average about 26 positive verbalizations per session. Unfortunately, these may have been outweighed by the average of 36 negative responses. Along these lines, while child 43 remained in the group she was also contributing about 21 negative responses per session; however, she had twice as many (41.3/session) positive statements.

Chapter 5: Discussion

This descriptive study examined the referral process when a targeted intervention became available in several schools. The STORIES program (Teglasi & Rothman, 2001) was implemented in 5 schools over two years in a school district that bordered an urban area. Forty-five (*N*=45) children were selected by their teachers with the support of other school personnel to participate in the small group intervention.

Who was referred to STORIES?

Graduate student researchers and school psychologists spoke to teachers and administrators in all 5 schools to explain that a group counseling intervention would be available in their school. The school staff was told to select students who presented as shy or withdrawn in the classroom. These were to be children viewed as "at-risk," but not already receiving services such as special education.

Pre-test data were collected on all of the students in three forms: self-report mental health data, teacher reported rating scales, and researcher collected measures of listening comprehension and storytelling. A major weakness of this study is that there was no information collected for a control group or the non-selected classmates of these students. Therefore, there is no way to tell definitively how these students compare to peers who were not identified by teachers on the measured dimensions. Additionally, it is not possible to compare the participants' status (post-intervention) to matched peers, so it is difficult to make conclusions about which children "benefited" from the program. Future studies would want to make use of a control or

comparison group to get a better understanding of which children are or are not being selected for targeted programs that become available in schools. In general, selection for targeted programs has not been researched and typically involved informal participant selections, such as flyers put up by school counselors or school psychologists (Sullivan & Wright, 2002). Since this was the first time a research project looked closely at the referral process for a targeted program it sets the stage for future comprehensive research studies.

With respect to the basic demographic information on the sample, there was nothing striking about the selected group. Of the forty-five children, the majority was of minority status; however, the sample seemed to match the population of the schools and county from which they were selected. Therefore, it did not seem like any ethnic group was more or less likely to be selected.

All groups were similar with respect to age at the start of the program with the exception of group 2 in school B. This group was almost a year older on average as compared to the rest of the sample. It seems likely that since this group was made up of mostly ELL, that they may have either been retained or started school later than their peers in the other groups. It seems unlikely that advanced age was a factor in the referral process. However, future studies may want to collect data on school retention and if children who have been retained at some point are more likely to be referred when programs in schools are available.

Self-reported data

All 45 children completed three self-reported questionnaires with the assistance of graduate student researchers at the start of the program. Measures of

depression, anxiety, and anger were selected to see how children were viewing themselves psychologically before group. Self-reported information on these measures should have given us a sense of match to the referral question from the child's perspective (children seen as "at-risk" due to internalizing; intervention was not designed for high externalizing children). All of the measures were normed on representative samples of children in this age group. The sample as a whole rated themselves as average on depression, average on anxiety, and average to slightly elevated on anger. While an average anger rating was expected, the other two scores (depression and anxiety) were hypothesized to be elevated in a sample referred for internalizing. Overall, only 5 children self-rated as high on depression and 12 children rated themselves as high on anxiety.

Teacher reported data

The BASC-2 was collected at pre and post-intervention time points to collect information from teachers on the referred children. There was variation in teacher reporting. Additionally, in some cases it was difficult to get teachers to fill out the forms. At pre-test, 37 BASC-2s were completed and 33 were returned at post-test. Furthermore, the teacher for the students in group 8 returned the forms after the end of the school year and these ratings were considered to be unreliable. However, based on the available data, the whole sample was in the at-risk range for internalizing at pre-test, which seems to indicate that the many teachers did understand the referral question and select children that they viewed as internalizing. The whole sample was not at-risk for externalizing. Again, this seems to be a good match with the referral questions. However, within the sample there were two groups

and several children who were high on externalizing. Group 1 and group 8 were both high at pre-test on externalizing. It should also be noted that both of these groups experienced student dropping out not due to moving (natural attrition). Based on these observations, it seems that an entire group high on externalizing is more likely to have children who will not benefit from the group experience due to disruption and noncompliance from group members. It is hard to tell if teachers were ignoring the referral question (internalizing children) or if it was difficult to select children were only high in one of these areas. On the BASC-2, Internalizing and Externalizing were correlated ($p<.05$) at pre-test. It is possible that the children showing internalizing issues were also experiencing externalizing problems (Epkins, & Meyers, 1994; McConaughy & Skiba, 1993).

There was little agreement between teacher and self-report ratings on areas that would be expected to match. None of the self-report scores correlated with teacher reports on the BASC-2 that were measuring similar constructs. Although low correlation between self and other informant ratings are common in the literature (De Los Reyes & Kazdin, 2005), this discrepancy has implications for who is referred. There were only 6 students in the sample who had elevated teacher and self-reports on internalizing related behaviors. However, there were 16 in the elevated range for teacher ratings and 19 for self-ratings. In other words, if screening measures were used, with the exception of the 6 whose ratings were consistent across informants, different children would be identified by teacher or self.

Since teachers rated 16 children as high on internalizing (out of 37 returned forms) at pre-test. It seems that many teachers did try to match the referral questions.

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The referral question may have been too narrow in some of these schools and there simply may not have been enough internalizing children to fill a group. This second hypothesis is most likely in the groups that were selected from a single classroom (Group 5 and Group 8). Group 5 did self-rate as higher on anxiety and the teacher rated the group in the "at-risk" range for internalizing at pre-test; in this classroom it seems as though the teacher did select internalizing children. However, this group was also rated very high on externalizing. The teacher for group 8 only rate one child as "at-risk" on internalizing at pre-test. All other students were in the normal range.

In this study it does not seem that there were a lack of internalizers, based on self-report and teacher reports combined. Neither rating alone would tell the whole story. It is possible that the children were able to pick out the socially acceptable responses on these questionnaires and therefore may have been "faking good" because they did not want to admit to depression or anxiety problems. This is likely in some cases in this sample. Specifically, there were some children who reported lower than average scores in all of these areas, which could indicate they were not being accurate reporters since scores lower than 40 are considered unusual and are more than a standard deviation below the mean on this measure. Lastly, this whole sample was low on listening comprehension at pre-test. Since the researchers were reading the questionnaires aloud to the students at pre-test while the student followed along reading from the instrument, there is a chance that they did not understand all of the questions and may have not been able to accurately report their true feelings. It is likely that a combination of factors led to the poor match between the referral question and the self-reported data collected in this study.. McConaughy and Skiba

(1993) noted that most studies found about a 50% co-occurrence of internalizing and externalizing symptoms. Additionally, Epkins & Meyers (1994) found that depression and anger often co-occur. They also found that self-reports and teacher reports did not match for measures of anxiety. This pattern seemed to hold in the present study.

An interesting finding was that the area rated as most problematic by teachers at pre-test was school problems on the BASC-2. The entire sample was in the at-risk range at pre-test on school problems. Nineteen children had elevated scores on this area. Since teachers returned BASC-2 forms for 37 students, it stands out that over half of the children were rated as having problems in school. It is hypothesized by the author that when the project was explained to the teachers the fact that the children would be "reading books" and discussing stories resonated. The teachers may have viewed the intervention as relating more to academics than mental health. They may have selected the children they believed would benefit from extra time reading grade level literature. While there is an academic component of the STORIES program, the specific referral question for this project did not include a discussion of low academic achievement. Low school performance was a notable characteristic of the referred sample. School problems and the social and emotional difficulties reported may be linked because in schools these issues are only seen as problematic if they disrupt school performance. In schools, mental health issues are only investigated if they are seen as having an impact on academics. IDEA (2004) uses this idea in the definition of Emotional Disturbance (ED). These legal guidelines emphasize providing interventions for mental health interventions in the schools

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when there is a direct link to academic problems (or if the child's behavior disrupts the learning of others).

With respect to teacher reports, it should be noted that teachers were not compensated for their time in filling out these rating scales and there was missing data. At pre-test, BASCs were returned for 37 children. There were 33 forms returned at post-test. At post-test, one teacher returned the forms after the conclusion of the school year and these forms were considered by the researchers to be inaccurate due to the delayed responding. Due to the missing data, especially at post-test, results from the teacher reports should be interpreted with caution. Future studies should compensate teachers for their time and effort to promote more accurate and complete responding.

One additional issue is that teachers were asked to select children with internalizing issues early in the year. Since children with internalizing issues often don't stand out as quickly in their classrooms, the teachers may not have known the children well enough to accurately select these children in the fall of the year. Future studies may want to interview or work with the children's previous teachers to get a better idea of who was shy or withdrawn in school. Data from parents may also be helpful in selecting the children most in need of interventions for internalizing.

It would be interesting to further investigate self-report, perhaps using more detailed measures with students. In this study there were some correlations between child reports and listening comprehension, which remained true at post-test. This pattern was not detected in any of the teacher reports. It is possible that the children are recognizing some patterns or are more aware of their own status than their

teachers at pre-test. Specifically, there was a correlation between self-reported depression and low listening comprehension. It is possible that these children recognized their low level of understanding in class and social situations.

Researcher collected measures

An interesting finding of this study with performance measures collected by researchers (storytelling and listening test) was that the entire sample was more than a standard deviation below average on the Listening Test (year 1) and Listening Test-2 (Year 2). Only two of the eight groups had average scores on this measure, which seems to indicate that the majority of teachers did refer children who were having academic difficulty. Low scores on listening comprehension could indicate the children were also having reading related problems academically. Additionally, these children may have had trouble in the classroom with following directions. It would have been helpful to know the specific types of externalizing behaviors that the teachers were seeing and if these were possibly linked with a lack of understanding. Based on leader reports and the dropping out patterns it seems that only aggression was problematic in the group intervention setting. Specifically, it seemed as though the dropouts that were behavior related had a different type of aggression. They were less reactive emotionally than many of their peers. They seemed to use proactive aggression, which had a negative impact on group climate. These children also ignored group rules and did not seem to respect the authority of the group leader. Other studies have linked this type of presentation with overt bullying behavior (Terranova, Morris & Boxer, 2005; Vinding, Simmonds, Petrides, & Frederickson, 2009).

Again, since there is no comparison group, it is hard to say what scores the non-referred children in these schools would have earned on this measure. However, since the norming sample had a standard score on 100, it is probably safe to assume that this sample (SS=79.76) was comprised mainly of children with low listening comprehension abilities as compared to their peers. Group 2, which had four ELLs, had the lowest score on this measure. The researchers did not have access to what ESOL level these children had attained, so it is possible that this test was not appropriate for these students due to limited English training and competency. However, it is possible that the teachers in School B thought that these children may benefit from additional English reading during their lunch break. Future studies may want to have separate programs for ELL students or assess their listening comprehension in both English and their primary language to see if these children truly have comprehension deficits or simply have not had enough time to reach competency in English. Three of the students in group 2 made significant gains (about 10 points) from pre to post test on this measure. The other two showed no change. While this group is too small to draw any conclusions, future studies may want to collect more data on ELL status and look at the utility of STORIES in improving listening comprehension for ELL students.

The researcher also had children tell stories for 8 TAT cards at pre and post-test. Only the stories for the case study were analyzed in detail. However, many of the children in the sample told stories at pre-test that were disorganized and showed little understanding of causality. Since STORIES focuses on teaching about causes and effects, intentions, and steps for solving problems, it seems to be an appropriate

intervention for children showing these weaknesses. In the case study, the coded

TATs showed that both children demonstrated weaknesses in cognitive understanding

of causes and effects and aspects of social emotional problem-solving. The major

difference between them was in understanding of relationships. In this study the child

who had an impaired understanding of mutuality in relationships and autonomy

presented behaviors in the group that were disruptive and he was asked to leave the

group. A future study may investigate whether the TAT can be used to forecast

benefits from the group experience. In this small case study, it seemed as though both

children made some gains in their storytelling ability and organization from pre to

post test. The child who remained in the group for all sessions showed more

improvement.

Benefiting and dropping out

Again, due to the small sample and lack of comparison group it is difficult to

determine which children truly "benefited" from the intervention. It seems safe to

assume that children who did not attend the majority of the sessions would not benefit

from it. In this study there were seven children who did not complete the

intervention. These cases of attrition included two students who moved during the

course of the project. One student from Group 3 in Year 1 moved and one student in

Group 6 in Year 2 moved. No conclusions can be drawn from these two cases

because there is no follow up information.

However, there were 5 male students who dropped out due to behavior

problems, and were asked to leave, or participation refusal during the two years.

Three students dropped out in year 1 and 2 students in year 2. There is an interesting

pattern related to attrition. In both years all of the students who left group were from a single class with a single teacher. Additionally, all 5 children who left the group early due to behavior were male. In year 1, the three dropouts were all from the same classroom, but there were two students in group 4 and 1 student in group 1. There was a clear pattern in the dropping out during year 1; one key student was identified as pressuring the other two into leaving the group after he was removed for disruptive behavior. In this case, two students in group 4 dropped out first due to extreme behavior problems exhibited by one student (Child 20). In this group a second student, Child 19, refused to come back. Shortly after the third student from this class (Child 5) who was in a different group refused to come back to group. All three students had the same classroom teacher. Researchers observed the other two boys who had dropped out bullied this student into not returning. These three boys represented all of the participants from their classroom. In this case, it seemed as though there can be a domino effect in leaving group.

A similar pattern was seen in Year 2, both children who terminated early were in the same classroom and both were male. One student left the group first for behavior issues specifically related to name calling and bullying of peers; the group leaders had told him that the group was not a good fit and the student agreed and did not return. The transcripts from this group show that some children seemed relieved when this student left the group. The second child to leave the group was Child 40 of the case study. He remained in the group with inconsistent attendance and behavior until session 9. As seen in the analysis of the transcripts, during the seven sessions that this student attended he contributed more negatively to the group by making

inappropriate comments that hindered group experience. After this student was asked

to leave the group he often banged on the window of the door or tried to interfere

with the group. The group leaders reported this behavior and the impact on the group

was observed in the coded transcripts. It would have been very difficult to predict the

children who would demonstrate this type of behavior from the standardized pre-test

measures alone. The students who dropped out had similar scores to students who

remained in the group. One standardized measure difference was that the five

students who left the group before completion had a mean Listening Test score that

was slightly lower than the whole sample (SS=77); however, this alone would not

predict dropping out. It is possible that some of these students had a limited

understanding of the group process, which made it hard for them to be group

members. Since there were many students with low scores who enjoyed the program,

low listening comprehension alone is not enough to explain dropping out. All three

of the children who dropped out because of disruptive behavior had low scores on

anxiety and depression on self and teacher reports. This low emotionality may be

linked with being able to bully and influence other children who wanted to

participate. Vinding, Simmonds, Petrides, and Frederickson (2009) found that

children who showed callous or unemotional personality attributes were more likely

to by bullies. Having a low level of self-regulation and little fear of consequences is

linked with overt types of bullying behavior (Terranova et al., 2005). Child 40 in the

case study showed low empathy and understanding of relationships in his TAT

stories. Future studies may want to look into the combination of poor interpersonal

understanding coupled with extremely low scores on internalizing in reports by self,

teacher, and possibly parents. These types of issues need to be investigated in relation to performance in groups. It seems that children who do not understand relationships and report absence of negative emotions may be poor group members. A combination of factors may contribute to a child's being poor fit for this intervention. In this small study being male, having low levels of anxiety, and low listening comprehension may have been linked to dropping out. Anger scores should also be investigated. Child 19 and 41 who were asked to leave because of behavior did not have elevated ChIA scores, but the students who were bullied into leaving group (Child 5 and Child 19) did report elevated anger, which may have been linked with their ability to be influenced into also leaving the group experience.

Case study

Through a careful investigation of two student participants many interesting patterns arose. First, the students were selected because they were in the same group, but presented differently. One ended up leaving the group due to behavior problems; the other participated for all sessions and reported enjoying the group experience. Child 40 was rated by his teacher as high on externalizing at pre-test, and Child 43 was rated as average. Therefore, even before the group, the teacher saw one of these children as more aggressive than the other.

Neither child self-reported any depression or anxiety symptoms. Child 40 did self-rate as high on anger at pre-test. Child 43 self-rated as more anxious at post-test as compared to her pre-test score. This pattern can be interpreted in different ways; however, it is the belief of the researchers on this project that this student was always high on anxiety, but that she likely became more self-aware or more honest in

reporting at post-test. Her teacher did not rate her as internalizing on the BASC-2 at pre-test, so again there was little connection between the teacher and self-reports. Unfortunately, the teacher did not provide the post-test rating within the school year, so it is unclear if reports changed over time.

The two children in the case study had varying scores on the measure of listening comprehension at pre-test. Child 43 was in the average range and Child 40 was slightly below average. However, an analysis of his subtest scores showed that he was average in areas like vocabulary and main idea, but had borderline scores in understanding messages, paying attention to details, and reasoning. These areas of weakness would make group performance more difficult for this child.

The main differences for these two students emerged in the analysis of their storytelling and examination of their in group performance. Analysis of TATs, leader ratings, and coded transcriptions is a more complicated way to gain information about students as compared to rating scales; however, in this study it seemed that real differences were better detected through these more labor intensive methods.

Storytelling

Coding of the TATs for Child 40 and 43 showed that both of these children had trouble with organization and structuring of their stories. They both had difficulty with seeing the big picture and ignoring irrelevant details. However, Child 40 was much weaker in his understanding of prosocial relationships. His characters lacked empathy and viewed many characters as pervasively negative. He also showed less improvement in the area of relationships from pre to post-test. This impaired understanding of relationships seemed to translate to his group performance

and behavior in the sessions. The TAT coding looks for distinctions made between and within characters and also how the characters relate to one another; these issues seemed to translate to performance in the group. In fact, the TAT seemed to be the pre-test measure most linked to actual behavior in the group. Child 40, who demonstrated difficulty monitoring his behavior during this activity also had trouble in the group. He showed a poor understanding of prosocial relationships and this also translated to group performance.

Leader ratings

Graphs of the leader ratings clearly depict the differences in performance for these two students in the group settings. Child 43 had consistently better performance on attention, communication style, response appropriateness, and cognitive understanding of the group experience. Child 43 seemed to remain stable or improve in all or these areas, while Child 40, who dropped out after session 9, showed variable and declining performance in all areas.

Verbalizations

Coded verbalizations were obtained from another exploratory study on group climate (Maslak et. al, 2009). For this project, only two of the six group members were carefully examined. The analysis of the child verbalizations from the transcripts of the sessions revealed differences in performance during the session that are likely linked with dropping our or growing from the group experience. Child 40 had a higher ratio of negative or group hindering responses as compared to his positive comments. He also had fewer positive comments than Child 43. She had

significantly more positive contributions than negative contributions. Overall, it seems as though these differences between the two can help explain why one child is more likely than another to drop out of the group.

Limitations

The biggest limitations of this small descriptive study are the small sample size with the lack of a control or comparison group. Without information on the children who were not referred it is hard to conclude how the referred children compared. Additionally, without a matched control we can not make conclusions about the benefits of the group intervention.

There are no data on the children who were selected, but did not bring in signed permission forms. We do not have data on how often this occurred, but the sample may not have included all of the initial referrals. Future studies may want to perform class-wide or grade level screenings to get more complete data on which children are referred.

Furthermore missing data was a problem in this study. The study was volunteer run and all teachers were giving their time without compensation. It was not surprising that there was missing data from leaders in some of the groups, as many groups were run by intern school psychologists who were not invested in the research on the groups. Additionally, as previously mentioned, teachers were not required to complete forms and were not being compensated for there time and effort, which was linked with a notable amount of missing data in the area of teacher reports. There was more missing data at post-test time because teachers may have been more

stressed at the end of the school year. Future studies need to find a way to compensate teachers for their time to ensure complete data and accurate reporting.

Another problem with the small sample size is that some statistics may have had nonsignificant findings because there is not enough power to detect them. For example, it seems logical that the Listening Test scores would have been negatively correlated with school problems. It would be expected that a high listening score would have been negatively correlated with school problems on the BASC. For the BASC, there were 37 forms returned at pretest (*n*=37). This non-significant negative correlation (-.218) would likely have reached significance in a large sample. Correlations for pre and post-test Listening and School Problem Scores can be seen in Appendix B.

The measures used in this study may not have been the best at detecting the full picture of the referred students. As previous stated, the self-reports may be inaccurate due to "faking good" or lack of awareness or understanding of the task (De Los Reyes & Kazdin, 2005; Stanger & Lewis, 1993). Teacher reports may have been biased due to rushed reporting, biases about certain children or halo effects, or not enough knowledge of the children at pre-test. There is evidence that teachers may be better reporters of externalizing behavior than children, but that children are better reporters of internalizing problems than are their teachers; different raters are noticing different problems (Weiss, Jackson, & Susser,1997). The teacher and self-reports often did not correlate on constructs that should have been related such as depression (CDI) and anxiety (MASC) and scores on the BASC-2 for internalizing. In fact none of the self-report measures correlated with teacher measures on similar constructs; the self-report

of anger (ChIA) and the BASC-2 externalizing composite were not correlated (.172). Again, we may not have seen a correlation because of the small sample or our measures may not have been accurately capturing these constructs.

Finally, as will any research in schools there were school related issues that impacted the implementation of the program. There were delays by school officials that made the program get started later each year. The program was shorter than intended for many groups due to delays. There were also many uncontrollable factors such as field trips, state testing, and other unforeseen conflicts that led to fewer sessions. Interruptions may have affected group cohesion and the ability of the children to retain information from the group.

Future Directions

Future studies of referral to specific or targeted intervention programs will need to have a larger sample size ; this will enable researches to make conclusions about referral patterns. A matched control or wait-list control would enable researchers understand the efficacy of targeted interventions. Additionally, researchers may want to investigate the use of other pre-test measures. Pre and post-test measures with more variability and measures that are more sensitive to change may be useful in this type of project. Additionally, researchers could conduct individual teacher interviews in attempt to better understand motives and rationales for referral. Furthermore, teachers need to be fully informed about the purpose of interventions. Improved teacher communication and collaboration on the project would allow for more appropriate referrals, more complete data, and more feedback about student performance.

Future studies, interested in outcomes, might investigate the effects of a longer course of the treatment. Full class or grade interventions where the at-risk children were in groups with prosocial peers to serve as role models may be more effective than having entire groups comprised of "at-risk" students (Desbiens & Royer, 2003). As previously stated, future studies may examine dimensions of pretest storytelling (TAT) as a way of predicting which children will be appropriate for groups. Better screening procedures are needed to increase the chance that students will benefit from intervention and that their experience won't be disrupted by peers who were not appropriate for group work.

Appendices

Appendix A

STORIES Group Leader Codes

VERBAL RESPONDING (scored 0-5)
Codes frequency of verbal responding to prompted or facilitated opportunities
0 - Extremely Low: Child did not volunteer any responses
1 - Very Low: Child volunteered responses approximately 10% of the opportunities
2 - Moderate: Child volunteered responses approximately 25% of the opportunities
3 - High: Child volunteered responses approximately 50% of the opportunities
4 - Very High: Child volunteered responses approximately 75% of the opportunities
5 - Extremely High: Child volunteered responses virtually all of the opportunities

COMMUNICATION STYLE (scored 0-5)
Codes body language and vocal clarity when speaking
0 - Extremely Limited: Child does not make eye contact, orient posture to group, or speak with audible volume or clarity when communicating.
1 - Very Limited: Child makes eye contact, orients posture to group, or speaks with audible volume or clarity when communicating approximately 10% of the time.
2 - Limited: Child makes eye contact, orients posture to group, or speaks with audible volume or clarity when communicating approximately 25% of the time.
3 - Variable: Child makes eye contact, orients posture to group, or speaks with audible volume or clarity when communicating approximately 50% of the time.
4 - Good: Child makes eye contact, orients posture to group, or speaks with audible volume or clarity when communicating approximately 75% of the time.
5 - Very Good: Child consistently makes eye contact, orients posture to group, or speaks with audible volume or clarity when communicating.

ATTENTION (scored 0-5)
Codes percentage of attention directed toward group vs. preoccupation with unrelated activity
0 - Extremely Low: No overt attention is directed toward group activity
1 - Very Low: Child attends to group approximately 10% of the session period
2 - Moderately Low: Child attends to group approximately 25% of the session period
3 - High: Child attends to group approximately 50% of the session period
4 - Very High: Child attends to group approximately 75% of the session period
5 - Extremely High: Child attends to group virtually all of the session period

RESPONSE APPROPRIATENESS (scored 0-5)
Codes appropriateness of responses to group leaders and group members
0 - Extremely Low: Child disregards group rules, disrupts group through language or gesture, requires redirection, and does not respond to or resists redirection.
1 - Very Low: Child frequently disregards group rules, disrupts group through language or gesture, requires redirection, and briefly responds to redirection.
2 - Variable: Child occasionally disregards group rules, disrupts group through language or gesture, requires redirection, and responds to redirection.
3 - Moderately High: Child occasionally disregards group rules, disrupts group through language or gesture, but re-directs self approximately 75% of the time.
4 - Very High: Child occasionally disregards group rules, disrupts group through language or gesture, but re-directs self approximately 100% of the time (i.e., does not require re-direction)

5 - Exemplary: Child meets criteria for (4) and has encouraged resolution of problems within the group or helps others to resume group rules or activities without disrupting the group.

COGNITIVE UNDERSTANDING (scored 0-5)

Codes quality and character of verbal responses - rate separately for cognitive/emotional understanding of story and cognitive/emotional understanding of group interactions. In rating group interactions, raters may consider behaviors such as being out of turn, hoarding materials, excluding group members, proxemics, etc., as indicative of not fully understanding a group process. Please be alert to differences in understanding of story and understanding of group experience.

0 - Extremely Limited: Child's responses do not demonstrate awareness or understanding of story-based content or group process. Child may ramble, be off topic, or out of turn. Child's response may show significant misunderstanding of the situation in the group or the story.

1 - Very Limited: Child attempts to gear response toward interests of the group but shows minimal understanding of content or group process. Child may repeat what has been said earlier or mildly interrupts others. Child sometimes gives yes or no answers or supplies accurate factual information.

2 - Moderately Limited: Child understands content or group process, but verbal responses are consistently at a literal or superficial level. Answers to factual questions are accurate or the child offers details that are constructive in the group process, but child does not connect ideas or draw causal inferences. During discussions about affective concepts, child either does not contribute or expresses unrelated, disorganized content. Child is more comfortable with factual discussion (what) than with causal inferences (why) such as intention.

3 - Variable: Mostly offers facts and volunteers recalled information, but *at least once* during the session, child accurately introduces an idea from a previous discussion, expands constructively on an idea raised previously in the same session, or advanced the conversation by asking a question seeking clarification, implications, etc. or showed understanding of concepts that include feelings, motives, or intentions. At least one response shows advancement beyond factual information.

4 - Moderately High: Demonstrates clear understanding of ideas and topics, makes accurate predictions, shares relevant experiences, or makes accurate connections between the story and personal experiences. Seems comfortable with making causal connections or drawing causal inferences.

5 - High: Goes beyond demonstrating clear understanding of ideas and topics by showing original insight about the psychological world of the characters, self, and others. Uses information learned to formulate a moral, apply a moral, predict actions or reactions, or suggest appropriate problem-solving.

OTHER CODING:

Please make sure to describe the topic(s) covered during session and the percentage of time spent reading/discussing story vs. activity/group experiences. Make sure to note the discussions that strayed from the story or lesson plan as well as any important observations or concerns (i.e., patterns in off task). Also indicate any relevant issues relating to coding or resolving codes. Please note this information directly on the STORIES coding form.

Appendix B
Correlations between leader and self-report ratings

	CDI post	MASC pre	MASC post	ChIA pre	ChIA post	LT pre	LT post	Ex pre	Ex post	Int pre	Int post	Schl pre	Schl post
CDI Pre	.517**	-.271	.005	-.331*	.013	-.316*	-.395**	-.145	-.259	.127	.107	.075	-.005
CDI post		-.181	.257	-.253	.129	-.251	-.409**	-.048	-.165	.203	.103	.241	.061
MASC			.266	.430**	.272	-.225	-.231	-.012	.176	.180	.139	.148	.396*
MASC Post				.079	.070	.003	-.250	-.194	-.198	.145	-.037	.141	.214
ChIA					.585**	-.124	-.114	.172	.151	.131	-.021	.331	.296
ChIA Post						-.308	.322*	.201	.032	.085	-.041	.287	.240
LT pre							.856**	.017	.080	-.075	-.158	-.218	-.239
LT post								.155	.231	-.150	.074	-.285	-.237
External Pre									.888**	.366*	.348	.378*	.281
External Post										.421*	.517**	.491**	.513**
Internal Pre											.882**	.578**	.684**
Internal Post												.496**	.627**
School Pre													.942**

* p <0.05
**p < 0.

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