
Promoting Emotional Resiliency Through Instruction: The Effects of a Classroom-Based Prevention Program

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Acknowledgements

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Advance Organizer

1. Review of problem and statement of need (5 minutes)
 2. Methodology (10 minutes)
 3. Results (5 minutes)
 4. Discussion (10 minutes)
 5. Open forum for questions and discussion
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In Our Nation's Schools: Introduction

- **Becoming more difficult to meet needs of all students**

Colvin, Kammenui, & Sugai, 1993; Horner, Sugai, & Horner, 2000; Sugai & Horner, 2000.

- **Common Reactions to the Increase in Problem Frequency**

- "Get tough" approaches in behavior

Lewis & Sugai, 1999; Nelson & Colvin, 1996; Sugai & Horner, 1999

- "Reactive" approaches in mental health

Simpson, 1999

Disparities in Identification

■ Number

- 1% currently identified for special education services
- 6-10% need the services

Landrum & Tankersley, 1999; Kauffman, 1997

■ Age

- Children with emotional and behavioral disorders identified for services much later than other disorders. Merrell, 2001

■ Cultural Bias

- Over-representation and under-representation of certain groups
- Higher probability of diagnostic errors

Forness, et al., 2000; Serna, Forness, & Nielson, 1998

Pitfalls of current methods of intervention

- Drop out rates of children with emotional and behavioral disorders are the highest of any other group of students. Landrum & Tankersley, 1999
- Children with emotional and behavioral disorders are most often placed in restrictive (and expensive) environments. Simpson, 1999

Strong Kids Curriculum

- Intensive programs are best.
 - These programs are seldom used Kauffman, 1999
 - Social, emotional, and behavioral skills can be taught (with no added expensive/intensive components) & the effects are often **beneficial** Eisenberg, Wentzel, & Harris, 1998; Greenburg, Kusche, Cook, & Quamma, 1995
 - Curricula have shown to be effective with social skills, social problem solving, social anxiety, depression, etc.
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Promises: Strong Kids

- Easy to use
 - Requires little resources
 - Promotes a wide variety of skills to promote emotional resiliency
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Research Purpose

Evaluate the efficacy of the Strong Kids Curriculum.

Research Questions

1. Does completion of the Strong Kids curriculum *increase* students' *knowledge* in content areas related to the lessons?
 2. Does participation in the Strong Kids program *increase* students' self-reports of *positive social and emotional skills and affect*, and *decrease* students' self-reports of *negative emotions, cognitions, and maladaptive behaviors*?
 3. Does participation in the Strong Kids program *decrease* teacher reports of *problem behavior*?
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Methodology

- Schools

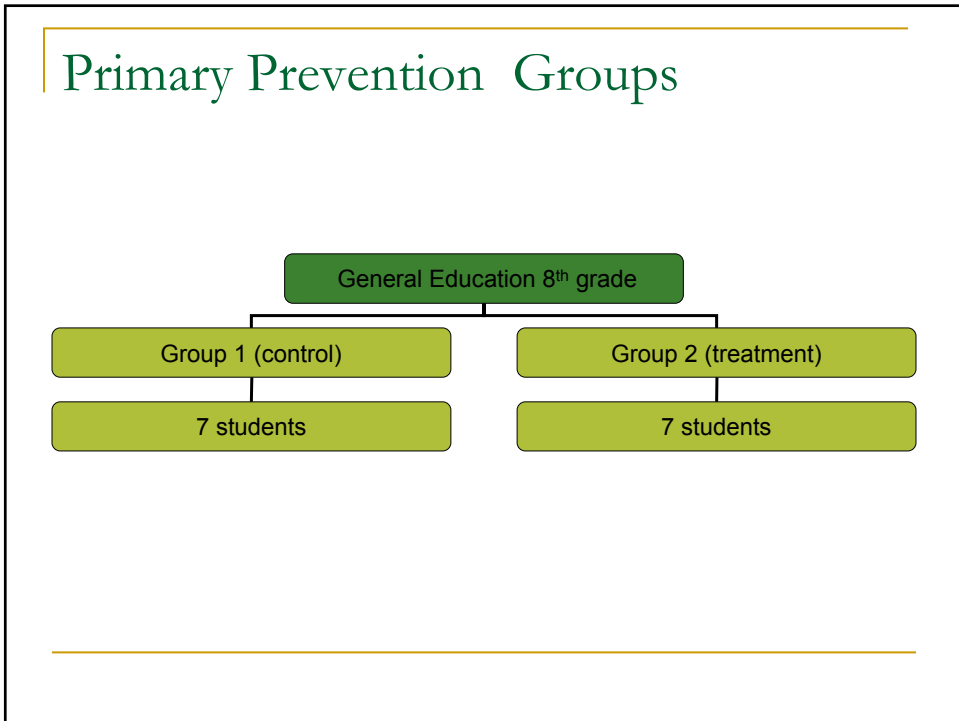
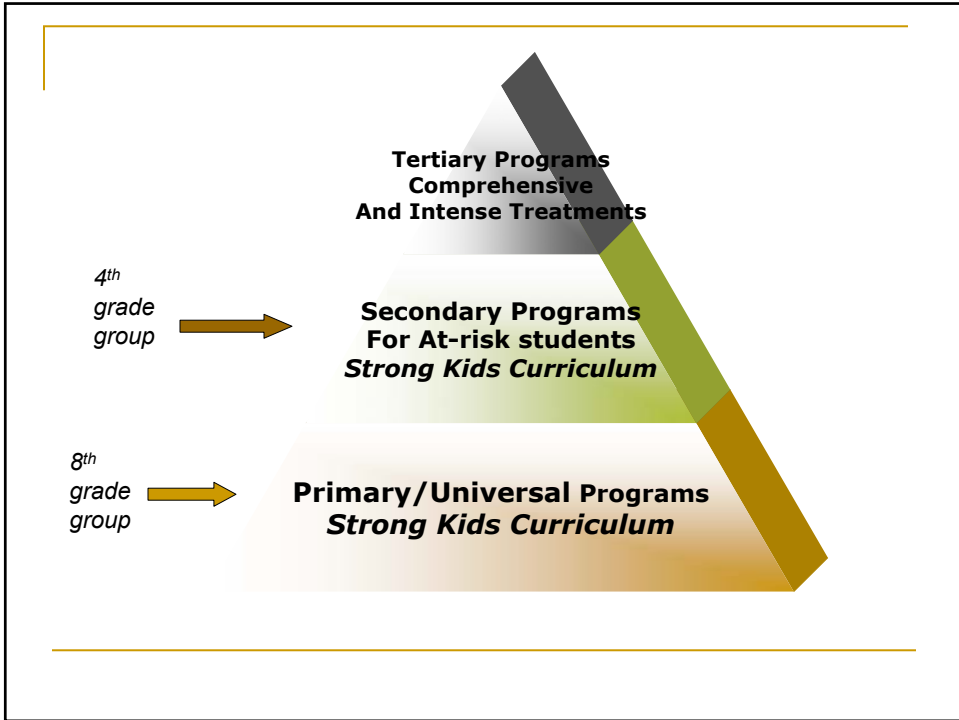
- 2 participating schools
- 2 groups in each school (n=7)

- Participants

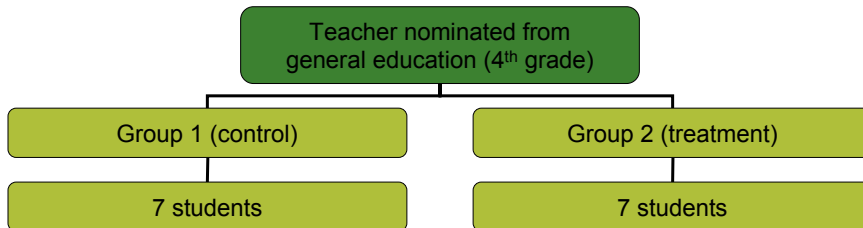
- 2, 8th grade groups
- 2, 4th grade groups

- Group Leaders

- 8th grade group leader: school psychologist with teaching certification
 - 4th grade group leader: school psychologist
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Selected Prevention Groups



Instruments

- Strong Kids Pretest/Posttest
 - Measures the extent of knowledge gained via the curriculum
 - Experimental measure
- Internalizing Symptoms Scale for Children (ISSC) Merrell & Walters, 1998
 - Reliability and validity measures all acceptable

Instruments continued

- Strong Kids Symptoms Questionnaire
 - 25 items
 - ORP experimental measure
- The Self-Perception Profile for Children (SPPC)
Harter, 1985
 - Self-report scale for children ages 8-15
 - Reliability and validity acceptable
- Parent-Teacher Rating of Internalizing and Severe Child Behavior (RISC-B) Walker, Severson, Feil, Steiber, & Nishioka
 - This parent-teacher rating scale is a brief, one-page indicator for both externalizing and internalizing behaviors.
 - Recently developed experimental measure

Treatment Integrity

- Direct observations
 - Direct observational data taken 60-75%
- Self-report check-lists:
 - When direct observation data was not possible, indirect integrity data was obtained via self-reports

Summary of Procedure for 8th Grade Group

1. Obtain written parental consent
2. Obtain verbal student assent
3. Assigned to groups (not random)
4. Administer pretest scales
5. Implement the curriculum (special service provider)
6. Regular fidelity checks and consultation
7. Administer posttest scales

Summary of Procedure for 4th Grade Group

1. Obtain teacher nominations for “at-risk” students
2. Obtain written parental consent
3. Obtain verbal student assent
4. Assigned to groups (random)
5. Administer pretest scales
6. Implement the curriculum (special service provider)
7. Regular fidelity checks and consultation
8. Administer posttest scales

Design

	Pretest Measures	Curriculum	Posttest Measures
Experimental Groups	X	X	X
Control Groups	X	0	X

Analysis

- Several assumptions of ANCOVA were not tenable
 - Homogeneity of variance
 - Normal distribution
 - Equal means of covariate
- Nonparametric Stats (Wilcoxon Exact)
 - Provides exact p-values
 - Tests for location and scale (rank order comparisons)
 - Tests that based on simple linear rank statistics

Results

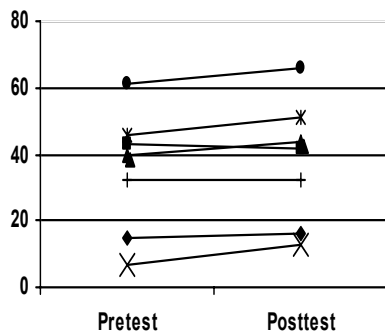
Treatment Integrity Results

- Direct observations indicated that curriculum was followed as prescribed during:
 - 70% of the observed lessons for the 8th grade group
 - 80% of the observed lessons for the 4th grade group.
 - Self-report integrity data indicated that fidelity was established
 - 80% of the time in the 4th grade group
 - 80% of the time in the 8th grade group.
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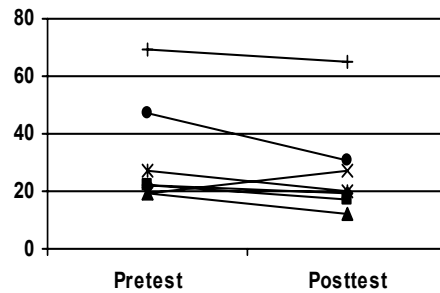
Primary Prevention Group

Significant Results

8th Grade Control

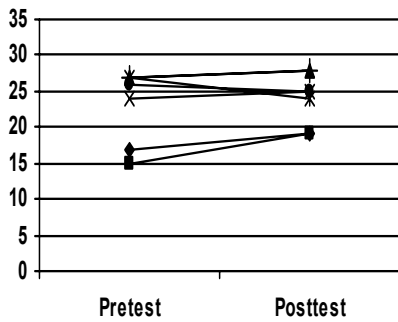


8th Grade Treatment

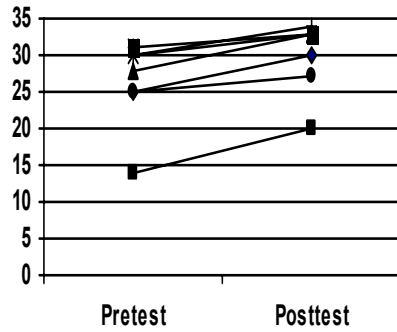


Compared to the control group, the treatment group **Strong Kids Symptoms Questionnaire** scores significantly decreased at posttest, $p < .05$.

8th grade control group

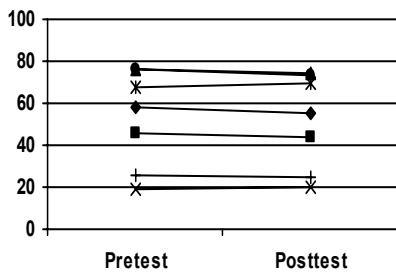


8th group treatment group

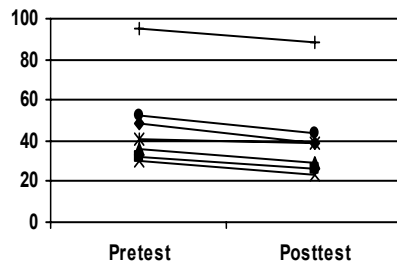


Compared to the control group, the treatment group **Strong Kids Content** scores significantly increased at posttest, $p < .05$.

8th Grade Control

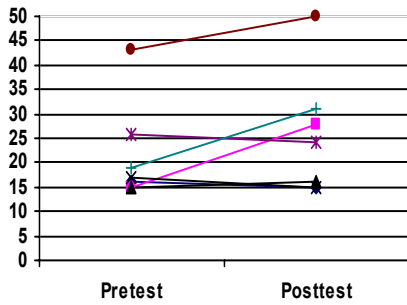


8th Grade Treatment

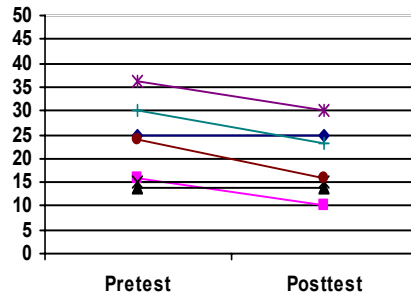


Compared to the control group, the treatment group **ISSC** scores significantly decreased at posttest, $p < .05$.

8th grade control

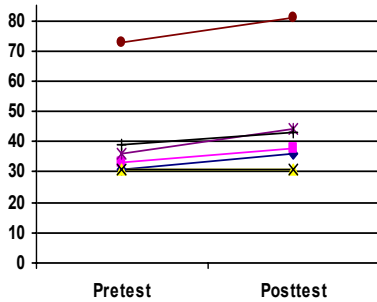


8th grade treatment

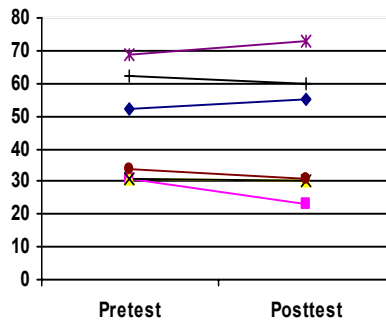


Compared to the control group, the treatment group **RISC-B A** scores significantly decreased at posttest, $p < .05$.

8th grade control

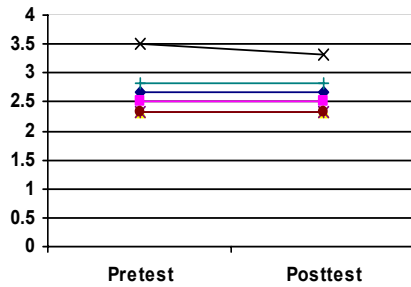


8th grade treatment

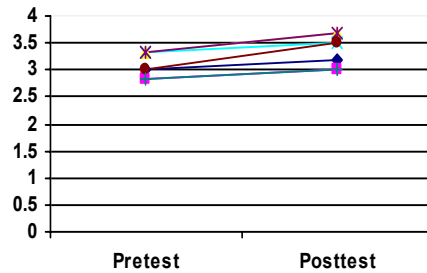


Compared to the control group, the treatment group **RISC-B total** scores significantly decreased at posttest, $p < .05$.

8th Grade control

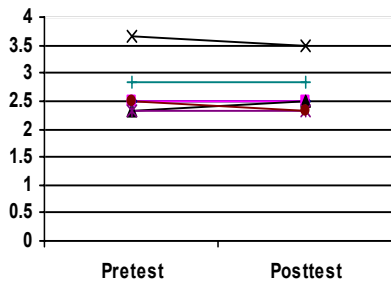


8th Grade treatment

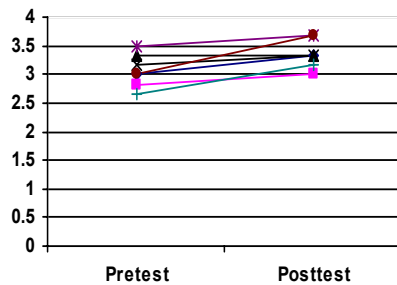


Compared to the control group, the treatment group **SPPC-SC** scores significantly increased at posttest, $p < .05$.

8th grade control



8th grade treatment

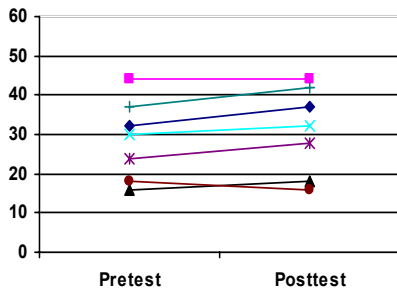


Compared to the control group, the treatment group scores on the **SPPC-BC** significantly increased at posttest, $p < .05$.

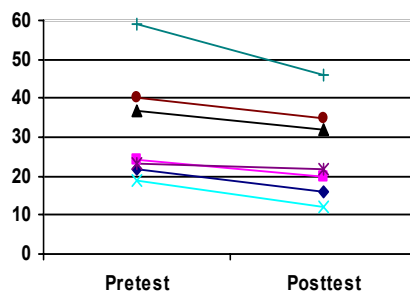
Selected Prevention Groups

Significant Results

4th grade control

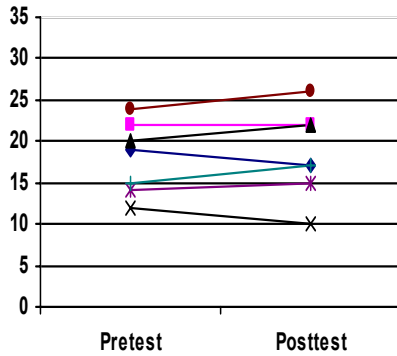


4th grade treatment

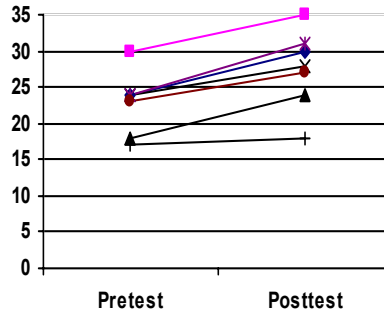


Compared to the control group scores, the treatment group scores on the **Strong Kids Symptoms Questionnaire** significantly decreased at posttest, $p < .05$.

4th grade control

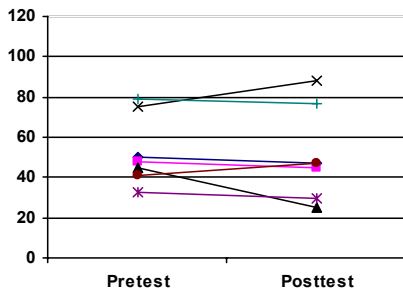


4th grade treatment

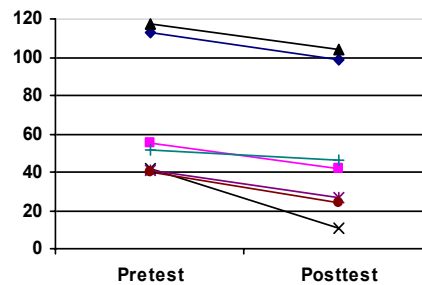


Compared to the control group, the treatment group scores on the **Strong Kids Content** test significantly increased at posttest, $p < .05$.

4th grade control



4th grade treatment



Compared to the control group scores, the treatment group scores on the **ISSC test** significantly decreased at posttest, $p < .05$.

Significant Results in both groups

- Strong Kids Content Test
- Strong Kids Symptoms Questionnaire
- ISSC

Mixed results with the RISC-B A, RISC-B T, SPPC-SC, and SPPC-BC

No change found in all other scales

School 1 and School 2 comparisons

- Primary prevention group:
 - More significance found
 - Less fidelity (10% less)
 - Treatment group all girls
 - Group leader with teaching degree
- Selected prevention group:
 - Less significance found
 - Groups with males and females
 - More fidelity

Implications

- Results in context of global purpose and specific research questions
 - Results in the context of previous findings
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Limitations

- 1) Internal and external validity: attrition and method of treatment, racial, ethnic, gender, and geographic characteristics.
 - 2) Measurement: established measures and self-report measures
 - 3) Treatment integrity: practice assignments and shortened class time
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Implications for Future Research

- 1) generalization
 - 2) Maintenance
 - 3) Capacity
 - 4) Accountability
 - 5) Scope
 - 6) methodology
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