Program effectiveness of a parent-child group social skills program

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Program effectiveness of a parent-child group social skills program

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Abstract

The purpose of this study was to evaluate the effectiveness of a social skills group program using pre-post testing and focus groups. Program effectiveness measurement was illustrated using data collected from a pilot parent-child social skills building group program, “Raising Positive Thinkers”. The group involved four parent-child dyads and ran for three consecutive weeks, meeting once a week for 90 minutes to introduce, practice and review social skills learned. Quantitative data was collected via pre and post questionnaire using the Social Skills Improvement System rating scale (SSIS). Qualitative data was collected from a focus group at the end of the program. Parent perceptions of the social skills group indicated the group was overall a beneficial experience for themselves and their children. The pre and post questionnaire data did not yield significant findings, whereas the focus group gave beneficial information for future replications of the program. The use of both questionnaires and focus group was constructive in giving a comprehensive analysis of the effectiveness of the program. Parent input was included for future replications of the program.
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Chapter One:
Introduction

When developing any intervention program, an important factor to consider is the program’s effectiveness. School psychologists are frequently asked to develop new mental health programs and to evaluate whether the program was effective in increasing children’s social and emotional well-being. School psychologists need to be aware of the components needed in evaluating a program’s effectiveness so that they can choose the appropriate measure of effectiveness when implementing a new program at their school. Two methods that are used to measure a program’s effectiveness are pre-post testing and focus groups. The purpose of this study is to evaluate the development and effectiveness of a group program using pre-post testing and/or focus groups. Results of this study lend support, direction, and justification to school psychologists on the implementation of effective programs in a school setting. Program effectiveness measurement is illustrated using data collected from a pilot parent-child social skills building group program.

Before implementing a new group program, the program design and delivery needs to be carefully developed according to the specific nature of the program. In order to ensure the success of a program, the activities and components delivered must be sufficient and the methods and strategies must be delivered intact (Kraag et al., 2007). When implementing the group program it is important that ample time is given to ensure the content has been covered and the skills have been discussed thoroughly. The lengths of effective group programs tend to include many hours over the course of many weeks (Dubois et al., 2003, Park and Peterson, 2003). Park and Peterson’s (2003) study advises that programs should be structured and should be put in
place at an appropriate time during the year. In addition, a well trained staff ensures fidelity and a supportive relationship within the group dynamics. Effective programs include active learning and target several environments, such as home and school, while keeping cultural background of the participants in mind (Park and Peterson, 2003).

Other important components that need to be considered when measuring a program’s effectiveness are how group personality and group leadership skills contribute to the group dynamic. Group personality composition is positively associated with group effectiveness (Halfhill, Sundstrom, Lahner, Calderone, and Nielsen, 2005). Group personality refers to the traits that are common between members of the group. Relationship oriented personality traits such as agreeableness, emotional stability, and helpfulness are better predictors of effective groups. Homogenous groups, group members that have more of these personality traits in common, are more productive since heterogeneous groups may include more conflicting personalities. In addition, programs including significant others, such as parents, teachers, or peers tend to be more effective (Dubois, Lockerd, Reach, and Parra, 2003). The involvement of significant others facilitates the participants’ positive esteem and generalize the effects into real life situations (Dubois, Lockerd, Reach, and Parra, 2003). The group leader is also an active part of the group composition. The group leader creates a safe environment by facilitating the group process. The leader uses questions, discussion, and feedback to guide the group to reach the intended goals (Streng, 2008).

The most important step before implementing a group intervention is to consider how to measure its effectiveness. Program effectiveness data provides evidence that the program is demonstrating outcomes that it was designed to make. To measure effectiveness, data is needed to draw conclusions about the impact of the program’s activities by explaining the difference
between the programs outcomes and the outcomes that would have naturally occurred if the program was not implemented (Wholey, Hatry, and Newcomer, 1994). To measure program effectiveness either quantitative data from pre-post questionnaires or qualitative data from focus groups can be collected. Both questionnaire and focus group measures have been used to analyze the effectiveness in many pilot group programs. The question is whether qualitative or quantitative data gives more meaningful information regarding the effectiveness of a group program?

Pre-post questionnaires are self-measures of the participant’s initial and gained perceptions of certain variables being measured for the program. Questionnaires give quantitative information that can be used to statistically analyze the effectiveness of a program; however, it is necessary that the self-reported questionnaires are reliable and valid. In many program effectiveness studies, questionnaire data is cross examined using a variety of self-measures assessing the same variables (Scheirer, 1994). Follow-up data extends the evaluation of the program’s effectiveness to measure whether the information learned from the intervention has generalized and retained over time. Follow up questionnaires administered after three months, six months, a year, or longer provides information regarding whether the information and skills learned from the program have been retained (Irvine et al., 1999, Chan et al, 2002, DeRosier, 2004, Scovorn, Bukstel, Kilmann, Laval, Busemeyer, and Smith, 1980).

In contrast, focus groups are used to measure program effectiveness by analyzing the participants’ perceptions, experiences, expectations, and beliefs about the program (Dean, 1994). Focus groups are informal discussions that are led by the examiner to gain insight on the program from the participants’ point of view (Dean, 1994). Focus groups are used after the intervention to understand the participants’ perception of the intervention and suggestions for
future replications of the program. The focus group obtains helpful and unhelpful aspects of the program, changes that occurred since the program began, program components that should be retained, and any suggestions for further improvement (Michaels, 2000). The information gained from focus groups is qualitative and should be analyzed using an interpretive manner by reviewing notes, transcriptions and observations to note frequency, extensiveness, intensity, and specificity of participants’ responses (Ansay et al. 2004).

Whereas pre-post questionnaires and focus groups are both common ways to evaluate group program effectiveness, there is a lack of research examining which measure gives more meaningful information of effectiveness. To investigate this, a pilot social skills group program was evaluated on its effectiveness using both pre-post questionnaire and focus group data. Through a thorough research of social skill group programs, there is a limited amount of information on the effective social skills programs specifically with typically functioning children. One group social skills program entitled Social Skills Group Intervention (S.S. GRIN) has been replicated and researched as an effective group intervention for children who lack social skills, but who do not necessarily have a diagnosed disorder (DeRosier, 2004).

The current study evaluated the effectiveness of developing children’s social skills using a parent-child group format with a pre and post questionnaire and focus group. The intent of this study was the analysis of both the quantitative and qualitative data to evaluate the information gained and the overall effectiveness of the pilot social skills group program. Specific research questions included: 1) What measure of effectiveness gave more useful information? 2) Does this program effectively increase social skills in children? 3) What were the participants’ impressions of the program? 4) What should be retained or changed in future replications of this
program? A discussion of the research leading to these questions, the methodology, and results are interpreted along with limitations and future directions for the current study.
School psychologists play an important role in emphasizing the importance of innovatory programs in schools (Kragg et al., 2007). When developing a new group intervention, school psychologists need to measure the effectiveness of the intervention. Program delivery and group composition are important components that need to be thoroughly developed to ensure the program effectiveness. A good method is needed to measure whether the intervention yields significant increase of the desired outcome. This chapter addresses effective group components, compare and contrast effectiveness measurements, and introduce the study at hand.

Group Components

Delivery

The plan for program delivery needs to be carefully developed according to the specific nature of the program being designed. When developing a program it is important to determine the group size, time frame, and the content of the intervention’s curriculum. The structure of the group should include six to eight pairs that meet on a regular weekly basis (Owens et al., 2003). The program should be structured and should be put in place at an appropriate time (Park and Peterson, 2003). The length of the program should be long term, rather than implemented within a single session, and should include many hours over an extended amount of time (Dubois et al., 2003, Park and Peterson, 2003). The program length for an effective program is advised to be at least four or five sessions long (Topping and Barron, 2009).

To develop a successful program, activity-oriented approaches instead of the typical curriculum format need to be included (Dubois et al., 2003). “Experienced-based learning is interactive and relational and uses instruction technologies such as simulation, games, role plays,
case studies, scenarios, multimedia presentations, and encounter groups. By discussing, actively participating, and problem solving children can practice their social skills and help promote self-regulation” (Hromek and Roffey, 2009). After consistent exposure to the structure of the group, the pattern of activities becomes a routine. For example, the structure of the sessions may be organized by first modeling the skill, then discussing the skill, and finally rehearsing the skill learned (Topping and Barron, 2009). Effective programs contain active ways of teaching skills and target several systems such as home and school while keeping cultural background of the participants in mind (Park and Peterson, 2003). Programs should also consider developmental appropriateness while designing the content and activities used in the group sessions. When developing programs for youth development; programs that focus on younger children are more effective (Park and Peterson, 2003). Another component to consider is that programs should be implemented and integrated into broader community based settings (Dubois et al., 2003). Program delivery is more effective if the community is included in the design, implementation, and evaluation of the program (Matsumoto, Sofronoff, and Sanders, 2010).

A specific plan for delivery of the intervention is a core component of evaluating the effectiveness. The delivery needs to be organized in a way that it can be replicated in future implementations of the program. The Chan et al. (2002) study used specific plans for the program delivery of their parallel group program for reducing parent-adolescent conflict. A parallel group design refers to two groups of people engaging in the same type of activities simultaneously in separate rooms. This study included one group of eleven adolescents and another group of mothers. Each group met simultaneously weekly for two hours across eight sessions. The content of the groups focused on communication skills building and attitude adjustment. The parents worked on strengthening their listening ability and to use shorter phrases
to encourage their children to express themselves more. The adolescents worked on expressing themselves in appropriate ways. Periodically throughout the program there were sessions where the groups combined. These sessions were included in the program to emphasize partnership, training, and intergroup exchange. The results suggest the groups had significantly reduced parent-child conflict and their perception of the severity of the conflicts. At a follow up meeting, the adolescents reported that they had improved in their ability to express themselves, to understand their parents, and to respond more positively. All of the mothers reported that they were satisfied with the group’s outcomes and that the conflict resolution had helped improve parent-child relationships.

In contrast, the Nicholson et al (2008) study displays an intervention that was implemented with a poor delivery plan. This study used music therapy to promote positive parent-child relationships, and children’s behavioral, communicative, and social development in early childhood. The program plan was designed to include eight to ten parent-child pairs per group that met weekly for ten weeks. Each session followed the same elements in how the session’s content progressed from the beginning session to middle sessions to the final session. Although, their results showed that there was a high rate of parent satisfaction and high rates of generalization at home, limitations of this program included issues in the delivery plan with variability in group sizes and program length. Regarding group sizes, some of the groups only had 12 parent-child pairs whereas others had 25 pairs. This variability does not give participants a fair opportunity to the same individual needs. The ten week program varied between groups in that some received the full ten sessions and others only received eight or nine. While the program did have beneficial effects in improving parent-child relations, it did not reproduce equally across all groups suggesting that the program cannot be deemed as a reliable or effective
Program effectiveness of a parent-child program in promoting positive relationships or increasing children’s development because of the variability between deliveries of the program. Thus suggesting that it is important to design the delivery of the program to be replicated the same across each implementation of the groups.

Composition

The group composition should be developed around the needs of the recipients of the program. Group composition includes the personality of the group, parental support and participation, and group leader characteristics. Group personality composition is positively associated with group effectiveness (Halfhill, Sundstrom, Lahner, Calderone, and Nielsen, 2005). Relationship oriented personality traits such as agreeableness, emotional stability, and helpfulness are better predictors of effective groups. Homogenous groups (group members that have more of these personality traits factors in common) are more productive because heterogeneous groups may include conflicting personalities. Thus, the homogeneity of the group contributes to the overall atmosphere of the group (Michaels, 2000). When selecting participants for the group it is important that the involvement is mutually agreed on by the participants to achieve these goals (Owens, 2003). There are many variables influencing the program’s outcome depending on the group dynamics and the group leader (Streng, 2008).

Programs including significant others in group composition tend to be more effective in increasing desired skills in interventions with children. Parent involvement is defined as the participation of significant caregivers in these group interventions (Fishel and Ramirez, 2005). Parent involvement helps to promote academic and social well-being of their children (Fishel and Ramirez, 2005). Programs with moderate to large effect sizes involve active parental input (Topping and Barron, 2009). Parents who are most committed to attending and participating group sessions of the program may be most successful in shaping their children’s behavior in a
positive manner (DeRosier and Gilliom, 2007). When adolescents were asked to design their own programs for self-esteem, they tended to design programs including significant others (i.e. parents, teacher, peers). The involvement of significant others facilitates the positive esteem and generalize the effects in to real life situations (Dubois, Lockerd, Reach, and Parra, 2003). Although peers have a significant impact on the behaviors of adolescents, parents have the most significant influence on their children’s feelings about themselves (Owens et al., 2003). However, no conclusive evidence was made regarding parent involvement in interventions as effective in improving academic achievement and behavior of school aged children (Fishel and Ramirez, 2005). There needs to be more research in the area of parent involvement and more evidence to support family system interventions for common childhood problems (Ollendick, 2005).

The group leader is an integral part of the group composition. Many school psychologists finish their graduate work and still lack developed models of how to provide group supervision (Haboush, 2003). Haboush’s (2003) study proposes that school psychologists in training should have good conceptual, interpersonal, and technical skills. Effective supervision results in more effective school psychology practices. However, the group leader does not always need to be a school psychologist. It is important that the group leader is well trained to implement the program as intended and acquire appropriate skills needed to run the group. The leader should be trained to use questions, discussion, and feedback to guide the group to reach the intended goals (Streng, 2008). The group leader creates a safe and collaborative group dynamic by facilitating the group process. This is done by introducing the concepts of cooperation and mediation by explaining that there is not always a right and wrong answer to every question. Programs are
more effective if they are carried out by a well trained staff to ensure fidelity and a supportive relationship (Park and Peterson, 2003).

Measuring Effectiveness

When implementing a new program one of the most important factors to consider is effectiveness. “If you don’t measure results, you can’t tell success from failure. If you can’t see success you can’t learn from it. If you can’t recognize failure, you can’t correct it,” (Osborne & Gaebler, 1992 pp 146-154). Programs that are data driven are better able to provide evidence that they are effectively measuring what they intended to measure. Program effectiveness data provide information that the program is demonstrating desirable outcomes and whether or not there are improvements to be made to meet the program’s goals more efficiently. To measure effectiveness, data is needed to draw conclusions about the program on the impact of the program’s activities by explaining the difference between the programs outcomes and the outcomes that would have naturally occurred if the program was not implemented (Whooley, Hatry, and Newcomer, 1994). Programs with moderate to large effect sizes have an evaluation of effectiveness built in using a variety of measures (Topping and Barron, 2009).

Data collected to measure effectiveness in group programs can provide either quantitative information or qualitative information. Quantitative methods measure prevalence rates, correlational relationships, and cause and effect relationships. Qualitative methods are used to obtain insights and give meaning to experiences of group members (Powell, Mihalas, Onwueguzie, Suldo, and Daley, 2008). Although not utilized frequently, the effectiveness of the group may best be monitored by using a mixed methods approach (Collins, Onwueguzie, and Sutton, 2006). The quantitative information gathered using a pre-post questionnaire and qualitative information gather by using a focus group to discuss progress and possible program
improvements (Owens et al., 2003). Quantitative, qualitative, and mixed methods measures have been used to analyze the effectiveness of intervention programs. The question is which measure of effectiveness should be chosen to use?

**Quantitative Measures: Questionnaires**

Pre-post questionnaires are used as a self-measure of the participant’s initial and gained perceptions of certain variables being measured for the program. Questionnaires give quantitative information that can be used to statistically analyze the effectiveness of a program; however it is necessary that self-reports are reliable and valid. It is recommended that self-report questionnaires are used in conjunction with other data sources to cross examine the validity of the responses (Scheirer, 1994). In recent program effectiveness studies, self-report questionnaire data is cross examined using other types of self-report questionnaires looking at the same variables and also by examining follow up data after the program has ended to generalize the findings over time (Kraag et al, 2007, Matsumoto, Sofronoff, and Sanders, 2010, Irvine, Biglan, Smolkowski, Metzler, and Ary, 1999, Chan, Yeung, Chu, Tsang, and Leung, 2002, DeRosier, 2004, Scovenn, Bukstel, Kilmann, Laval, Busemeyer, and Smith, 1980). The following studies used a combination of questionnaires to measure the effectiveness of their interventions.

Chan et al.’s (2002) study addressing parent-adolescent conflict in parallel group format included pretest, posttest, and follow up evaluative techniques. They conducted the pretest within one month prior to the commencement of the program, the posttest one month after the program was completed, and the follow up 18 months after the posttest. To collect their data, they used the Conflict Behavior Questionnaire and Target Problem Rating scales to measure the change in parent-child conflict perception from the pretest to the posttest. At the follow up, they also filled out the Client Satisfaction Questionnaire for the overall group’s session content, format and
effectiveness which indicated that the conflict resolution had helped improve parent-child relationships.

Kraag et al (2007) study looked at the effect of program delivery in a stress management group for fifth and sixth graders. Their ‘Learn Young, Learn Fair’ program was designed to include eight weekly lessons or one hour and five booster sessions two months later. The purpose of the program was to give information about stress and to teach coping strategies with problem solving and social and emotional skills. To measure effectiveness two forms of questionnaires were given, one to the teachers and one to the students. The teacher questionnaires included four point Likert scales on completeness, fidelity, value, and feasibility. The student questionnaires addressed value, interest, credibility, and practicing. The results of this study suggest that the questionnaires administered accurately show the effectiveness, completeness, and fidelity of the intervention.

Pre -post questionnaires were used to determine the effectiveness of the parenting program for at-risk middle school students entitled ‘Adolescent Transition Program’ (ATP) in Irvine et al. (1999) study. Data was collected before the first class, after the last class, three months later, and six months after that. The data collected included information gathered from a combination of questionnaires about parent behavior looking at parental feelings about their child and parental depression. Child behavior was also analyzed using the Child Behavior Checklist (CBCL) and Parent Daily Reports (PDR). The ATP led to less coercive parenting since there were reports from the parents of less harsh reactions and overreactions during disciplining. Data on the attendance supported the effectiveness of the program. The number of session the parents participated in was positively related to improvements of the parent’s behavior. Parents were more able to problem solve in difficult situations. Even though three
measures of ratings were used (parent report, PDR, CBCL), Irving et al. (1999) included only using three measures as a limitation of their study and that more measures should have been used.

**Qualitative Measures: Focus Groups**

Focus groups are used to measure program effectiveness in a qualitative manner by analyzing the participants own perceptions, experiences, expectations, and beliefs about the program (Dean, 1994). Focus groups are informal discussions that are led by the group leader to gain insight on the program from the participants’ point of view. Focus groups can be used prior to the implementation of the program to gain information on what the participants would like to get out of the intervention, and after the intervention to understand how the participants’ perception of the intervention and suggestions for future replications of the program. Focus groups are kept small to encourage interaction and are structured around questions on the objective of the session. After the information has been collected, the information is then coded into themes to give significance to the findings. The following studies utilized focus groups as a means to measure effectiveness of their group programs.

Michaels (2000) used focus groups to measure effectiveness in a pilot group program for stepfamilies. The study included two groups of four remarried couples that met for five two hour sessions. Each session included a different topic about the dynamics of understanding and growing in a stepfamily environment. The data collection included weekly written process evaluations and a focus group during the final session. The written evaluations assessed session content, activities, and their impression of the program. The focus group included helpful and unhelpful aspects of the program, changes that occurred since the program began, program components that should be retained, and any suggestions for further improvement. Program
fidelity checks were made weekly to ensure the protocol was maintained. Overall, the information gathered from the focus group indicated that the program was helpful to the participants. The participants reported that the session topics were interesting and adequate in nature, the program activities were useful, the structure and atmosphere was relaxed and comfortable, and the group discussion initiated closeness within the group. Overall the program was helpful to all the participants; however the participants explained that they felt that the program length was not enough time to spend on the specifics. Although the results of this study seem admirable, it is limited due to a small sample size that is not representative of the population, and there was no control group to compare the results of the study.

The focus group evaluation for program effectiveness was analyzed in Ansay et al. (2004) study used focus groups to evaluate their Youth Action Program (YAP) in improving academic performance, social skills, and reducing risk-taking behaviors in children from military families. Participants included 211 military families who attended one hour group meetings and an hour and a half life skills trainings and positive risk taking activities weekly for one year in length. The program included five groups over the course of five years. At the end of the program, three groups of five to seven parents took part in the focus group sessions. The focus group questions centered around four areas of concern: Is the model serving the participants? Are the activities being implemented in a meaningful way? Are parents satisfied with outcomes and are parent-child interactions improving? How are the program outcomes in relation to their family’s military experience? Information gathered from the focus groups was analyzed using an interpretive tradition. The researchers interpreted the results by reviewing notes, transcriptions and observations to note frequency, extensiveness, intensity, and specificity of participants’ responses. Parents were unanimously pleased with the outcomes by descriptions of positive
social, academic, and behavioral changes. Parents were also unanimous in crediting the program with improving relationships between themselves and their children along with improving family relations as a whole. This study suggests that focus groups are a dynamic means of measurement that can be used to evaluate the social dynamics and effectiveness of programs involving families.

Focus groups were also used to discuss esteem enhancement strategies for young adolescents in Dubois et al. (2003) study. Focus groups were used to provide a sample of young adolescents who have difficulty maintaining feelings of self-worth or a positive self-regard because they are going through various areas of stress and transitions. In their study, 61 young adolescents took part in the focus groups. Four to eight children were in each group and met for two hours. Eight questions guided each of the focus groups included: input of motivational factors, positive and negative influence on self-esteem, personal background and its relevance to self-esteem, and unhealthy sources of self-esteem. The participants were asked to create a story of an adolescent with low self-esteem, and also to design a program that they believed would be beneficial in promoting self-esteem. Once the information was gathered from the focus group questions it was coded and analyzed. The coding was broken down in the following way: (1) naturally occurring influences on self-esteem and strategies for intervention (2) individual statements (3) categories sharing a common theme (4) intensity and direction of the influence on self-esteem. The information gathered from the focus groups in the adolescent’s program gave further insight of how to develop a successful esteem enhancement program.

Mixed Methods

While quantitative methods and qualitative methods are both common ways to evaluate group program effectiveness, there is new research suggesting that mixed methods approach
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gives better results. A mixed methods approach is defined as the combination of quantitative and qualitative research in a single study (Johnson and Onwuegbuzie, 2004). The rationales for using a mixed method approach include participant enrichment, instrument fidelity, treatment integrity, and significance enhancement to enhance the interpretation of data collected (Collins, Onwuegbuzie, and Sutton, 2006). Qualitative data, such as focus groups, are being used as a supplement to qualitative survey data in determining effective programs. Using focus groups in conjunction with quantitative measures makes the data essential to the program and can reinforce and strengthen the intervention (Ansay et al., 2004). While quantitative and qualitative methods have been used to examine program effectiveness, there is research suggesting a mixed method approach gives more meaningful information. The following study discusses this argument.

Powell et al.’s (2008) study examined how mixed methods approaches are applicable to school psychology research and compared the use of quantitative, qualitative, and mixed methods approaches in studies investigating the topic of bullying. Powell et al (2008) propose that a mixed methods approach is used by school psychologists in assessments. Assessments use a combination of quantitative data (i.e. standardized tests, rating scales, self-reports, etc.) and qualitative data (i.e. observations, interviews, social histories, etc.). Since bullying is an issue that school psychologists face in the schools, the researchers compared and contrasted a quantitative, qualitative, and mixed method study on the topic of bullying. The quantitative study used a questionnaire as the measurement tool on students experience with bullying. The qualitative study used discussion groups to gain children’s views on bullying. The mixed methods study used a survey and interviews to examine the impact of a school intervention on high rates of bullying. Powell et al. (2008) concluded that the mixed methods approach was more successful in investigating the topic of bullying because the combination of the quantitative and
qualitative measures was complimentary to one another. The results of Powell et al.’s (2008) study suggest that mixed methods approach enhances the quality of inferences made in school psychology research when compared to using only a quantitative or qualitative approach.

Specific Area of Interest

Social skills are important in the development of happy and healthy relationships during childhood. Social skills can be developed using positive psychology which focuses on building strengths and encouraging wellness. A healthy young person includes one that is “happy and competent, who is satisfied with his or her life as it is being lived, who has identified what he or she does well and is starting to use these talents and strengths in a variety of fulfilling pursuits and who is already a member of a social community,” (Park and Peterson, 2003). Children with high degrees of life satisfaction had high self-esteem, were relaxed and extraverted, and had a sense of control over what happens to them (Huebner, 1991). In contrast, children with low degrees of life satisfaction have negative views of themselves, were anxious, and believed what happened to them occurred because of luck or chance. Thus suggesting that life satisfaction may be determined by how they perceive their own lives and also upon positive relationships with other people. However there is limited literature that evaluates effective social skills group programs. The Social Skills Group Intervention (S.S. GRIN) is one program that has good delivery, measurement, and has been replicated and researched as an effective group intervention for children who lack social skills (DeRosier, 2004). A discussion of the research on the S.S. GRIN programs follows.

Social Skills Studies

DeRosier (2004) designed a social skills intervention for children entitled Social Skills Group Intervention or S.S. GRIN. Eleven schools participated in the program. All children
nominated who was liked the most, who was liked least, who fought the most, and who was bullied the most. Self-reports were given to measure social interactions, self-efficacy, social anxiety, and self-esteem. Children asked to participate in the S.S.GRIN study included those that were highly disliked, bullied, and had high social anxiety. One hundred ninety eight children (18 children from each of the 11 schools) were assigned to the treatment group and 217 were assigned to a no treatment control group. Each school split their treatment group into three groups that met for 50-60 minutes for eight consecutive weeks. The groups focused on building social skills, pro-social attitudes and behavior, and coping strategies through role modeling, and hands on activities. Results of this program showed that children who received the treatment were more liked by peers and reported higher self-esteem and self-efficacy and lower social anxiety than children in the control group.

The S.S.GRIN program was analyzed at a one year follow-up to evaluate the effectiveness of the treatment protocol. Specifically, DeRosier and Marcus (2005) wanted to gain evidence that the social skills are effective and progress throughout time. The year following the intervention, the peer nominations and self-report questionnaires were re-administered to the participants that were available and had not relocated from the area. Follow up results show that peers reported children from the treatment group were liked better and fought less than children from the control group. Self-reports showed that children who participated in the S.S.GRIN a year prior had lower social anxiety, better leadership skills, and lower depression than those in the control. Girls specifically showed improvements in peer liking, aggression, victimization, self-efficacy, and social withdrawal. These results support the long term effectiveness of the S.S.GRIN program on developing children’s social skills.
A replication of the S.S.GRIN was evaluated in Bostick and Anderson’s (2009) study. The school counselor included 5-6 children in a group to participate in the 10 week program. A total of 49 third grade students participated over the course of three years. Children that participated completed a self-report that measured loneliness and social anxiety. At the end of the 10 week sessions, results showed significant reductions in loneliness and social anxiety. The self-reports indicated that the third graders were less worried about friendships after completing the S.S.GRIN. Parents and teachers commented that the children were more cooperative, confident, and could communicate better. Their reading scores also improved at the end of the program suggesting that under developed social skills could have been interfering with their ability to learn.

The S.S.GRIN program was developed initially for children ages 6-12 years. A continuation of this program was investigated through Harrell, Mercer, and DeRosier’s (2009) study of the Social Skills Group Intervention- Adolescent (S.S.GRIN-A). The focus in this program was to help adolescents with their social skills as well as conflict with their parents. Topics discussed in weekly meetings include social skills, self-concept, character traits, coping strategies, empathy, decreasing conflict, and social relationships. Participants included 74 adolescents who were referred for social relationship difficulties and their parents participated in the study. They suggest that including parents in the group help support positive changes, maintain positive peer interactions, and create better parent-child relations. The adolescents participated in 12 group sessions, four of which included their parents. Parents attended the first session that went over the purpose, overview, and policies; the fifth session, where they set a family goal and developed a plan of action; the tenth session, where cooperation, negotiation, and compromise are discussed; and the last session, where they reviewed and projected ideas of
maintenance. Pre and post questionnaires were taken to evaluate the effectiveness of this group. Adolescents completed self-efficacy and self-concept scales, while the parents completed Parent Rating Scales of the Behavior Assessment System for Youth (BASC-PRS). Results of this study show that the program was effective at improving the social and emotional functioning of adolescents. Self-confidence, self-esteem, and self-efficacy were improved by the adolescents’ participation in the S.S.GRIN-A. Parental involvement in the program was not a measure that was investigated in this program.

A further evaluation of the S.S.GRIN program led DeRosier and Gilliom (2007) to examine the efficacy of a social skills parent training program entitled the Parent Guide for Social Skills Group Intervention (S.S.GRIN-PG). This program covers the same topics as the S.S.GRIN to help parents implement desired social skills. Parents learn how to talk to and coach their children, engage in role plays and model expected behaviors, and create environments that help their children develop new skills. This study included three groups: parent group alone, parallel parent and child groups, and a wait list control group. Pre and post measures were given to all participants to measure changes in social skills knowledge, problem solving, and social adjustment. The child and parent treatment structure was guided with regards to the S.S.GRIN procedure and followed a treatment manual to sustain fidelity. Results showed that outcomes were equal for both the parent alone group and the parallel parent and child group. There were also improvements regarding parenting and child functioning and also social skill knowledge. It was also found that “parents who were most committed to the program may have been most successful in shaping their children’s behavior in a positive manner, resulting in improvements in parent ratings,” (DeRosier and Gilliom, 2007).
Game Design in Social Skills Programs

Creative interventions enhance children’s behavioral, social and communication skills by using a nonthreatening context in which to promote quality parent-child interactions (Nicholson et al, 2008). The game design is a creative way to maintain the social skills learned in the group program. Hromek and Roffey’s (2009) research review provide information on how games facilitate social and emotional learning which is the basis of understanding the self and maintaining interpersonal relationships. Games are an active approach in a child’s learning of problem solving skills, social skills, and resilience through playing and modeling of others. Research on using a game design format in a social skills group program for typically functioning children has not been thoroughly studied before and will be an addition to research on effective social skills programs. In the current social skills program, a card game was designed to generalize the skills learned from the group to home and across time. Each card deck was personalized to each family by allowing them to pick a photograph to put on the back of the cards.

Current Study

The current study evaluated the effectiveness of building children’s social skills using a parent-child story design format using a mixed methods approach by gathering information using both pre-post questionnaire and focus group data. The intent of this study was the analysis of both the quantitative and qualitative data to evaluate the meaningfulness of the information gained and the overall effectiveness of the pilot social skills group program. The pre-post questionnaire gathered quantitative data and focus groups were used to gather qualitative data. Specific research questions included: 1) What measure of effectiveness gave more useful information? 2) Did this program effectively increase social skills in children? 3) What were the
participant’s impressions of the program? 4) What should be retained or changed in future replications of this program? It was hypothesized that with the development of an effective program, both questionnaires and focus group are needed to give a comprehensive analysis of the effectiveness of the program. A carefully developed program is effective in increasing the desired skills of the participants. The participants of an effective program have favorable impressions of the program and have better constructive criticism for future replications of the program.
Chapter Three:

Methods

Participants

The sample was drawn from the Little Shining Stars Tutoring Center in Rochester, New York. Four parent-child dyads agreed to take part in the group. Participants were recruited from a voluntary parent meeting prior to the commencement of the program that was led by the group developer and leader, Charlotte A. Harvey, MS, CAS, ABSNP. Charlotte Harvey held a meeting at Little Shining Stars Tutoring Center for four mothers that she knew through working at The Harley School in Brighton, NY. At this meeting Charlotte Harvey presented an overview of the program and the skills. Of the four parent’s that came to the parent meeting three parents decided to participate in the group and one parent decided not to participate in the group. One parent was unable to make the parent meeting and agreed to participate in the group without an overview of the program. The children’s ages ranged between seven and eight years of age. The four parent participants were the biological mothers of the four children. All mothers and children were previously familiar with one another, as they had all had children attend The Harley School which helped to create a homogenous group atmosphere.

The participants of the social skills group were briefed about the effectiveness research project. Participation was voluntary in the gathering of effectiveness data and participants were allowed to refrain from completing the questionnaire or participating in the focus groups if desired.
Measures

SSIS-RS- The Social Skills Improvement System rating scales (SSIS-RS) was used to gather quantitative data examining the possible increase of social skills in the participating children. The SSIS-RS was developed by Gresham and Elliott (2008) with Pearson Clinical Assessments. The SSIS-RS is an updated version of the Social Skills Rating System (SSRS) used in screening and classifying students with social skills deficits. The SSIS-RS was chosen to give an overall predictor of the children’s social skill abilities in the group because of its norms standardization, reliability, and validity factors. The rating scales were norm representative based on the 2006 U.S. census. Both the parent and student self-report (ages 8-12) forms were used to gather information on the children’s social skill abilities. Both the parent form and the child self-report form include 46 items using a four-point Likert scale. The items in the questionnaire are developed around seven social skill domains: Communication, Cooperation, Assertion, Responsibility, Empathy, Engagement, and Self-Control. The “Problem Behaviors” scale was not used since the program investigated specifically the increase of social skills and not the classification of any problem behaviors. Therefore a handout with only the social skills questions was created using the original protocol (See Appendix 2a. and 2b. for SSIS-RS parent and child items used). The norming and standardization of the SSIS-RS social skills scales included children from the Rochester, New York area. The SSIS-RS included high reliability values of internal consistency (all alpha coefficients were equal to or exceeded .70), test-retest (adjusted alpha coefficients ranging from .59 to .85), an inter-rater reliability (adjusted alpha coefficients ranging from .36 to .69) for parent, teacher, and student forms. The content validity and internal validity were also examined in the development of the SSIS-RS. The content validity was examined during standardization using ratings of importance related to each item. The
correlations between the items in the social skills scales are positively related and are moderate to highly correlate.

**Focus Group** The focus group questions were developed to gain qualitative information from the parent participants in the social skills program. The focus group questions included:

1) Did the social skills discussed in this group meet your expectations?

2) What did you learn about yourself and your child from participating in this program?

3) What did you like best about the program?

4) What did you like least about the program?

5) Do you have any suggestions for future reproductions of this program?

**Group Curriculum**

The curriculum for the “Raising Positive Thinkers” was developed by the group leader, Charlotte A. Harvey. She developed this group program using selected skills from, *Skillstreaming the Elementary School Child* by, Ellen McGinnis and Arnold P. Goldstein (1997).

The first session began with an overview of the skills that were discussed throughout the program. The skills introduced in the first session were listening, giving and accepting a compliment, and problem solving. A group activity was done practicing all three skills by role modeling different scenarios where the children had to help another person problem solve by listening to the problem and incorporating a compliment. A handout for home practice on the skills discussed was handed out at the end of the session. The second session introduced conversation skills using paraphrasing, negotiation skills, and saying no. The activities in the
second session included a squiggle drawing and an arm wrestling activity to practice negotiation skills. A handout for home practice was given at the end of the session. The third and final session discussed how to be a good winner. The final activity was a card game entitled “Choose to Be Cool” that was developed by Charlotte Harvey to incorporate all the skills learned in the program. Each deck of cards was specially made for each family with a personal photo chosen by the mother and child to put on the back of the deck. The card game was created with the intention that the families play the game at home so the skills are practiced and retained after the program commenced. The handouts used to guide the group discussion of the skills and activities are attached in Appendix 4.

Procedure

The first step in the measurement of this program’s effectiveness was to decide the method of effectiveness assessment to use. For the purpose of this study, a mixed methods approach was used to examine effectiveness using pre-post questionnaires and focus group. The next step was to choose the questionnaire that was a reliable and valid indicator of the variables in the intervention. The SSIS-RS was appropriate to use in the present study since it has research supporting its reliability and validity across multiple factors. Once the questionnaire was chosen, the open ended focus group questions were developed around the content of the group and the participants’ perceptions of the program. The questions focused on the participant’s views on the overall effectiveness of the program. The next step was to create an informed adult consent and/or children’s assent forms. The forms disclosed what was expected of the participants and their agreement to participate in the effectiveness study. Once the measures were chosen and informed consent and assent forms were drawn, the evaluator gained approval for the effectiveness study through institutional review board.
In the beginning of the first session of the group intervention, the adult consent and children’s assent forms were signed and the pretest administration of the questionnaire (SSIS-RS) chosen was given to both the parents and the children (See Appendix 1a. and 1b. for attached consent/assent forms). The questionnaires took approximately 15 minutes to complete. The evaluator helped the children by reading aloud the items in the scale. At the end of the last session of the group, the post test of the questionnaire was given to the participants and collected by the evaluator. The parents also received at this time a handout with the focus group questions to respond in a written manner. The parents were asked to write some of their thoughts on the questions on the handout to ensure that information about the parent’s perceptions of the effectiveness were retained. The focus group was done with the parents and the evaluator while the developers went over the games created for the intervention with the children. The focus group discussed the pre-determined focus group questions and lasted approximately 15 minutes (Focus group handout is attached in Appendix 3).
Chapter Four

Results

To analyze the results of the “Raising Positive Children” social skills group, both qualitative and quantitative analyses were used to determine the overall effectiveness of the group. To analyze the children’s gain in social skill knowledge quantitative analysis was used to correlate results from the pre-test and post-test administrations of the Social Skill Improvement System, Rating Scales (SSIS-RS). To analyze the parent perceptions on the effectiveness of the program, qualitative analysis was used to describe the discussion from the focus group.

SSIS-RS Analysis

Paired samples T-tests were used to analyze the differences between the pre-test and post-test of the SSIS-RS. The SSIS-RS investigates children’s social skills in the areas of communication, cooperation, assertion, responsibility, empathy, engagement, self-control, and total social skills. Because the SSIS-RS consists of different scales for different reporters, the analysis of the results will be discussed separately for parent and child ratings. The parent results did not indicate statistically significant increase of scores between the pre-test and post-test across all areas of the SSIS-RS (Communication: $t = -.878, \alpha = .444$; Cooperation: $t = 2.333, \alpha = .102$; Assertion: $t = .151, \alpha = .889$; Responsibility: $t = -.333, \alpha = .761$; Empathy: $t = 1.987, \alpha = .141$; Engagement: $t = -2.324, \alpha = .103$; Self-control: $t = .000, \alpha = 1.000$; and Total Social Skills: $t = .258, \alpha = .813$.) Likewise, the child results did not indicate statistically significant increase of scores between the pre-test and post-test across all areas of the SSIS-RS (Communication: $t = -.714, \alpha = .549$; Cooperation: $t = .555, \alpha = .635$; Assertion: $t = -.961, \alpha = .438$; Responsibility: $t = -.898, \alpha = .464$; Empathy: $t = .164, \alpha = .885$; Engagement: $t = -1.250, \alpha = .338$; Self-control: $t = -.822, \alpha = .885$.}
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and Total Social Skills: $t = -0.635, \alpha = 0.590$.) Full tables of the parent and child paired samples t-test analyses can be found in Table 1a and Table 1b respectively in the appendix.

Focus Group Analysis

To analyze the results of the focus group questions the parent responses for each question were grouped into themes. The first question discussed in the group examined whether the social skills discussed in the group met their expectations and what they had expected to discuss in the group. Two parents indicated that the social skills discussed in the group met their expectations. In addition they practiced the skills at home. The other two parents’ responses alluded that they expected a more difficult curriculum than was discussed in the current program. One parent expected more discussion about resilience and self-esteem, while the other parent wanted to discuss tough situations such as rejection, peer-pressure, criticism, changes, and disappointments.

The second question discussed what the parents learned about themselves and their child from participating in the program. All parents indicated that they learned something they had not known before participating in the group. One parent indicated that she learned about her parenting style and how well her child responded to a structured program. Another parent indicated that she had not realized how well-spoken her daughter was and the extent that she could use her vocabulary in explaining herself. The third parent explained that the program gave her a point of reference for the skills discussed. She also indicated that she found her child’s skills were less developed in the group setting than they were at home. The last parent indicated that she learned, “A little focused effort and a positive approach will go a long way.” She also
learned from participating in the parent-child group that her child did not easily participate in activities with others.

The third question asked the parents to explain what they liked best about the program. All parents indicated that they liked aspects of the program. For example, the parents explained that they liked specific skills and activities covered in the program. Specific skills the parents thought were most beneficial were in the areas of listening and communication. Parents indicated that the activities helped clarify the social skills being taught. The arm-wrestling activity was used to help describe cooperation and working together. The squiggle drawing activity was used to describe the skills of assertion and equality in group work. The card game was designed to pull all social skills learned in the program together.

The fourth question asked the parents to explain what they liked least about the program. Two parents indicated that they did not have anything negative to say about the program. The other two parents indicated concerns with the time of the day the program was offered, the length of the program, and the skills presented in the program. The after school time was not ideal because the children were tired after the long day of learning at school. The length of the program was discussed as being too short. There were only three sessions to go over the topics that the program covered. The parents suggested that the skills covered in the program were glossed over and did not include all the skills that they thought would be covered in the program.

The last question asked the parents for suggestions for future reproductions of the program. The parents suggested changes in the program’s location, length, and skills covered. The parents suggested that the location was not convenient. One parent suggested having the location closer to the children’s schools. Another parent suggested offering the program in a
participant’s home to create a more relaxed environment. The parents suggested future replications should be offered across more weeks to get deeper into the skills. This would also allow for discussion of skills that were not covered in the current program. Although the parents had suggestions for future replications of the program, they indicated that they did find the program beneficial for themselves and their children.
Chapter Five

Discussion

Summary

The effectiveness of a parent-child social skills group program was investigated in the current study. Four parent-child dyads participated in the group program. The participants were asked to complete two questionnaires as part of the measurement of effectiveness, one at the beginning of the program and one at the end of the program. Also at the end of the program, the parent participants discussed the overall effectiveness of the program in a focus group. The results from the pre and post questionnaires indicate that there was not an overall gain in the children’s social skills. However, the parents indicated in the focus group that there were many positive aspects of the program. The following chapter discusses how the current study relates to the previous research, the limitations of this study, and future replications of the effectiveness study.

Relation to Previous Research

Many aspects of the current study are similar to findings of previous studies (Collins et al., 2006, Dubois et al., 2003, Hromek and Roffey, 2009, Michaels, 2000, Park and Peterson, 2003, Powell et al., 2008, Streng, 2008, Topping and Barron, 2009). Aspects such as the homogeneity of the group, the group leadership, the activity oriented approach of the program, and the mixed methods approach to effectiveness measurement helped indicate the overall effectiveness of the current study. The group composition was made up of four parents and children from the upper middle class, which contributed to the homogeneity of the group. The participants had previously known each other as the children had attended the same school. Thus
the overall atmosphere of the group was productive because the group members had common life factors (Michael, 2000). The group leader in the current study contributed to the overall success of the group because the group leader used questions, discussion, and feedback to guide the group to learn the social skills presented and relate the skills to their own lives (Streng, 2008).

The activities used in the group helped to make the program more successful (Dubois et al., 2003). The activities such as the role plays, arm wrestling task, squiggle drawing, and card game helped the children to learn by actively participating (Hromek and Roffey, 2009). The structure of the program also helped to make the program more successful because the pattern of activities became a routine. The structure of the sessions was ordered by first modeling the skill, then discussing the skill, and finally rehearsing the skill learned by using an activity (Topping and Barron, 2009). The final creation of the card game also helped add to the effectiveness of the group in applying the learned social skills. The card game not only facilitated the social skills learning but also was an active approach in the children’s learning of problem solving skills, resilience, and modeling appropriate skills from others (Hromek and Roffey, 2009).

To measure the effectiveness of the current program both quantitative and qualitative methods were used in the forms of pre-post questionnaires and focus group discussion respectively. This mixed methods approach was found to be the best method for measuring the effectiveness of the current group program (Collins et al., 2006, Powell et al., 2008). Although the pre-post questionnaires found no statistically significant results, it did help the investigator to understand the limitation of the study of how there was not adequate length of implementation of the program because the difference between pre and post test scores did not suggest improved social skill acquisition. Likewise, the focus group helped explain what specifically did not work well from the perspective of the adult participants. The mixed methods approach were
complimentary to each other (Powell et al., 2008) because both methods indicate that while the participants enjoyed the program there are many areas in need of adjustment for future replications of the program.

*Limitations*

There are many limitations that may have affected the measurement of effectiveness of the study. The first limitation may be that there is no control group. A control group would have given more information on whether or not the social skills the children learned in the program occurred from the program or whether it occurred through natural maturation. The second limitation is that the program length was only three sessions. It may be hard to tell if the results obtained from the SSIS-RS are valid over such a short time. The pre and post tests were separated only by two weeks which may not have been adequate amount of time to ensure the children had increased their social skills. The third limitation of the study was that there was only one questionnaire used to measure the growth of social skills from this program. Additional questionnaires would help boost the reliability of whether or not the children’s social skills increased as a result of participating in the program. The fourth limitation of this study is that the program has an extremely small sample size which makes it difficult to obtain statistically significant results (Michaels, 2000). The results from the small sample size could have been easily influenced by one participant’s extreme ratings on the SSIS-RS or could have overpowered other’s perceptions in the focus group. The final limitation is that the participants do not represent the demographics of the United States census and cannot be generalized across the population. A larger sample size would also be more representative of the United States census.
Future Replications of the Study

In future replications of the study, it is advised for the program developer to take into account the limitations of the current study. In general the participants indicated that while they enjoyed the experience, the program was lacking in some vital areas contributing to the program’s effectiveness. The adult participants indicated concerns with the delivery of the program including timing, location, and length of the program, as well as the skills presented in the program. The timing and location of the program is suggested to occur around the school environment. An in-school social skills program may work better for the children because they would be in their learning environment. If the program was implemented in the school environment right after school, the parents could still be involved and the children may be more likely to continue their attention to learning the social skills.

The length of the program was not effective because it only lasted across three sessions. Future replications are advised to extend the length of the program across a longer period of time, with a minimum of four or five sessions long (Topping and Barron, 2009). Because there were only three sessions, there was not enough time to discuss some social skills that the parents would have liked to discuss. In future replications, the additional skills could be incorporated into the program if the length is extended. In addition, the program developer may wish to include additional standardized social skill questionnaires to boost the validity of the quantitative measure. The additional data from the questionnaires could be used to cross examine the validity of the participant responses on the SSIS-RS (Scheirer, 1994).

Lastly, it is advised to incorporate follow up data months after the program ended to determine whether the social skills learned in the program were retained by the children over
time. By examining follow up data after the program has ended, generalizations of the findings over time can be made (Kraag et al, 2007, Matsumoto, Sofronoff, and Sanders, 2010, Irvine, Biglan, Smolkowski, Metzler, and Ary, 1999, Chan, Yeung, Chu, Tsang, and Leung, 2002, DeRosier, 2004, Scovorn, Bukstel, Kilmann, Laval, Busemeyer, and Smith, 1980). Future replications of the program should take into consideration the findings of the current program in order to develop and measure a more effective group program.
Appendix 1a. Children’s assent form

“Raising Positive Thinkers” Children’s Assent Form

We want to tell you about a research study we are doing. A research study is a way to learn more about something. We are doing a study to see if the social skills program you are in helps increase social skills with children your age. Social skills are how you interact and communicate with other people. For example, it is the way you join in when others are playing or take turns while talking with someone. We are asking you to help because we would like to know how children your age act in different social situations.

If you agree to be in our study, we are going to ask you to complete two questionnaires with some questions about your social skills. You will be asked to complete one questionnaire in the first group session and a second questionnaire during the last group session. These questionnaires will take about 15 minutes each to complete. Remember, these questions are only about what you think. There are no right or wrong answers because this is not a test. There are no known risks to taking part in this study.

Before you decide on taking part in this study, we will answer any questions you have. You may ask questions at any time that you might have about this study. Also, if you decide at any time not to finish, you may stop whenever you want. Even if you decide not to take part in the study you will still be allowed to take part in the social skills group.

Signing this paper means that you have read this or had it read to you and that you want to be in the study. If you do not want to be in the study, please do not sign the paper. Remember, being in the study is up to you, and no one will be mad at you if you don’t want to be in the study or if you join the study and change your mind later and stop.

Signature of Participant __________________________ Date _____________

Signature of Investigator __________________________ Date _____________
Appendix 1b. Parent consent form

Program Effectiveness of a Group Parent-Child Social Skills Program

The following information is provided to help you with your decision to participate in the present study. It is your right to decide not to participate in this study and you are free to withdraw from participation at any time. The decision to not participate or withdraw will not affect your relationship with the developers of the group or investigator.

The purpose of this study is to evaluate the overall effectiveness of the social skills group program. During the group sessions, the developer of the program (Charlotte Harvey, school psychologist) will be teaching new social skills to both you and your child. We would like to know if this group is effective in increasing social skills in children. Data will be collected from both the parent and child participants using a brief questionnaire during the beginning of the first session. The questions will be focused on your perceptions of your child’s social skills. During the last session, another brief questionnaire will be administered to the parents and children. Also during the last session, the parents will be asked to participate in a short focus group with the investigator (Heather Brierley, Rochester Institute of Technology Graduate Student) to answer questions regarding their perceptions of the group’s effectiveness and any recommendations for future replications of the program. The questionnaires should take about 15 minutes each, and the focus group will be another 15 minutes. The questionnaires and focus group participation will be the only data collected in the study.

Please do not hesitate to ask questions about the study before signing your consent for you and your child’s participation. I will be happy to share any findings with you after the research is completed. You and your child’s names and any other information collected will not be used or associated with the findings in any way. The only person that will have access to the questionnaires and the information gathered in the focus group will be the investigator. The results will be reported anonymously in a thesis written by the investigator.

There are no known risks or discomforts associated with this study. The expected benefits associated with your participation include the increase of knowledge on social skills with you and your child, and also will help to evaluate
the program’s overall effectiveness in increasing children’s social skills using this particular social skills group. The results of this study will be reported on the change in children’s social skills from the first group session to the final group session.

Your signature provides the consent that you and your child are willing to participate in the collection of program effectiveness data for this social skills group. A copy of this form will be given to you to keep as a record of your consent. Thank you!

__________________________
Child’s Name

__________________________   ______________________
Parent Signature              Date
Appendix 2a. SSIS rating scale questions- Student

Communication:
6. I say “please” when I ask for things.
10. I take turns when I talk with others.
16. I look at people when I talk to them.
20. I am polite when I speak to others.
30. I smile or wave at people when I see them.
40. I say “thank you” when someone helps me.

Cooperation:
2. I pay attention when others present their ideas.
9. I ignore others who act up in class.
12. I do what the teacher asks me to do.
19. I do my work without bothering others.
22. I follow school rules.
32. I pay attention when the teacher talks to the class.
42. I work well with my classmates.

Assertion:
1. I ask for information when I need it.
5. I stand up for others when they are not treated well.
11. I show others how I feel.
15. I let people know when there’s a problem.
25. I say nice things about myself without bragging.
35. I tell others when I am not treated well.
45. I ask for help when I need it.
Responsibility:

4. I’m careful when I use things that are not mine.
24. I am well-behaved.
29. I do the right thing without being told.
34. I do my homework on time.
39. I keep my promises.
44. I tell people when I have made a mistake.

Empathy:

3. I try to forgive others when they say “sorry.”
7. I feel bad when others are sad.
13. I try to make others feel better.
17. I help my friends when they are having a problem
27. I try to think about how others feel.
37. I am nice to others when they are feeling bad.

Engagement:

8. I get along with other children/adolescents.
18. I make friends easily.
23. I ask others to do things with me.
28. I meet and greet new people on my own.
33. I play games with others.
38. I ask to join others when they are doing things I like.
43. I try to make new friends.
Self-Control:

21. I stay calm when I am teased.
26. I stay calm when people point out my mistakes.
31. I try to find a good way to end a disagreement.
36. I stay calm when dealing with problems.
41. I stay calm when others bother me.
46. I stay calm when I disagree with others.
Appendix 2b. SSIS rating scale questions- Parent

Communication:
4. Says “thank you.”
10. Takes turns in conversations.
14. Speaks in appropriate tone of voice.
20. Uses gestures or body appropriately with others.
24. Says “please.”
30. Responds well when others start a conversation or activity.
40. Makes eye contact when talking.

Cooperation:
2. Follows household rules.
7. Pays attention to your instructions.
12. Works well with family members.
17. Follows your directions.
27. Completes tasks without bothering others.
37. Follows rules when playing games with others.

Assertion:
1. Express feelings when wronged.
5. Asks for help from adults.
11. Says when there is a problem.
15. Stands up for others who are treated unfairly.
25. Questions rules that may be unfair.
35. Says nice things about herself/himself without bragging.
45. Stands up for herself/himself when treated unfairly.
Responsibility:
6. Takes care when using other people’s things.
16. Is well-behaved when unsupervised.
22. Respects the property of others.
26. Takes responsibility for her/his own actions.
32. Does what she/he promised.
42. Takes responsibility for her/his own mistakes.

Empathy:
3. Tries to understand how you feel.
8. Tries to make others feel better.
13. Forgives others.
18. Tries to understand how others feel.
28. Tries to comfort others.
38. Shows concern for others.

Engagement:
9. Joins activities that have already started.
19. Starts conversations with peers.
23. Makes friends easily.
29. Interacts well with other children.
33. Introduces herself/himself to others.
39. Invites others to join in activities.
43. Starts conversations with adults.
Self-Control:

21. Resolves disagreements with you calmly.
31. Stays calm when teased.
34. Takes criticism without getting upset.
36. Makes a compromise during a conflict.
41. Tolerates peers when they are annoying.
44. Responds appropriately when pushed or hit.
46. Stays calm when disagreeing with others.
Appendix 3. Focus group handout

"Raising Positive Thinkers" Parent Focus Group

Name:

1) Did the social skills discussed in this group meet your expectations? What might you have liked to have discussed?

2) What did you learn about yourself and your child from participating in this program?

3) What did you like best about the program?

4) What did you like least about the program?

5) Do you have any suggestions for future reproductions of this program?
Appendix 4. Curriculum handouts

Outline for next three meetings

April 25th
Listening
Giving and accepting a compliment
Problem solving, applied to an activity
Home Play

May 2nd
Conversation skills
Negotiation Skills—Win/Win
Saying No
Home Play

May 9th
Our card game and...
How to be a "good" winner and "good" loser

Information review

Social Behaviors Age 6-8

• Learning to be a 'good winner' and a 'good loser'.
• Can empathize with others in distress and offer appropriate support.
• Learning to give and receive compliments from others.
• Conversation skills developing: how to listen to others and take turns talking etc.
• Can ask an adult for support when needed.
• Negotiation skills: including others in decision-making, learning to decide together and make suggestions rather than boss others around.
• Able to say 'no' to peers when appropriate.

The problem solving process

1. Identify the Problem
2. Generate Solutions
3. Evaluate solutions, choose best option, act on it
4. Is problem solved?

Next step: YES, return to step 1; NO, problem solved.
**Listening**

<table>
<thead>
<tr>
<th>Look</th>
<th>Stay still</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Nod Your Head</th>
<th>Think about what is Being Said</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: ____________________________
Giving A Compliment

1. Decide what you want to tell the other person.

2. Decide how you want to say it.

3. Choose a good time and place.

4. Give the compliment in a friendly way.

Accepting A Compliment

1. Decide if someone has given you a compliment.

2. Say Thank You!

3. Say something else if you want to.
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Home Play Report

Name:

SKILL: Giving a Compliment

STEPS:

1. Decide what you want to tell the other person.
2. Decide how you want to say it.
3. Choose a good time and place.
4. Give the compliment in a friendly way.

With whom will I try this? ____________________________

When? __________

What happened? ____________________________

How did I do? 🌟 🌟 🌟

Why did I circle this? ____________________________
Home Play Report

Name:

**SKILL:** Listening

**STEPS:**
1. Look
2. Stay Still
3. Nod Your Head
4. Think about what is being said

______________________________

With whom will I try this?  

______________________________

When?  

______________________________

What happened?  

______________________________

How did I do?  

[ ] [ ] [ ]

Why did I circle this?  

______________________________
Repeating things in a different way. You use this to:

- Check that you have understood what someone means
- Emphasize a point or make sure that your meaning is clear

Paraphrasing prompts:

- So you mean...
- What you mean is...
- What you are saying is.....
- So what you mean to say is....
- Let me get this clear....
## Beginning a Conversation

<table>
<thead>
<tr>
<th>Steps</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose whom you want to talk with</td>
<td></td>
</tr>
<tr>
<td>Decide what you want to say</td>
<td></td>
</tr>
<tr>
<td>Choose a good time and place</td>
<td></td>
</tr>
<tr>
<td>Start talking in a friendly way</td>
<td></td>
</tr>
<tr>
<td>Suggested Situations</td>
<td></td>
</tr>
<tr>
<td>Practice.</td>
<td></td>
</tr>
</tbody>
</table>
# Ending a Conversation

<table>
<thead>
<tr>
<th>Steps</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide if you need to finish The conversation</td>
<td></td>
</tr>
<tr>
<td>Decide the reason you need to end the conversation</td>
<td></td>
</tr>
<tr>
<td>Decide what to say</td>
<td></td>
</tr>
<tr>
<td>Wait until the other person stops talking</td>
<td></td>
</tr>
<tr>
<td>Say it in a friendly way.</td>
<td></td>
</tr>
</tbody>
</table>

## Suggested Situations

Practice.
Home Play Report

Name:

SKILL: Starting a conversation

STEPS:

1. Decide what you want to tell the other person.
2. Decide how you want to say it.
3. Choose a good time and place.
4. Give the compliment in a friendly way.

With whom will I try this? ____________________

When? __________

What happened? ____________________

________________________

How did I do?  

Why did I circle this? ___________________________________
Saying No

Decide whether or not you want to do what is being asked.

Think about why you don't want to do this?

Tell the person no in a friendly way.

Give your reason why you won't do what the person asked.
The object is to collect *Choose to be Cool* cards, in sets of four cards, with the same social skill (i.e., listening) by asking other players for the cards they think they may have. For example, you want to collect four listening cards to make a set. Players with an Action Card may choose to have the questioner perform the action on the card instead of handing over any requested cards. Whoever collects the most *Choose to be Cool* sets wins.

Game play proceeds as follows:

1) Shuffle the cards and deal 5 cards to each player.
2) Place the remaining cards face down in a spot between the players.
3) Player may look only at their own cards.
4) Play begins to the dealer's left and continues clockwise. The youngest player begins.
5) When it is a player's turn he/she may ask for one card type from any player in the group.
6) When a player is asked for a specific card, he/she must hand over all cards of that type, if the player does not have the card she/he responds "*Choose to be Cool*" and points to the pile of cards. If the player requesting a card receives one, either by getting one from the other person they asked or they happen to choose it from the pile, they continue to ask for cards until they do not get the type they requested.
7) If the player asked for a card has an action card, they may use it as follows in rule 8.
8) The player may set down the action card and the requesting player must follow the direction on the card. Once an action card is used, it is taken out of play.
9) When a set of four cards is gathered by a player they place it down in front of them and say, "I am cool!"
10) Play continues until all cards are set down as *Choose to be Cool* sets, no one is able to play, or time is called.
11) The player with the most sets wins.
How to be a “Good” Loser
Ask yourself, is it worth it to get upset?
Smile
Shake other person’s hand
Say “Good job!”

How to be a “Good” Winner
Think about what you are winning.
Smile
Shake other person’s hand
Say “Good job!”
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Table 1a. Parent paired samples test

<table>
<thead>
<tr>
<th>Pair</th>
<th>Paired Differences</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>Lower</th>
<th>Upper</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair 1</td>
<td>Communication Pre - Communication Post</td>
<td>-.75000</td>
<td>1.70783</td>
<td>.85391</td>
<td>-3.46753</td>
<td>1.96753</td>
<td>-.878</td>
<td>3</td>
<td>.444</td>
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<tr>
<td>Pair 2</td>
<td>Cooperation Pre - Cooperation Post</td>
<td>1.75000</td>
<td>1.50000</td>
<td>.75000</td>
<td>-.63683</td>
<td>4.13683</td>
<td>2.333</td>
<td>3</td>
<td>.102</td>
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<tr>
<td>Pair 3</td>
<td>Assertion Pre - assertion Post</td>
<td>.25000</td>
<td>3.30404</td>
<td>1.65202</td>
<td>-5.00746</td>
<td>5.50746</td>
<td>.151</td>
<td>3</td>
<td>.889</td>
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<tr>
<td>Pair 4</td>
<td>Responsibility Pre - Responsibility Post</td>
<td>-.25000</td>
<td>1.50000</td>
<td>.75000</td>
<td>-2.63683</td>
<td>2.13683</td>
<td>-.333</td>
<td>3</td>
<td>.761</td>
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<tr>
<td>Pair 5</td>
<td>Empathy Pre - Empathy Post</td>
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<td>1.25831</td>
<td>.62915</td>
<td>-.75225</td>
<td>3.25225</td>
<td>1.987</td>
<td>3</td>
<td>.141</td>
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<tr>
<td>Pair 6</td>
<td>Engagement Pre - Engagement Post</td>
<td>-1.50000</td>
<td>1.29099</td>
<td>.64550</td>
<td>-3.55426</td>
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<td>.103</td>
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<tr>
<td>Pair 7</td>
<td>Selfcontrol Pre - Selfcontrol Post</td>
<td>0.00000</td>
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<td>-1.29923</td>
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<td>.000</td>
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<td>1.000</td>
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<tr>
<td>Pair 8</td>
<td>Total Pre - TotalPost</td>
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<td>.258</td>
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Table 1b. Child paired samples test

<table>
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<tr>
<th>Pair</th>
<th>Paired Differences</th>
<th>Paired Differences</th>
<th>95% Confidence Interval of the Difference</th>
<th>Sig. (2-tailed)</th>
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<td>Mean</td>
<td>Std. Deviation</td>
<td>Std. Error Mean</td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Pair 1</td>
<td>CommunicationPre -</td>
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<td>CooperationPost</td>
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<td>Pair 3</td>
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<td>Pair 4</td>
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<tr>
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<td>SelfcontrolPost</td>
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<td>Pair 8</td>
<td>TotalPre - TotalPost</td>
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References


