

Implementation of the Strong Kids Curriculum in a Residential Facility

Christine Berry-Krazmien, PhD, State University of New York at Buffalo and Ivelisse Torres-Fernández, PhD,
University of Puerto Rico, Mayagüez.

Poster Presented at the Annual Convention of the National Association of School Psychologists,
New York, New York
March 29, 2007

ABSTRACT

The purpose of this study was to examine the effectiveness of the Strong Kids Curriculum with clinical populations. Nineteen 12-to-15 year-old students were recruited from two emotional support classrooms at a residential treatment facility. However, seven children dropped from the sample because they entered the program once it was started or they were discharged before the program ended. Results indicated that by the end of the 12th session, students demonstrated significant increase in knowledge about healthy and unhealthy ways to express feelings, thoughts, and behaviors. However, there were no significant changes in the self-report of externalizing and internalizing symptoms. It has been hypothesized that due to the complexity of children in residential care, changes in symptomatology will be a reflection of the effects of the treatment milieu rather than the participation in the program alone.

INTRODUCTION

Youth placed in Residential Treatment Facilities (RTF's) generally present with severe and diverse problems, demonstrate deficits in their social competencies, and have failed in various other treatment programs (Frensch & Cameron, 2002). Youth in residential settings struggle with significant social skills deficits, as well as emotional regulation difficulties. Although the effectiveness of residential treatment has been debated in the literature (Hussey & Guo, 2002; Lyons, Terry, Martinovich, Peterson, & Bouska, 2001), targeting social skills using a behaviorally-oriented treatment modality may increase the efficacy of RTF's. Behavior treatment approaches have been shown to successfully treat a wide range of behavioral and emotional disorders with children being treated in a residential facility.

The Strong Kids Curriculum

The Strong Kids Curriculum is a 12-lesson program designed to promote social and emotional resiliency and coping skills in children ages 9-14, or 4th through 8th grade (Merrell, Carrizales, Feuerborn, Gueldner, & Tran, 2004). According to the authors, the program is designed as both a prevention and early intervention to childhood disturbances such as depression, anxiety, interpersonal difficulties, and emotional problems. Strong Kids was designed to meet the needs of a wide range of children and may be effective in meeting the needs of high functioning, typical, at-risk, or emotionally disturbed children in a wide variety of settings. In addition, the program was created to target internalizing behaviors and emotional problems related to depression, anxiety, social withdrawal, and somatic complaints. The authors of Strong Kids have also developed a Strong Teens program to meet the needs of high school age students, or grades 9-12, and recently launched the Strong Start Curriculum, which is aimed for children in grades K-3.

METHODS

Participants in this study consisted of nineteen 12-to-15 year-old students who were recruited from two emotional support classrooms at a Residential Treatment Facility. However, seven children dropped from the sample because they entered the program once it was started or they were discharged before the program ended. Both classrooms were led by a psychologist at the RTF and a pre-doctoral intern. Each group met for 30-40 minutes each week for a total of 12 weeks. Both groups followed the *Strong Kids-A Social and Emotional Learning Curriculum for Students in Grade 4-8* (Merrell et al., 2004). The Strong Kids Curriculum was chosen instead of the Strong Teens Curriculum due to concerns regarding the cognitive ability and emotional instability of the participants of the study. Modifications were made to the Strong Kids Curriculum due to the high degree of emotional needs and possible cognitive limitations of the participants. Modifications included simplifying wording, using visual aides, and including the teachers in the homework and to reinforce skills learned.

During the initial group session, all participants completed two pretest measures included in the Strong Kids Curriculum. The first measure asked participants to rate how they had been feeling over the past month. The second measure asked participants to answer questions to determine the extent of their knowledge about healthy and unhealthy ways to express feelings, thoughts, and behaviors. At the end of the 12th session, each participant again completed the measures described above. These were utilized as posttest measures.

RESULTS

Results indicated that by the end of the 12th session, students demonstrated significant increases in knowledge about healthy and unhealthy ways to express feelings, thoughts, and behaviors. There was a significant difference between the knowledge in the 12th session compared to the 1st session, $t(11)=-3.568, p<.01$. On average, students had more knowledge in the 12th session of the Strong Kids Curriculum ($M=15.50, SD=2.58$) when compared to the knowledge in the 1st session ($M=12.00, SD=3.79$). However, there were no significant changes in the self-report of externalizing and internalizing symptoms. Overall, participants reported problematic symptoms was not lower between session one and twelve, $t(11)=-.078, p>.01$. Students reported similar levels of problematic symptoms in the 1st session ($M=17.17, SD=3.97$) when compared to the 12th session ($M=17.25, SD=3.84$). It has been hypothesized that due to the complexity of children in residential care, changes in symptomatology will be a reflection of the effects of the treatment milieu rather than the participation in the program alone.

REFERENCES

- Frensch, K.M., & Cameron, G. (2002). Treatment of choice or last resort? A review of residential mental health placements for children and youth. *Child and Youth Forum*, 31(2), 307-339.
- Hussey, D.L., & Guo, S. (2002). Profile characteristic and behavioral change trajectories of young residential children. *Journal of Child and Family Studies*, 11(4), 401-410.
- Lyons, J.S., Terry, P., Martinovich, Z., Peterson, J., & Bouska, B. (2001). Outcome trajectories for adolescents in residential treatment: A statewide evaluation. *Journal of Child and Family Studies*, 10(3), 333-345.
- Merrell, K.W., Carrizales, D., Feuerborn, L., Gueldner, B.A., & Tran, O.K. (2004). *Strong Kids: A social and emotional learning curriculum for students in grades 4-8*. Retrieved from <http://orp.uoregon.edu>.

