AN EVALUATION OF A SCHOOL BASED SOCIAL COMPETENCE PROGRAM

by

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Abstract

The purpose of this study was to evaluate a new social competence program used in elementary school classrooms. The program was designed to enhance students' emotional resiliency by teaching information and knowledge related to diversity, peer competence, social problem solving, assertiveness, stress and coping and seeking social support. The students who participated in the study were 281 students who attended four elementary schools in a large, urban school district in British Columbia. The students were forty-nine percent boys and fifty-one percent girls, ranged in age from 11-13, were in grades six and seven, and their ethnic background was predominantly Asian. The program was evaluated using a repeated measures design, with systematically (non-random) assigned treatment and control groups. The measures used to evaluate the program included Harter's Self Perception Profile for Children, The Class Belonging and Support Scale, The Coping Responses Inventory and several locally developed checklists. The results demonstrated that students who received the program improved in their feelings of social acceptance (p < .005), their ability to generate friend making strategies (p < .005), and their knowledge of local resources (p < .005). There were no differences between the students' ability to generate coping techniques, feelings of belonging in the classroom, general and behavioral self competence and ability to generate more sources of social support. The results are discussed in relation to changes that need to be made to this specific program, the evaluation of this program, and implications for future school-based social competence programs.
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Dedication

This thesis is dedicated to

My mother Doreen McGregor and my father John McGregor
For all their love and support

And
My husband Mark Savoie
My son Joey Savoie
My daughter Joceline Savoie
For all their patience and understanding

And
My sister Susie McGregor
Brother in law Andy Lorimor
For all their encouragement
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Chapter 1

*Introduction to Study*

Over the past ten years there has been an increase in the implementation of school-based interventions to promote social competence (The Consortium on the School-Based Promotion of Social Competence, 1994). There is currently a wide variety of primary prevention or social competence programs being integrated into the school curriculum with the hope that they will improve the health and well being of the student population. Unfortunately, many of the programs have been developed based on personal experience or good intentions, and they have not been comprehensively or rigorously evaluated (The Consortium on the School-based Promotion of Social Competence, 1994). While some research indicates teaching students skills to increase their social competence can be linked to long-term positive effects (Durlak, 1995; Zimmerman & Arunkmar, 1994), the majority of programs with this focus have not been accurately evaluated (The Consortium on the School-based Promotion of Social Competence, 1994). As a result we don’t know how effective or even if many of these programs are effectively teaching our students to become more socially competent or if they are having any positive effect on the student’s long term adjustment. Improving the quality of both the development and the evaluation of these programs are important first steps towards ensuring that school based social competency programs have a positive, and/or protective effect on the student population.
Fortunately, there is now a wide body of research on resiliency that can be used to inform the development of these programs and provide an appropriate framework for the evaluation of how effective they are (Masten, Best and Garmezy, 1990; Rutter, 1991; Werner, 1990). Resiliency research focuses on the children or youth who experience a traumatic event and/or are part of a high-risk population. It refers to “successfully coping with or overcoming risk and adversity or the development of competence in the face of severe stress and hardship” (Doll & Lyon, 1998, p.348). A number of studies have identified “protective factors” in the resilient child or youth’s personality, family, school, and community that seem to help them cope successfully (Bernard, 1991; Werner and Smith 1992). Protective factors include those traits, situations, conditions, and episodes that appear to alter or reverse negative outcomes and enable individuals to cope successfully with life stress (Garmezy, 1987). The goals of primary prevention programs may be accomplished by increasing the child or youth’s access to and utilization of processes and factors determined to be protective (Bernard, 1991; Masten, Best, & Garmezy, 1990; Luther & Zigler, 1991; Werner & Smith, 1992). It is the identification of relevant protective factors and the integration of these factors with the culture of the school community that provide a comprehensive theoretical framework for the development of a primary prevention program.

Developing primary prevention programs to implement with children and youth at school is a popular and practical implementation strategy. The education system offers the most efficient and systematic setting available to promote the psychological, social and physical health of school age children and adolescents. As well as providing the best
opportunities for access, school systems are becoming increasingly concerned about the growing segment of the student population who experience social, behavioral and health problems and the effect that these students have on the overall school environment (Durlak, 1995). School based primary prevention programs developed within the theoretical framework offered by the protective factors research present a promising opportunity to help children and youth develop appropriate skills and resources to help themselves and to help their friends cope more effectively with crisis and stressful events.

One of the essential protective factors that has been identified is a set of social and communication skills that the individual child or teen possesses that help them deal with adversity. This set of skills comprises the basis of the construct of social competence (The Consortium on the School-based Promotion of Social Competence, 1994). Social competence training programs can be effective in enhancing young peoples prosocial behavior, social adjustment and ability to cope with stress (White & Jodoin, 1998) if they teach generic, broadly applicable personal and social competencies that can be generalized to daily living (Spivak & Shure, 1988). There is agreement among researchers that although we have identified some of the key ingredients necessary in these programs to effect more permanent changes, there are still significant gaps in our knowledge (The Consortium on the School-based Promotion of Social Competence, 1994; Durlak, 1995).

Unfortunately, the great majority of all school-based programs have not been evaluated in any systematic fashion (Durlak, 1995; Zimmerman & Arunkmar, 1994). Of
the programs that have been evaluated, many used brief, single method and/or informational intervention strategies that did not effect lasting changes in students (Durlak, 1995; Zimmerman and Arunkmar, 1994). Programs that have utilized a more diverse set of strategies and techniques, a more behavioral style of intervention and that have been implemented over a longer period of time have reported positive outcomes (The Consortium on the School-based Promotion of Social Competence, 1994). However, even in these studies the results have to be interpreted with caution due to errors in the evaluation design and methodology (Durlak, 1995; Zimmerman & Arunkmar, 1994). Some of the common problems in many of the evaluation reports were; the evaluators did not formulate and test specific hypothesis, they did not use either a control group or a pre/post test design to ensure their results were related to the program (Durlak, 1995), they often collected evaluation data only on general functioning, as opposed to also evaluating specific skill development, or they collected information on the student’s lack of pathology (they didn’t include any measures to evaluate competency development) (Durlak, 1995).

This study is a treatment study of a new social competence program that was developed using the theoretical framework provided by the protective factors research. The program objectives were developed using a community development approach that integrated ideas and discussion from community members (of all ages), and professional staff that work in the community. The study was designed to provide some evaluation information about this program using a methodology that takes into consideration some of the problems with past research in this area.
Statement of the Problem

Although the previous research in this area does present some support for the implementation of social competence programs in the classroom, it also identifies several major evaluation issues that need to be addressed in order to improve program effectiveness. These evaluation issues should be a priority to ensure that children and youth are not exposed to a multitude of programs with limited positive effects. Therefore, program developers who are presented with these opportunities have a responsibility to conscientiously evaluate their programs.

This study evaluated a social competence program that was created collaboratively by teens, youth, adult volunteers, and agency professionals, using a community development approach. The program coordinator developed the goals and objectives of the program based on: conversations with teens in the community about what they thought were the most influential risk and protective factors; the objectives described in the school curriculum for career and personal planning specific to this age group, and the research and theory pertaining to resiliency and protective factors. The program was developed based on the theoretical model provided by the protective factors research and designed using community input.

This study was a treatment study of the program described above. It had two main parts. The first part was an empirically based evaluation using a quasi-experimental design and standardized measures to evaluate some of the more global constructs. The second part explored some of the more specific skills taught in the program and used
community constructed checklists and more informal measures. This study addressed several of the methodological difficulties identified in the literature, and provided some exploratory information to help inform future research studies.

Rationale of this Study

The prevention program evaluated in this study is based on a theoretical framework provided by the research conducted on protective factors. Several protective factors have been identified that tend to moderate or mediate the effects of exposure to risk. The extent to which protective mechanisms are engaged and risk factors are buffered influence a child’s life path and their longer-term development into functional adults (Rutter, 1987). As children typically have multiple risk factors and multiple resources contributing to their lives, intervention models based mainly on protective factors need to consider how both risk and protective factors interact in a cumulative way from a developmental perspective. Interventions may then be conceptualized as an attempt to shift the balance for the child from vulnerability to resilience, either by decreasing exposure to stress related health risks or life events, or by increasing the number of protective factors available (Werner, 1989).

Many of the intervention programs in the past were designed to eliminate the risk factors related to a negative outcome; an alternative approach used by many of the newer programs, including this one, is to develop a program that would enhance factors found to be protective (Durlak, 1995; Zimmerman & Arunkmar, 1994). In Werner & Smith’s description of their protective factor model of resiliency they explain that a protective
factor can interact with a risk factor to reduce the probability of a negative outcome, and that the accumulation of two or more protective factors can result in a positive outcome (1989). A prevention program using this protective factors model would focus on enhancing the continued development of a diverse number of protective factors in the individual child, their family and their environments (school, community).

The utilization of a protective factors model for program development is an important first step towards creating a program that is more likely to have a positive impact on the skill development of the students it is implemented with. However, even with a stronger theoretical base a comprehensive evaluation of the program is both necessary and critical to decide whether the benefits of the program are strong enough to justify the time and cost of program implementation. In addition, the program will be able to use the findings of this study to adjust and adapt the components of the program so they have a stronger effect on the students.

The Purpose of this Study

The social competency program evaluated in this study is based on this protective factor model of resiliency. The components included in the program were chosen based on the criteria that; they addressed specific risk factors for the students in this community, or they provided specific protective functions as identified by the research in this area. The goals of each component in the program provided a broad perspective on the purpose of the unit, while the objectives provide a more specific list of expectations that the students should have met at the conclusion of the component or program.
This study provides evaluation data that is based both on the general goals and the more specific objectives identified by the program developers. A repeated measures design with a control group was used to collect data on self competence, coping resources, classroom belonging, friend making strategies, and use of adults for social support and knowledge of community resources.

Definitions

Throughout this thesis the following definitions will be used.

Resilience means the ability to overcome adversity to achieve competence. It has been studied in a wide variety of situations throughout the world, and generally focuses on two fundamental concepts- risk and protective factors (Bernard, 1993; Luther & Zigler, 1991; Werner and Smith 1989).

Risk factors are traits, situations, or life circumstances that create stress or adversity for the individual and predispose them to negative developmental outcomes (Garmezy, 1987).

Protective factors include those traits, situations, conditions, and episodes that appear to alter or even reverse prediction of negative outcome and enable individuals to circumvent life stressors (Garmezy, 1987).

Competence refers to a pattern of effective adaptation in the environment. It is either broadly defined in terms of reasonable success with major developmental tasks or more narrowly defined in terms of specific domains of achievement, such as academics peer acceptance or athletics (Masten & Coatsworth, 1998). It refers to good adaptation, not to superb achievement.
Primary prevention programs are targeted to normal populations, focus on either the individual or the environment, and aim to teach children important behaviors or skills that will directly enhance their functioning (Durlak, 1995).

Limitations

One of the main difficulties in doing a treatment study of a school program is the practical limitations imposed on the evaluation process by the various stakeholders (Hadley & Mitchell, 1995). In the evaluation of this program one of the many limitations imposed by the Advisory Committee (composed of stakeholders involved in the development of the program) was that the evaluation not require any additional effort from the school staff, or the children’s parents beyond them being the recipients of information or strategies regarding the program objectives. This stipulation eliminated our ability to use teachers and parents to report on any behavioral changes. An additional requirement was that outside staff (non-school personnel) would only be permitted to supervise the facilitation of the program, but would not be able to do observations or interactions with the children. While understandable from a school security perspective, this requirement eliminated our ability to evaluate the children’s behavior before and after the program by using independent observation techniques. In combination, these two requirements eliminated two promising avenues of evaluation and data collection and restricted the study to using self-report data from the children. Self-reports were measured by rating scales. The main limitation of using only self-report data (without any independent collaboration) is that the results reflect only the student’s perceptions about how their behavior has changed; it doesn’t reflect whether other people (e.g.,
parents, teachers, peers) perceive a change in their behavior or whether or not their has actually been an observable change in behavior (e.g., Merrill, 1994).

A second limitation of this research is, because it was conducted in a school classroom, we had to adjust our evaluation methods to meet the requirements of this setting. There were several setting requirements that limited the results and the inferences that can be made from the results. One of the limitations was the requirement that we use non-random control and treatment groups, because random assignment was deemed to be too disruptive, and impractical for the classrooms and schools involved in the program. As a result of this limitation the findings reported in this study were only considered valid after the groups were compared for systematic group differences on both the demographic and test measures.

An additional setting requirement was that the time required for the students to complete the evaluation procedures was not to exceed one hour and half-hours and needed to be as related to the educational objectives as possible. This requirement limited our choice of questionnaires and measurement strategies.

A third setting requirement imposed by the school district was that none of the students could be identified individually (including assigning code numbers). This limitation prevented us from running some of the more statistically robust tests or
statistically correcting for unequal group sizes because we did not have matched data from the students. Because we were not able to verify which specific students made up the pre-test and post-test groups, we were unable to do the standard types of statistical tests (e.g., analysis of covariance) used in repeated measures designs.
Chapter 2

Literature Review

The purpose of this chapter is to review the literature on the theory and research that are relevant to this study. Initially, the findings related to promoting resiliency and competence in children based on a protective factors model will be presented. This will be followed by a summary of the research describing some of the skills that contribute to social competence in children and how they could be incorporated into a social competence program and evaluated. These skills and attitudes include self-competence, coping, competence with peers, and social support. Next, I will discuss the research that addresses an important implementation issue that will be incorporated into the program delivery and subsequent evaluation of this program. This issue is referred to in the literature as the development of “the classroom as a caring community” and is mentioned as a key strategy associated with effective programs (Battistich, Solomon, Watson & Schaps, 1997). I will then summarize the general findings related to school-based prevention programs, with specific emphasis on the gaps in the evaluations of these programs and how they can be addressed. Finally, the specific experimental hypothesis and research questions that were explored in this study will be identified.

Resiliency and Protective factors

While there is a vast history of research that has been devoted to identifying risk factors experienced by children that are linked to dysfunctional behavior in adulthood, it is only recently that there has been a shift to identifying protective factors that seem to help some children adapt successfully in spite of being exposed to adversity (Doll &
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Lyons, 1996; Bernard, 1993; Luther & Zigler, 1991; Werner and Smith 1992). It is not that resilient children possess unique qualities; it is that they have managed to retain or develop important resources and skills that represent the basic protective systems in human development (Rutter, 1991; Werner & Smith 1992). Research on resiliency has identified many of those factors which appear to protect some children by making them more stress-resistant and helping them to develop strength, courage, and positive health (McGrath, 2000).

Three types of protective factors emerge as recurrent themes from several diverse studies: individual personality features (both inherent and learned), family environment, and the availability and impact of external support systems (Rutter, 1991; Garmezy, 1987). Individual personality features are dispositional attributes of the individual that elicit predominantly positive responses from the environment, such as physical robustness and vigor, an engaging easy temperament, good problem solving and communication skills, and an area of competence valued by the person or society (Werner, 1989). Family environment refers to socialization practices within the family that encourage trust, autonomy, initiative and affectional ties to stable, caring competent adults, whether a parent, grandparent, older sibling, or other kin (Werner, 1989). The availability and impact of external support systems refers to the support systems in the community, neighborhood, church or school that reinforce self-efficacy. They provide the individual with a place to belong, a place to find additional support and resources and exposure to the positive value systems of other members of their community (e.g. role models). There is sufficient research data to suggest that a number of these specific
protective factors can be taught to children or enhanced in a child’s environment by using a focused skill or knowledge building intervention directed at the child and the child’s environment (Rolf & Johnson, 1999). Effective prevention programs utilize resiliency and protective factors research by endeavoring to foster competence in children. They help by developing a child’s individual capacity to deal with adverse situations (competence building programs), providing resources and support to their families, and initiating or demonstrating the availability of external resources (Zimmerman and Arunkmar, 1994; Durlak, 1995).

The research into protective factors and resiliency offers two main directions for prevention programs in the school environment that focus on developing resiliency in youth. Firstly, programs can focus on the aspects of the student’s environment that have been shown to influence the development of resiliency. Some of the program objectives based on this approach would include fostering the individual students sense of acceptance, belonging and fitting in, providing individuals with opportunities for successful and meaningful participation in the school environment and reducing school bullying (McGrath, 2000). Secondly, programs could focus on teaching students personal “protective” skills as a core component of the curriculum. Researchers promoting this approach have focused on helping children develop competencies that are protective, such as social skills, problem solving, communication skills, stress management, and optimistic thinking. Ultimately, a successful prevention program involves the provision and interaction of both environment and personal components (McGrath, 2000).
Studies have consistently indicated that resilient children demonstrate a high level of social and emotional competence. These children possess the skills that are required to display effective social behaviors across diverse situations and settings (The Consortium on the School Based Promotion of Social Competence, 1994). When developing a social competence program, multiply directed strategies need to be used including but not limited to: efforts to change child capabilities through interactive instruction and practice, and interventions that focus on building a warmer community in the classroom (Doll & Lyon, 1998; Masten & Coatsworth, 1998). Several of the main concepts that have been identified as contributing to a child’s social competence are social problem solving, peer relations, quality of coping behavior and resourcefulness in seeking social support (Luthar & Zigler, 1991). As a result of the cumulative evidence from a variety of sources about the main domains that reflect social competence, and a general perspective that the existing data warrants teaching children and adolescents these skills to promote healthy development, the development of social competence programs seems well supported by the research (The Consortium on the School Based Promotion of Social Competence, 1996).

The social competence program that was evaluated by this study was based on the protective factors identified by the resiliency research. The components include instruction and information pertaining to the main skills identified by the research as contributing to social competence.
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Self-Competence

Research on early adolescence has indicated that students' feelings of self-competence have a significant impact on their current and future functioning (Harter, 1983). Low feelings of self-worth have been found to mediate the development of psychological symptoms and academic difficulties for young adolescents (Fenzel, 2000). Students with a high level of self-competence tend to cope better with crisis, make more friends and become more successful in terms of overall functioning. As a result, an extensive amount of research has been done on what contributes to an individual's feeling of self-competence, and how can we positively effect how a person feels about himself or herself.

Self-competence is defined as the combined perception of a person's feelings about oneself (self-concept) and an evaluation of those feelings as either positive or negative (self-esteem). An individual develops their feelings of competency from a range of different sources of information. Early theorists in this area like Cooley suggested that adolescents develop their feelings of self-competence through relationships and interactions with other people (Cillessen & Bellmore, 1999). Self-awareness develops through interactions with the social world and positive or negative feelings about how competent a person you are develops as a result of these interactions. James suggested that global self-esteem depends upon the success with which an individual accomplishes those things they wish to accomplish (Cillessen & Bellmore, 1999). More recent definitions of self concept like Coopersmith and Feldman’s describe the self-concept as consisting of beliefs, hypothesis, and assumptions that the individual has about him or her.
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self and self-competence as the individual evaluation of how competent they are in a global or domain specific area (Rolf & Johnson, 1999).

Domain specific feelings of competence are also derived from external information however the source of this information seems to differ across domains. One study that examined how pre-adolescents evaluated their success in different areas, reported that in academic, athletic and behavioral domains students relied on direct feedback from teachers and parents about how well they were doing in these areas (teacher praise, being chosen for the team by the coach, how many detentions they received) as well as tangible evaluations (test scores, scoring goals) (Hymel, LeMare, Ditner & Woody, 1999). However, in the social domain, the students relied almost exclusively on more inferential sources of information (social cues, shared affect, intimacy, similarity), and their perception of social competence was only weakly related to their actual social status (Hymel, LeMare, Ditner & Woody, 1999). Another study discovered that the number of social interactions with other peers was related to feelings of social competence, students perceptions of how socially competent they are increased based only on the number of positive social interactions they had with other students (Fenzel, 2000).

A number of studies indicate that teaching students to appreciate their values and skills in a direct way is an ineffective way to increase their feelings of self-competence (Harter, 1983). Programs that focus on providing student's with mastery experiences, and helping them learn new skills which they can directly apply to better handling of
their life is more effective and appropriate (Harter, 1983). A variety of social competence programs have focused on teaching social skills to students in an effort to increase their mastery in these areas and indirectly raise their self-competence (The Consortium on the School-based Promotion of Social Competence, 1994). Although the evaluations of these programs are somewhat flawed, the initial findings indicate some support for this approach if appropriate practice and interaction opportunities are offered (Durlak, 1995).

Another approach, initially promoted by Spivak and Shure, asserts that cognitively based social problem solving skills are strongly related to the development of competence (1988). Teaching and reinforcing social problem solving skills fit easily into the school curriculum and provide direct and simplistic solutions for the students (Durlak, 1995). While evidence is available documenting the overall effectiveness of programs in helping children improve their social problem solving skills, and the link between social problem solving skills and improved self competence is well established, this improvement does not seem to be clearly linked to the prevention of social or behavioral problems in the long term (Durlak, 1995; Pianta & Walsh, 1998). While further research is necessary in this area, initial results suggest that social problem solving skills should be incorporated into a social competence program but they should not be relied on as the primary focus of the intervention.

The program that is evaluated by this study provided instruction and practice opportunities for the students to learn new social skills, new social problem solving skills and improve on their existing ones in a variety of areas (bullying, diversity,
assertiveness). As a result of these experiences it was predicted that the program would positively affect the students perceived global, behavioral and social self competence.

Coping

The coping processes used by an adolescent to manage stressors forecast future and potentially lifelong consequences. Effective coping promotes growth and positive outcomes; ineffective coping heighten youths’ risk for developing emotional and behavioral problems (Kobus & Reyes, 2000). The ability to cope effectively with stress has been viewed as a crucial component of resilience among children and adolescents and important in influencing patterns of positive growth and development (Werner, 1989). As a result, an adolescent’s coping responses to problematic situations have been identified as a protective factor that contributes to their subsequent healthy adjustment (Ebata & Moos, 1994).

Adolescents are first introduced to coping strategies in their families and use strategies modeled by their primary caregivers (Chapman & Mullis, 1999). As they increase in age they are exposed to a wider variety of coping strategies. As they learn about the different ways to cope with stress and experiment with different strategies, their choices about which coping strategies to use in the future become influenced by their successful and unsuccessful coping experiences in the past (Kobus & Reyes, 2000). As they proceed through adolescence their coping strategies are adjusted and altered based on exposure to new techniques and learning from past experiences.
Research that has investigated adolescent coping has begun to identify the wide range of strategies that youth use when faced with stress. Adolescents have been found to frequently use strategies such as problem solving, direct action, positive reappraisal, peer support, venting feelings, using substances, engaging in violence, religion, physical recreation and diversions (Kobus & Reyes, 2000). Female adolescents typically handle stress using peaceful, less violent methods of coping such as utilizing social support networks, and problem solving, whereas males seem to use more violent methods of coping like venting feelings or engaging in violence (Chapman & Mullis, 1999). Several studies have reported that adolescents with higher self-esteem tend to use more problem-focused strategies (Chapman & Mullis, 1999).

Coping responses used by adolescents can be organized into broad categories of approach and avoidance coping. Approach coping encompasses strategies that require the adolescent to actively confront and address the problem, while avoidance coping strategies involve adolescents distracting themselves from the problem or finding ways to ignore its existence. Some research indicates that a greater use of approach and problem focused methods have been associated with better adjustment (Ebata & Moos, 1994). A number of studies on adolescent coping have indicated that adolescents who are more distressed are more likely to use avoidance coping strategies or no coping strategies, while adolescents who are more social, active and have more social resources reported using more approach coping strategies (Ebata & Moos, 1994). Other studies have found that especially in early adolescence, better adjustment is related to any attempt to acknowledge and cope with the problem, and the number of strategies (of any kind) that
they try to use to solve the problem (Gore & Eckenrode, 1994). Coping responses are also likely to depend on the particular situation and specific characteristics of the problem being faced. Several studies have found that adolescents are more likely to use approach focused coping to cope with situations they appraise as being challenging and controllable whereas emotion-focused or avoidance responses are used in situations appraised as threat, loss, or being uncontrollable (Ebata & Moos, 1994).

Interventions that focus on improving adolescent’s orientation to problems, helping them effectively put stressors in to a healthier perspective and effectively resolve daily stressors, are recommended as positive ways to help adolescents learn how to cope better (Ebata & Moos, 1994). Programs should focus their efforts on teaching and modeling coping strategies that are non-reactive and directly address solving the problem. Students should be taught a wide variety of strategies to increase their coping repertoire, and given effective techniques to use in choosing an appropriate strategy for the situation (Chapman & Mullis, 1999).

Given that a variety of problem behaviors are theorized to represent a maladaptive means of coping with stress (drug abuse, suicide) the enhancement of general coping skills serves as an important risk reducing variable (Caplan, M., Weissberb, R.P.,Grober, J.S., Sivo, P.J., Grady, K., 1991). Many social competency programs implemented in schools include a stress and coping component. Students who were the recipients of these programs improved in the quantity and effectiveness of coping skills they use to solve problems (Caplan et al., 1991).
An individual's use of coping skills is a difficult construct to measure due to the interaction between and within a large quantity of personal and situational variables that are extremely difficult to control (Ebata & Moos, 1994). As a result, most standard measures of coping have lower internal consistencies than measures of other constructs (Ebata & Moos, 1994). However, due to the significant protective effects suggested by the research of both variety and number of coping strategies used by children and adolescents in dealing with stress (Caplen et al., 1991) it is important to measure any prevention programs effect on coping.

The social competence program evaluated by this study included two components on stress and coping where the emphasis was on exposing the students to a wide variety of coping mechanisms, and helping them recognize their own responses to stress. The program facilitators were be careful to not present any evaluative statements about what is "good" or "bad" types of coping responses, but instead helped students identify which types of coping response are appropriate to which types of situations. The children's coping responses were evaluated using the *Coping Responses Inventory*. This inventory divides children's responses into eight different categories of coping responses; four approach coping measures, and four emotion-focused measures. It also provides a general frequency count of the number of strategies that kids use to solve a particular type of problem. Based on the literature in this area I expected students in the treatment group to demonstrate increased willingness to use a wider variety of coping strategies and to use approach coping responses more frequently than emotional coping responses.
Classroom and School Belonging

A child or youths sense of connection or belonging to their school has been reported to significantly effect long-term emotional health (Bernard, 1993). Specifically, if students are working in a context where they feel safe, supported, connected and happily engaged as well as challenged they will reach higher academic standards, have better mental health and will be less likely to engage in risky behaviors (Battistich, Solomon, Watson & Schaps, 1997). In addition, a positive school climate has also been found to have a positive effect on the students, attendance, attitude, motivation, and post-high school success (Battistich, Solomon, Watson & Schaps, 1997).

Most teachers and students recognize the importance of warm and supportive human relationships in the classroom, however there has not been a great deal of research that investigates students’ experiences of the quality of classroom life (Goodenow, 1993). Early studies indicate that students who feel strong affective ties to their classmates, their teacher and feel a sense of membership in and identification within their classroom “as a community”, are more likely to demonstrate a higher degree of social competence, and self-esteem (Battistich, Solomon, Watson & Schaps, 1997; Goodenow, 1993). Middle school students in particular, have been reported to be more actively engaged in school and have more positive feelings about themselves if they have a interactive and satisfying relationship with their teacher and the peers in their specific classroom (Goodenow, 1993).
Based on this research it seems that bonding to and feeling a sense of belonging to a school or classroom may serve as a protective factor, and should be incorporated into the implementation of a school based prevention program to increase its effectiveness at promoting social competence (Morrison, Robertson and Harding, 1998). Goodenow’s recently developed scale designed to measure individual student perceptions of the school and classroom social context provides a quick, practical measure that evaluates a psychological phenomenon associated with a generally warm and supportive classroom climate (1993). Both the topics discussed in a prevention program and the type of process used to implement the program may affect on the a student’s assessment of their classroom environment.

In the program evaluated by this study a key implementation factor was the emphasis the facilitators placed on building the classroom as a caring community. The features of a caring classroom community were integrated into the process and content of the program due to the substantial positive effects this kind of setting has on a child’s ability to develop competence. The evaluation of this program included a measure of the level of belonging and support the students felt after receiving the treatment program, as one of the broad program goals was to increase student’s feelings of support and belonging in their classroom.

*Competence with Peers*

“How children get along with other children has been studied for many years as an indication of current and future competence” (Masten & Coatsworth, 1998, p. 209). In school age children peer acceptance and popularity have been associated with better
An evaluation of a social competence program 25

achievement, more polite and emotionally mature behavior and many other positive attributes (Masten & Coatworth, 1998; Parker & Asher, 1993). A substantial body of literature indicates that peers serve a protective role in development because friends provide social and emotional support, and promote a sense of identity and belonging (Masten & Coatsworth, 1998; Rubenstein, J, Heeren, T., Haousman, D. Rubin C., Stechler, G., 1989; Scales and Gibbons, 1996). Children who experience difficulty making friends and getting along with peers are at an increased risk for developing a range of negative psychosocial outcomes including depression and conduct problems (Woodward & Fergusson, 2000). During the pre-adolescent years the development of friendships are believed to be especially significant for the development of a positive sense of well-being (Parker & Asher, 1993). Peer support and friendships help a child or adolescent cope by providing opportunities for adaptive social learning, increasing the level of their enjoyment of school and providing opportunities for enhanced social problem solving (Woodward & Fergusson, 2000). A recent study confirms that the presence of at least one close friend in the pre-adolescent years is associated with self-esteem in adulthood (Bagewell, Newcomb & Bukowski 1998). A number of studies on pre-adolescent friendships report that children who have or are able to establish mutual, intimate and supportive friendships are more likely to have higher self esteem (Keefe & Berndt, 1996: Parker & Asher, 1993) which is a mediator of a variety of well-being outcomes (Harter, 1983).

Children who are rejected appear to process social information in maladaptive ways, for example making attributions of hostile intent that could lead to negative
An evaluation of a social competence program

defensive behaviors (Wentzel & Erdley, 1993). Children who do not have friends are more likely to feel negatively about their life situations and to develop behavioral or social problems (Masten & Coatsworth, 1998). Children or adolescents who do have friends have the ability to use positive social and communication skills to make new friends and retain existing friendships.

Knowing how to solve interpersonal problems in effective and adaptive ways appears to be an important aspect of social competence. Research has demonstrated that the number and quality of strategies available to elementary school age children for making friends and solving peer conflicts predict social acceptance among peers, and behavioral control in the classroom (Durlak, 1993; The Consortium on the School-based Promotion of Social Competence, 1994; Wentzel & Erdly, 1993). In particular, well accepted children know how to engage peers socially, produce more solutions to social problems, display problem solving repertoires that reflect positive, assertive and adaptive outcomes, while rejected children tend to generate overly aggressive and inappropriate strategies for engaging and interacting with peers (Wentzel & Erdley, 1993; Woodward & Fergusson, 2000). Several studies have reported that children, adolescents and adults who perceive themselves to have less ability to; effectively problem solve, engage in pro-social interactions with others and develop new relationships, suffered from more symptoms of depression, and other maladjustment problems (Woodward & Fergusson, 2000; Printz, Shermis & Webb, 1999). Printz, Shermis and Webb (1999) reported “the student’s cognitive appraisal of effectiveness at resolving problems appeared to have a greater impact than did their actual skill” (p.724).
Several studies have reported that interventions focused on raising a child's self esteem directly have not been particularly successful, however interventions focusing on improving a child's social network especially quality and number of friends may be a more promising way of enhancing their overall self esteem and ability to cope with lifetime stresses (Franco & Levitt, 1999). Wentzel and Erudley (1993) found that children's knowledge about strategies regarding how to make friends was related to peer acceptance, and to positive social behavior. They also observed that several intervention programs have focused on teaching children new and effective strategies for interacting with peers, and have identified a positive relationship between the students knowledge of strategies and peer acceptance (Wentzel & Hrudleys, 1993).

The social competence program evaluated by this study included a component on friendships and social situations related to friendship. Students worked in small groups to discuss qualities they would look for in a friend, why friends are helpful and how to make new friends. Their ability to generate strategies to make new friends was evaluated using an open-ended question asking them to list as many strategies as they could.

Social Support

One of the major protective factors identified in the resilience literature that is highly related to positive emotional adjustment is the child or youth receiving effective social support from at least one significant adult (Garmezy, 1987; Werner 1989;
Morrison, Robertson and Harding, 1998; Scales & Gibbons, 1996). This adult may be a parent or part of the individual’s extended family, an understanding teacher (or other member of the school community) or a supportive adult from the community. Werner discovered that all of the resilient children identified in her study had the opportunity to establish a close bond with at least one caregiver from whom they received plenty of attention (1989). Some of this nurturing came from substitute parents, such as grandparents or older siblings, or from the ranks of neighbors and regular baby sitters. Such substitute parents played an important role as positive role models, providers of comfort and advice, and offered companionship and friendship (Scales & Gibbons, 1996). One study suggests that it not only the actual support that the child or youth receives from the adult but that their perception of support which actually determines the extent to which the effects of stress are moderated (Printz, Shemis, & Webb, 1999).

As a result of the finding that external social support is consistently related to the development of resiliency in children, several studies have examined these relationships more closely in order to identify an active approach preventionists can take to encourage children to develop these types of relationships (Durlak, 1995, Scales and Gibbons, 1996). Resilient youngsters appear to be skilled at choosing and identifying adults who can provide emotional support and a positive mentoring type of relationship. Scales and Gibbons and have reported that some resilient adolescents make a rational selection of a significant adult who could fulfill a specific function in their life (1996). In light of these findings, prevention programs could focus on teaching student’s the specific skills that are involved in identifying and seeking help from an appropriate adult support person, or
they could focus on creating relationships such as mentoring by adults outside the naturally occurring systems of a young person's life. Based on the importance of help seeking and social support in helping students overcome adversity, prevention programs should endeavor to help adolescents create and utilize positive adult relationships and more expansive social support networks (Scales & Gibbons, 1996).

There is sparse empirical literature describing the role and function of adults (aside from parents), in adolescents' lives (Scales & Gibbons, 1996), and children or youths' ability to seek help from adults when dealing with a problem. In one study where adolescents were asked to indicate how helpful adults were, some students indicated that doctors and teachers were somewhat helpful in limited situations and girls were more likely than boys to rate nurses and other health care professionals as helpful (Dubow, Lovko, & Kausch, 1990). However, the majority of this adolescent population failed to seek help from any adult for their main problems (Dubow, Lovko, & Kausch, 1990). Recent research on resilient children and help seeking indicates that children who are able to actively seek human resources to increase their chances of being successful are more likely to develop stronger social support networks (Winfield, 1994).

The prevention program evaluated by this study included several sections relevant to building socially supportive relationships with adults and community resources. It also included a specific component directed towards teaching students information and skills relevant to finding and using adults as social support. As this is a
more recent focus in social competence programs was important to include some form of evaluation to determine if the students showed any positive improvements in this area.

*Primary Prevention Programs in the Classroom*

Schools possess both the capacity and human resources to mobilize many of the protective processes believed to ameliorate risk (Doll & Lyons, 1998). In addition, they provide access to all children on a regular and consistent basis over the majority of their formative years of personality development (Weisberg et al., 1991). As a result, a wide variety of prevention programs designed to promote personal and social growth are implemented in classrooms every day. Many of these prevention programs focus on fostering resiliency, and aim to promote the child's success by enhancing various aspects of competence (Pianta & Walsh, 1998). The best of these programs include research-based components that are taught through active interventions and are able to be incorporated into a student's daily life. The worst are short, information only presentations that lack any empirical basis or clearly defined objectives and are a waste of class time (Pianta and Walsh, 1991).

Fortunately, there has been some improvement in program development in recent years, with many competence promotion programs evolving from a short set of specific training sessions to more comprehensive programs that teach a greater variety of skills and focus on the use of these skills in the students own environments (Caplan et al.,
Effective programs focus on both problem reduction and competence enhancement, and provide many opportunities for students to practice, and participate in the training in an active way. (Caplan et al., 1991; The Consortium on the School-based Promotion of Social Competence, 1994). A review of competence promotion programs of varying effectiveness yielded a set of factors associated with positive results. These factors include focusing on delivering specific skills at appropriate developmental points, including both promotion and prevention strategies, include a peer leadership component, and ensuring active student engagement, and parent involvement (Durlak, 1995; Masten and Coatsworth, 1991). This study evaluated a program that incorporates all of the previously discussed content and implementation issues into the lesson plan and implementation guides. Although the length of the program is too short to provide ideal comprehensive coverage to all of the content issues identified as useful in the research, the program content and delivery are based on both past research and practical knowledge.

**Evaluation**

Programs designed using current research and empirical knowledge provide a powerful opportunity for testing hypotheses about the mechanisms that serve protective functions and whether they can be effectively taught to populations of children (Masten & Coatsworth 1998). Unfortunately, even well designed programs often are not systematically evaluated. Durak (1995) provides the following guidelines for systematically evaluating school-based prevention programs.
1. Base the development of the program and the evaluation on a theoretical framework provided by the literature.

2. Develop clear hypotheses about the program's effect on the participants.

3. Conduct pilot programs to ensure that the program meets the practical and structural limitations of the setting and time limits provided.

4. Identify successful and unsuccessful components by evaluating the effect of the program on specific skills using reliable measures.

5. Identify overall program effects by including general measures of major constructs.

6. Conduct large-scale field trials of the program and examine the program effect in a number of different settings.

7. Assess the practical significance of the intervention by conducting longer-term follow-up studies to measure actual changes in the individual students or the environment.

In addition to Durlak's more general guidelines, other researchers suggest that prevention programs adopt more complex experimental designs by using randomly assigned treatment and control groups, pre and post test measures, and comprehensive follow up studies over longer periods of time (Caplan et al., 1991; Price et al., 1990; Masten and Coatsworth, 1991; Zimmerman and Arunkmar, 1994). While using a more complex and comprehensive experimental design would provide more consistent and reliable information about the effectiveness of prevention programs, people who work in the prevention field have the added burden of negotiating the practical limitations that accompany field research. While these extra limitations need to be acknowledged and dealt with in research on social competence programs, they should not be used as an
excuse to produce scientifically inferior results. Evaluation studies of these programs are particularly important because of the implications it has for future prevention and curriculum development. In addition, the evaluation of these programs can build upon the existing knowledge base, and help to develop models that are more accurate representations of the mechanisms of protective processes which in turn will contribute valuable insights into the prevention programs of the future (Luther & Zigler, 1991). However, in order to provide more in depth information on the effectiveness of school based competence programs, more attention has to be devoted to effective and comprehensive evaluation plans.

This study was a treatment study of a pilot program developed and implemented with elementary school students to promote social competence in children (Appendix A). The study evaluated the program’s effect on six major concepts; self, behavioral and social competence, coping strategies, ability to make friends strategies, sense of belonging and support in the classroom, ability to access more adults for social support, and recognition of community resources. This study utilized treatment and control groups and pre and post-test measures. The purpose of this study was to contribute evaluation data from the recipients of this program to the overall evaluation plan, in order to help assess the viability of the program. The results of this study will used to make adjustments to the program.
Hypotheses

1. There will be no differences between the treatment and the control groups on any of the pre-test measures.

2. On their post-test the treatment group will have higher scores on the global self worth (total scale measure), the social acceptance subscale and behavioral conduct subscale on The Self Perception Scale for Children, than on their pre-test.

3. On their post-test the control group will not have higher scores on the global self worth (total scale measure), the social acceptance subscale and behavioral conduct subscale on The Self Perception Scale for Children, than on their pre-test.

4. On their post-test the treatment group will have higher scores on the number of approach coping responses they use (four subscales), on the Coping Responses Inventory, than they did on their pre-test.

5. On their post-test the control group will not have higher scores on the number of approach coping responses they use (four subscales), on the Coping Responses Inventory, than they did on their pre-test.
6. The number of coping responses used by the treatment group on the post-test will be higher than the number of coping responses used by them on the pre-test.

7. The number of coping responses used by the control group on the pre-test will not be higher than the number of coping responses used by the control group on their post-test.

8. On their post-test the treatment group to have a higher total score on the Classroom Belonging and Support Scale, than they did on their pre-test.

9. On their post-test the control group will not have higher total score on the Classroom Belonging and Support Scale, than they did on their pre-test.

Supplemental Questions

Friend making strategies

a). Will students in the treatment group be able to generate more strategies for making friends after receiving the program than they were before the program?

b). Will they be able to generate more strategies for making friends after receiving the program than the control group?
Social support and Community Resources

a). Will students in the treatment group identify more potential sources of social support after receiving the program than they did before it?

b). Will students in the control group identify more potential sources of social support after receiving the program than the control group?

c). Will students in the treatment group be able recognize more community resources after receiving the treatment than they were before?

d). Will students in the treatment group be able to recognize more community resources after receiving the treatment than the control group.
Chapter 3

Method

Design

This study is part of a program evaluation that was designed to evaluate whether a pilot project aimed at promoting resiliency in late elementary school is effective. The results of this treatment study will be used to help decide whether to continue the program and what changes need to be made. This study is one of the components of a larger program evaluation.

The first part of this study used a quasi-experimental approach to examine whether the students who received the program demonstrated better scores in self, behavioral and social competence, identified more and/or more effective coping responses, and felt a higher sense of classroom belonging than they did prior to the treatment or than the control group. The design was quasi-experimental because the treatment and the control groups were not randomly assigned. The program was administered to a pre-existing group determined by membership to two particular schools. The “pre and post test” control group was comprised of another pre-existing school group, and the “post test” only control group was a pre-existing school group. The original plan was to have both control schools complete pre and post-test questionnaires, however due to administrative complications the post-test only school was unable to complete the pre-test in a timely manner. All four schools were in the
same district and the same geographical area, and every effort was made to try to ensure they did not differ in any systematic way.

This study used a repeated measures, control group design with non-randomly assigned groups. It had two groups of participants, one that experienced the treatment (the program) and the other were the control. The treatment group and one of the control groups completed the measures before and after the program. The second control group only completed measures after the program.

Procedures and Data Collection

Sample

A representative from the school board chose the four schools that were used in the study, based on the school staffs' interest and suitability for the social competence program. The secondary investigator then explained the project and its purpose to the teachers involved.

All students in the twelve classes from the four elementary schools that totaled three hundred and nine students were invited to participate in the study. Out of the three hundred and nine students, twenty-two students in the control group and six students in the treatment group did not participate the study because they either did not return their parental permission slips (26) or their parents would not give them permission to participate (2). The remaining two hundred and eighty-one students participated in the study.
The students attended four elementary schools in a large urban school district in British Columbia, Canada. One hundred and forty-eight of the students from two elementary schools comprised the treatment group, fifty-five students from one elementary school comprised a pre-test and post-test control group while the remaining eighty from the other elementary school was a post-test only control group.

The students in all four groups were in grades 6 or 7 and ranged in age from 11-13. The students’ ethnic backgrounds were pre-dominantly Asian and they were split evenly between male and female students. The groups were compared using independent groups T-tests on gender, age, ethnicity, parental education, family composition, language, siblings and the test variables. Complete lists of the demographic data for all the groups are reported in Table’s one through six.

Table 1
Gender, Age & Grade of Participants

<table>
<thead>
<tr>
<th>Groups</th>
<th>Gender</th>
<th>Age</th>
<th>Grade</th>
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<td>6</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>12</td>
<td>7</td>
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<tr>
<td>Treatment Group</td>
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<td>77</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>85</td>
<td>71</td>
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<tr>
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<td>18</td>
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<td></td>
<td>29</td>
<td>37</td>
<td>37</td>
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<tr>
<td>Control Group (Post Test Only)</td>
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<td>27</td>
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Table 2

Ethnicity of Participants

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<td>74</td>
<td>6</td>
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<tr>
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<td>24</td>
<td>2</td>
<td>6</td>
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<tr>
<td>Control (post only)</td>
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<td>2</td>
<td>57</td>
<td>5</td>
<td>2</td>
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Table 3
Family composition of participants

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<th>Mother only</th>
<th>Father only</th>
<th>Mother and partner</th>
<th>Grandparent</th>
</tr>
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<td>Treatment</td>
<td>98</td>
<td>21</td>
<td>3</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Control (pre &amp; post)</td>
<td>44</td>
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<td></td>
<td>1</td>
<td>1</td>
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<td>Control (post only)</td>
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Table 4
Siblings of Participants

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<td>12</td>
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<tr>
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<td>22</td>
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### Table 5

Participant’s Fathers Education

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<th>Group</th>
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<th>Completed university or college</th>
<th>Attended graduate school/professional school</th>
<th>I don't know</th>
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<td>3</td>
<td>9</td>
<td>40</td>
<td>16</td>
<td>60</td>
</tr>
<tr>
<td>Control (pre &amp; post)</td>
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<td>4</td>
<td>6</td>
<td>19</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Control (post)</td>
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<td></td>
<td></td>
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<td>29</td>
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</tbody>
</table>

### Table 6

Mothers Education

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<tr>
<th>Group</th>
<th>Some high school</th>
<th>Completed high school</th>
<th>Some university</th>
<th>Completed university</th>
<th>Attended graduate school</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat</td>
<td>1</td>
<td>13</td>
<td>8</td>
<td>35</td>
<td>14</td>
<td>60</td>
</tr>
<tr>
<td>Control (pre &amp; post)</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>17</td>
<td>5</td>
<td>18</td>
</tr>
</tbody>
</table>
Measures

The students were asked to complete a battery of pen and pencil self-report questionnaires and surveys at both pre and post assessment. The pre and post assessments consisted of the following measures.

A Demographics Questionnaire (Appendix B): A form devised to collect demographical information about the students and their families.

Harter'sSelf Perception Profile For Children (Appendix C): This questionnaire asks students a list of thirty-six questions pertaining to their perceived self-competence. It has six separate sub-scales tapping five specific domains, as well as global self-worth. The specific domains are scholastic competence, social acceptance, athletic competence, physical appearance, and behavioral conduct; each sub-scale contains six items. Each scale contains six items rated on a structured alternative format in which the child is first asked to decide which kind of kid is most like him or her, and then asked if the statement is only sort of true or really true for him or her. The possible range of scores is from 1 to 4 with 1 indicating low perceived competence and 4 reflecting high perceived competence. The internal consistency reliabilities for the sub-scales range from .71-.85 with the behavioral conduct scale showing the lowest reliability.
Class Belonging and Support Scale: (Appendix D).

This is a short scale that asks students eighteen questions about their perceptions of how they like or fit into their classroom environment. The Class Belonging and Support Scale is a measure that assesses student's personal sense of being included, liked and respected in a particular classroom. Eighteen 5-point Likert-type items are included to correspond to several different dimensions of the construct. The scale includes items tapping perceptions of acceptance versus alienation with regard to both teacher and fellow students in particular. The total CBSS score consists of an unweighted average of all items answered: A low of 1 would indicate extreme alienation, isolation, and sense of rejection and 5 would indicate high perceived belonging, acceptance and respect in the class. Negatively worded items were reverse-coded for scoring. The CBSS has an internal consistency reliability of .93 (Cronbach's alpha).

The Coping Responses Inventory-Youth Form. (Appendix E).

The CRI-Y assesses eight dimensions of coping using 48 items (6 items per scale) that reflect behavioral or cognitive attempts that are approach or avoidance efforts to manage a problem and its consequences. Approach coping includes logical analysis (attempts to understand and prepare for a stressor), positive reappraisal (attempts to construe a problem in a positive way), guidance/support (attempts to seek information) and problem solving (attempts to take action and deal with the problem). Avoidance methods include cognitive avoidance (attempts to avoid thinking realistically about the problem) resigned acceptance (attempts to react to the problem by passively accepting it) alternative rewards (attempts to get involved in substitute activities and create alternative sources of
satisfaction) and emotional discharge (attempts to reduce tension by expressing negative feelings). Each student selected the most important problem they have faced in the previous year and indicated how often they used each of the 48 coping responses to deal with it. Responses were made on a 4-point scale ranging from not at all (1) to fairly often (4). Internal consistencies (alpha) ranged from .61-.79. Details regarding the construction of the scale along with its psychometric properties can be found in Moos (1993) and Ebata and Moos (1991).

To List as Many Strategies as they can to Make Friends. (Appendix F)

Students were asked to list as many strategies as they could for making friends.

A Social Support Survey. (Appendix G).

Students were also asked to complete a survey of the people they ask for help or support when they have a problem, and to indicate how helpful that person was to them.

A Community Resources Survey (Appendix H)

Students were asked to indicate, using a checklist which of our local community resources they are familiar with.
Procedures

The secondary investigator and a colleague described the purpose and procedures of the research project, with specific emphasis on the confidentiality of the information, to the students. The students were then given the parental permission forms (Appendix J) and asked to return them to school as soon as possible with a parent’s signature. They were told that all completed and handed in permission forms would be entered into the class draw for a fifteen-dollar gift certificate to A & B sound. The student consent forms were distributed (Appendix K) and the students were asked to complete them to indicate their interest in participating in the project. All of the students in the treatment group and all but two of the students in the control groups signed the student consent form. All but four of the students in the treatment group returned their parent permission forms. In two cases, the parent’s refused to allow their child to participate in the study. Twenty-two students in the control group did not return their parent permission forms, including the two students who did not want to participate in the study. The entire control group who returned a permission form was allowed to participate in the study. In total six children in the treatment group and twenty-two students in the control group did not complete the evaluation forms.

The secondary investigator returned to the schools one week after handing out the permission forms and discussed the instructions and the time needed for the students to complete the questionnaire with the classroom teachers. Classroom teachers were also
given written instructions about how to hand out and supervise the completing of the questionnaires (Appendix L). At this time, classroom teachers were also given the gift certificates to use in the draw for students who returned their permission forms. Teachers were instructed to have the students complete the questionnaires in one sitting, within a one week time period. The secondary investigator went back to the schools one week later to pick up the questionnaires.
Chapter 4

Results

The results chapter is organized according to the hypotheses and supplementary questions listed in chapter 2.

1. There will be no differences between the control and treatment groups on any of the pre-test measures.

   In order to determine that any differences between the control and treatment group on the post-test were attributable to the program it was necessary to compare the pre-test of the control and treatment groups on the demographic variables as well as the test variables. Independent groups T-test were used to compare the pre-test groups. Only one variable was significantly different between the pre-test treatment group and the pre-test control group, this variable was father’s education (p<.05). The difference between the means on this variable was .55 and can be attributed to the fact that more people in the treatment group stated that they did not know what their father’s education was. When the value “I don’t know” was selected out, the significant difference disappeared.

2. On their post-test the treatment group will have higher scores on the global self worth (total scale measure), the social acceptance subscale and behavioral conduct subscale on The Self Perception Scale for Children, than on their pre-test
In order to determine if there was any difference on the social acceptance subscale, the behavioral conduct subscale and the global self worth scale, the scale scores were computed for each case and then Independent T tests were computed on the treatment groups pre-test and post-test scores. The only scale that was significantly different was the social acceptance subscale. Results of the analysis of these subscales are presented in Table 7.

Table 7

T-tests for the treatment group's pre and posttest scores on the Self Perception Scale.

<table>
<thead>
<tr>
<th></th>
<th>Social</th>
<th></th>
<th></th>
<th>Behavior</th>
<th></th>
<th></th>
<th>Global</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>T</td>
<td>Mean</td>
<td>SD</td>
<td>t</td>
<td>Mean</td>
<td>SD</td>
<td>t</td>
</tr>
<tr>
<td>Pre-test</td>
<td>2.8</td>
<td>.72</td>
<td>-3.06*</td>
<td>3.0</td>
<td>.71</td>
<td>.53</td>
<td>2.9</td>
<td>.66</td>
<td>-.23</td>
</tr>
<tr>
<td>Post-test</td>
<td>3.1</td>
<td>.97</td>
<td>-3.19*</td>
<td>3.0</td>
<td>.61</td>
<td>.53</td>
<td>3.0</td>
<td>.69</td>
<td>-.23</td>
</tr>
</tbody>
</table>

*p<.005

Results indicate that there were no significant differences between the scores on the pre-test and the post-test on the behavior and the global scale of the Self Perception Scale for Children. However, there was a significant difference between the pre and posttest scores on the social acceptance subscale. This difference suggests that the program had an affect on how the students in the treatment group rated their competence in social skills and relationships.
3. On their post-test the control group will not have higher scores on the global self worth (total scale measure), the social acceptance subscale and behavioral conduct subscale on The Self Perception Scale for Children, than on their pre-test.

In order to determine if there was any difference on the social acceptance subscale, the behavioral conduct subscale and the global self worth scale, the scale scores were computed for each case, and then Independent T tests were computed on the control groups pre-test and post-test scores. There were no significant differences between these scores on these subscales for the control group.

4. On their post-test the treatment group will have higher scores on the number of approach coping responses they use (four subscales), on the Coping Responses Inventory, than they did on their pre-test.

All of the subscales on the Coping Responses Inventory were computed and then the approach coping scales were combined. The pre-test and post-test scores on the combined approach coping scores were analyzed using a two sample independent t-test. There were no significant differences between the pre and posttest scores in the treatment group on approach coping.
5. On their post-test the control group will not have higher scores on the number of approach coping responses they use (four subscales), on the Coping Responses Inventory, than they did on their pre-test.

All of the subscales on the Coping Responses Inventory were computed and then the approach coping scales were combined. The pre-test and post-test scores on this combined approach coping scores were analyzed using a two sample independent t-test. There were no significant differences between the pre and posttest scores in the control group.

6. The number of coping responses used by the treatment group on the post-test will be higher than the number of coping responses used by them on the pre-test.

The total number of coping responses used was computed on the Coping Responses Inventory. This total score was then analyzed using an independent groups T-test for the pre-test and post-tests of the treatment group. There was no significant difference between the two scores.

7. The total number of coping responses used by the control group on the pre-test will not be higher than the number of coping responses used by the control group on their post-test.
The total number of coping responses used was computed on the Coping Responses Inventory. This total score was then analyzed using independent groups T-test for the pre-test and post-tests of the control group. There was no significant difference between the scores.

8. On their post-test the treatment group would have a higher total score on the Classroom Belonging and Support Scale, than they did on their pre-test.

The total score on the Classroom Belonging and Support Scale consisted of an unweighted average of all items answered. This total score was analyzed using an independent groups T-test to compare the treatment groups pre-test and post-test score. There was no significant difference between the two scores.

9. On their post-test the control group will not have higher total score on the Classroom Belonging and Support Scale, than they did on their pre-test.

The total score on the Classroom Belonging and Support Scale consisted of an unweighted average of all items answered. This total score was analyzed using an independent groups T-test to compare the control groups pre-test and post-test score. There was no significant differences between the two scores.
Supplemental Questions

Friend making strategies

a) Will students in the treatment group be able to generate more strategies for making friends after receiving the program than they were before the program?

In order to compare the number of strategies for making friends that the treatment group was able to generate before and after the program, the total number of friend making strategies were calculated for the pre-test question and then compared to the total scores calculated for the same question on the post-test. The two scores were compared using an independent groups T-test. There was a significant difference between the number of strategies the students were able to generate on the pre-test as opposed to the post-test. Result are summarized in table 8

b) Will they be able to generate more strategies for making friends after receiving the program than the control group?

In order to compare the number of strategies for making friends that the treatment group was able to generate after the program, as compared to the control group, the total number of friend making strategies were calculated for the post-test question in both groups. The two scores were compared using an independent groups T-test. There was a significant difference between the number of friend making strategies the
treatment group was able to generate on the post-test as compared to the control group. Results are summarized in table 9.

Table 8
T-test comparison on Ways of Making Friends (Treatment Group).

<table>
<thead>
<tr>
<th>Groups</th>
<th>Ways of Making Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Pre-test (treatment)</td>
<td>3.0</td>
</tr>
<tr>
<td>Post-test (treatment)</td>
<td>4.5</td>
</tr>
</tbody>
</table>

*p<.005

Results of the comparisons between the treatment groups' pre and post test scores on strategies to make friend indicate that the students in this group were able to generate significantly more friend making strategies after the program than before.
Table 9

T-test comparison on Ways of Making Friends (Post-test)

<table>
<thead>
<tr>
<th>Groups</th>
<th>Ways of Making Friends</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>T</td>
<td>N</td>
</tr>
<tr>
<td>Post-test (treatment)</td>
<td>4.5</td>
<td>2.77</td>
<td></td>
<td>148</td>
</tr>
<tr>
<td>Post – test (control)</td>
<td>2.4</td>
<td>2.41</td>
<td>6.66*</td>
<td>135</td>
</tr>
</tbody>
</table>

P<.005

Results of the comparison between the treatment group’s post-test and the control group’s post-test indicate that after the program the treatment group were also able to generate significantly more friend making strategies than the control group.

Social support

a). Will students in the treatment group identify more potential sources of social support after receiving the program than they did before it?

In order to compare the number of different people the students reported using for social support the total number of people they indicated they used for social support (regardless of whether they were scored as helpful or not) were summarized for the treatment groups pre and post-test. The two scores were compared using an independent groups T-test. Results are summarized in Table 10.
b). Will students in the control group identify more potential sources of social support after receiving the program than the control group?

In order to compare the number of people the students reported using for social support the total number of people they indicated they used for social support (regardless of whether they were scored as helpful or not) were summarized for the treatment groups post test and the control group’s post-test. The two scores were compared using an independent groups T-test. Results are summarized in Table 11.

Table 10
Number of social support people used in treatment group

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test (treatment)</td>
<td>6.82</td>
<td>3.9</td>
<td>-.14</td>
<td>135</td>
</tr>
<tr>
<td>Post-test (treatment)</td>
<td>6.90</td>
<td>4.3</td>
<td></td>
<td>148</td>
</tr>
</tbody>
</table>

Results indicate no significant differences between the number of adults the students accessed for social support between either the pre-test and post-test questionnaire in the treatment group.
c). Will students in the treatment group be able identify more community resources as being present in their community after receiving the treatment than they were before?

In order to compare the number of community resources the students were able to identify as local before they received the program with how many they were able to identify as local after they received the program the scores on the resources checklist were summed. The checklist scoring awarded one point for a correctly identified resource and 0 points for an incorrectly identified resource or an I don’t know answer. The groups were compared using an independent groups t-test. Results are presented in Table 12.

d). Will students in the treatment group be able to identify more community resources as being present in their community after receiving the treatment than the control group?
The treatment group students and the control group students post test scores were compared. The scores were computed as the number of community resources the students were able to identify as local. The checklist scoring awarded one point for a correctly identified resource and 0 points for an incorrectly identified resource or an I don't know answer. The groups were compared using an independent groups t-test. Results are presented in Table 13.

Table 12

Identification of Community Resources in Treatment Group

<table>
<thead>
<tr>
<th>Groups</th>
<th>Community resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Treatment (pre-test)</td>
<td>9.0</td>
</tr>
<tr>
<td>Treatment (post-test)</td>
<td>12.0</td>
</tr>
<tr>
<td>Control (post-test)</td>
<td>7.0</td>
</tr>
</tbody>
</table>

p<.005

Results indicate that the treatment group, after the program, was able to identify significantly more local resources that the treatment group before the program.
Table 13 Identification of Community Resources (control groups)

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>sd</th>
<th>T</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (post-test)</td>
<td>12.0</td>
<td>3.5</td>
<td></td>
<td>148</td>
</tr>
<tr>
<td>Control (post-test)</td>
<td>7.0</td>
<td>4.8</td>
<td>8.71*</td>
<td>133</td>
</tr>
</tbody>
</table>

Results of the comparison between the control group and the treatment group post-test score indicate that the treatment group was able to identify significantly more local resources than the control group.
Chapter 5

Discussion

Data Analytic Plan

A common problem when conducting research in a field setting is the relationship between the practitioner and the researcher who is conducting the evaluation. As noted by Zins, Travis, and Reppon (2002), "Educational research has developed a negative reputation for many school personnel" (p. 271). According to these authors, many individuals in the school system are suspicious of research because they believe that the results of the studies may be used against them, or because they may feel that the research findings will be irrelevant for their educational practice. As a result schools are challenging places to conduct evaluations because of the number of restrictions they impose around acceptable evaluation processes.

In the present investigation, several restrictions were placed on the evaluation process that compromised the rigor of the methodological and statistical approaches that could be utilized. The most difficult restriction was the insistence among school district personnel that students' names be omitted from questionnaires (even by confidential identification numbers) as a way to ensure student anonymity. As a result, it was not possible to match data gathered at pre-test and post-test at the level of the individual – a process necessary for conducting statistical tests considered appropriate for evaluations of this nature (e.g., analysis of covariance, repeated measures). Hence, it was deemed necessary to conduct a series of independent samples t-tests for assessing the degree of change among the treatment and control groups separately. Because multiple t-tests
were conducted, a Bonferroni adjustment was made in response to concern regarding inflated Type 1 Error (Tabachnick & Fidell, 1996).

A second issue that may have compromised the integrity of the results was the absence of pre-test data for eighty of the students in the control group. Thus, for this group of students, analyses could not be conducted examining pre- to post-test changes.

The purpose of this chapter is to summarize and discuss the results and limitations of this study. This was a treatment study of a new social competence program, which was developed, based on the theoretical perspective of the resiliency and protective factors research. The study examined the impact of the program on six concepts that were either taught directly to the students (friend making strategies, community resources) or ones that were hypothesized to be directly affected by the student’s participation in the program (self-concept, classroom belonging). The concepts are: self-competence, coping strategies, classroom belonging, strategies to make new friends, identification of adults used as social support and familiarity with community resources. The results of the evaluation in each area will be discussed in relation to their implication for the program being evaluated, the measures used to evaluate the concept, and the implications of the current study for future research and further exploration.
Self-Competence

Results presented in the previous chapter showed that the program had no effect on the student's general self-concept or behavioral self-concept, but it did increase their social self-concept according to their scores on Harter's Self Perception Profile for Children. It was expected that the program would have a positive effect on all of the self-concept scores because, based on the self competence research, programs which increase student's social skills and competencies will generally have a positive effect on their self competence (Harter, 1983). Throughout the program students were taught a variety of social skills in the context of peer and formal (school, police) social situations, they were also given the opportunity to practice these skills. Some of the skills taught related to behavioral issues (how to handle a situation with assertiveness as opposed to aggressiveness), while some related to social issues (how to resist peer pressure). All the skills were discussed and practiced within the context of real life situations offered by the students. The hypotheses for this study were generated based on the assumption that the students would learn the skills through instruction and practice, internalize the skills, and generalize the skill to other life situations. The hypotheses were specific to behavioral and social self-competence because the skills and information provided by the program were concentrated in this area.

There are a variety of reasons why the students' general and behavioral self-concept scores did not increase, which relate to characteristics of the program. The literature suggests that general self-concept is a stable trait that can be difficult to change once it is formulated (Franco, 1998). It may be that the current program was too short (7
weeks) to have a significant effect on the students' general self-concept or that the program, which targeted students who were eleven and twelve, wasn't powerful or intense enough to effect their general self-concept which is already fairly well formulated by this age. The behavioral self-concept scores also did not change, which may indicate that the skills taught in the program were not internalized by the students or that the students with lower behavioral self-concepts did not learn or use the skills taught. The program focused on teaching behavioral skills like assertiveness, resistance skills, and respecting diversity. It may be that the students who had low behavioral self-concepts were not sophisticated enough to grasp and use these skills.

The social self-competence scores (social acceptance scale) of the students who received the program did significantly increase. There is a variety of reasons related to the program, which could account for this result. The literature suggests that social competence programs can effectively teach social skills and improve student's social self competence if the skills are presented in an easy to understand fashion, modeled and the students are given the opportunity to practice the skills (The Consortium on the School-Based Promotion of Social Competence, 1994). Throughout this program, the social skills concepts were consistently presented in this manner. Research also suggests that programs that use a lot of small groups and facilitators that encourage positive interaction in these small groups will also help to increase students social self concept (Hymel et al., 1999). In this particular program, high school facilitators taught the material and then helped and encouraged the younger students to practice the skills in small working
groups. This delivery method gave the younger students the opportunity to learn and practice fun activities together in a supervised environment so that there were very few negative social interactions. In combination, these are likely the key variables that contributed to an increase in the student’s social self-competence.

The self-concept measure used in this study was Harter's Self Perception Profile for Children. This measure was chosen because it is a well-used measure of self-competence, has good reliability and validity and it had several appropriate subscales that were useful for evaluating the program. The one disadvantage of this scale is a design that can be quite confusing for younger students to complete. The scale asks students to proceed through two steps. First they need to pick one of two statements that describe themselves, then for the statement they chose they need to decide if the statement is very, or sort of like them. Despite clear verbal and written instruction, many of the students checked each question twice, once for each statement. When a student checked off two answers to each question I could not use their questionnaire, this reduced the amount of data that I had to work with. This may have affected the results on the competence scales because of the reduced sample size.

The length of time between the program and the completion of the evaluation may have also had an effect on the self-competence scores. Due to the constraints imposed by the school system the post-test measures were completed fairly soon (1-2 weeks) after the program was completed. It is possible that the students did learn the skills but the new skills had not affected their feelings of being more competent by the time they had
completed the measures. They may not have had enough time to practice and see the positive results of their new skills in real life situations. The results may have been more accurate if I had been able to give the post-test measures a month or two after the program.

The literature in this area indicates that there is a strong positive connection between student’s feelings of competence and their ability to do well later in life (Harter, 1983). As a result, it is very important for social competence programs to have a positive impact on this construct. The current study provides some preliminary evidence that even a relatively short program can have a positive impact on social competence if the program provides lots of opportunities for the students to practice their social skills using small interactive, supervised groups. In future evaluations of this program I will continue to measure general, social and behavioral self competence, although I will not use Harter’s Self Perception Profile For Children due to the difficulties the students had completing the questionnaire. I will also incorporate a longer time period between the end of the program and the administration of the questionnaires to see if this has an impact on the students self competence scores.

Future studies on social competence programs should also continue to explore this construct in an effort to determine which variables have the most significant impact on a students feelings of self competence. Exploration of a longer program, or a program that focuses on younger children may have more of an impact on student’s general self-concept.
Coping

As reported in the previous chapter there were no differences in the student’s scores on the Coping Responses Inventory, in number of coping responses the students reported using to solve a problem or in the number of approach coping responses they used because of the program. There are several reasons related to both the program and the measure used which may account for these results.

The program had two sessions that were dedicated to teaching the students about stress and coping. The approach used to discuss coping techniques was to work in small groups with the younger students and have them share with each other the various coping techniques they used to solve problems. The facilitators were encouraged to let the students discuss their ways of coping and not to be judgmental or critical about the various techniques that came up unless they were clearly destructive coping methods (e.g. drugs). The facilitators then discussed with the students different styles of coping (problem solving, avoidance and emotional) and how these styles were all appropriate depending on the particular problem and individual’s personality. At the end of the session, various other coping techniques (things that the students hadn’t thought of) were introduced like aromatherapy and relaxation techniques.

It may be that as a result of this approach the students were given the impression that their own coping techniques were adequate. Since the majority of the techniques that the students came up with were received positively, they may have thought that they did not need to incorporate any new ones. It may also be that because there was not enough time
An evaluation of a social competence program 67

in the session for the students to practice any of the newly introduced coping techniques
the students were not able to learn them well enough to internalize them.

The measure used in this study was *The Coping Responses Inventory*, which asks
students to describe a current problem and then asks them to check off whether they used
the listed coping techniques frequently, sometimes, occasionally or never. The list is
forty-eight items long and contains a variety of approach and avoidant coping techniques.
The measure is considered appropriate for students from ages 12-18. It was quite a long
and time consuming measure and some of the students may have found it quite
overwhelming to complete. My sample included students from ages 11-13 so some of
them may have been too young for the measure. The results may have been different if I
have used a more simplistic measure to evaluate their coping techniques.

A person’s ability to understand and cope with crises and stress is a crucial skill that
contributes to resiliency and positive long term functioning (Ebata & Moos, 1994).
Current research in this area indicates that children use coping techniques that they learn
from their families initially and then as they get older they incorporate different methods
they have learned from friends and schools (Chapman & Mullis, 1999). Early research
on programs in schools that teach coping techniques have reported that there are some
positive results from teaching pre-teens new and more effective coping techniques, if the
new techniques are immediately applicable and useful in their own lives (Kobus &
Reyes, 2000).
The results of this study indicate that this program will have to review and adjust the session on coping. New coping techniques will have to be presented more specifically and students should be given encouragement and opportunities in the sessions to practice the new techniques. In addition, coping techniques should have been discussed more in relation to specific situations and problems that the students face in their day-to-day lives. Approach coping techniques should be discussed in more detail and the positive consequences of these techniques discussed. In future evaluations of this and other programs that include coping, a more simplistic measure of the coping techniques they use and find useful, would be more appropriate.

Classroom Belonging

As reported in the previous chapter the scores on the Classroom Belonging Checklist were not significantly different. According to the literature in this area any program that encourages students to work in small groups and focuses on social skills should have an impact on the students feelings of belonging in a classroom environment (Goodenow, 1993). There are a variety of reasons related to both the process and content of the program that may explain why the student’s feelings of classroom belonging did not significantly improve as a result of this program.

When the program was initially presented to the schools, the teacher was required to stay in the room but they were not required to participate. As a result, there was only one teacher of a possible seven who participated in the discussions and content of the
program. The other six used the extra time to mark papers and catch up on unrelated work. The classroom belonging measure includes several items that relate to how your teacher feels about you as a student. As a result of the lack of participation from the teachers in the program, we would not have expected the student’s feelings in this area to change.

Many of the items in the classroom belonging checklist focused on asking the students how valued their opinions were and how significant their individual contributions were to the classroom as a whole. This particular program, mainly due to time constraints, tended to focus on small groups of children and not as much on their individual contributions. If the program had encouraged students to participate on a more individual level and the facilitators had had the opportunity to appreciate and acknowledge these individual contributions in front of the class, there may have been more of an increase in the classroom belonging scores.

Another reason for the lack of significant increase in the Classroom Belonging Scores may be that the program was implemented too late in the year. The students had already had six months to formulate their feelings of belonging in relation to their classroom and teacher. If we had done the program earlier in the year, we may have been able to influence their feelings of belonging more significantly.
An evaluation of a social competence program

The measure used in this study was the *Classroom Belonging and Support Scale*. This scale is a brief checklist that asks the students to indicate whether they agree or disagree with a number of statements related to how well liked and appreciated they are in their classroom. It is an easy scale for the students to complete and contributes useful information about how they feel in their classroom environment. In future evaluations of this program I will continue to use this scale. It seems to be a useful, practical measure to evaluate how the student feels about their environment and feelings of being supported in the classroom.

The results indicate that teachers should be strongly encouraged to participate in the program and to offer their input and recognition of the student’s contributions throughout the program. The facilitators should also be encouraged to make more of an effort to appreciate individual contributions from the students. The program content can also be changed to include some individual activities, which would provide the students with the opportunity to share their specific knowledge and experience with the rest of the class. When these changes are implemented I would expect to see an increase in the student’s classroom belonging scores as a result of this program.

Social competence programs have the potential to influence how a student feels about their classroom environment because of the process involved in program implementation (Goodenow, 1993). Students’ feelings about how well they fit and are appreciated by their classmates and teachers have a significant effect on how they feel about themselves and how involved they become in school activities. Research indicates that the more connected a student feels to their school, the more likely they are to engage
An evaluation of a social competence program 71

in school activities and the less likely they are to drop out early or disengage from school work (Goodenow, 1993; Dodge, 1988). As a result, social competence programs should include objectives and evaluation measures about classroom belonging.

Friend Making Strategies

As reported in the previous chapter students who received the program were able to generate more friend making strategies than before the program and than the control group. Although this was an exploratory measure, which included only a frequency count of the strategies reported as opposed to a more complicated qualitative analysis of the kind of friend making strategies generated, it still provides some useful information regarding what the students learned in the program.

One session of the program was dedicated to discussing friendships and role models. This session included small group discussions about how to make friends, what kind of qualities are useful in friends and role models, why are friends helpful and how to be a good friend. Students generated a list of answers to these questions and the facilitators added their own input specific to each question. It seems that the students remembered and may have internalized some new strategies for making friends as a result of this process. Possibly the students paid particular attention to the strategies regarding how to make friends, as they knew they would need this skill when they entered high school the following year. Another possibility is that because this session was at the beginning of the program they may have had more time to practice these new friend-making strategies and had some positive experiences using them that helped the
students remember them. It is also possible that friend-making strategies were an easy concept for this age group to understand and use immediately in real life situations.

The ability to make new friends is a very important skill for students of all ages, but it is especially critical for pre-teen students (Parker & Asher, 1993). Initial findings of this study indicate that this program did seem to teach the student’s more friend generating strategies. While this is a useful and positive result, more exploration of the skills involved in handling friendships and solving social problems within the program would be beneficial. In future evaluations of this program, the impact of the program in this area should be explored in more depth by using a more extensive evaluation to examine the type of strategies the students are using to make and handle friendships.

Many social competence programs include some discussion about friendships and social problem solving. Unfortunately, they do not adequately evaluate which skills the students are learning and if these skills are being used in their daily lives. Given the extensive literature on importance of friendships, especially with the pre-teen population, this concept warrants further exploration and research.

Social Support

As reported in the previous chapter there was no change in the number of people or in the reported usefulness of people the students’ used to provide them with social support. There may be a variety of reasons why students did not change the number of
people they used for social support: Some related to the program, some related to the confusion around the measure and some may have been as a result of external variables.

This program introduced the concept of social support as part of the role model and the community resources sessions. Students were taught what qualities to look for in a role model, how to identify a helpful adult and how to approach an adult for help. The facilitators and the students engaged in role plays to practice how to get the attention of an adult who could help them and were asked to identify several people privately that they could go to for help. The objective of this part of the program was to teach students how to expand their social support network and approach adults for help. It is possible that because the program did not discuss specifically how useful adults could be or in what situations they could be useful the students didn’t understand the importance of developing adult support people. It could also be that the program did not emphasize enough the importance of having several adults to talk to, or that the skills introduced in the program about approaching an adult were not appropriate for the pre-teen age group (they may have been too embarrassed to approach an adult in this way).

It is also possible that this approach is not an effective way to help kids expand their social support network. More research and exploration is needed to determine if talking to kids about accessing social support needs to be supplemented with a program that targets adults in the school and community and teaches them how to approach the students and offer social support.

The checklist used to measure social support was a made up list of possible people the students could go to talk to (e.g. parents, neighbors, police) and an additional
checklist for the students to check off how helpful each person was. This checklist seemed to be somewhat confusing for the students to complete. In the future, I would use a different measure of social support to eliminate the possibility of the student’s confusion affecting the results.

The social support results in this study also may have been heavily affected by external variables over which we had no control. The student’s access to and opportunities to interact with helpful adults may have had an effect on this result. If they had no access to helpful adults even if they learned the appropriate skills, they would not have anyone to approach. Additional their own history with adults may have affected their willingness to expand their support system based on possible past negative experiences they have had interacting with adults.

Access to an expanded social support network is an important objective in order to help students handle crisis more effectively. Clearly this program is not accomplishing this goal. Additional exploration on this topic will have to be conducted in order to establish how to teach student’s to access a wider network of adult support people. Additional supplements to the program in this area will also be considered. In future evaluations of this program social support will be evaluated in a more effective way.

Early research on resiliency indicated that one of the most important variables that affected how resilient a child was, was the presence of a helpful adult in their life (Werner, 1989). Whether it was a parent or another adult this person provided invaluable support for the child. Additional research suggests that the more comprehensive the child’s social support system is the better they are able to cope with crisis (Zimmerman
An evaluation of a social competence program 75

and Arunkmar, 1994). The results of this study indicate that it may not be useful to teach students how to access additional social support without some additional component of the program which encourage the adults in the community to be available to provide this. This concept warrants further exploration in order to ensure that social competence programs are helping students to access appropriate social support.

Community Resources

As reported in the previous chapter there was a big difference in how many community resources the treatment group recognized before and after the program and as compared to the control group. This result is likely due to the fact that this information was directly taught to the students in a session on school and community resources, in the last session. It was encouraging to see that the students were able to more easily recognize the local community resources after discussing them in the program. The function, location and availability of community resources were discussed as well as instructions about how to access them if the student’s needed this kind of help. It does seem useful to include a section in any social competence program about community resources and what they do. Very few of the kids knew anything about the resources in our community and many were interested and appreciated receiving the information. The program will continue to include this session and to evaluate the results using a basic checklist. Other social competence programs should consider including information on local resources in order to provide additional information to the students about available help in their community. The study demonstrates that students are able to learn this information and consider it to be helpful even if they don’t need to use it immediately.
Conclusion

In spite of the limitations of this study, the results can be used to make some preliminary adjustments in the program related to what needs to be improved or altered in some of the components and process. In addition this study has helped to formulate what the next evaluation of this program needs to include.

The results of this study suggested that this social competence program did successfully improve the students' feelings of social competence, their ability to generate friend making strategies and their familiarity with community resources. The program did not improve the students' feelings of general self competence, behavioral self competence, belonging the classroom, use of coping techniques or help them expand their social support networks.

The results and discussion included in this study yielded several suggestions for changing the content and process of this program to make it more effective and have a bigger impact on the concepts evaluated. These suggestions will be incorporated into the program and the areas where further exploration was indicated by the evaluation will be reviewed more extensively. The inclusion of some kind of social competence program in the school curriculum is becoming a very popular idea. The social issues our students have to deal with in their lives today are complicated and more advanced social and coping skills are required. While the school’s interest and enthusiasm in helping students learn these skills is positive, social competence programs should be comprehensively evaluated to demonstrate that they are having their intended impact on the students.
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References


APPENDIX A

PROGRAM OUTLINE
Session One (Diversity)

Goals

Orientation to Project

To help them recognise diversity in their group
To be able to describe their individuality and cultural identity within a social group
To help them learn how to accept and appreciate each other's differences

Objectives

1. To introduce the facilitators to the children, and the children to the facilitators
2. To explain the program to the children and elicit their help to provide suggestions and evaluation.
3. To help them see themselves as a unique individual who has a valuable contribution to make to the group
4. To help them see themselves as a member of their classroom group
5. To help them recognise similarities and differences in each other and other people
6. To discuss and create strategies of acceptance for the kids to use with each other.
Content (Diversity)

A. Brief description of the program
- Handout with the specific highlights

B. Encouragement for the kids to provide feedback
Brief brainstorming session about the most effective way to do this
(suggestion box, verbally, form)

C. Facilitators introduce themselves to kids (interesting stories, where
they go to school)
Introductory Game (kids introduce themselves during game)
Put up agenda for the session and group comes up with a motto about
diversity

D. Discussion about unique characteristics in individuals
All the children are given a card on which to write something unique about
themselves, but not to put their name on the card. They also need to
indicate on the card if it would be okay to share this unique thing with their
classmates. There are given five minutes to do this and then they are asked
to hand in the card to the facilitator.

E. Video (The red dot)
Discussion groups formed with one or two facilitator (s) per group to talk
about the following discussion questions
1) How did the kids in the film celebrate their differences/similarities?
2) How did the boy handle it when his mom and his teacher had different
ideas about other cultures?
3) What strategies did this class use to teach the rest of their school about a different culture?
4) How did the girl feel when she was made fun of by the other kids because she was different? How did her friends give her encouragement?

F. Facilitators to read out the unique characteristics (the ones they are allowed to share) of this group

- Group discussion on the value of the unique characteristics in their class group building exercise. The children are asked to line up and are each given a piece of Lego. One at a time they are asked to think of something (characteristic, trait, physical attribute) they share with at least four other classmates. Each child is then given five seconds to add their Lego piece to the board so that the class can build something together.
- Closing Game (facilitators choice relevant to diversity topic)

G. Sentence Completion Game – five kids from the class are chosen to have a word from the Motto of the day.

- They stand in front of the class and re-arrange themselves into the right order in ten seconds.
Session Two (Friendships)

Goals

To acknowledge and accept the responsibility that accompanies friendships and other relationships in school and the community
Describe indicators of a healthy and unhealthy relationship
Demonstrate an appreciation of the value of friendship
To provide information about role models and heroes
To encourage them to choose positive role models and heroes

Objectives

1. To increase their awareness about the different physical, emotional and behavioural characteristics of their classmates.
2. To help them identify the emotional and behavioural characteristics that make someone a good friend
3. To help them learn new strategies for making friends
4. To help them recognise the characteristics that they have that make them a good friend.
5. To help them recognize how friends can pressure them into doing things they don’t want to do.
6. To introduce the concept of a role model and provide some information about what a role model does.
7. To help them begin to identify positive role models.
Content (Friendships)

A. Introduction to topic of friends (put up agenda)
- Group comes up with a motto about friends
- Find a friend scavenger hunt

B. Discussion about the important things to remember regarding friendshop (small or large group discussion)
- In high school you will probable make some new friends
- Choosing friends based on similar values
- Being your self and hanging out with people who appreciate you for who you are
- Taking a risk to make new friends
- Picking a group that works for you

C. Provide a brief verbal outline of what is a physical, emotional and behavioural qualities of a friend. Carousal discussion activity. Each facilitator takes a station with one of these questions
1) What are some qualities you would like in a friend?
2) Why are friends helpful?
3) What are some of the positive friendship qualities you see in yourself?
4) How do you recognize peer pressure?
5) What kinds of situations or topics might you be peer pressured in?

D. Role Play. How do friends influence you to do things. Facilitators role play how an individual can resist peer pressure.

E. What is a role model? Brief discussion
• General Brainstorming Session on role model

F. Who are the role models in Society, Our Community, and Our School?
Scrunch up the paper game. The facilitator calls out the topic and the student writes out their answer in ten seconds or less, scrunches it up and throws it in the middle. The facilitator then reads out several answers (time dependent) and then calls out the next question.

G. Homework assigned for each child to bring a picture of a positive role model for a group role model collage.

H. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
• They stand in front of the class and re-arrange themselves into the right order in ten seconds.
Session Three (Dealing with Problematic Social Situations)

Goals

- Identify negative social situations and behaviours

Develop strategies to enhance their personal relationships

Demonstrate examples of positive interpersonal skills

Objectives

1. To help the kids identify when someone is becoming a bully
2. To demonstrate strategies of how to handle a bullying social situation
3. To identify the feelings of bullies and victims
4. To help them identify dangerous social situations (physically or emotionally)
5. To help them develop strategies for handling negative social situations
6. To encourage the class to be positive role models for younger children
Content (Dealing with Problematic Social Situations)

A. Introduction to Topic
- Briefly review last week’s main points about friends
- Introduce and explain this week’s topic (difficult social situations)
- put up agenda
- the kids will brainstorm the motto for the session
- difficult social situation charades game

facilitators will begin and kids will be invited to participate if they would like to

B. Film about Bullying (The Broken Toy)
- small group discussions to talk about the following questions
  1. Who were the bullies, what were they doing?
  2. Why did the girls feel bad about what happened? What should they have done?
  3. What could the victims have done about the situation?
  4. How could you tell when the bullying was getting worse? What were the signs?

C. Drawing Activity
- The picture or writing you do is for you only. If you would like to share what you drew or wrote in the discussion that is okay but it is not necessary.
- How would you or someone else feel if they were being picked on or bullied?
(Draw a picture or write if you prefer)
- How does a bully feel?
(Draw a picture or write if you prefer)

D. Role plays about difficult to handle social situations
   • small group role plays about difficult social situations
   • problem cards will be given to the kids so they can act out a difficult situation and practice strategies for how to intervene.
   • if they would like to demonstrate to the class they will be given the opportunity

E. Discussion about real situations, how to handle them and how they can be role models for the rest of the school.

F. Have the kids put their own role model that they brought on the collage board provided.
   • closing game

G. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
   • They stand in front of the class and re-arrange themselves into the right order in ten seconds.
Session Four (Assertiveness and Personal Power)

Goals
To describe personal power
To help them learn to take responsibility and accept consequences for their choices
To help them learn about the different styles of interacting with others and the effectiveness of each style.
To help them develop strategies and evaluative skills about when assertive is appropriate

Objectives
1. To help the kids learn what personal power is and identify it for themselves
2. To demonstrate that they have the freedom to make their own decisions
3. To encourage them to take responsibility for their choices, and help them identify and accept the consequences.
4. To help them differentiate between passive, aggressive and assertive behaviours.
5. To help them practice the specific skills involved in being assertive
6. To help them identify when to use assertive behavior.
A. Brief review of last weeks session (Assertiveness and Personal Power)
- introduction personal power and assertiveness
- put up agenda
- kids come up with motto about the session
- The Choices and Consequences game.
One third of the class are given one of two situations, one third are given a choice, and one third are given a consequence. They have to find the partners that are a match with their own card.

B. Introduction and definition of passive, assertive and aggressive behaviour.
- facilitators role model one type of style and the class has to guess which behaviour style they are using
- break into small groups and come up with a situation role play about one of the styles of interacting (passive, aggressive, assertive)
- groups will have the option of demonstrating for the class or not

C. Discussion and Group Brainstorm about when to use assertiveness skills.
- sort the class suggestions into the four main types of situations where you could use assertiveness skills.
1. you feel like you are being taken advantage of
2. you feel unappreciated
3. you feel confused
4. you feel that someone is being unfair

D. Set up Classroom Teamwork Game
• kids are separated into groups and asked to come up with a team name
• reminded that they are only a team for today
• Game (derived from the television game show Family Feud.)
• involves several questions about assertiveness
  each team comes up with their best answer to the question and rings the bell when they are ready.
One example of a question on assertiveness.
Name a way to say NO to someone in a direct but sensitive manner.

E. Briefly outline the specific components of Assertive behaviour
• Two person skit based on real situation offered by the class
• identifying the specific steps

F. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
• They has to stand in front of the class and re-arrange themselves into the right order in ten seconds.
Session Five (Stress)

Goals

To help kids recognise signs of stress in themselves and others
To help them learn about the positive and negative aspects of stress
To help them identify some common situations that can be stressful

Objectives

1. To describe the situations that can be stressful to themselves and others
2. To encourage them to identify the range of reactions to different events to demonstrate that everyone has a different level of stress tolerance.
3. To discuss some specific situations that causes stress for other people and the positive or negative reactions to it.
4. To help them identify signs of stress in themselves and the meaning of the signs.
Content (Stress)

A. **Review of last session**
- Put up agenda
- Brief introduction to topic
- Kids create motto for the session
- Brainstorm session on What is Stress?
- Positive and Negative Game
- Facilitator reads out situations, kids guess positive or negative stress
- Is there a right answer or is it different for everyone

B. **Stressful Situations**
- Small groups will come up with an example of a
  1. A very stressful situation
  2. A medium stressful situation
  3. A low stress situation

Write each situation (identify whether it is low, medium or high) on a card and submit to facilitator. (Do not identify the group)

C. **Different Responses to Stressful situations.**
- Facilitator will read out the situations and the group will vote on which category it will fit into.
- This will provide a demonstration of different evaluations of stress

D. **Identification of Symptoms of Stress**
- Questionnaire on identifying stress in yourself
- Signs of Stress Charades
E. Video (Moving on, Change)
- small group discussion on the video

F. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
- They have to stand in front of the class and re-arrange themselves into the right order in ten seconds.
Session Six (Coping)

Goals
To describe the many available methods for coping with stress
To help them recognise the different categories of coping.
To help them recognise the life style choices that can help them cope with stress

Objectives
1. To help the kids identify their own methods of coping and which category they fall into.
2. To provide opportunities for them to practice or experience other methods of coping
3. To help them identify their own needs in relation to different coping techniques based on their own personalities.
4. To help them identify different situations that come up in their life and which coping methods would be appropriate.
5. To identify exercise, nutrition, sleep and other healthy choices that contribute to effectively coping with stress.
Content (Coping)
A. Review of last weeks topic
Introduction to Coping
put up agenda
come up with motto
funny video clip to demonstrate humor and coping
B. Introduction to three different categories of coping skills
• Facilitators role play to demonstrate three different types
  • -emotional focused
  • -problem focused
  • -avoidance
C. Small group activity to brainstorm a variety of different techniques
   in any category.
   each group to present one technique to the bigger group
   facilitators to help the groups brainstorm and present if necessary
   group to create class poster of appropriate coping techniques
   -at school
   -at home

D. Draw or write your favourite place activity
when you feel stressed out sometimes it helps to go to a special place in
your imagination

E. Special Guest to Present
lifestyle choices that help manage stress
- proper nutrition
- exercise
- sleep decisions

• benefits of stress in athletics

F. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
They stand in front of the class and re-arrange themselves into the right order in ten seconds.
Session Seven (Personal Social Support)

Goals

• To define social support
• To help the kids identify personal sources of social support
• To help them develop strategies for accessing and using a personal support network

Objectives

1. To familiarise the kids with what social support is and why it is important
2. To encourage them to identify the variety of ways they can provide social support to others and others can provide social support to them
3. To help them to identify several family members or friends (some adults and some peers) who provide some form of social support to them
4. To help them to recognise situations where they could use these people to help out with a problem or difficult situation.
5. To help them identify the range of situations that they may need help dealing with
6. To help them learn a variety of strategies for initiating contact with a potential source of social support.
Content

A. Review of Last Weeks Class
- Introduction to Social Support (list types)
- Agenda
- Motto
- Brainstorm Session
- different groups of people that can be used to provide social support.

B. Teen role plays about how to approach a helpful adult in your life
- group discussion

C. Small group activities on qualities to look for in a supportive adult.
- Each group will receive a problem card with an opportunity for them to access some form of personal support as a solution to their problem.

D. Personal List Making
- Everybody will be given five to ten minutes to create a private list of people they could access for personal support.

E. What might prevent you from asking someone for help for a problem?
- Group discussion about barriers to asking for help
- Solution brainstorming

F. Class Team work game
- Class splits up into teams, each team comes up with a team name.
- Questions about Social Support (personal resources)

G. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
They have to stand in front of the class and re-arrange themselves into the right order in ten seconds
Session Eight (Community Resources)

Goals

- To identify several community agencies for the kids to call when they need help
- To help the kids gain a general familiarity with the type and location of community resources.
- To help the kids learn how to access these resources.

Objectives

1. To provide specific information on the children’s helpline, and how to access them.
2. To provide specific information on Zenith 1234
3. To discuss and provide an outline for what to say when you call these numbers
4. To describe and identify the various agencies and the services in Richmond.
5. To briefly discuss what these agencies do and when they could get help from them
6. To give out resources and stickers about these services.
A. Review of last weeks topic
- Introduction to Community Resources.
- Agenda for class
- Motto

B. Presentation by Kids Helpline Teens

C. Presentation by Social Worker about Zenith 1234

D. Facilitators will role play what to say when talking to these places.
- Students will be put into groups of two to practice talking on the phone to either of these helpful phone lines

E. Community Resources
- brief discussion about the different resources in Richmond
- scavenger hunt activity

F. Class teamwork game
- students divided into teams to answer questions about resources and agencies in Richmond.

G. Sentence Completion Game five kids from the class are chosen to have a word from the Motto of the day.
They have to stand in front of the class and re-arrange themselves into the right order in ten seconds
APPENDIX B
DEMOGRAPHIC QUESTIONNAIRE
Tell us about yourself

We are interested in learning some general information about you, your class and your school. It’s okay if you don’t want to answer certain questions, just leave them blank. Remember do not put your name on the survey.

1. Are you male or female? ___Male ___Female

2. How old are you? ______ (years)

3. What grade are you in? ______

4. Which of these adults do you live with most of the time?
   ___ Both of my parents
   ___ My mother only
   ___ My father only
   ___ My mother and a partner
   ___ My father and a partner
   ___ Grandparents
   ___ Other adult(s) (Please describe)

5. How many brothers and sisters do you have? _____
5. How much education does your father have?

___ some high school

___ completed high school

___ some university or college

___ completed university or college

___ attended graduate school / or professional school

___ I don’t know

6. How much education does your mother have?

___ some high school

___ graduated high school

___ some college or university

___ graduated college or university

___ attended graduate school / or professional school

___ I don’t know
7. How do you describe your ethnic background?

   ____ White
   ____ Black
   ____ Native Indian
   ____ Asian
   ____ Indo Canadian
   ____ Latin
   ____ Other (please describe) ________

8. How long have you lived in Canada? _____

9. What language do you speak at home? ________
APPENDIX C
HARTERS SELF PERCEPTION PROFILE FOR CHILDREN
What I Am Like

Instructions for How to Answer this Questionnaire
For each question: First, read both sentences. Then decide which sentence is the most like you. Once you have decided which sentence is the most like you, decide whether this sentence is really true for you or only sort of true for you. Please only check one box per question.

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1. Some kids feel that they are very good at their school work BUT Other kids worry about whether they can do the school work assigned to them.
2. Some kids find it hard to make friends BUT Other kids find it's pretty easy to make friends.
3. Some kids do very well at all kinds of sports BUT Other kids don't feel that they are very good when it comes to sports.
4. Some kids are happy with the way they look BUT Other kids are not happy with the way they look.
5. Some kids often do not like the way they behave BUT Other kids usually like the way they behave.
6. Some kids are often unhappy with themselves BUT Other kids are pretty pleased with themselves.
7. Some kids feel like they are just as smart as other kids their age BUT Other kids aren't so sure and wonder if they are as smart.
8. Some kids have a lot of friends BUT Other kids don't have very many friends.
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<td></td>
</tr>
<tr>
<td>Number</td>
<td>Really True for me</td>
<td>Sort of True for me</td>
<td>BUT</td>
<td>Sort of True for me</td>
<td>Really True for me</td>
</tr>
<tr>
<td>--------</td>
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<td>--------------------</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>Some kids feel that they are better than others their age at sports</td>
<td>Other kids don't feel they can play as well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>Some kids wish their physical appearance (how they look) was different</td>
<td>Other kids like their physical appearance the way it is.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>Some kids usually get in trouble because of things they do</td>
<td>Other kids usually don't do things that get them in trouble.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>Some kids like the kind of person they are</td>
<td>Other kids often wish they were someone else.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>Some kids do very well at their classwork</td>
<td>Other kids don't do very well at their classwork.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>Some kids wish that more people their age liked them</td>
<td>Other kids feel that most people their age do like them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>In games and sports some kids usually watch instead of play</td>
<td>Other kids usually play rather than just watch.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>Some kids wish something about their face or hair looked different</td>
<td>Other kids like their face and hair the way they are.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>Some kids do things they know they shouldn't do</td>
<td>Other kids hardly ever do things they know they shouldn't do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>Some kids are very happy being the way they are</td>
<td>Other kids wish they were different.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>Some kids have trouble figuring out the answers in school</td>
<td>Other kids almost always can figure out the answers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
<td>Some kids are popular with others their age</td>
<td>Other kids are not very popular.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Really True for me</td>
<td>Sort of True for me</td>
<td>Really True for me</td>
<td>Sort of True for me</td>
<td></td>
<td></td>
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<tr>
<td>-------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Some kids don't do well at new outdoor games</td>
<td>BUT Other kids are good at new games right away.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Some kids think that they are good looking</td>
<td>BUT Other kids think that they are not very good looking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Some kids behave themselves very well</td>
<td>BUT Other kids often find it hard to behave themselves.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Some kids are not very happy with the way they do a lot of things</td>
<td>BUT Other kids think the way they do things is fine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Susan Harter, Ph.D., University of Denver, 1985
APPENDIX D
CLASS BELONGING AND SUPPORT SCALE
An evaluation of a social competence program

Class Belonging and Support Scale (CBSS)

Please answer the following statements using a rating scale from 1 to 5

1 = not at all true  2 = not true  3 = sometimes true  4 = true  5 = completely true

1. I feel a general sense of belonging in my class ____
2. I feel ignored in my class. ____
3. My teacher likes me ____
4. Other students in my class ask for my suggestions and ideas. ____
5. I wish I were in a different class. ____
6. My classroom teacher believes I do good work. ____
7. It is hard for me to make friends in my class. ____
8. I can discuss issues important to me with the teacher. ____
9. I am an important member of my class. ____
10. Other students are interested in what I have to say. ____
11. My teacher isn’t interested in people like me. ____
12. Other students in the class take my opinions seriously. ____
13. In this class people like me the way I am. ____
14. Sometimes I feel out of place in this class. ____
15. Other students in this class like to work with me. ____
16. My teacher wants to know what I think about things. ____
17. I am treated with as much respect as other students in this class. ____
18. My teacher enjoys talking with me. ____
APPENDIX E

THE COPING RESOURCES INVENTORY-YOUTH FORM
Coping Responses Inventory

This question sheet contains questions about what you think is the best way for you to deal with important problems that come up in your life. Please think about the most important problem or stressful situation you have experience in the last 12 months (for example, a problem with your parents, a problem at school, a serious illness or accident, or the death of a family member or a friend). Briefly describe the problem in the space provided. If you have not experienced a major problem, list a minor problem that you have had to deal with. Then answer each of the ten questions using the scale.

Write DN on the line if your response is DEFINITELY NO
Write MN on the line if your response is MAINLY NO
Write MY on the line if your response is MAINLY YES
Write DY on the line if your response is DEFINITELY YES

1. Have you ever faced a problem like this before? _________
2. Did you know this problem was going to happen to you? _________
3. Did you have enough time to get ready to deal with the problem? _________
4. When this problem happened did you think of it as a threat? _________
5. When this problem happened did you think of it as a challenge? _________
6. Was this problem caused by something you did? _________
7. Was this problem caused by something someone else did? _________
8. Did anything good come out of dealing with this problem? _________
9. Has this problem or situation been worked out? _________
10. If the problem has been worked our, did it turn out all right for you?_______
Read each item carefully and indicate what you think is the best way for you to deal with the problem you just described. There are forty eight items in this part.

Circle N If your response is NO, NOT AT ALL
Circle O If your response is YES, ONCE OR TWICE
Circle S If your response is YES, SOMETIMES
Circle F If your response is YES FAIRLY OFTEN

The best way for you to deal with this problem is to:

1. Think of different ways to deal with the problem. N O S F
2. Tell yourself things to make yourself feel better. N O S F
3. Talk with a parent or other family member about the problem. N O S F
4. Decide on one way to deal with the problem and do it  N O S F
5. Try to forget the whole thing N O S F
6. Feel that time will make a difference the only thing to do is wait. N O S F
7. Get involved in new activities N O S F
8. Take it out on other people when you feel angry or sad N O S F
9. Try to step back from the problem and think about it N O S F
10. Tell yourself that things could be worse. N O S F
11. Talk with a friend about the problem N O S F
12. Know what has to be done and try hard to make things work N O S F
13. Try not to thing about the problem. N O S F
An evaluation of a social competence program

Circle N If your response is NO, NOT AT ALL
Circle O If your response is YES, ONCE OR TWICE
Circle S If your response is YES, SOMETIMES
Circle F If your response is YES FAIRLY OFTEN

14. Realise that you have no control over the problem. N O S F
15. Try to make new friends. N O S F
16. Take a chance and do something risky. N O S F
17. Go over in your mind what you would say or do. N O S F
18. Try to see the good side of the situation. N O S F
19. Talk with an adult like a teacher, coach, counselor, clergyman, or a doctor. N O S F
20. Decide what you want and try to get it. N O S F
21. Daydream or imagine things being better than they are N O S F
22. Think that the outcome will be decided by fate. N O S F
23. Begin to read more often for enjoyment N O S F
24. Yell or shout to let off steam. N O S F
25. Think about how thing might turn out. N O S F
26. Keep thinking about how you are better off than other people with the same problems. N O S F
27. Look for help from other kids or groups with the same type of problem. N O S F
28. Try at least two different ways to solve the problem. N O S F
Circle N If your response is NO, NOT AT ALL
Circle O If your response is YES, ONCE OR TWICE
Circle S If your response is YES, SOMETIMES
Circle F If your response is YES FAIRLY OFTEN

29. Put off thinking about the situation, even though you know you will have to at some point. N O S F
30. Accept the problem because nothing can be done to change it. N O S F
31. Begin to spend more time in fun activities. Like sports, parties, and going shopping. N O S F
32. Cry to let your feelings out N O S F
   Try to make sense out of why this problem happened to you N O S F
33. Try to tell yourself that things will get better. N O S F
34. Ask a friend to help you solve problems N O S F
35. Try to do more things on your own N O S F
36. Wish the problem would go away or somehow be over with. N O S F
37. Expect the worse possible outcome N O S F
38. Try to keep busy with school or other things to help you cope. N O S F
39. Do something that you don't think will work, but at least you are doing something N O S F
40. Think about the new hardships that will be placed on you. N O S F
41. Think about how this situation could change your life for the better. N O S F
42. Ask for sympathy and understanding from someone N O S F
43. Take things for a day at a time, one step at a time N O S F
44. Try to deny how serious the problem really is. N O S F
45. Lose hope that things will ever be the same N O S F
46. Find new ways to enjoy life. N O S F
47. Listen to music as a way to cope N O S F
APPENDIX F
TO LIST AS MANY STRATEGIES AS YOU CAN TO MAKE A FRIEND
Please name as many different ways to make a new friend as you can.
APPENDIX G
SOCIAL SUPPORT SURVEY
THINK ABOUT THE PEOPLE YOU TALK TO ABOUT PROBLEMS
WHO DO YOU TALK TO?........... ARE THEY HELPFUL?
PLEASE COMPLETE THE FOLLOWING CHART

<table>
<thead>
<tr>
<th>PERSON</th>
<th>NO</th>
<th>YES</th>
<th>VERY HELPFUL</th>
<th>SORT OF HELPFUL</th>
<th>NOT HELPFUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIBLINGS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FRIENDS</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>GRANDPARENTS</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>OTHER RELATIVES</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DOCTOR</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SCHOOL TEACHER</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SCHOOL COUNSELLOR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SCHOOL PRINCIPAL</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>MEMBER OF YOUR CHURCH</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>COACH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEIGHBOUR</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>YOUTH WORKER</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>COMMUNITY COUNSELLOR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>POLICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX H
COMMUNITY RESOURCES SURVEY
Please complete the following chart about community agencies.

Do we have any of the following helpful places in Richmond?

(please check of yes, no or I don't know)

<table>
<thead>
<tr>
<th>HELPFUL PLACES</th>
<th>YES</th>
<th>NO</th>
<th>I DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINISTRY OF CHILDREN AND FAMILIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH TEAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRISIS CENTRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH DEPARTMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION TO HELP WITH ALCOHOL AND DRUG PROBLEMS</td>
<td></td>
<td></td>
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<tr>
<td>AGENCY TO HELP WITH FAMILY PROBLEMS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>AGENCY TO HELP PEOPLE WHO ARE NEW TO CANADA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOSPITAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOMENS RESOURCE CENTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIBRARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENCY TO HELP PEOPLE WHO HAVE BEEN SEXUALLY ABUSED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUTH EMPLOYMENT CENTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD BANK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENCY TO HELP KIDS WHO ARE HAVING TROUBLE AT SCHOOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY CENTER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENCY TO HELP PEOPLE WITH PHYSICAL DISABILITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLEGE OR UNIVERSITY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I
PARENTAL PERMISSION FORM
Dear Parent or Guardian:

As part of the Career and Personal planning curriculum at your son or daughter's school, they will be participating in a skill-building program designed to encourage and enhance development of their social and personal management skills. We are writing to request your permission for your son or daughter to participate in a research project called "An evaluation of a program designed to promote emotional and social competence in the classroom, that will be used to evaluate the skill building program. The purpose of the research would be to identify if the students have learned or improved the specific skills the program is focusing on, as well as to discover if the program has helped them feel more socially or emotionally competent. The future utility of this specific program will be decided based on the results of the evaluation. This research project will also be used to complete the thesis requirements of a Masters degree at the University of British Columbia.

Students who participate in this study will be asked to complete several short questionnaires and activities. The first will ask some questions about their background. The second will ask about their perceptions of themselves, and the third will ask questions about
how they make friends, solve social problems and which coping skills and helping resources they use. The questionnaires will take approximately forty-five minutes of class time to complete each time (one time prior to the program, and one time after the program). All of the information collected will be strictly confidential and the students will be asked not to put their name or any other identifying information on their questionnaires.

No one except the person conducting the research will have access to the questionnaires under any circumstances. Participation in the study is entirely voluntary and withdrawing or refusing to participate will not jeopardise class standing in any way. Students who do not participate will be given an activity to do that is related to a topic being covered in their regular class.

We would be extremely pleased if your son or daughter decides to participate in the evaluation and if you gave him or her permission to do so. If you have any questions and wish to further discuss this project feel free to call Dr. Bill Borgen at 822-5461 or Lynn Savoie at 221-7395. If you have any concerns about you or your childs rights or treatment in regards to this study you may contact Dr. Richard Spratley, Director of the UBC Office of Research Services and Administration at 822-8598. Please keep a copy of this request and all attachments for you records.
Please indicate on the slip provided on the attached page whether or not your son or daughter has permission to participate, and return it to the school as soon as possible. Students who return permission slips will be entered into a class draw to win a $15 gift certificate to A& B Sound. Thank you very much for considering this request.

Sincerely,

Dr. Bill Borgen
Professor

Lynn Savoie
MA Student
LETTER TO THE PARENTS OF THE CONTROL GROUP

Dear Parent or Guardian:

We are writing to request your permission for your son or daughter to participate in a research project called “An evaluation of a program designed to promote emotional and social competence in the classroom”. The purpose of the research project is to help identify the specific areas that would be useful for this age group in terms of helping them further develop their emotional and social competence. As part of their Career and Personal Planning Curriculum a neighbouring school will be participating in a new program designed to promote emotional and social competence. Your school is participating in the evaluation of the program by acting as a control group school (this means that although the students at your school will not be participating in the actual program they will be completing some evaluation questionnaires for comparison purposes). The future utility of this specific program will be decided based on the results of the evaluation. This research project will also be used to complete the thesis requirements of a Masters degree at the University of British Columbia.

Students who participate in this study will be asked to complete several short questionnaires and activities. The first will ask some questions about their background. The second will ask about their perceptions of themselves, and the third will ask questions about how they make friends, solve social
problems and which coping skills and helping resources they use. The questionnaires will take approximately forty minutes of class time to complete. All of the information collected will be strictly confidential and the students will be asked not to put their name or any other identifying information on their questionnaires. No one except the person conducting the research will have access to the questionnaires under any circumstances.

Participation in the study is entirely voluntary and withdrawing or refusing to participate will not jeopardise class standing in any way. Students who do not participate will be given an activity to do that is related to a topic being covered in their regular class.

We would be extremely pleased if your son or daughter decides to participate in the evaluation and if you gave him or her permission to do so. If you have any questions and wish to further discuss this project feel free to call Dr. Bill Borgen at 822-5461 or Lynn Savoie at 221-7395. If you have any concerns about you or your child’s rights or treatment in regards to this study you may contact Dr. Richard Spratley, Director of the UBC Office of Research Services and Administration at 822-8598. Please keep a copy of this request and all attachments for you records. We would appreciate it if you would indicate on the slip provided on the attached page whether or not your son or daughter has permission to participate, and return it to the school as soon as possible. Students who return permission slips will be entered into a class draw to win a $15 gift certificate to A& B Sound. Thank you very much for considering this request.

Sincerely,
An evaluation of a social competence program 136

Dr. Bill Borgen
Professor

Lynn Savoie
MA Student
LETTER TO THE STUDENTS IN THE TREATMENT GROUP

Dear Student

We are writing this letter to ask you to participate in a study that will evaluate a program you will be participating in with your class. The program is about teaching kids new skills and helping them improve their old skills to solve problems. The study is being done so that we have some information about how well the program worked. If you decide to participate in the study you will be asked to fill out a few questionnaires before the program and after the program. The questionnaires are to help us decide how well the program worked, they are not a test, and there are no right or wrong answers. You will be asked not to put your name on these questionnaires, so nobody will know how you answered. No one will have access to these questionnaires except the person doing the research. If you decide not to participate, it will not affect your grade; you will just be given some other class work to do while other students are completing the questionnaires.

In order to participate in this study you need to take home the attached letter and permission slip and give it to your parents so that they may sign it. If you return your parent’s permission slip you will have a chance to win a $15.00 gift certificate for A&B Sound. Thank you for reading our letter. If you would like to participate in our study please complete the attached form.

Sincerely,

Dr. Bill Borgen
Professor

Lynn Savoie
MA Student
LETTER TO THE STUDENTS IN THE CONTROL GROUP

Dear Student,

We are writing this letter to ask you to participate in a study that will help us learn which skills and information we can teach in CAPP class that would be helpful to students like you in the future. If you decide to participate in the study you will be asked to fill out a few questionnaires (they would take approximately forty-five minutes) during class time on two separate occasions. The questionnaires are to help us learn what type of skills and information would be the most helpful to kids your age, they are not a test, and there are no right or wrong answers. You will be asked not to put your name on these questionnaires, so nobody will know how you answered. No one will have access to these questionnaires except the person doing the research. If you decide not to participate, it will not affect your grade; you will just be given some other class work to do while other students are completing the questionnaires.

In order to participate in this study you need to take home the attached letter and permission slip and give it to your parents so that they may sign it. If you return your parent’s permission slip you will have a chance to win a $15.00 gift certificate for A&B Sound. Thank you for reading our letter. If you would like to participate in our study please complete the attached form.

Sincerely,

Dr. Bill Borgen
Professor

Lynn Savoie
MA Student
STUDENT CONSENT FORM

Study title: “An evaluation of a program designed to promote emotional and social competence in the classroom.”

Researchers: Dr. Bill Borgen
Professor
Lynn Savoie
MA student

I have read and understand the attached letter regarding the study entitled “An evaluation of a program designed to promote emotional and social competence in the classroom.”

I have kept copies of both the letter describing the study and this permission slip

---

____ Yes, I would like to participate.
____ No, I would not like to participate.

Name: __________________

Signature: ________________
APPENDIX K
INSTRUCTIONS TO THE TEACHERS
Dear Ms.

Thank-you very much for allowing your students to complete these questionnaires. There are a few administrative requirements that will help to ensure that the results are useful and valid as part of the study.

Please have the students do the questionnaires all at the same time in one time slot. They should take about 45 minutes to complete.
Please have the students complete the questionnaires this week.
Please remind the students not to put their name on the questionnaires
Please do not help the students answer the questions

There is one questionnaire that is a little bit tricky to complete. It is called What I Am Like and it is randomly distributed among the student questionnaire packages. Could you please read out the following instructions to your students regarding this particular questionnaire.

For each question: First read both sentences. Then decide which sentence is the most like you. Once you have decided which sentence is the most like you, decide whether this sentence is really true for you or only sort of true for you. Please only check one box per question.

I will be back on Friday afternoon to pick up the questionnaires. Again, thanks for your help.

Sincerely
Lynn Savoie