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Application and review of a strength-based program in classrooms with behavior disordered children

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Running Head: A STRENGTH-BASED PROGRAM IN CLASSROOMS

**The Application and Review of a Strength-Based Program
in Classrooms with Behavior Disordered Children**

Jennifer L. Welsh ©

Lakehead University

**Thesis submitted in partial fulfillment
of the requirements for Master of Arts**

July 2003

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Abstract

The strength perspective of psychology involves focusing on an individual's resources rather than weaknesses. Recent studies have found that enhancing existing strengths achieves the same outcome as the deficit approach, but with additional benefits (Larson, 2000). A specific area where strength-based assessment can be applied is with problems of school-age children. This application intends to help students flourish in their classroom setting. The present study examined the effects of a strength-focused program on the academic and behavioral performance of behavior disordered children in day treatment classes. Self-monitoring ability and level of self-concept were investigated as potential moderators of the treatment effect. Findings indicate that while there were decreases in problematic behaviors over time, they were not the direct result of the strength intervention. There were no significant changes in academic scores. Adequate construct validity of an alternative strength assessment measure was demonstrated. These findings are discussed within the context of strength-based theory. Limitations of the present study are acknowledged and directions for future research are outlined.

The Application and Review of a Strength-Based Program in Classrooms with Behavior Disordered Children

In the last few decades, psychology has focused on pathology, dysfunction, and disorders. While the advances made, in terms of detailed understanding of disorders and their etiology, are grand, psychology is more than just conquering deficits. It is also about helping people function to the best of their ability. A comprehensive understanding of psychological functioning must include a positive component, in an effort to maintain an integrative balance (Linley & Joseph, 2003; Lopez, Snyder, & Rasmussen, 2003).

Positive psychology is defined as the scientific study of human strengths and virtues (Sheldon & King, 2001), and a goal of positive psychology is to help people gain control over their strengths and virtues (Folette, Linnerooth, & Ruckstuhl, 2001). The aim of controlling those individual strengths may be to reduce negative outcomes, such as substance abuse or academic failure, but also may be to facilitate positive outcomes (Gillham, Reivich, & Shatte, 2002), such as creativity and hope. This definition of positive psychology does not imply that problems or reality are ignored or denied (DuBose, 2002; Lopez et al., 2003; Saleebey, 1996; Ward, 2002), they are simply reframed in a non-pathological light. For example, a pathological view of therapy would focus on problems, while a strength view of therapy would focus on possibilities (Saleebey, 1996). These two views of psychology (positive and deficit) orient attention to opposite ends of a continuum.

Given the greater emphasis on pathology, psychologists have not devoted much effort to understand human virtues and strengths (Lopez et al., 2003;

Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001; Snyder & McCullough, 2000). For example, issues such as the mechanisms behind happiness and creativity, and the effect of optimism on health have comparatively been neglected in psychological research (Sheldon & King, 2001). Recent studies have found that enhancing existing strengths achieves the same outcome as the deficit approach (i.e., reducing negative symptomatology) with additional benefits such as building resources, initiative, and leadership (i.e., facilitating positive outcomes) (Larson, 2000).

Gensterblum (2002) demonstrated this concept by using a strength-based treatment model to reduce maladaptive behaviors and also to increase adaptive behaviors in a residential treatment center for mentally and emotionally impaired youth between the ages of 7 and 18. A solution-focused brief therapy model was introduced that helped the clients recognize solutions to their presenting problems in their own existing skills and resources. For example, a client who indicates that family involvement is an important support system for them, could benefit from having a family component as part of the treatment plan. Regular communication between family members and the center, and perhaps even joint therapy sessions, could facilitate the client in working towards specific goals that reduce maladaptive behaviors and increase adaptive behaviors. The existing resource (i.e., the family network) therefore becomes part of the solution by enhancing the value of that particular strength and applying it to the presenting problem. In this study, a pretest-posttest design was utilized to demonstrate the successful impact this approach had on the residents.

Positive psychological principles have often been applied once a problem has already surfaced and been acknowledged by the individual, their family, and/or a teacher. In a similar vein, prevention research focuses on cultivating people's strengths *before* a problem occurs. Recently though, researchers have explored the potential relationship between positive psychology and prevention (Gillham et al., 2002), and have discovered that courage, interpersonal skill, honesty, perseverance, and the capacity for insight can buffer against mental illness (Seligman & Csikszentmihalyi, 2000). Prevention research can be most helpful when aimed at children and youth because they are more likely to change their behavior since they have not developed rigid patterns like most adults. Thus, one can see how an integration of the positive psychology orientation within the developmental perspective can be a catalyst for prevention (Roberts, Brown, Johnson, & Reinke, 2002). It is likely that researchers will continue to identify adaptive behavior patterns and learn how to foster these virtues in young people prior to the occurrence of psychological disturbances.

When prevention is not feasible, or when the problem has already occurred, strength-based psychology may be a better alternative than the deficit approach. A strength-based practice of psychology applies the principles of positive psychology and considers the possibility of using identified strengths in areas of an individual's life that could benefit from such resources. It should be noted that while this application of positive psychology (i.e., strength-based) may be fairly new, the ideas behind it are not.

In the 1940s and 1950s, Carl Rogers (1942) and Abraham Maslow (1954) introduced the humanistic side of psychology, which served as a building block

for the positive psychology perspective. The humanistic view focused on a basic sense of client trust, conditions that fostered growth and creativity, encouragement of self-exploration and self-actualization (Corey, 1996). As well, some facets of developmental psychology adopted the positive psychology framework and acknowledged the growth and continued development of human potential across the life span. Within this area there has always been some consideration of the developmental processes that result in children becoming motivated and competent adults (Larson, 2000; Lopez et al., 2003). In a way then, the humanistic and developmental views tested the ideas of positive psychology without focusing exclusively on it.

While both domains hinted in the direction of positive psychology, the phenomenon has only recently begun to flourish rapidly in the form of a strength-based perspective. Folette et al. (2001), Larson (2000), and Seligman and Csikszentmihalyi (2000) all agree that the time has arrived for positive psychology to rise again, and that its emergence is long overdue. Some recent work in this area has explored strength-based assessment of infant mental health (Perez, Peifer, & Newman, 2002), changes in strength-based scores of previously incarcerated youth (Cillo, 2002), strength-based and family centered assessments of children with special needs (DuBose, 2002), the possibility to capitalize on strengths within an offender rehabilitation model (Ward, 2002), and the incorporation of a strength-based component in academic programs for gifted and talented/learning disabled students (Weinfeld, Barnes-Robinson, Jeweler, & Shevitz, 2002). As well, recent positive psychology efforts have attempted to adapt the scientific method to the unique problems that human behavior presents

(Lopez et al., 2003; Snyder & McCullough, 2000). In order to survive as a viable perspective in the field of psychology, the strength-based perspective needs to achieve strong empirical support through critical scrutiny of its procedural elements (Folette et al., 2001; Snyder & McCullough, 2000).

A specific area where strength-based work can be applied is with problems of school-age children. Seligman and Csikszentmihalyi (2000) relate the positive psychology phenomenon to children quite well in the following quote:

Raising children . . . is vastly more than fixing what is wrong with them. It is about identifying and nurturing their strongest qualities, what they own and are best at, and helping them find niches in which they can best live out these strengths (p. 6).

While the benefits of applying a strength-based perspective to children in the classroom may seem generous and clear, it is an area that has yet to be well researched. This type of investigation involves applying the key principles of positive psychology to the classroom environment, thereby merging psychology and education. In alignment with the positive psychology aim, this application of the strength-based perspective seeks to help students flourish in their classroom setting. This particular application seems especially relevant for children given that the classroom environment is where they spend a large portion of their day. A number of childhood problems that lead to disruption in the classroom and learning, such as behavior disorders, appear to be amenable to a strength-based perspective (Rudolph & Epstein, 2000). Specifically, the strength-based perspective purports to overcome problems by using services and techniques that

build on the students' strengths and in turn buffer against their weaknesses (Epstein, Rudolph, & Epstein, 2000).

Only one research project that is related to the incorporation of psychological strengths into the classroom setting has been found in the literature to date (Firpo, 2002). This project is an "in progress" dissertation that will attempt to prevent mental illness, through the implementation of a strength focused program, among elementary school-aged children over a two year period. No structural details of the program have been reported, and given that it has not been completed, no results have been revealed. Given that few articles address this issue specifically, it is one that is open to more theory building and empirical research. The implications that may result from such an amalgamation of ideas and research may lead to a new understanding of childhood problems that affect school functioning, as well as potential solutions. Given more time and support from empirical research, the strength-based perspective may prove to be quite valuable in classroom settings in the near future.

Strength Identification

At this time in psychology, given the economic limitations psychologists are often faced with, a good clinical outcome is typically defined as low symptomatology. A strength-based approach, however, seeks to discriminate between low levels of symptomatology and positive psychological functioning (Folette et al., 2001). In other words, it builds on low levels of symptomatology with positive psychological functions. This aim is achieved by identifying and using individual strengths. While there is a great deal of literature that supports the idea of a strength approach in theory, the application of strengths to

overcome human problems is still in its infancy, and the integration of strengths into a model of practice has yet to be made (Ornstein & Ganzer, 2000).

Given the paucity of applied research in the area of strength-based psychology, it is not surprising that there is not a simple method in place to identify individual strengths and adapt them to unique situations. However, VanDenBerg and Grealish (1996) highlight that strength-based assessments have been utilized in an informal manner in the fields of psychology and social work for a number of years. Regardless of level of formality, some kind of assessment is required in this area of strength-based research (Lopez et al., 2003; Ronnau & Poertner, 1993; VanDenBerg & Grealish, 1996). That is, in order to empirically test a concept, it must be measured first. In order for reliability and validity to be established with any method of assessment, a standardized approach is of paramount importance (Werrbach, 1996).

One author whose recent work has had great impact on the measurement of strengths and resources is Michael Epstein. He defines strength-based assessment as:

the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development (Epstein & Sharma, 1998, p. 3).

In 1998 he introduced the *Behavioral and Emotional Rating Scale (BERS): A Strength-Based Approach to Assessment*. It was the first widely published,

standardized, norm-referenced scale designed to assess individual strengths of children in five areas: interpersonal, family involvement, intrapersonal, school functioning, and affect. The first dimension, interpersonal strength, measures a child's ability to regulate his or her emotions and behaviors in social settings. The second dimension, family involvement, evaluates the relationship quality between a child and his or her family. Intrapersonal strength measures a child's perception of his or her competence and accomplishments. The dimension of school functioning measures a child's competence in school and in the classroom. The final dimension, affective strength, measures a child's ability to express feelings and accept affection from others. The BERS appears to consider very relevant aspects of a child's life during the school-age years: how others view the child, how the child interacts with the family, how the child views him or herself, how the child functions at school and how the child reacts to receiving and giving affection. Aside from personality functioning, which Epstein may have considered too large and distinct to include in a strength measure, the five dimensions appear to sufficiently represent potential areas of strength. In other words, it is likely that all children would demonstrate strengths in one or more of those five areas.

Epstein's view of strength-based assessment is built on four basic assumptions: (1) every child has unique strengths; (2) children are influenced and motivated by the way significant people in their lives respond to them; (3) rather than viewing children as deficient, it is assumed they did not have the opportunities that are essential to learning, developing, and mastering the skill; and (4) children and families are more likely to become involved in the

therapeutic process if treatment and services are based on strengths rather than deficits (Epstein et al., 2000). These four assumptions are fundamental to the strength perspective. They acknowledge that all children can reach their full potential when provided with adequate means (e.g., schooling, extracurricular activities, and basic nutrition). Since children rely on others to provide them with the motivation and means to excel, it seems that it is necessary for “us” to change our perspective from deficit oriented to strength-based to enable their strengths to fully develop.

Children and families are involved in service planning in an optimistic way when using strength assessment models. As such, they are empowered to take responsibility for the decisions that will affect their life. Remaining positive throughout the assessment process is encouraging and can influence the outcome in a beneficial manner.

Epstein’s rationale behind constructing such a scale was to bring some kind of order to the change in perspective of psychology that was surfacing at the time. It was widely acknowledged that there was an over reliance on the deficit oriented assessment model, and the strength-based approach was becoming an alternative that many were turning to for solutions. However, before the BERS, there was no formal mechanism in place to do so. Those who supported a strength focus were assessing individual strengths on their own without any guidelines to follow. Given the varying ideas of those professionals, this was likely done in an inconsistent manner. With no structure in place, comparison within or across populations was impossible. Epstein introduced the BERS because he supported the formalization of the strength assessment process.

In the interest of psychometric soundness, he conducted three pilot studies to examine content selection, item discrimination, and factorial structure prior to producing the final BERS (Epstein, 1999). Since then, Epstein has gathered normative data for children with and without emotional and behavioral disorders, separated by age (5-18 years) and gender. The emotional and behavioral disordered (EBD) children were all school-system identified and were receiving special education services. Content validity of the BERS was attained through surveying a national sample of parents and professionals who had experience with this population (Epstein & Sharma, 1998). Feedback was considered at each stage of development.

Adequate concurrent criterion related validity was assessed through correlational analyses using the BERS and the Child Behavior Checklist (CBCL), the Self-Perception Profile for Children, and the Walker-McConnell Scale of Social Competence and School Adjustment (Harniss, Epstein, Ryser, & Pearson, 1999). The scales correlated with the BERS in the expected direction and magnitude, given their similar nature.

Construct validity was assessed by comparing the mean standard BERS scores of the two groups of students used to norm the scale, those with and without EBD. The children with EBD scored one standard deviation below the children without disabilities (Epstein & Sharma, 1998).

Predictive validity of the BERS was examined in one study by Reid, Epstein, Pastor, and Ryser (2000) that compared nondisabled students, learning disabled students and EBD students. The BERS was found to adequately discriminate between these three groups.

And finally, the BERS was found to demonstrate adequate convergent validity through two studies done by Epstein, Nordness, Nelson, and Hertzog (2002). The first study compared BERS scores to three social adjustment scales from the Systematic Screening for Behavior Disorders, which is a system used to identify children at risk for problem behaviors (Walker et al., 1990). The second study compared BERS scores to subscales from the Scale for Assessing Emotional Disturbance (Epstein & Cullinan, 1998, as cited in Epstein et al., 2002), which is a standardized, norm referenced scale that assists in the identification of emotionally disturbed children. The above research studies yield confidence that the BERS does indeed measure what it purports to measure.

Inter-rater reliability studies of the BERS revealed high correlations between teachers and teachers' aides (Epstein, Harniss, Pearson, & Ryser, 1999). Test-retest reliability studies also found high correlations among BERS scores during two-week and six month intervals (Epstein, 2000). This information yields confidence that the BERS measures strengths in a consistent manner.

Overall, the BERS maintains sound psychometric properties and broad applicability in psychology and related disciplines. The BERS can be used as part of the identification, planning, and monitoring process of strength-based assessments and for evaluating treatment outcomes. The development of the BERS was a critical step in terms of standardizing the strength-based assessment process.

Another strength assessment tool that is less widely known is the Strength Assessment Inventory (SAI) which was developed by Rawana, Cryderman, and Thompson (2000). The SAI was derived from the Ministry of Community and

Social Services Risk/Need assessment form that is used with all young offenders in the province of Ontario. The Risk/Need assessment form queries eight areas in an offender's life to provide an accurate view of the offenders' presenting difficulties (i.e., those areas in an offenders' life that may pose a risk for recidivism). The Risk/Need form served as a starting point for the SAI with the realization that the queried areas may also represent strengths for some individuals. For example, some individuals may not have much support in terms of parents or other family, whereas other individuals may have a very supportive family network. The family, or lack there of, may represent a strength or risk depending on the individual and circumstances.

Following the trend in psychology to consider alternatives to the deficit approach, the Risk/Need form was adapted to assess strengths in the relevant domains for offenders. The SAI was recently slightly modified to consider strengths that were relevant for school-aged children. The SAI assesses strengths across 6 domains: family circumstances/parenting, education, peer relations, leisure/recreation, attitudes/orientation, and personality/behavior characteristics.

Given that the SAI was originally derived from within the criminal justice field, there is a slightly different perspective offered with the SAI compared to the BERS, which has always focused on children. While the SAI does maintain some overlap with the BERS, there are some aspects of the scale that are unique. Within the family dimension, the SAI queries the child's internal awareness of his or her influence on the family unit. This is an aspect that is not covered in the parallel BERS dimension and may be an important piece to consider.

Within the education dimension, the SAI queries the child's relationships with school personnel in addition to their competence in school related tasks. Again, this may be an important aspect that may contribute to a student's success in school that is not assessed directly in the BERS. This may be especially true for behavior disordered students given that the ratio of staff to students in specialized classrooms is much higher and interactions are more frequent.

The SAI has one subscale that focuses solely on peer relations. This is obviously an important area in a child's life, and yet the BERS only devotes two items to peer relations. Valuable information may be gained through querying this dimension.

Within the leisure/recreation subscale on the SAI, specific hobbies are listed which can be endorsed by raters, as well as an option for "others". While it may seem insignificant, a rater may be more likely to indicate an activity as a strength if they see it already identified as a potential strength, rather than coming up with activities on their own. Providing this type of format may result in a more accurate view of the child, especially given that it may be a struggle for some parents to make the shift in recognizing their child's strengths on their own.

Another area that the SAI covers is the personality/behavior characteristics dimension. Within this subscale, two items on the SAI assess the child's motivation to make improvements in areas of weakness. The inclusion of these items may be important, especially if an individual receives a low overall strength score. A child who does not present with a lot of strengths, but is motivated to make positive changes in his or her life will likely require different

intervention than a child who has limited strengths and does not wish to make any changes.

The SAI is currently a tool that is being used in the Province of Ontario to supplement the Risk/Need assessment with young offenders, however it has not been evaluated psychometrically. Given that it covers a number of relevant areas of functioning for children, some of which are not mentioned in the BERS, it may prove to be a supplementary tool within a strength-based assessment and evaluation context.

Self-management

Strength interventions must use client strengths to shape an acceptable response to a problem that serves the same function as does the problem behavior (Folette et al., 2001). A first step is for the client to gain control over his or her own strengths through self-management. Self-management intervention in the classroom is defined as, “teaching a child to engage in some behavior (e.g., self-monitoring, self-instruction) in an effort to change the probability of occurrence of a target behavior (e.g., academic productivity, disruptive behavior)” (Cole & Bambara, 1992, p. 193). Thus, the aim of self-management is for the student to develop internal controls for his or her behavior, thereby reducing the need for external controls typically used in behavior management programs (Gregory, Kehle, & McLoughlin, 1997).

Self-monitoring, self-evaluation, and self-instructional training are all types of self-management interventions. Self-monitoring involves instruction to the child to observe specific aspects of their own behavior and provide an objective record of those observations. Thus, self-observation and self-recording

are two actions used in the process. In 1974, Snyder was interested in the self-monitoring ability of adults and developed the Self-Monitoring Scale to measure this construct. According to Snyder (1974), individuals differ in the extent to which they monitor their presentation of expressive behavior. Snyder therefore suggests that high self-monitoring individuals are concerned with the appropriateness of their behavior and are sensitive of their presentation to relevant others whereas low self-monitoring individuals are not concerned with these issues. Given these findings, it is reasonable to assume that high self-monitoring individuals would be able to gain control over their strengths sooner and easier, and apply them in more acceptable and adaptive ways than low self-monitoring individuals.

In 1987, the concept was extended to children's ability to self-monitor with the development of the Junior Self-Monitoring Scale by Graziano, Leone, Musser, and Lautenschlager (1987). While similar in nature to the Self-Monitoring Scale, the Junior Self-Monitoring Scale was constructed to examine if self-monitoring ability is developmental in nature. That is, it has been questioned if self-monitoring ability changes over time as a result of exposure to different family situations and experiences. While Graziano et al. (1987) have demonstrated that self-monitoring can be measured in children, and Musser and Browne (1991) have demonstrated self-monitoring stability for children across a 15-month interval with no relationship to parental self-monitoring scores, the developmental process of this ability from childhood to adulthood remains unclear. However, given the similarities to the same adult construct, it is

expected that gaining control of individual strengths would also be easier for high self-monitoring children.

Self-evaluation, another self-management intervention, involves comparing one's own behavior to some external standard. In the classroom environment, this standard is usually specified by the teacher. Self-instructional training, another self-management intervention, involves teaching children specific verbalizations to direct their own behavior. That is, children talk themselves through their behavior decisions. In all of these self-managed intervention techniques, self-monitoring, self-evaluation, and self-instructional training, cues are provided by relevant others that serve as guidelines for making changes. So, while the individual decides whether or not to make adjustments, it is feedback from others that guides the choice.

Self-management interventions offer three potential benefits for students: (1) emphasis is on the student for assuming responsibility for his or her own behavior; (2) the interventions reduce demands on teacher time; and (3) they emphasize teaching a transferable coping strategy that facilitates generalization across other behaviors and classroom settings (Snyder & Bambara, 1997). Self-management interventions must be specifically tailored to each child in order to gain the maximum beneficial effect. When self-managed interventions are truly self-managed by the student at all stages, an increase in treatment effect size can be expected (Fantuzzo, Polite, Cook, & Quinn, 1988).

Despite the fact that there is a substantial base of empirical support for self-management interventions in a variety of settings, there is a limited application of them in the school systems (Snyder & Bambara, 1997), especially

with behaviorally disordered students (Kern, Dunlap, Childs, & Clarke, 1994). Cole and Bambara (1992) note that this may be due to lack of familiarity with the procedures, practical problems implementing them, and cost-effectiveness of self-managed strategies compared to teacher-managed strategies. Based on the premises behind self-management, it logically follows that this technique should facilitate generalization across behaviors and classroom settings (Snyder & Bambara, 1997).

A common misconception that influences the interpretation of many studies is the failure to make a distinction between the maintenance and generalization of behaviors. Gable and Hendrickson (2000) define maintenance as “the occurrence of a behavior over time, even after an intervention has been withdrawn” (p. 288), and they define generalization as “the occurrence of a behavior under different conditions from those under which the behavior was originally taught” (p. 288). Thus, maintenance is concerned with continuing a behavior over time given either the same conditions as during the training period or given the same conditions as during baseline, while generalization is concerned with continuing a behavior under different conditions as during the training period, such as across classroom settings, teachers, and/or behaviors. Maintenance is the foundation for generalization and is therefore easier to achieve. Knowledge of the distinguishing characteristics of these related concepts is fundamental to understanding and applying any intervention plan.

However, empirical studies examining the generalization of these demonstrated effects in the classroom yield conflictual findings. For example, Smith, Young, West, Morgan, and Rhode (1988) examined generalization of self-

evaluation training of a token reinforcement program for reducing disruptive, off-task behaviors in a resource room setting of junior high students to a regular education classroom setting. Students rated their behavior according to specified classroom rules and were awarded points if they matched the teacher rating and penalties if they failed to match the teacher rating. When a simplified form of the procedure was implemented in the regular classroom setting, the authors found poor generalizability of the treatment gains that were previously noted in the resource setting.

In contrast, Prater, Hogan, and Miller (1992) discovered that using self-monitoring in a special education setting with an adolescent who had learning and behavior problems was an effective way to apply those same procedures in a mainstream setting. Prior to the intervention in the resource setting, mean on-task behavior was at 18%. The student was taught self-monitoring procedures in the resource setting (monitoring on-task behaviors via auditory cues and visual prompts displayed on a poster) and was able to maintain a high level of on-task behavior ($M = 94\%$) after fading out the cues in follow up. When the visual prompts were introduced into the mainstream setting of Math and English without the auditory cues (minimal intervention), the student was able to considerably increase his on-task behavior within a short time period. Prior to the intervention of visual prompts, Math and English on-task levels were 28% and 40%, respectively. After intervention of visual prompts, on-task levels were 92% for Math and 80% for English. In all settings the student maintained high levels of on-task behavior during follow up. In this case then, when generalization to other settings was considered throughout the intervention plan,

the student was able to generalize treatment gains learned in the resource setting to two other mainstream settings.

Similarly, Clark and McKenzie (1989) found that self-evaluation training of seriously emotionally disturbed (SED) children was able to generalize from a mental health center self-contained resource room to other settings and teachers. In this study, three SED boys, ages 9, 10, and 11, self-evaluated their percentage of appropriate resource room behavior (appropriate and inappropriate behavior had previously been operationalized for the students) and compared it with observer ratings. Reinforcement for matched ratings was offered through token items. When the students maintained a stable rate of appropriate resource room behavior they graduated into the classroom generalization phase. Implementation of the same procedure in the classroom led to rapid and substantial increases in percentages of appropriate behavior for all three students. Consequently, this study supports the generalization of self-evaluation training with SED children.

It seems that when generalization to other conditions is considered throughout the intervention plan, it is achieved more often than when it is considered as an addendum to the plan. While the studies by Prater et al. (1992) and Clark and McKenzie (1989) maintained some similarities between resource settings and general classrooms, the mainstream conditions were minimally invasive and still classified as generalizations across settings and teachers. It seems that the research findings in the area of generalization of self-management interventions are equivocal, therefore the issue remains unresolved.

However, while the low generalizability of self-management interventions have been reported in some cases, a closer evaluation of the literature shows that most of those studies did not actually measure generalization but rather inferred it. Interventions that did specifically measure generalization were concerned only with generalization across time (i.e., maintenance) rather than across settings, teachers, or problems (Cole & Bambara, 1992). Specifically measuring generalization across settings, teachers, and/or problems is required before accurate findings will be reported. Therefore, at this point it can only be stated that limited support exists for the generalizability of self-management interventions, rather than no support. Given the importance of being able to maintain treatment gains and applying them to other areas, this certainly is an area that warrants further attention in the literature.

Generalizability of Strength Identification

While research on the generalizability of self-management in the classroom is equivocal, virtually no studies have examined the benefits of identifying student strengths outside the training observation period or setting. Thus, the generalizability of a strength-based practice is unknown. However, one can consider related research on the generalizability of other intervention strategies, discussed above, to provide an educated guess.

Acknowledging that generalizability is integrally related to the design and implementation of the study, it must be considered during the development phase rather than after the fact. It is important that the similarities between the training period and post period be maintained, and strategies such as fading and booster sessions be considered (Gable & Hendrickson, 2000; Prater et al., 1992).

Incorporating these issues into strength-based practices will likely foster generalization to other conditions.

While there are mixed views about the generalizability of other intervention strategies (e.g., self-management), given the nature of the strength perspective, it is likely that strength-based intervention will generalize well to other situations. In other words, the strength perspective involves a shift in thinking which can be enduring and long lasting. Once a shift is made, the applicability of the perspective is widely evidenced. More specifically, if the students can be shown how to use their strengths productively and to self-manage them, the positive experiences they associate with that transition will hopefully encourage them to use their strengths elsewhere to achieve those same feelings of success.

Creating Strength Environments

Merging the two parallel fields of positive psychology and education is most evident when strength concepts are applied to the classroom environment. In the positive psychology literature, it has been indicated that once clients gain control of their strengths, psychologists can then suggest ways that these strengths can be applied to overcome deficiencies in other areas (Chen, Krechevsky, Viens, & Isberg, 1998). Furthermore, research in the field of education suggests that manipulating one's environment is a powerful mechanism for change (Dixon et al., 1998). More specifically, the classroom environment is typically manipulated by the teacher. Manipulation of that environment generally arises from the need to manage student misbehavior. Some problem-focused intervention techniques involve behavior management

and curriculum modification (Brown, Gable, Hendrickson, & Algozzine, 1991; Hoover, 1990), physical arrangement of the room and peer tutoring (Gardill, DuPaul, & Kyle, 1996), as well as token reinforcement and response cost strategies (McConnell Fad, 1995; Reitz, 1994^{*}). The majority of these interventions are implemented when the problem behavior has already been noticed, and the emphasis is on fixing the problem rather than building on resources.

Preventive strategies for misbehavior are rarely used in classroom settings. For example, identifying and posting classroom rules and reviewing them each day with all students occupies time, perhaps unnecessarily, if everyone already follows the rules. Reasons for the infrequent use of prevention may be that the time involved in implementing these techniques is substantial and that this time may be better spent in other areas, such as curriculum planning, if there are no disruptive behaviors to attend to.

These two strategies (problem-focused and prevention-focused) may not be time efficient given that they are time consuming to implement and may not produce long lasting effects. A strength-based strategy compensates for the shortcomings of these two approaches. A classroom environment that pays particular attention to individual student strengths may serve the purpose of prevention and management of misbehavior. Acknowledging student strengths before misbehavior begins and/or once the misbehavior has been identified may deter or reduce its occurrence by offering students alternatives that serve them well academically and behaviorally.

Purpose of the Present Study

The main purpose of the present study was to apply the strength perspective of psychology in the classroom in an effort to improve behavior and academic performance of behavior disordered children. More specifically, this study investigated if reinforcing identified strengths, and practice using those strengths, improved academic performance and decreased behavioral concerns for students. While strength-based assessments have been conducted with students who have learning disabilities and emotional and behavioral disorders (Reid, Epstein, Pastor, & Ryser, 2000), full implementation of a strength-focused program with such populations has not yet been investigated. Strength-focused programming may provide valuable information for clinicians and educators in relation to student strengths that will aid in understanding the behaviors of such students in terms of detailing Individualized Education Programs (IEPs). In fact, the Individual with Disabilities Education Act (IDEA) of 1997 mandated that when developing IEPs, the team shall consider “the strengths of the child and the concerns of the parents for enhancing the education of their child” (Epstein, Rudolph, & Epstein, 2000, p. 50). Thus, the need for applicable ways to do so is growing more important with each IEP.

A supplementary purpose of the present study was to examine if two individual characteristic variables had an effect on the treatment intervention. More specifically, this study investigated if self-monitoring ability and self-concept moderated the relationship with the strength focused treatment. That is, did differing levels of self-monitoring ability and self-concept affect the intervention differently? As mentioned previously, the work of Snyder (1974)

suggests that high self-monitoring individuals should be able to gain control over their strengths sooner and easier than low self-monitoring individuals.

Therefore, high self-monitoring individuals may demonstrate more of a positive effect with the strength focused treatment. Along a similar vein, self-concept was also explored as a potential moderator variable. Although no research has investigated self-concept in relation to the strength perspective, theoretical rationale suggests that if an individual has a poor concept of themselves and their abilities, then they would have difficulty gaining control over their strengths. Therefore, low self-concept individuals may demonstrate a less positive effect with the strength focused treatment. The investigation of self-concept as a moderator was exploratory in nature.

Another supplementary purpose of the present study was to use the BERS and the Strength Assessment Inventory (SAI) to identify individual student strengths that could then be used in the classroom environment. Given that limited empirical support exists for the SAI when compared to the BERS, consistency in scores between the two scales would provide support for construct validity of the SAI. Given the recent shift to using the strength perspective as an alternative to the deficit model to overcome psychological issues, the utility of strength-based practice requires the evaluation of student strengths in a psychometrically sound manner.

In summary, the present study examined the effects of implementing a strength-focused program with behavior disordered children in day treatment classrooms. Enhancing existing strength domains was explored as a mechanism for improving behavioral and academic performance. Two characteristic

variables were explored as potential moderators, and construct validity of the SAI was examined.

Hypotheses

1. It was hypothesized that identifying and frequently acknowledging student strengths (as assessed by the BERS and SAI), would significantly improve the students' academic and social behavior (as assessed by the Wide Range Achievement Test – III [WRAT-III], Child Behavior Checklist [CBCL] and Teacher Report Form [TRF], respectively) in the classroom, in comparison to a control group.
2. It was hypothesized that self-monitoring ability and self-concept would moderate the relationship with the strength-focused treatment. Specifically, it was hypothesized that high self-monitoring individuals would demonstrate more improvement than low self-monitoring individuals. Specifically, it was hypothesized that high self-concept individuals would demonstrate more improvement than low self-concept individuals.
3. It was hypothesized that the BERS and the SAI would both be useful strength assessment tools to identify strength domains for children. It was hypothesized that BERS and SAI correlations would be significant and strong in magnitude.

Method

Participants

Participants were drawn from the Day Treatment program at Lakehead Regional Family Centre (LRFC). This program offers specialized classes that deal

specifically with behaviorally disordered students. All students were referred into these classes due to significant behavior issues that made learning in a mainstream classroom difficult. Each type of class (assessment and treatment) maintains students with similar issues, however the focus is either on gaining a comprehensive understanding of their current issues (i.e., assessment) or offering services that are relevant to specific issues (i.e., treatment). Students were provided with academic and behavior programming components when in the Day Treatment classes. Implementation of the strength perspective was incorporated into the existing program structure.

Nineteen students were accessible throughout the year and volunteered to participate. Fourteen students comprised the experimental group and five students comprised the control group. Unexpectedly, a limited number of students were available for participation during the second trial of this study due to restructuring of the classes. It would have been difficult to implement this study in such a way so as to have even numbers in each group. To do so, students within one class would have had to have been split between experimentals and controls. This would have resulted in some students participating in the strength study with others having to be occupied with other activities. Simply being in the classroom during a strength activity may have exposed them and unduly influenced their scores. Therefore, one experimental group and one control group was run within each type of class, assessment and treatment. One student participated in the experimental group with pre-testing only. This student was discharged from the behavior program prior to completion of any strength-focused activities, or any post-testing. Therefore, none of his pre-testing data will

be included in any of the analyses. See Table 1 for the number of participants who completed each measure.

Of the 19 participants, 17 were boys (89.5%), and only 2 were girls (10.5%), $\chi^2(1, N = 19) = 11.84, p < .001$. The significant difference in gender was representative of most behavior classrooms, with the majority of students being boys. In an effort to maintain some kind of gender balance, one girl was observed in the treatment group, and 1 girl was observed in the control group.

The age range of participants at pre-testing was 6 years to 13 years, with a mean of 7.95 years, $SD = 1.93$. Almost 90% of the students (89.4%) were between the ages of 6 and 10, and the mode was 7 years. The mean age of participants in the treatment group was 7.64 years, $SD = 1.55$. The mean age of participants in the control group was 8.8 years, $SD = 2.77$. There was no significant difference in age between groups at pre-testing, $t(17) = 1.16, p > .05$. The age range of participants at post-testing was 6 to 14 years, with a mean of 8.26 years, $SD = 2.08$. 94.7% of the students were between the ages of 6 and 11, and the mode was 7 years. The mean age of participants in the treatment group was 7.86 years, $SD = 1.46$. The mean age of participants in the control group was 9.40 years, $SD = 3.21$. There was no significant difference in age between groups at post-testing, $t(17) = 1.47, p > .05$.

The grade range of participants was grade 1 to grade 8, with a mean grade of 2.74, $SD = 1.85$. Almost 95% of the students (94.7%) were in grades 1 through 5, and the mode was grade 2. The only student in grade 8 was receiving modified academic work because she was not performing at grade level. The mean grade of participants in the treatment group was grade 2.36, $SD = 1.22$. The mean

grade of participants in the control group was 3.80, $SD = 2.95$. There was no significant difference in grade between groups, $t(17) = 1.55, p > .05$. There was no change in grade for any student between pre-testing and post-testing.

Parents were informed as to the nature of this study (Appendix A). Informed consent (Appendix B) was obtained from the participants' parents or legal guardian, if the parent or guardian agreed to have their child participate in the study.

Measures

Information for the following measures was obtained from parents, school staff, and the student prior to, and after implementation of the strength program to assess for change. For those students in the control group, information was collected prior to, and after a comparable time span.

The *Behavioral and Emotional Rating Scale* (BERS; Epstein & Sharma, 1998, see Appendix C) and the *Strength Assessment Inventory* (SAI; Rawana et al., 2000, see Appendix D) were used to assess student strengths. Both instruments were designed to assess for strengths across a variety of domains applicable to young children. Both instruments assume that in addition to having deficit areas, each child has unique strengths that can be important in terms of planning treatment interventions. The BERS is comprised of 52 items which represent 5 domains: interpersonal strength, family involvement, intrapersonal strength, school functioning and affective strength. Items are endorsed on a 4-point Likert scale (0 = not at all like the child, 1 = not much like the child, 2 = like the child, 3 = very much like the child) and produce 5 subscale scores and an overall strength score. The BERS has an average internal consistency of .97

across all subscales for EBD students from the ages of 5 to 18, and subscale internal consistencies range from .84 to .92 (Epstein & Sharma, 1998). The SAI is similar and is comprised of 50 items which represent 6 domains: family circumstances/parenting, education, peer relations, leisure/recreation, attitudes/orientation and personality/behavior characteristics. The SAI is related to risk assessment of young offenders and the content has been adjusted so it is more applicable to young children. Items are endorsed on a 4-point Likert scale (0 = not at all like the child, 1 = not much like the child, 2 = like the child, 3 = very much like the child). The SAI attempts to identify key areas in a child's life that could potentially reflect areas of strength. While norms have been collected for the BERS, they have not been collected for the SAI, therefore the internal consistency for the SAI is unknown. Parents and school staff completed these scales.

The *Child Behavior Checklist* and the *Teacher Report Form* (CBCL and TRF; Achenbach, 1991; Achenbach & Rescorla, 2001, see Appendices E and F) were used to assess for current behavioral issues. The CBCL and TRF are parallel forms designed to assess the competencies and problems of children from the ages of 4 to 18. The 112 checklist items refer to the child's activities, relationships, and academic performance. Items are endorsed on a 3-point Likert scale (0 = not true, 1 = somewhat true, 2 = very true). The following 8 areas define the problem subscales: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior. Externalizing and internalizing subscale scores are derived from combinations of the 8 subscales. The CBCL has

an average internal consistency of .96 across all subscales for referred and non-referred boys and girls between the ages of 4 and 11. Subscale coefficient alphas range from .62 to .93 (Achenbach, 1991). The TRF has an average internal consistency of .97 across all subscales for referred and non-referred boys and girls between the ages of 4 and 11. Subscale coefficient alphas range from .72 to .95 (Achenbach & Rescorla, 2001). Parents and school staff completed their respective versions of this scale in reference to each child or student.

The *Wide Range Achievement Test – Third Edition* (WRAT-III; Wilkinson, 1993, see Appendix G) was used to assess current level of academic performance. The WRAT-III tests children in three areas: spelling, arithmetic, and reading. This test is useful as a screening tool to provide an indication of learning difficulties that may interfere with the ability to use strengths to improve academic performance. The internal consistencies for the WRAT-III parallel forms (blue and tan) range from .85 to .95 for ages between 5 and 74 (Wilkinson, 1993). This test was administered by the primary researcher.

The *Self-Description Questionnaire - I* (SDQ-I; Marsh, Relich, & Smith, 1983, see Appendix H) was used to assess for the students' perceptions of themselves and their strengths (i.e., self-concept). The SDQ-I is considered the most valid measure available to assess young children's self-concept (Byrne, 1996). The SDQ internal consistency for the total score is .94, with subscale ranges from .80 to .92 (Marsh, 1990). When administered in an individualized-interview format with opportunity for clarification, this questionnaire is suitable for children between 6 and 11 years of age (Marsh, 1986; Marsh, Barnes, Cairns, & Tidman, 1984; Marsh, Craven, & Debus, 1991, 1998). It is thought that if

students have a poor self-concept of themselves, adopting and using identified strengths may be more difficult. This scale was completed during an interview with the primary researcher.

The *Junior Self-Monitoring Scale* (JSMS; Graziano et al., 1987, see Appendix I) was used to assess the students' self-monitoring ability. Howells and Fishfader (1995) cite the JSMS as the most widely used self-monitoring scale for adolescents and children, and suggest that its reliability is within acceptable limits with a coefficient alpha of .80 for children between the ages of 6 and 11. The ability to self-monitor may indirectly influence the students' ability to recognize and use their strengths in the classroom. Following the same rationale as with the SDQ-I, this scale was completed during an interview with the primary researcher to allow opportunity for clarification.

Procedure

Once the assessment portion was completed, students in the experimental group (i.e., those exposed to the structured programming with strength-focused components) and their parents, were notified of their individual strength areas through an informal discussion and letter, respectively. The purpose of sharing this information was to ensure the students knew the strength domains that they excelled in and the types of behaviors that were represented in those domains. The students were encouraged to use those strengths daily throughout the term.

Programs

The following are brief summaries of the structured programs that were implemented in addition to the present strength program component.

Second STEP:

The STEP program is a cognitive behavioral violence prevention curriculum. It consists of 1 lesson per week for 15 weeks with coverage of a relevant topic (e.g., empathy training, problem solving skills). Each lesson is structured with an introduction to the topic, in-class activities (group and class involvement), a closure section, and homework assignments. The aim of the program is to provide students with the skills they need to avoid problem situations (e.g., bullying, peer pressure). The STEP program was implemented in the treatment classes.

Dinosaur Curriculum:

The Dinosaur program is a social skills curriculum which consists of 2 lessons per week for 20 weeks that covers relevant social skill areas (e.g., school rules, understanding feelings). Each lesson is structured with an introduction, video tape narration, questions and discussion, role plays, a related story, token trade-ins, and a homework activity. Reinforcement of social skills is offered throughout class time. The aim of the program is to promote social competence and peer acceptance through the development of problem solving and communication skills, and to foster self-esteem and enhance peer relationships. The Dinosaur curriculum was implemented in the assessment classes.

These programs provide the basis for intervention with the students in the Day Treatment program. The students in the control group received one of the above structured programs only. The students in the experimental group received one of the above structured programs in addition to the current strength program.

Strength Program:

Within each section, discussion of the strength perspective is generated and explored (e.g., what strengths are, how they can be used). Staff introduce each topic as a potential strength to be enhanced by all students. The following questions can be posed by staff and answered by the students: What did the student do well in this situation? What resources did they use? What else could they have done to achieve a positive outcome? What specific behaviors represented a strength? What strengths could have been used in this situation? How would you use your own strengths in this situation?

The specific strength-focused activities were conducted with the following themes in mind: a positive future orientation, enhancement of the students' awareness of their strengths and the strengths of other students, building of self-esteem and competence, emphasis of relatedness to other classmates, increasing positive peer interactions and class participation, and the recognition that a choice always exists. All activities were completed during class time. A summary of the program schedule and activities is found in Appendix J.

Additional Strength Components:

In addition to the in-class assignments, school staff were instructed to keep a daily log of observed strengths for each student (see Appendix K). Individualized tally sheets were prepared for each student, completed by staff on a daily basis, and sent home each night to update parents on their child's performance each day. Instructors praised students on their use of strengths when observed, and encourage them to use their strengths when an opportunity presented itself but was missed by the student. Parents were encouraged to

practice using the child's strengths at home. An observer also monitored student use of strengths on random days to assess for inter-rater reliability. These data were not part of the main hypotheses and will be analyzed in a subsequent procedure. A similar log as used by staff was used by the observer to record observations for each child for a specified period of time (e.g., morning session, afternoon session).

After the full programs were implemented and prior to the completion of the academic term, all students were again assessed with the above measures to assess for changes in scores.

Statistical Analyses

To address if identifying and frequently acknowledging student strengths improves academic and social behavior, three 2 x 2 mixed ANOVAs were performed. The between subject variable was group (i.e., control vs. treatment), and the within subject variable was time (i.e., pre-treatment vs. post-treatment). The two dependent variables were academic performance and behavioral performance. Academic performance was measured by a WRAT-III score, and social behavior was measured through parent report (CBCL) and teacher report (TRF). A group x time interaction was expected. Specifically, it was hypothesized that the control group would remain the same through time, while the treatment group would increase through time for academic scores (i.e., WRAT-III) and would decrease through time for social behavior scores (i.e., CBCL and TRF). The reader is reminded that lower scores on the CBCL and TRF represented fewer social behavior problems.

In view of the limited sample sizes, it was judged inappropriate to conduct the proposed moderated regression analyses on self-monitoring ability and self-concept. Tabachnick and Fidell (2001) suggest that a rule of thumb is to have $N \geq 50 + 8m$, where m is the number of independent variables, when determining if a sufficient sample size has been achieved to conduct regressions without violations of assumptions. In following that suggestion, this study would have needed 66 subjects to conduct proper regressions. In place of inferential statistics, the potential moderators were explored using descriptive statistics.

To address construct validity of the SAI, Pearson product-moment correlations were performed between BERS and SAI scores for both parent and teacher informants.

In the interest of assessing change from pre-treatment to post-treatment, four supplementary 2 x 2 mixed ANOVAs were conducted on strength scores (BERS and SAI) from both informants (parent and teacher). Again, the between subject variable was group (i.e., control vs. treatment), and the within subject variable was time (i.e., pre-treatment vs. post-treatment). These tests were exploratory in nature and were not included in the original hypotheses.

Results

Psychometrics

Prior to statistical analyses, the data were screened for outliers using the criteria of a standardized score $> \pm 3.0$. These analyses revealed no outliers on any of the main scales for time 1 or time 2. Table 2 reports the means and standard deviations for the main scales used in the analyses on both occasions.

An inter-correlation matrix of the main scales at time 1 and time 2 indicated some relation between scales in expected directions. See Table 3 for correlations among all scales. SAI and BERS correlations will be discussed under the construct validity section, however, it can be seen that CBCL and parent BERS scores were significant and negatively correlated at time 1, $r(18) = -.787, p < .01$. That is, fewer strengths were reported when more problem behaviors were reported by parents, and/or, vice versa. Conceptually this makes sense, and Harniss et al. (1999) also found the same trend with their CBCL and BERS data. It is also revealed that self-monitoring ability (JSMS) and self-concept (SDQ) are significant and correlated at time 1, $r(18) = .618, p < .01$, and time 2, $r(18) = .771, p < .01$. Although these are two distinct concepts, these measures both assess views of the self and would be expected to have some relation. An unexpected finding was the significant correlation between self-concept and CBCL scores at time 1, $r(18) = .485, p < .05$. This correlation was not significant at time 2 and may, therefore, be viewed as a chance finding. Cross informant correlations for the CBCL and TRF, and the BERS and the SAI are low in magnitude and non-significant across time. While this may be surprising given that the same individuals are being rated from two sources, Achenbach and Rescorla (2001) also report low cross informant correlations ($r = .35$) among CBCL and TRF scores with their normative sample.

Hypotheses Findings

Hypothesis One

Two by two mixed ANOVAs were conducted on WRAT-III, TRF, and CBCL scores to assess for a change in academic and behavior performance between time 1 and time 2.

Mixed ANOVAs on Total Scores

The WRAT-III analysis revealed no significant main effect across time, no significant interaction effect, and no significant main effect for group. These findings indicate that there was no significant change in academic scores across time for either group, treatment or control.

The TRF analysis revealed a significant main effect for time, $F(1, 17) = 5.68, p < .05$. That is, significantly fewer problem behaviors were reported by teachers at time 2 ($M = 69.37, SD = 8.54$) when compared to time 1 ($M = 72.79, SD = 5.48$) (see Figure 1). There was no significant interaction effect and there was no significant main effect for group. These findings indicate that while teacher reported problem behaviors decreased over time, that decrease was not significantly different between groups.

The CBCL analysis revealed no significant main effect for time, $F(1, 17) = 4.38, p > .05$, however there does appear to be a trend that is approaching significance with $p = .054$ (see Figure 2). There was no significant interaction effect, however, there was a significant main effect for group, $F(1, 15) = 5.99, p < .05$. That is, fewer problems were reported by parents for the control group ($M = 59.38$) than the treatment group ($M = 68.89$) (see Figure 3). The findings

indicate that while parent reported problem behaviors were significantly different by group, the difference was not significant across time.

The above analyses were conducted using composite scores for each measure, WRAT-III, TRF, and CBCL. To examine if significant differences existed within domains, mixed ANOVAs were also conducted on each subscale score for each measure.

Mixed ANOVAs on Subscale Scores

No significant findings (main effects for time, interactions, or main effects for group) were revealed with WRAT-III subscales (reading, spelling, arithmetic).

Within TRF subscales, a significant main effect was found across time for delinquent behaviors, $F(1, 17) = 4.87, p < .05$. That is, fewer delinquent behaviors were reported by teachers at time 2 ($M = 61.58, SD = 7.02$) than at time 1 ($M = 64.79, SD = 9.2$) (see Figure 4). No significant interactions or main effects for group were revealed. The significant main effect for one subscale does not provide support that it was the strength program itself that influenced this decrease in delinquent behavior.

Within CBCL subscales, no significant main effects for time or group were found for somatic complaints. While no significant interaction was revealed for this subscale, $F(1, 15) = 4.11, p > .05$, there does appear to be a trend that is approaching significance with $p = .061$ (see Figure 5). Within the attentional problems subscale, a significant main effect for time was found, $F(1, 15) = 6.83, p < .05$. That is, attentional problems, as reported by parents, were significantly lower at time 2 ($M = 63.59, SD = 6.95$) than at time 1 ($M = 66.76, SD = 10.10$) (see Figure 6). Within the delinquent behavior subscale, a significant main effect

for time was found, $F(1, 15) = 7.48, p < .05$. That is, delinquent behaviors, as reported by parents, were significantly lower at time 2 ($M = 64.82, SD = 8.23$) than at time 1 ($M = 68.71, SD = 7.96$) (see Figure 7). Also within this subscale, a trend towards significance was found for a main effect for group, $F(1, 15) = 4.29, p > .05$, with $p = .056$ (see Figure 8). Within the aggressive behavior subscale, a significant group effect was found, $F(1, 15) = 5.13, p < .05$. That is, aggressive behavior, as reported by parents, was significantly lower in the control group ($M = 60.50$) than in the treatment group ($M = 68.69$) (see Figure 9). Within the internalizing subscale, no main effects for time or group, or interaction effects were revealed. However, within the externalizing subscale, a significant main effect for time was found, $F(1, 15) = 5.78, p < .05$. That is, externalizing behaviors, as reported by parents, were significantly lower at time 2 ($M = 64.29, SD = 9.05$) than at time 1 ($M = 68.82, SD = 9.25$) (see Figure 10). Also for this subscale, a significant group effect was found, $F(1, 15) = 6.40, p < .05$. That is, externalizing behavior, as reported by parents, was significantly lower in the control group ($M = 58.78$) than in the treatment group ($M = 69.077$) (see Figure 11).

Hypothesis Two

Given the small sample, self-monitoring ability and self-concept were examined on an exploratory basis using descriptive statistics rather than moderated regressions through inferential statistics. Both variables were fairly normally distributed for the treatment group ($n = 14$), therefore the sample was split at the mean, and the means were plotted on separate graphs and their slopes were compared. Differential slopes for participants with high and low self-

monitoring ability, and high and low self-concept would indicate that a moderating effect may have occurred. Treatment effect was measured by decreases in problem behaviors reported by the parents (CBCL) and the teachers (TRF), and by increases in academic scores (WRAT-III). Figures 12 and 13 display the means at time 1 and 2 for the treatment group on the three outcome variables for self-monitoring ability and self-concept, respectively.

The graphed trends indicate that a moderator effect of self-monitoring ability may have occurred for teacher reported problem behaviors (see Figure 12c). That is, teachers reported more of a decrease in problem behaviors for high self-monitoring individuals across time, than for low self-monitoring individuals. This trend indicates that high self-monitoring individuals may demonstrate more control and ability to decrease their own problematic behaviors, as reported by teachers, than low self-monitoring individuals.

The graphed trends also indicate that a moderator effect of self-concept may have occurred for academic scores (see Figure 13a) and parent reported problem behaviors (see Figure 13b). That is, high self-concept individuals made more of an increase in WRAT-III scores across time, compared to low self-concept individuals. This trend indicates that high self-concept individuals may demonstrate more control and ability to increase their academic performance than low self-monitoring individuals. Also, parents reported more of a decrease in problem behaviors for low self-concept individuals across time, than for high self-concept individuals. This trend is counterintuitive to the hypothesis and indicates that low self-concept individuals may demonstrate more control and

ability to decrease their own problematic behaviors than high self-concept individuals.

Hypothesis Three

To address the construct validity of the SAI, Pearson product-moment correlations were conducted between SAI scores and BERS scores for both parent and teacher informants at time 1 and 2 (see Table 3). The correlation between these two scales as completed at time 1 by the parents is significant, $r = .643$, $n = 19$, $p < .01$ (2-tailed). The correlation between these two scales as completed at time 1 by school staff is significant, $r = .822$, $n = 19$, $p < .01$ (2-tailed). The correlation between these two scales as completed at time 2 by parents is significant, $r = .671$, $n = 15$, $p < .01$ (2-tailed). The correlation between these two scales as completed at time 2 by school staff is significant, $r = .900$, $n = 19$, $p < .01$ (2-tailed). The significant and moderate correlations between the BERS and SAI demonstrate adequate construct validity of the SAI as a strength assessment tool.

Exploratory Analyses

Mixed ANOVAs were conducted in the interest of assessing change from pre-treatment to post-treatment among BERS and SAI scores from both informants (parents and teachers).

Mixed ANOVAs on Total Scores

The BERS analysis for teachers revealed no significant main effect for time on BERS scores, $F(1, 17) = 4.09$, $p > .05$. While this is true, there does appear to be a trend that is approaching significance with $p = .059$ (see Figure 14). There

was no significant interaction effect, and there was no significant main effect for group (see Table 2 for teacher BERS means at time 1 and 2).

The SAI analysis for teachers revealed no significant main effect for time on SAI scores, no significant interaction effect, and no significant main effect for group (see Table 2 for teacher SAI means at time 1 and 2).

The BERS analysis for parents revealed no significant main effect for time on BERS scores, no significant interaction effect, and no significant main effect for group (see Table 2 for parent BERS means at time 1 and 2).

The SAI analysis for parents revealed a significant main effect for time on SAI scores, $F(1, 13) = 10.09, p < .05$. That is, more SAI strengths were reported by parents at time 2 ($M = 85.93, SD = 15.43$) than at time 1 ($M = 76.60, SD = 15.50$) (see Figure 15). There was no significant interaction effect and there was no significant main effect for group (see Table 2 for parent SAI means at time 1 and 2).

Mixed ANOVAs on Subscale Scores

Within BERS subscales for teachers, there was no significant main effect for time on interpersonal strength scores, $F(1, 17) = 4.17, p > .05$. While this is true, there does appear to be a trend approaching significance with $p = .057$ (see Figure 16). There was a significant main effect for time on intrapersonal strength scores, $F(1, 17) = 4.61, p < .05$. That is, more intrapersonal strengths were reported by teachers at time 2 ($M = 17.11, SD = 4.84$) than at time 1 ($M = 14.00, SD = 4.60$) (see Figure 17). These findings indicate that the strength intervention itself did not significantly impact the increase in interpersonal strength scores as reported by teachers.

Within SAI subscales for teachers, there was no significant interaction for peer relations, $F(1, 17) = 4.13, p > .05$. While this is true, there does appear to be a trend approaching significance with $p = .058$ (see Figure 18).

Within BERS subscales for parents, there was a significant main effect for interpersonal strength across time, $F(1, 15) = 13.74, p < .05$. That is, more interpersonal strengths were reported by parents at time 2 ($M = 11.82, SD = 2.65$) than at time 1 ($M = 10.18, SD = 2.81$) (see Figure 19). There was also a significant main effect for group on interpersonal strength, $F(1, 15) = 5.50, p < .05$. That is, the control group had more interpersonal strengths ($M = 13.38$) than the treatment group ($M = 10.27$) (see Figure 20). These findings indicate that interpersonal strength scores, as reported by parents, increased over time, however that increase was not a direct result of the strength intervention. It appears that interpersonal strength changes (i.e., the ability to regulate emotions and behaviors in social settings) were the driving force behind the overall significance of parent reported BERS strengths.

Within SAI subscales for parents, there was a significant main effect for group on family circumstances, $F(1, 15) = 5.68, p < .05$. That is, the control group had more strengths in family circumstances ($M = 20.75$) than the treatment group ($M = 17.62$) (see Figure 21). Within the peer relations subscale, there was no significant main effect for time, $F(1, 15) = 3.91, p > .05$, however there was a trend approaching significance with $p = .067$ (see Figure 22). Within leisure and recreation, there was a significant main effect for time, $F(1, 13) = 18.38, p < .05$. However, a significant interaction effect was also found, $F(1, 13) = 13.19, p < .05$. Therefore, only the interaction will be interpreted. That is,

those in the control group significantly increased their strengths in leisure and recreation as compared to those in the treatment group (see Figure 23). This finding does not support the original hypothesis that the treatment group would experience more gains than the control group. Within the attitudes and orientation subscale, there was a significant main effect for time, $F(1, 13) = 7.45$, $p < .05$. That is, more strengths in attitudes and orientation were reported by parents at time 2 ($M = 6.80$, $SD = 4.04$) than at time 1 ($M = 5.67$, $SD = 3.79$) (see Figure 24). Within the personality and behavior characteristics subscale, there was a significant main effect for time, $F(1, 13) = 12.44$, $p < .05$. However, a significant interaction was also found, $F(1, 13) = 6.88$, $p < .05$. Therefore, only the interaction will be interpreted. That is, those in the control group significantly increased their strengths in personality and behavior characteristics as compared to those in the treatment group (see Figure 25). This finding does not support the original hypothesis that the treatment group would experience more gains than the control group.

Discussion

Hypothesis One

The above results for the mixed ANOVAs on total scores for WRAT-III, TRF, and CBCL indicate that the strength program itself did not significantly improve academic performance or lower problem behaviors as reported by teachers or parents. The significant main effects for time on TRF and CBCL scores, do however, lend support to the efficacy of LRFC's Day Treatment program in reducing problem behaviors overall.

With the aim of uncovering any possible treatment effects, subscale scores were examined after composite scores revealed little significance. This procedure proved ineffective since no significant interactions were discovered within any subscale domains. Therefore, no evidence was found to support the hypothesis that the strength-based program positively impacted academic scores and problem behaviors.

While there were fewer problem behaviors reported by teachers and parents at time 2 (i.e., externalizing problems like attentional problems and delinquent behavior), it cannot be said that the current strength program had any influence on those changes. The decrease in problem behaviors only indicates that LRFC's Day Treatment program was efficacious in reducing problematic behaviors in general.

There was no support to indicate that any significant academic improvements occurred, either as a result of participating in the strength program, or as a result of participating in LRFC's Day Treatment program. While it was hoped that academic gains would be made, the primary focus of programs like LRFC's Day Treatment program, is on improving behaviors so that the student can be returned to a mainstream class. Within each classroom, mental health needs take precedence over academics.

Inadequate power is one possible explanation for the lack of significant interaction findings. Power below .800 is considered low, and the observed power co-efficients on the above tests ranged from .055 to .629. Power did tend to be higher on the significant main effects and therefore more confidence can be placed in those findings.

Hypothesis Two

The graphed trend for self-monitoring ability to moderate the treatment effect, specifically for teacher reported problem behaviors, supports the hypothesis. This trend may suggest that high self-monitoring individuals are able to use their own strengths to accomplish a decrease in teacher reported problem behaviors easier than low self-monitoring individuals.

The graphed trend for self-concept to moderate the treatment effect, specifically for academic scores, supports the hypothesis. This trend may suggest that high self-concept individuals may be able to use their own strengths to accomplish an increase in academic performance easier than low self-concept individuals. A counterintuitive moderating trend may have occurred for parent reported problem behaviors and self-concept. That is, parents reported more of a decrease in problem behaviors for low self-concept individuals than high self-concept individuals. While this trend may be true, when means are compared, it is revealed that overall, high self-concept individuals maintained lower parent reported problem scores at time 2 than low self-concept individuals. However, the change between time 1 and 2 was relatively more for the low self-concept group. This trend may have occurred because the low self-concept group had more problem behaviors to work on improving in the first place.

Hypothesis Three

Significant correlations of moderate magnitude between the BERS, a previously standardized strength assessment measure, and the SAI, a previously untested strength assessment measure, demonstrate adequate construct validity and indicate that the SAI is a useful strength assessment tool. This is a new

finding that will contribute to the effort of maintaining psychometric integrity throughout strength assessments.

Exploratory Analyses

The mixed ANOVAs on total BERS and SAI scores revealed that parents reported significantly more strengths on the SAI, but did not indicate significantly more strengths on the BERS. Teachers did not report significantly more strengths on either measure. These findings indicate that the strength intervention itself did not significantly impact the increase in SAI strength scores as reported by parents.

The above analyses were conducted using composite scores for the BERS and SAI. To examine if significant differences existed within domains, mixed ANOVAs were also conducted on each subscale score for each measure (BERS and SAI) and each informant (teachers and parents).

The significant main effect findings on BERS and SAI subscales indicate that there were significant increases in intrapersonal strengths, interpersonal strengths, family circumstances, leisure and recreation, and attitudes and orientation. It is noted that most of the strength subscale increases were reported by parents, and this supports the earlier report of significant main effects across time in total SAI scores.

A point worth exploring is the “reverse” effects encountered on the leisure and recreation and personality and behavior characteristics subscales as reported by parents on the SAI. The interactions on these scales indicate that the control group made significantly more gains on these strength domains than the treatment group did. In both situations, the control group started with fewer

strengths than the treatment group, but ended with more strengths than the treatment group. This finding cannot be explained as a result of the strength intervention, since the control group was not exposed to the strength program. One possible explanation may be that students in these classes make progress at individual rates. Some students only require one semester in the modified class, while others may need longer to make the necessary gains. Perhaps, by chance, the more advanced and “ready” students ended up in the control group.

The above analyses do not provide support that the strength intervention itself positively impacted strength score changes. Inadequate power likely influenced these non-significant results. The observed power coefficients on the above tests ranged from .054 to .977, with only four instances of power above the accepted .800 level. Power did tend to be higher for the significant main effects and therefore more confidence can be placed in those findings.

Summary

Fewer problem behaviors were reported by teachers across time. Fewer externalizing problem behaviors (i.e., attentional problems) were reported by parents across time. No interactions were revealed to support the main hypotheses and the effect of the current strength program. Low power, by way of a small sample, is a likely contributor to the lack of significant results. If trends are examined visually on the graphs, it is revealed that some improvements were made for both groups, although the predicted interactions were not significant. There is evidence to support the efficacy of LRFC’s Day Treatment program in general, however not the strength-based intervention. The descriptive examination of self-monitoring ability and self-concept as potential moderators

of the treatment effect indicate that teacher reported problem behaviors may have been moderated by self-monitoring ability, while academic scores and parent reported problem behaviors may have been moderated by self-concept. Adequate construct validity of the SAI was demonstrated. This is a unique contribution of the present research study. Parents reported more strengths on total SAI scores across time.

Theoretical Explanation of Findings

The main hypothesis was not supported by the findings from this study. That is, a strength-based approach, as operationalized in this study, was not effective in reducing problem behavior or increasing academic performance.

No statistical tests revealed any significant improvement in academic performance. Rationale for this hypothesis was that if strengths enabled other areas of life to be improved, then more time could be devoted to making improvements in academic achievement. For example, if few problems were demonstrated in class because of the student's increased ability to listen and follow instructions, then the student would perhaps be better equipped to tackle academic endeavors. It is possible that strength assessments and interventions are geared more towards personal strength related to one's behavior, rather than to specific ability domains. The fact that many of these students were already achieving below grade level likely had an impact on the lack of significance in this domain as well. Perhaps they learned at a slow pace and three months was not long enough to demonstrate any improvement.

While improvements were reported by both teachers and parents with respect to problem behaviors, no significant interactions were revealed to

indicate that the strength program had its intended effect. The small sample likely contributed to the lack of significant results for some of the tested variables.

Another possible explanation concerns the strength program itself. Perhaps the duration of the program, and the frequency of activities was not enough to achieve meaningful change. Perhaps more positive effects would have been demonstrated if a more intense family component had been included in the structure. It is encouraging to see that the strength intervention did not have a negative impact on students by decreasing academic scores or increasing problem behaviors.

It is also possible that a threshold effect (Lopez et al., 2003) was demonstrated with this sample. That is, perhaps the strength intervention offered simply did not have enough strength to produce benefit in these particular students. They certainly are a group with many significant needs, and perhaps those needs exceeded the capacity of the intervention. Recognizing needs and limitations is an important part of the strength perspective that should not be overlooked or ignored. An integrative balance considers ones' virtues but also is sensitive to ones' needs. With a lower risk group of students, the results may have been more positive.

As this field of psychology moves forward, it will undoubtedly become more clear which clients can benefit most from strength-based practices. Improvement and refinement of existing strength measures, as well as the — development of new ones, will assist this process. A unique contribution of this research study is the validation of an alternative strength tool. The SAI has made

some significant theoretical gains in terms of strength assessment with the inclusion of items that address the internal awareness of the influence on family members, relationships with school personnel, peer relations, and motivation to make changes. These are areas that are not assessed with the BERS and may prove valuable with further study.

Limitations

The lack of significant findings may be due to a number of reasons. Due to the structure of the day treatment and assessment classes, it was difficult to form a control group with sufficient numbers to keep the groups equal. This undoubtedly had a poor effect on power during statistical analyses. Caution should be used when attempting to generalize these findings since they are subject to type II error. A larger sample in general, but specifically in the control group, may have yielded more power and perhaps more positive results.

Given the number of tests conducted, main hypotheses and exploratory hypotheses, some of the significant findings may be the result of type I error. The small sample overall does not allow for the use of multivariate analyses because basic assumptions would have been violated. A method to control for this type of error is to adopt a more stringent alpha level.

This study was a first attempt at the development and use of a strength-based program with behavior disordered children in the classroom. While there is literature supporting the theory of this, there is no literature to assist in bridging the gap to practice. With successive attempts, better programs and activities will likely be developed.

The sample consisted of children with behavior disorders. Many of these children had other experiences during their participation in this study that may have countered the desired effects from the strength implementation. It was common for performance to fluctuate in this group given that most of these children were considered “severe”. Services at LRFC are offered to students who are most in need of assistance.

The influence of the primary researcher implementing the strength program and conducting the research is unknown. Given the low significance of findings, this fact did not likely inflate a positive effect.

Directions for Future Research

It is possible that the current strength-based program was not intense enough to achieve the desired results. As more research is generated about which strengths are most useful in achieving change in academics and behaviors, and which populations may gain the most benefit, more specific programs can be developed.

Future research may be directed at larger groups. Within specialized classes, the number of students is often limited by funding caps. Unless a similar study was conducted over a number of years, sufficient samples would not be achieved.

Future research may be directed at populations with fewer presenting difficulties. While it is true that every child does have strengths, implementing those strengths is difficult with an unstable population. Sometimes need must be attended to first, before the value of strengths can be recognized.

Further validation of the SAI as an alternative strength assessment tool should be conducted. If larger samples can be accessed in the future, norms can be collected to standardize the measure. This would make it comparable to other standardized measures like the BERS. Once the SAI has been standardized, comparison of subscale scores between the BERS and SAI could be examined to determine if the proposed theoretical gains on the SAI are significant. It may also be of interest to know if the SAI can be used with other populations, ages, and ethnic groups.

It may be of value to explore if there is a gender effect in relation to strength development and use. This study only had access to two female students. Further work with a more equal gender distribution may reveal differential findings.

Conclusion

The current program intended to assist students in gaining control over their strengths through self-management. That is, by engaging in strength focused activities, the individual would recognize his or her strength potential, via informal self-monitoring, and attempt to apply those skills in ways that would lower problem behaviors and increase academic performance. Given that the participants will not be followed after being discharged from the Day Treatment program and generalization cannot be assessed, maintenance was the focal interest for the present study. If more time had been available to conduct the study over a number of years, then strategies (e.g., booster sessions, practice homework assignments etc.) could have been developed to foster generalization in different settings or with different teachers.

Given the nature of chaotic life experiences most of these children have been exposed to (e.g., foster care placements, medication regimes, physical ailments, family disruption etc.), it is not surprising that a more positive effect was not demonstrated with the present strength-focused program. It was often a struggle for these children to complete the basic tasks required in school, such as finishing homework assignments or focusing in class, let alone maintaining motivation to focus on strengths. Being sensitive to the environmental context in which strengths are manifested is extremely important (Lopez et al., 2003; Ward, 2002). Humans are bio-psycho-social beings who are constantly being influenced by something (DuBose, 2002), and oftentimes, many things at once. It would have been extremely difficult to anticipate and attempt to statistically control for such experiences. At various times throughout the study, parental investment was considered low and great effort was required to gather the needed information. For maximum benefit to be achieved in a strength-based program, stabilization of the child and family would be necessary.

Clinical impressions formed throughout this process support the notion that *some* students were able to make the necessary shift in thinking during the strength-focused activities. However, *most* students were unable to apply that logic to other areas of their life, or they certainly encountered difficulty applying it on their own without prompting.

Strength-based work involves a shift in thinking for students and clinicians. It involves rethinking whole processes, rather than discrete parts. It is an alternative framework to view the world from. Simple components may not be effective on their own, without the accompanying shift in view. It is likely

difficult for children to make that shift without support from adults who follow a wrap-around approach that equips them with the ability to recognize and work with individual strengths and virtues.

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Appendix A – Cover Letter

Applying the Strength Perspective in the Classroom

Dear Parent or Guardian,

We are interested in identifying the behaviors and emotions that your child exhibits that are positive and that help him/her do well in school. We are also interested in exploring ways in which those strengths can be applied to continue to help him/her do well in school in the future.

Research has shown that focusing on positive functioning in an individual's life does contribute to overcoming problematic issues. At this time, very little is known about applying a strength-based perspective in the classroom. The intent of this research project is to (a) assess your child's individual strength areas and (b) apply those identified strengths in the classroom so that an improvement in behavior and academic performance will be evidenced.

To accomplish this goal we ask that you allow your child to participate in the initial assessment segment and perhaps the strength focused programming component during their day treatment class time. During the assessment segment we will ask you to complete some questionnaires in reference to your child's behaviors and displays of emotion. There are no right or wrong answers to these questions. We are interested in knowing how you think about your child's behaviors and emotions. It may take an hour or two to complete the questionnaires. We will also ask your child's teacher and support staff within the classroom to complete similar questionnaires in reference to your child.

We will hold some interview sessions with the primary researcher and your child to assess your child's current level of achievement, self-concept and self-monitoring ability. These interview sessions will last approximately one hour in total and will take place during regular school hours.

The strength focused programming component will consist of in-class activities and/or homework assignments and will overlap with their regular programming content and schedule. Some students will receive the strength focused component and some will not. If your child does receive the strength focused component, throughout the term we will send home updates of your child's progress. If your child does not receive the strength focused component, he/she will still receive the regular programming. At the end of the term we would like to conduct the same assessment measures again with all students.

There is no known risk of harm to your child by participating in this study. It is expected that by participating in this study, your child may learn ways in which he/she can apply the things he/she does well to areas in school that he/she needs to improve, especially behavior and academic performance.

The responses that you, your child, and the teacher provide will be kept confidential. The information will be held in a secure place, at either Lakehead University or Lakehead Regional Family Centre, for a period of seven years. Your consent for your child to participate in this study is entirely voluntary. If at any time you, or your child, wish to withdraw, you are free to do so without any consequence.

Upon completion of this research in the next few months, you are entitled to receive a summary of results. If you wish access to those results, or have any questions about the study, you may contact either myself or Dr. Rawana at Lakehead University by leaving a message with the secretary at 343-8441.

Sincerely,

Dr. E. Rawana, C. Psych.

Jennifer Welsh, Masters of Arts Candidate

Appendix B – Consent Form

My signature on this form indicates whether or not I agree to have my child participate in a study by Jennifer Welsh and Dr. Edward Rawana on Applying the Strength Perspective in the Classroom, and it also indicates that I understand the following:

1. If my child participates, he/she is a volunteer and I, or he/she, can withdraw at any time from the study.
2. If my child participates, there is no known risk of physical or psychological harm to him/her.
3. If my child participates, the data provided by myself, my child, or the teacher will be confidential.
4. If my child participates, I will receive a summary of results of the study, upon request, following the completion of the study.
5. The data will be held in a secure place, at either Lakehead University or Lakehead Regional Family Centre, for a period of seven years.

I have received explanations about the nature of the study, its purpose, and procedures.

Please check one:

I agree to have my child participate.

I do not agree to have my child participate.

Name of Child (Please Print)

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

Signature of Researcher

Date

BERS

Behavioral and Emotional Rating Scale

A Strength-Based Approach to Assessment

SUMMARY/RESPONSE FORM

Section I. Identifying Information

Name _____
 Parent/Guardian _____
 School _____ Grade _____
 Rater's Name _____
 Relationship to Child _____
 Examiner's Name and Title _____

Date of Rating _____ Year _____ Month _____
 Date of Birth _____
 Age _____

Section II. Results of the BERS

	Raw Score	%ile	Std. Score
I. Interpersonal Strength (IS)	_____	_____	<input type="text"/>
II. Family Involvement (FI)	_____	_____	<input type="text"/>
III. Intrapersonal Strength (IaS)	_____	_____	<input type="text"/>
IV. School Functioning (SF)	_____	_____	<input type="text"/>
V. Affective Strength (AS)	_____	_____	<input type="text"/>
Sum of Standard Scores	_____		_____
BERS Strength Quotient	_____	_____	<input type="text"/>

Section III. Other Pertinent Information

Test Name	Date of Testing	Standard Score	Equivalent Quotient
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Who referred the child? _____

What was the reason for referral? _____

Parental permission obtained on _____ date

BERS results included in staffing/planning conference?

Yes No

Section IV. Profile of Standard Scores

BERS Subscale Scores	Other Test Scores				
	BERS Strength Quotient	1.	2.	3.	4.
<i>M</i> = 10 <i>SD</i> = 3					
Interpersonal Strength					
Family Involvement					
Intrapersonal Strength					
School Functioning					
Affective Strength					
<i>M</i> = 100 <i>SD</i> = 15					
160	•	•	•	•	•
155	•	•	•	•	•
150	•	•	•	•	•
145	•	•	•	•	•
140	•	•	•	•	•
135	•	•	•	•	•
130	•	•	•	•	•
125	•	•	•	•	•
120	•	•	•	•	•
115	•	•	•	•	•
110	•	•	•	•	•
105	•	•	•	•	•
100	•	•	•	•	•
95	•	•	•	•	•
90	•	•	•	•	•
85	•	•	•	•	•
80	•	•	•	•	•
75	•	•	•	•	•
70	•	•	•	•	•
65	•	•	•	•	•
60	•	•	•	•	•
55	•	•	•	•	•
50	•	•	•	•	•
45	•	•	•	•	•
40	•	•	•	•	•

Section V. Response Form

Directions: The *Behavioral and Emotional Rating Scale (BERS)* contains a series of statements that are used to rate a child's behaviors and emotions in a positive way. Read each statement and circle the number that corresponds to the rating that best describes the child's status over the past 3 months. If the statement is *very much like* the child, circle the 3; if the statement is *like* the child, circle the 2; if the statement is *not much like* the child, circle the 1; if the statement is *not at all like* the child, circle the 0. Rate each statement to the best of your knowledge of the child.

Statement					IS	FI	IaS	SF	AS
	<i>very much like the child</i>	<i>like the child</i>	<i>not much like the child</i>	<i>not at all like the child</i>					
1. Demonstrates a sense of belonging to family	3	2	1	0					
2. Trusts a significant person with his or her life	3	2	1	0					
3. Accepts a hug	3	2	1	0					
4. Participates in community activities	3	2	1	0					
5. Is self-confident	3	2	1	0					
6. Acknowledges painful feelings	3	2	1	0					
7. Maintains positive family relationships	3	2	1	0					
8. Demonstrates a sense of humor	3	2	1	0					
9. Asks for help	3	2	1	0					
10. Uses anger management skills	3	2	1	0					
11. Communicates with parents about behavior at home	3	2	1	0					
12. Expresses remorse for behavior that hurts or upsets others	3	2	1	0					
13. Shows concern for the feelings of others	3	2	1	0					
14. Completes a task on first request	3	2	1	0					
15. Interacts positively with parents	3	2	1	0					
16. Reacts to disappointments in a calm manner	3	2	1	0					
17. Considers consequences of own behavior	3	2	1	0					
18. Accepts criticism	3	2	1	0					
19. Participates in church activities	3	2	1	0					
20. Demonstrates age-appropriate hygiene skills	3	2	1	0					
21. Requests support from peers and friends	3	2	1	0					
22. Enjoys a hobby	3	2	1	0					
23. Discusses problems with others	3	2	1	0					
24. Completes school tasks on time	3	2	1	0					
Column subtotals					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Statement		<i>very much like the child</i>	<i>like the child</i>	<i>not much like the child</i>	<i>not at all like the child</i>	IS	FI	IaS	SF	AS
25. Accepts the closeness and intimacy of others	3	2	1	0						
26. Identifies own feelings	3	2	1	0						
27. Identifies personal strengths	3	2	1	0						
28. Accepts responsibility for own actions	3	2	1	0						
29. Interacts positively with siblings	3	2	1	0						
30. Loses a game gracefully	3	2	1	0						
31. Completes homework regularly	3	2	1	0						
32. Is popular with peers	3	2	1	0						
33. Listens to others	3	2	1	0						
34. Expresses affection for others	3	2	1	0						
35. Admits mistakes	3	2	1	0						
36. Participates in family activities	3	2	1	0						
37. Accepts "no" for an answer	3	2	1	0						
38. Smiles often	3	2	1	0						
39. Pays attention in class	3	2	1	0						
40. Computes math problems at or above grade level	3	2	1	0						
41. Reads at or above grade level	3	2	1	0						
42. Is enthusiastic about life	3	2	1	0						
43. Respects the rights of others	3	2	1	0						
44. Shares with others	3	2	1	0						
45. Complies with rules at home	3	2	1	0						
46. Apologizes to others when wrong	3	2	1	0						
47. Studies for tests	3	2	1	0						
48. Talks about the positive aspects of life	3	2	1	0						
49. Is kind toward others	3	2	1	0						
50. Uses appropriate language	3	2	1	0						
51. Attends school regularly	3	2	1	0						
52. Uses note-taking and listening skills in school	3	2	1	0						
Column subtotals						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous page column subtotals						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Raw Score						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appendix C – Behavioral and Emotional Rating Scale (BERS)

Appendix D – Strength Assessment Inventory (SAI)

Strength-Based Assessment

The following are guidelines for strength identification in the Child/Adolescent. These suggestions do not exhaust the possibilities of strengths in significant areas of functioning.

3 = Very much like the child
2 = Like the child

1 = Not much like the child
0 = Not at all like the child

- With respect to **Family Circumstances/Parenting** does the following exist for the child?
- | | | | | |
|--|---|---|---|---|
| • Demonstrates a sense of belonging to family | 3 | 2 | 1 | 0 |
| • Trusts a family member with important information | 3 | 2 | 1 | 0 |
| • Interacts positively with some siblings | 3 | 2 | 1 | 0 |
| • Interacts positively with some family members | 3 | 2 | 1 | 0 |
| • Knows that his/her behaviour upsets the family | 3 | 2 | 1 | 0 |
| • Complies with rules at home | 3 | 2 | 1 | 0 |
| • Is particularly close with one member of the family | 3 | 2 | 1 | 0 |
| • Takes responsibility for his/her behaviour within the family | 3 | 2 | 1 | 0 |
| • Is respectful of some family members | 3 | 2 | 1 | 0 |
| • Others _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
- With respect to **Education** does the following exist for the child?
- | | | | | |
|--|---|---|---|---|
| • Studies for some tests | 3 | 2 | 1 | 0 |
| • Uses note-taking and listening skills in school in some subjects | 3 | 2 | 1 | 0 |
| • Pays attention in class in some subject areas | 3 | 2 | 1 | 0 |
| • Is at or above grade level in reading | 3 | 2 | 1 | 0 |
| • Completes work on time for some subjects | 3 | 2 | 1 | 0 |
| • Has a positive relationship with some school staff | 3 | 2 | 1 | 0 |
| • Others _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
- With respect to **Peer Relations** does the following exist for the child?
- | | | | | |
|---|---|---|---|---|
| • Actively seeks positive peer relationships | 3 | 2 | 1 | 0 |
| • Experiences affection for these peers | 3 | 2 | 1 | 0 |
| • Is modeling some of these peer's behaviours | 3 | 2 | 1 | 0 |
| • Is accepted by these peers | 3 | 2 | 1 | 0 |
| • Engages in positive group behaviours with these peers | 3 | 2 | 1 | 0 |
| • Others _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |

- With respect to **Leisure/Recreation** does the following exist for the child?
- | | | | | |
|--|---|---|---|---|
| • Enjoys a hobby | 3 | 2 | 1 | 0 |
| • Likes to watch non-violent sports on TV | 3 | 2 | 1 | 0 |
| • Is a fan of a sports team | 3 | 2 | 1 | 0 |
| • Enjoys an educational TV show | 3 | 2 | 1 | 0 |
| • Is good at a particular sport | 3 | 2 | 1 | 0 |
| • Enjoys listening to music that does not espouse violence, sexism, or ethnic inequalities | 3 | 2 | 1 | 0 |
| • Plays a musical instrument | 3 | 2 | 1 | 0 |
| • Likes to read | 3 | 2 | 1 | 0 |
| • Likes to use the computer | 3 | 2 | 1 | 0 |
| • Enjoys arts and crafts | 3 | 2 | 1 | 0 |
| • Enjoys cultural activities, e.g., dance, sweats, etc. | 3 | 2 | 1 | 0 |
| • Others _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
- With respect to **Attitudes/Orientation** does the following exist for the child?
- | | | | | |
|--|---|---|---|---|
| • Active member of a community organization that promotes healthy lifestyle, e.g., Cadets, Scouts, Boys & Girls Club, etc. | 3 | 2 | 1 | 0 |
| • Participates in church or spiritual activities | 3 | 2 | 1 | 0 |
| • Attends some community events | 3 | 2 | 1 | 0 |
| • Helps neighbours when requested | 3 | 2 | 1 | 0 |
| • Feels part of the community | 3 | 2 | 1 | 0 |
| • Others _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
- In addition to the areas of life that are progressing reasonable well for the child, there are also some **Personality/Behaviour Characteristics** that are representative of strengths for the child.
- | | | | | |
|---|---|---|---|---|
| • Demonstrates a sense of humour | 3 | 2 | 1 | 0 |
| • Is enthusiastic about life | 3 | 2 | 1 | 0 |
| • Talks about the positive aspects of life | 3 | 2 | 1 | 0 |
| • Uses anger management skills | 3 | 2 | 1 | 0 |
| • Can identify his/her own feelings and their appropriateness | 3 | 2 | 1 | 0 |
| • Can identify his/her personal strengths | 3 | 2 | 1 | 0 |
| • Is appropriately confident | 3 | 2 | 1 | 0 |
| • Can accept disappointments gracefully | 3 | 2 | 1 | 0 |
| • Is willing to work hard to achieve something in the next 6 months | 3 | 2 | 1 | 0 |
| • Tries to compensate for his/her weaknesses | 3 | 2 | 1 | 0 |
| • Others _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |
| • _____ | 3 | 2 | 1 | 0 |

Appendix E – Child Behavior Checklist (CBCL)



Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID #

CHILD'S FULL NAME First Middle Last				PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)			
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl		CHILD'S AGE		CHILD'S ETHNIC GROUP OR RACE		FATHER'S TYPE OF WORK _____	
MOTHER'S TYPE OF WORK _____		TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		THIS FORM FILLED OUT BY: (print your full name)	
GRADE IN SCHOOL _____		Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.				Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
NOT ATTENDING SCHOOL <input type="checkbox"/>						Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____	

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups your child belongs to.

None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)

- None 1 2 or 3 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do not include brothers & sisters)

- Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

- | | Worse | Average | Better | |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Behave with his/her parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Play and work alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. Performance in academic subjects.

Does not attend school because _____

Check a box for each subject that child takes

Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.

- | | Failing | Below Average | Average | Above Average |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Does your child receive special education or remedial services or attend a special class or special school?

- No Yes—kind of services, class, or school:

3. Has your child repeated any grades? No Yes—grades and reasons:

4. Has your child had any academic or other problems in school? No Yes—please describe:

When did these problems start? _____

Have these problems ended? No Yes—when?

Does your child have any illness or disability (either physical or mental)? No Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect	
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her	
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her	
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior	
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone	
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights	
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot	
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble	
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sound or voices that aren't there (describe): _____	
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking	
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others	
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating	
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails	
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense	
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____	
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares	
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids	
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels	
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious	
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded	
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty	
0	1	2	22. Disobedient at home	0	1	2	53. Overeating	
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason	
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight	
0	1	2	25. Doesn't get along with other kids	56. Physical problems without known medical cause:				
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains (not stomach or headaches)	
0	1	2	27. Easily jealous	0	1	2	b. Headaches	
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick	
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes (not if corrected by glasses) (describe): _____	
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems	
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches	
				0	1	2	g. Vomiting, throwing up	
				0	1	2	h. Other (describe): _____	

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body
(describe): _____

- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;
compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or
night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need
(describe): _____

- 0 1 2 84. Strange behavior (describe): _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*
include alcohol or tobacco) (describe): _____

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 0 1 2 113. Please write in any problems your child has that
were not listed above:

Appendix F – Teacher Report Form (TRF)

Appendix G – Wide Range Achievement Test – III (WRAT-III)

TEACHER'S REPORT FORM FOR AGES 5-18

For office use only
ID # _____

Please Print

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to print additional comments beside each item and in the spaces provided on page 2.

PUPIL'S FULL NAME	FIRST	MIDDLE	LAST	PARENTS' USUAL TYPE OF WORK, even if not working now (Please be as specific as you can—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) FATHER'S TYPE OF WORK: _____ MOTHER'S TYPE OF WORK: _____
PUPIL'S SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	PUPIL'S AGE	ETHNIC GROUP OR RACE		
TODAY'S DATE Mo. _____ Date _____ Yr. _____		PUPIL'S BIRTHDATE (if known) Mo. _____ Date _____ Yr. _____		
GRADE IN SCHOOL	NAME AND ADDRESS OF SCHOOL			THIS FORM FILLED OUT BY: <input type="checkbox"/> Teacher (full name) _____ <input type="checkbox"/> Counselor (full name) _____ <input type="checkbox"/> Other (specify position & give full name): _____

I. For how many months have you known this pupil? _____ months

II. How well do you know him/her? 1. Not Well 2. Moderately Well 3. Very Well

III. How much time does he/she spend in your class or service per week?

IV. What kind of class or service is it? (Please be specific, e.g., regular 5th grade, 7th grade math, learning disabled, counseling, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?

Don't Know 0. No 1. Yes—what kind and when?

VI. Has he/she repeated any grades?

Don't Know 0. No 1. Yes—grades and reasons

VII. Current school performance—list academic subjects and check box that indicates pupil's performance for each subject:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Compared to typical pupils of the same age:	1. Much less	2. Somewhat less	3. Slightly less	4. About average	5. Slightly more	6. Somewhat more	7. Much more
1. How hard is he/she working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How appropriately is he/she behaving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much is he/she learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How happy is he/she?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Most recent achievement test scores (optional).

Name of test	Subject	Date	Percentile or grade level obtained

X. IQ, readiness, or aptitude tests (optional).

Name of test	Date	IQ or equivalent scores

Does this pupil have any illness or disability (either physical or mental)? No Yes—please describe:

What concerns you most about this pupil?

Please describe the best things about this pupil:

Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary.

Please Print

Below is a list of items that describe pupils. For each item that describes the pupil **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the pupil. Circle the **1** if the item is **somewhat or sometimes true** of the pupil. If the item is **not true** of the pupil, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	1. Acts too young for his/her age	0	1	2	31. Fears he/she might think or do something bad
0	1	2	2. Hums or makes other odd noises in class	0	1	2	32. Feels he/she has to be perfect
0	1	2	3. Argues a lot	0	1	2	33. Feels or complains that no one loves him/her
0	1	2	4. Fails to finish things he/she starts	0	1	2	34. Feels others are out to get him/her
0	1	2	5. Behaves like opposite sex	0	1	2	35. Feels worthless or inferior
0	1	2	6. Defiant, talks back to staff	0	1	2	36. Gets hurt a lot, accident-prone
0	1	2	7. Bragging, boasting	0	1	2	37. Gets in many fights
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	38. Gets teased a lot
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	39. Hangs around with others who get in trouble
			_____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails
0	1	2	14. Cries a lot	0	1	2	45. Nervous, high-strung, or tense
0	1	2	15. Fidgets	0	1	2	46. Nervous movements or twitching (describe): _____
0	1	2	16. Cruelty, bullying, or meanness to others				_____
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	47. Overconforms to rules
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	48. Not liked by other pupils
0	1	2	19. Demands a lot of attention	0	1	2	49. Has difficulty learning
0	1	2	20. Destroys his/her own things	0	1	2	50. Too fearful or anxious
0	1	2	21. Destroys property belonging to others	0	1	2	51. Feels dizzy
0	1	2	22. Difficulty following directions	0	1	2	52. Feels too guilty
0	1	2	23. Disobedient at school	0	1	2	53. Talks out of turn
0	1	2	24. Disturbs other pupils	0	1	2	54. Overtired
0	1	2	25. Doesn't get along with other pupils	0	1	2	55. Overweight
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	56. Physical problems without known medical cause:
0	1	2	27. Easily jealous	0	1	2	a. Aches or pains (not stomach or headaches)
0	1	2	28. Eats or drinks things that are not food— don't include sweets (describe): _____	0	1	2	b. Headaches
			_____	0	1	2	c. Nausea, feel sick
				0	1	2	d. Problems with eyes (not if corrected by glasses) (describe): _____
0	1	2	29. Fears certain animals, situations, or places other than school (describe): _____				_____
			_____	0	1	2	e. Rashes or other skin problems
0	1	2	30. Fears going to school	0	1	2	f. Stomachaches or cramps
				0	1	2	g. Vomiting, throwing up
				0	1	2	h. Other (describe): _____

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body
(describe): _____

- 0 1 2 59. Sleeps in class
- 0 1 2 60. Apathetic or unmotivated
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older children or youths
- 0 1 2 64. Prefers being with younger children
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions
(describe): _____

- 0 1 2 67. Disrupts class discipline
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe):

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Messy work
- 0 1 2 73. Behaves irresponsibly (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Shy or timid
- 0 1 2 76. Explosive and unpredictable behavior
- 0 1 2 77. Demands must be met immediately, easily frustrated
- 0 1 2 78. Inattentive, easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Feels hurt when criticized
- 0 1 2 82. Steals
- 0 1 2 83. Stores up things he/she doesn't need (describe):

- 0 1 2 84. Strange behavior (describe): _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Underachieving, not working up to potential
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Seems preoccupied with sex
- 0 1 2 97. Threatens people
- 0 1 2 98. Tardy to school or class
- 0 1 2 99. Too concerned with neatness or cleanliness
- 0 1 2 100. Fails to carry out assigned tasks
- 0 1 2 101. Truancy or unexplained absence
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses alcohol or drugs for nonmedical purposes
(describe): _____

- 0 1 2 106. Overly anxious to please
- 0 1 2 107. Dislikes school
- 0 1 2 108. Is afraid of making mistakes
- 0 1 2 109. Whining
- 0 1 2 110. Unclean personal appearance
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 113. Please write in any problems the pupil has that
were not listed above:
0 1 2 _____
0 1 2 _____
0 1 2 _____

WRAT3

WIDE RANGE ACHIEVEMENT TEST REVISION 3

NAME _____ GENDER: M F
DATE _____ BIRTH DATE _____ AGE _____
SCHOOL _____ GRADE _____
REFERRED BY _____ EXAMINER _____

TANTEST SCORES	
READING	_____
SPELLING	_____
ARITHMETIC	_____

Use only Standard scores for comparisons

SPELLING/A MEASURE OF WRITTEN ENCODING

by Gary S. Wilkinson

NAME _____ (1&2)

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1. _____				16. _____					31. _____			
2. _____				17. _____					32. _____			
3. _____				18. _____					33. _____			
4. _____				19. _____					34. _____			
5. _____				20. _____					35. _____			
6. _____				21. _____					36. _____			
7. _____				22. _____					37. _____			
8. _____				23. _____					38. _____			
9. _____				24. _____					39. _____			
10. _____				25. _____					40. _____			
11. _____				26. _____								
12. _____				27. _____								
13. _____				28. _____								
14. _____				29. _____								
15. _____				30. _____								

5/10 RULES

Name/Editor Writing	_____
Word Spelling	_____
Total Spelling	_____

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1937, 1946, 1965, 1976, 1978, 1984, 1993

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WR WIDE RANGE

15 Ashley Place, Suite 1A, Wilmington, DE 19804-1314

WRAT 3 ARITHMETIC/A MEASURE OF NUMBER COMPUTATIONS



3) Fingers?

3) Fingers?

9) or 6?

3) or 2?

3) marbles, 3 or 1?

3) or 4 apples?

9) marbles, 1 or 3?

(15)

REDUCE ALL ANSWERS TO LOWEST TERMS

$$2 + 1 = \underline{\quad}$$

1

$$\begin{array}{r} 6 \\ + 2 \\ \hline \end{array}$$

2

$$\begin{array}{r} 5 \\ - 3 \\ \hline \end{array}$$

3

$$4 - 1 = \underline{\quad}$$

4

$$\begin{array}{r} 8 \\ - 6 \\ \hline \end{array}$$

5

$$\begin{array}{r} 51 \\ + 27 \\ \hline \end{array}$$

6

$$\begin{array}{r} 497 \\ - 176 \\ \hline \end{array}$$

7

$$4 \times 2 = \underline{\quad}$$

8

$$\begin{array}{r} 6 \\ \times 3 \\ \hline \end{array}$$

9

$$\begin{array}{r} 417 \\ + 534 \\ \hline \end{array}$$

10

$$5 \overline{)15}$$

11

$$\begin{array}{r} 452 \\ 137 \\ + 245 \\ \hline \end{array}$$

12

$$\begin{array}{r} 512 \\ \times 3 \\ \hline \end{array}$$

13

$$\begin{array}{r} 46 \\ - 29 \\ \hline \end{array}$$

14

$$\begin{array}{r} 34 \\ \times 21 \\ \hline \end{array}$$

15

$$\begin{array}{r} 62.04 \\ - 5.03 \\ \hline \end{array}$$

16

$$9 \overline{)882}$$

17

$$1 \frac{1}{2} \text{ hr} = \underline{\quad} \text{ min.}$$

18

$$\begin{array}{r} 401 \\ - 74 \\ \hline \end{array}$$

19

$$6 \overline{)968}$$

20

Which is more?

$$\frac{7}{8} \text{ or } \frac{13}{15}$$

21

$$\begin{array}{r} 809 \\ \times 47 \\ \hline \end{array}$$

22

$$6^2 = \underline{\quad}$$

23

$$\frac{3}{4} = \underline{\quad} \%$$

24

$$\frac{8}{9} \times \frac{1}{2} \times \frac{9}{4} = \underline{\quad}$$

25

WRAT 3 ARITHMETIC/A MEASURE OF NUMBER COMPUTATIONS

$$\begin{array}{r} 5 \\ -3\frac{1}{3} \\ \hline \end{array}$$

$$\begin{array}{r} 4\frac{5}{6} \\ 3\frac{1}{3} \\ + 2\frac{1}{2} \\ \hline \end{array}$$

$$\begin{array}{r} 7.96 \\ \times 30.8 \\ \hline \end{array}$$

Average:
24, 18, 21, 26, 17

20% of 120 =

Ans: _____

Ans: _____

26

27

28

29

30

Write as a decimal:

$$52\frac{1}{2}\% = \underline{\hspace{2cm}}$$

$$(-5) (+9) =$$

Ans: _____

$$\frac{3}{8} = \underline{\hspace{1cm}}\%$$

Factor:

$$r^2 - 10r + 25 =$$

Ans: _____

$$8.2 \overline{)62.703}$$

31

32

33

34

35

Solve:

$$\frac{7 - (6 + 8)}{2} =$$

Ans: _____

$$6 \times 3\frac{7}{8} = \underline{\hspace{2cm}}$$

$$\begin{array}{l} \sqrt{2ax} = 6 \\ x = \underline{\hspace{2cm}} \end{array}$$

Find interest on
\$1200 at 6% per
year for 2 years
compounded
annually:

Ans: _____

$$\log_{10} \left(\frac{1}{100} \right)$$

Ans: _____

36

37

38

39

40

60 SECONDS / 10 MINUTES

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WRAT 3 Arithmetic

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WRAT 3 READING/A MEASURE OF WRITTEN DECODING

CAUTION: EXAMINER USE ONLY!

A B O S E R T H U P I V Z J Q (15)

1 see see	2 red red	3 milk milk	4 was wuz						
5 then then	6 jar jahr	7 letter let-ēr	8 city sit-ee						
9 between bi-tween	10 cliff klif	11 stalk stawk	12 grunt grunt						
13 huge hyooj	14 plot plot	15 sour sowr	16 humidity hyoo-mid-i-tee						
17 clarify klar-i-fi	18 residence rez-i-dēns	19 urge urj	20 rancid ran-sid						
21 conspiracy kōn-spir-a-see	22 deny di-nī	23 quarantine kwor-an-teen	24 deteriorate di-teer-i-ō-rayt						
25 rudimentary roo-di-men-tē-ree	26 mosaic moh-zay-ik	27 rescinded ri-sind-ed	28 audacious aw-day-shūs						
29 mitosis mī-toh-sis	30 protuberance proh-too-be-rāns	31 longevity lon-jev-i-tee	32 predilection pred-i-lek-shōn						
33 regime rē-zheem	34 beatify bi-at-i-fi	35 internecine in-tēr-nee-seen, -nes-eeen	36 regicidal rej-i-sī-dal						
37 puerile pyoo-ē-ril	38 factitious fak-tish-us	39 lucubration loo-kyuu-bray-shōn	<table border="1"> <tr> <td>Letter Reading</td> <td><input type="text"/></td> </tr> <tr> <td>Word Reading</td> <td><input type="text"/></td> </tr> <tr> <td>Total Reading</td> <td><input type="text"/></td> </tr> </table>	Letter Reading	<input type="text"/>	Word Reading	<input type="text"/>	Total Reading	<input type="text"/>
Letter Reading	<input type="text"/>								
Word Reading	<input type="text"/>								
Total Reading	<input type="text"/>								
40 epithalamion ep-i-thā-lay-mi-ōn	41 inefficacious in-ef-i-kay-shus	42 synecdoche si-nek-dō-kee							
5/10 RULES									

OBSERVATIONS/REMARKS:

Appendix H – Self-Description Questionnaire – I (SDQ-I)

F=False, MF=Mostly False, SFST=Sometimes False Sometimes True, MT=Mostly True, T=True

1. I am good looking	F	MF	SFST	MT	T
2. I'm good at all school subjects	F*	MF	SFST	MT	T
3. I can run fast	F	MF	SFST	MT	T
4. I get good marks in reading	F	MF	SFST	MT	T
5. My parents understand me	F	MF	SFST	MT	T
6. I hate reading	F	MF	SFST	MT	T
7. I have lots of friends	F	MF	SFST	MT	T
8. I like the way I look	F	MF	SFST	MT	T
9. I enjoy doing work for all school subjects	F	MF	SFST	MT	T
10. I like to run and play hard	F	MF	SFST	MT	T
11. I like reading	F	MF	SFST	MT	T
13. I enjoy doing work for math	F	MF	SFST	MT	T
14. I make friends easily	F	MF	SFST	MT	T
15. I have a pleasant looking face	F	MF	SFST	MT	T
16. I get good marks in all school subjects	F	MF	SFST	MT	T
18. I look forward to reading	F	MF	SFST	MT	T
19. I like my parents	F	MF	SFST	MT	T
20. I look forward to math	F	MF	SFST	MT	T
21. Most kids have more friends than I do	F	MF	SFST	MT	T
22. I am an attractive person	F	MF	SFST	MT	T

23. I am dumb in all school subjects	F	MF	SFST	MT	T
24. I enjoy sports and games	F	MF	SFST	MT	T
25. I am interested in reading	F	MF	SFST	MT	T
26. My parents like me	F*	MF	SFST	MT	T
27. I get good marks in math	F	MF	SFST	MT	T
28. I get along with other kids easily	F	MF	SFST	MT	T
30. I learn things quickly in all school subjects	F	MF	SFST	MT	T
31. My body is strong and powerful	F	MF	SFST	MT	T
32. I am dumb in reading	F	MF	SFST	MT	T
33. I want to raise my children like my parents did	F	MF	SFST	MT	T
34. I am interested in math	F	MF	SFST	MT	T
35. I am easy to like	F	MF	SFST	MT	T
36. Other kids think I am good looking	F	MF	SFST	MT	T
37. Work in all school subjects is easy for me	F	MF	SFST	MT	T
38. I am good at sports	F	MF	SFST	MT	T
39. I enjoy doing work for reading	F	MF	SFST	MT	T
40. My parents and I spend a lot of time together	F	MF	SFST	MT	T
41. I learn things quickly in math	F	MF	SFST	MT	T
42. Other kids want me to be their friend	F	MF	SFST	MT	T
43. I have a good looking body	F	MF	SFST	MT	T
44. I hate all school subjects	F	MF	SFST	MT	T

45. I'm good at aiming at targets	F	MF	SFST	MT	T
46. Work in reading is easy for me	F	MF	SFST	MT	T
47. My parents are easy to talk to	F	MF	SFST	MT	T
48. I like math	F*	MF	SFST	MT	T
50. I'm better looking than most of my friends	F	MF	SFST	MT	T
51. I am interested in all school subjects	F	MF	SFST	MT	T
52. I am a good athlete	F	MF	SFST	MT	T
53. I'm good at reading	F	MF	SFST	MT	T
54. I get along well with my parents	F	MF	SFST	MT	T
55. I am good at math	F	MF	SFST	MT	T
56. I am popular with kids my own age	F	MF	SFST	MT	T
57. I have nice features (e.g., nose & eyes)	F	MF	SFST	MT	T
58. I look forward to all school subjects	F	MF	SFST	MT	T
59. I'm good at throwing a ball	F	MF	SFST	MT	T
60. I hate reading	F	MF	SFST	MT	T
61. My parents and I have a lot of fun together	F	MF	SFST	MT	T
62. Work in math is easy for me	F	MF	SFST	MT	T
63. Most other kids like me	F	MF	SFST	MT	T
64. I like all school subjects	F	MF	SFST	MT	T
65. I learn things quickly in reading	F	MF	SFST	MT	T
66. I am dumb at math	F	MF	SFST	MT	T

Items 12, 17, 29, and 49 were omitted because they failed to correlate highly with other items from the same subscale (Marsh et al., 1983).

Appendix I – Junior Self-Monitoring Scale (JSMS)

Below is a list of things that some people do. We want to know how many of these things you do. There are no right or wrong answers. We just want to know the things you do and don't do.

F=False, MF=Mostly False, SFST=Sometimes False Sometimes True, MT=Mostly True, T=True

1. There are many things I would only tell a few of my friends.
F MF SFST MT T
2. I sometimes wear some kinds of clothes just because my friends are wearing that kind.
F MF SFST MT T
3. I like to know how my classmates expect me to act.
F MF SFST MT T
4. I would probably be good at acting in a school play.
F MF SFST MT T
6. I act better when my teacher is in the room than when my teacher is out of the room.
F MF SFST MT T
7. When I don't know what to wear, I call my friends to see what they are going to wear.
F MF SFST MT T
8. Even if I am not having a good time, I often act like I am.
F MF SFST MT T
9. Sometimes I clown around so my classmates will like me.
F MF SFST MT T
10. When I am not sure how to act I watch others to see what to do.
F MF SFST MT T
11. I laugh more when I watch funny TV shows with other people than when I watch them alone.
F MF SFST MT T
13. When I'm with my friends I act different than I do with my parents.
F MF SFST MT T

15. When I'm afraid of someone I try to be nice to them so they will not bother me.
 F MF SFST MT T
17. I try to figure out how each teacher wants me to act and then that's how I try to act.
 F MF SFST MT T*
18. There are some things about me that I wouldn't want to tell anyone.
 F MF SFST MT T
19. I feel embarrassed when I don't have the same kind of clothes as my classmates.
 F MF SFST MT T
20. When a new person comes to school I listen to what my classmates say before I decide whether I like the new person.
 F MF SFST MT T
21. Sometimes I help my mom without her asking me, so she will let me do something I want to do later.
 F MF SFST MT T
22. I can make people think I'm happy even if I'm not happy.
 F MF SFST MT T
23. I can be nice to people I don't like.
 F MF SFST MT T
24. I feel unhappy when I don't have the things that my friends have.
 F MF SFST MT T

Answer key:

F=False: 0
 MF=Mostly False: 1
 SFST=Sometimes False Sometimes True: 2
 MT=Mostly True: 3
 T=True: 4

Items 5, 12, 14, and 16 were omitted because they correlated negatively with the concern for social appropriateness subscale. Howells and Fishfader (1995) suggest this provides increased reliability for the JSMS.

Appendix J – Summary of Strength Program Activities

Introduction	Page 3
Week 1: Who’s Like Me?	Page 4 - 6
Week 2: Are You Listening?	Page 7 - 9
Week 3: Put-Ups	Page 10 - 13
Week 4: Resident Specialists	Page 14 - 15
Week 5: Interview for Strengths	Page 16 - 17
Week 6: What Did I Do Books	Page 18 - 20
Week 7: Skill and Problem Cards	Page 21 - 23
Week 8: Wanted Posters	Page 24 - 26
Week 9: Appreciation Web	Page 27 - 30
Week 10: Frame of Reference	Page 31 - 33

Appendix K – Individualized Tally Sheets

Daily Strength Use

Student: SAMPLE

Week of: _____

Day of the week	Frequency		
	Missed opportunities	Demonstrated use of some strengths	Exceeding expectation
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please consider the student's behavior throughout the day and mark which category most accurately describes their frequency of strength behavior use for each day of the week.

demonstrates a sense of belonging to family
 trusts a significant person with his or her life
 participates in community activities
 maintains positive family relationships
 smiles often
 is enthusiastic about life
 demonstrates age-appropriate hygiene skills
 accepts a hug
 expresses affection for others
 asks for help
 attends school regularly
 trusts a family member with important information
 interacts positively with some siblings
 has a positive relationship with some school staff

Table 1.

Number of participants who completed each measure.

Measure	Number of Participants	
	Time 1	Time 2
BERS parent	19	17
BERS teacher	19	19
CBCL	19	17
JSMS	19	19
SAI parent	19	15
SAI teacher	19	19
SDQ	19	19
TRF	19	19
WRAT-III	18	18

Table 2.

Means and Standard Deviations of Main Scales for Both Groups

Scale	Time 1		Time 2	
	Mean	SD	Mean	SD
BERS parent	113.37	16.16	118.47	13.20
BERS teacher	45.32	17.89	58.53	20.45
CBCL	68.42	7.76	64.82	8.71
JSMS	45.74	16.81	41.95	22.07
SAI parent	77.32	16.67	85.93	15.43
SAI teacher	21.32	7.94	27.58	15.03
SDQ	40.21	16.41	36.74	14.59
TRF	72.79	5.48	69.37	8.54
WRAT-III composite	85.93	13.16	87.30	13.68

Table 3.

Correlation matrix (time 1)

	BERS parent	BERS teacher	CBCL	JSMS	SAI parent	SAI teacher	SDQ	TRF	WRAT- III
BERS parent									
BERS teacher	-.198								
CBCL	-.787**	.259							
JSMS	-.003	.168	.008						
SAI parent	.643**	.121	-.395	.171					
SAI teacher	-.070	.822**	.003	.069	.230				
SDQ	-.424	.359	.485*	.618**	.245	.150			
TRF	-.003	-.032	-.012	.234	-.108	-.168	.036		
WRAT- III	-.074	-.053	.160	-.034	-.261	-.036	.329	.377	

** correlation is significant at the .01 level (2-tailed)

* correlation is significant at the .05 level (2-tailed)

Correlation matrix (time 2)

	BERS parent	BERS teacher	CBCL	JSMS	SAI parent	SAI teacher	SDQ	TRF	WRAT- III
BERS parent									
BERS teacher	-.263								
CBCL	-.381	.222							
JSMS	.056	.271	-.090						
SAI parent	.671**	-.350	-.293	-.185					
SAI teacher	-.241	.900**	.063	.242	-.419				
SDQ	-.394	.286	.017	.771**	-.379	.180			
TRF	-.018	.016	.422	-.120	-.231	.022	-.189		
WRAT- III	.063	.153	.351	-.166	-.021	.111	-.140	.381	

** correlation is significant at the .01 level (2-tailed)

* correlation is significant at the .05 level (2-tailed)

Figure 1.

Significant Main Effect for Time - TRF.

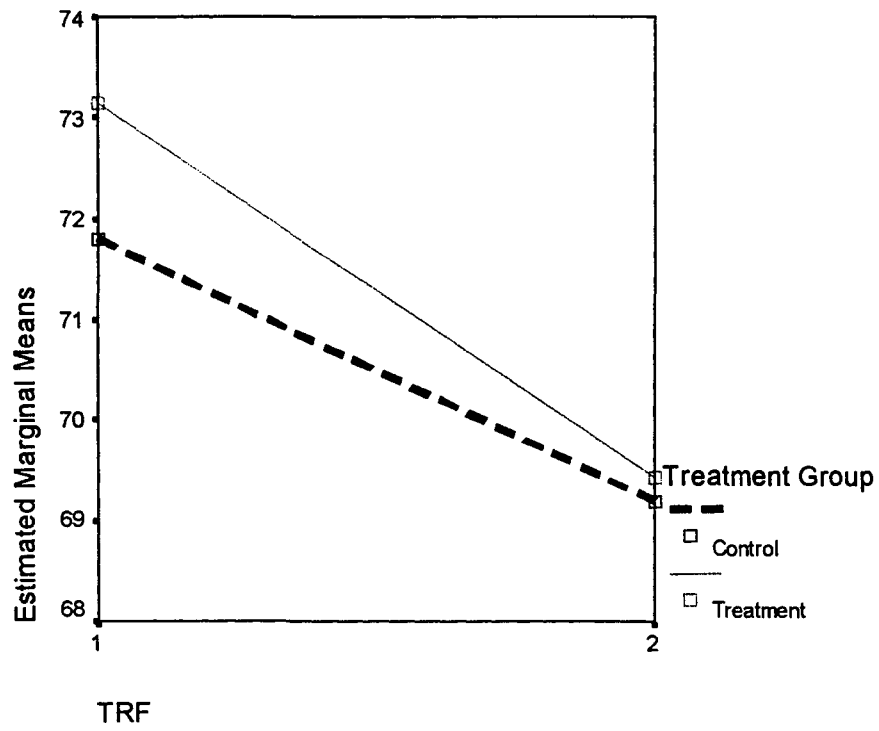


Figure 2.

Main Effect for Time Approaching Significance - CBCL.

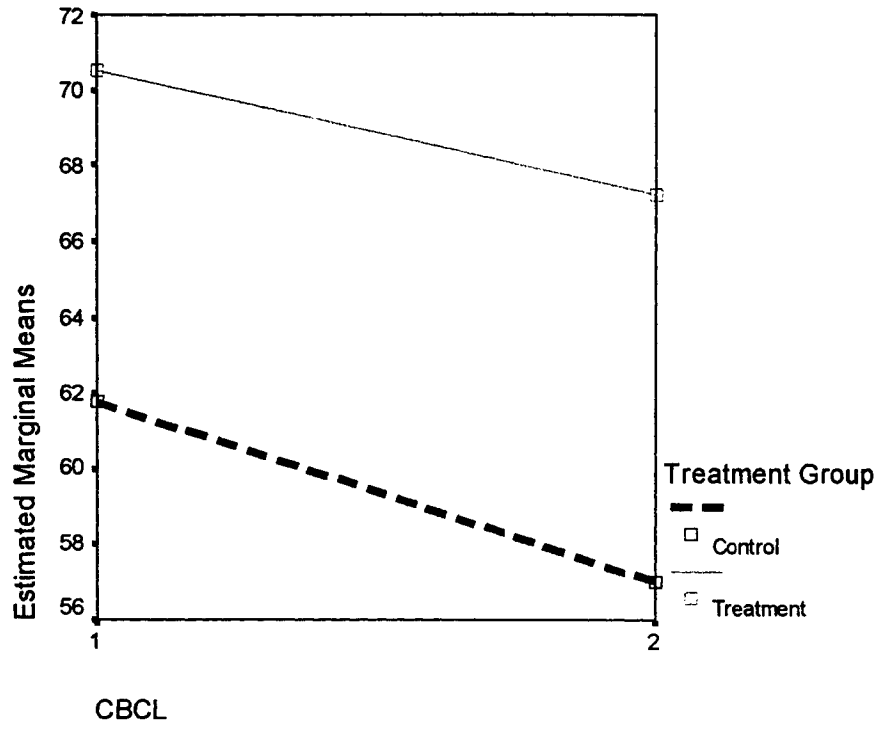


Figure 3.

Significant Main Effect for Group - CBCL.

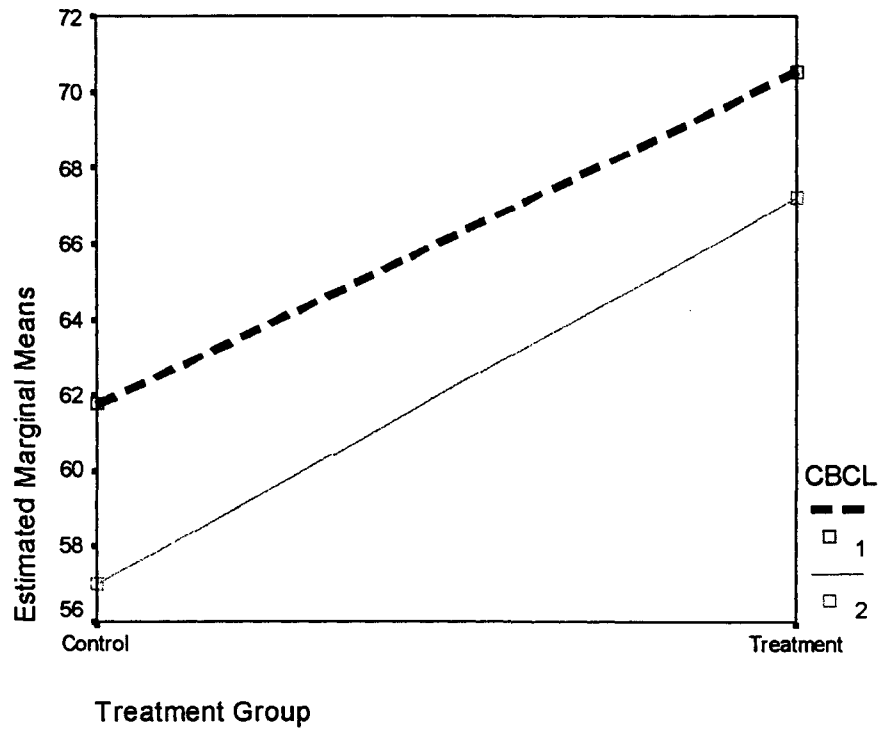


Figure 4.

Main Effect for Time - TRF Subscale Delinquent Behavior.

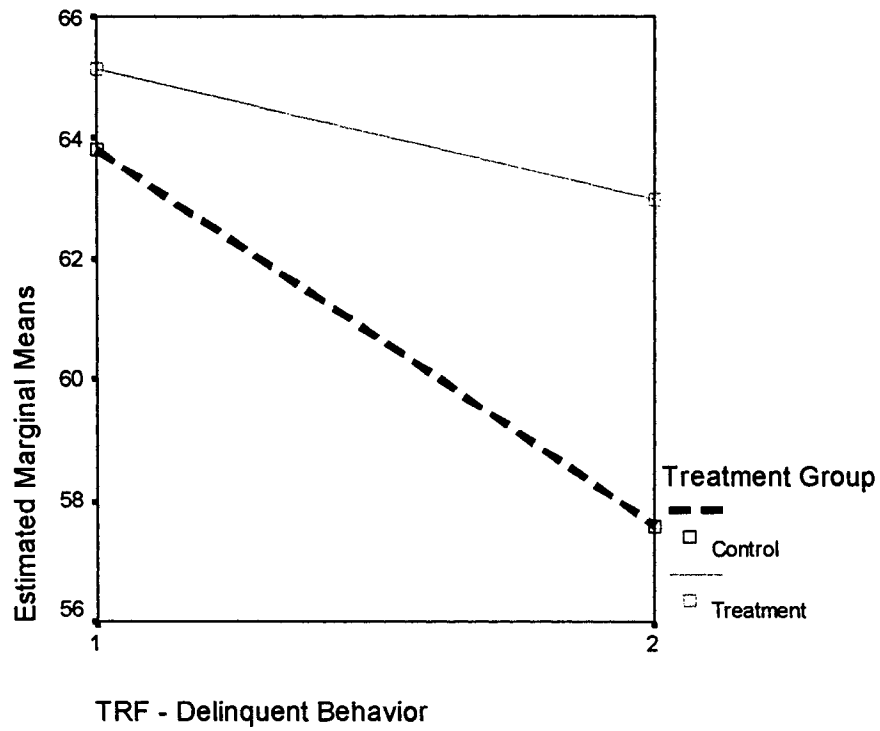


Figure 5.
Interaction Approaching Significance - CBCL Subscale Somatic Complaints.

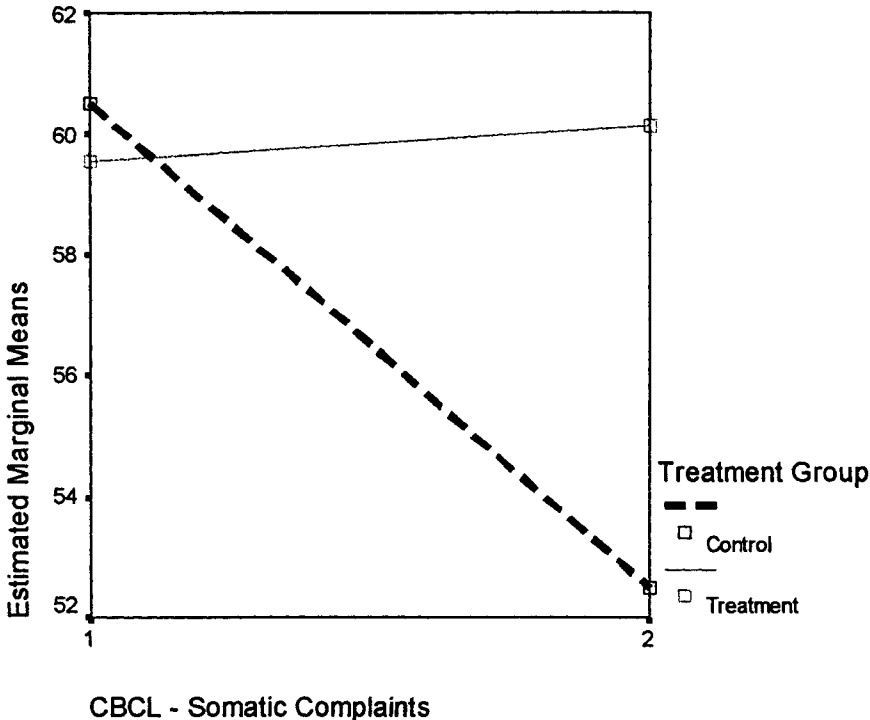


Figure 6.

Significant Main Effect for Time - CBCL Subscale Attentional Problems.

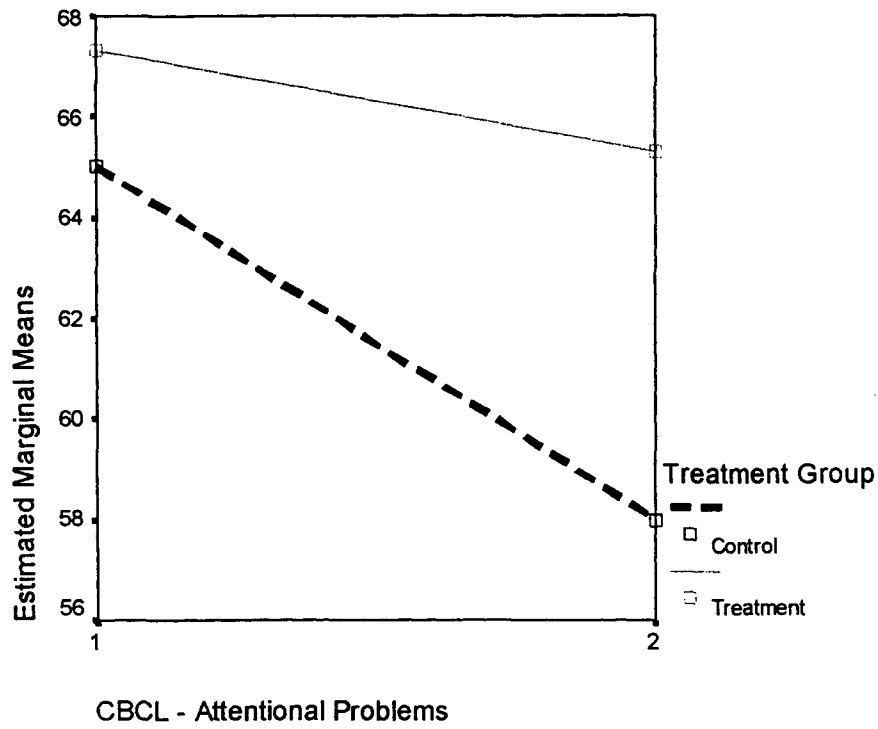


Figure 7.

Significant Main Effect for Time - CBCL Subscale Delinquent Behavior.

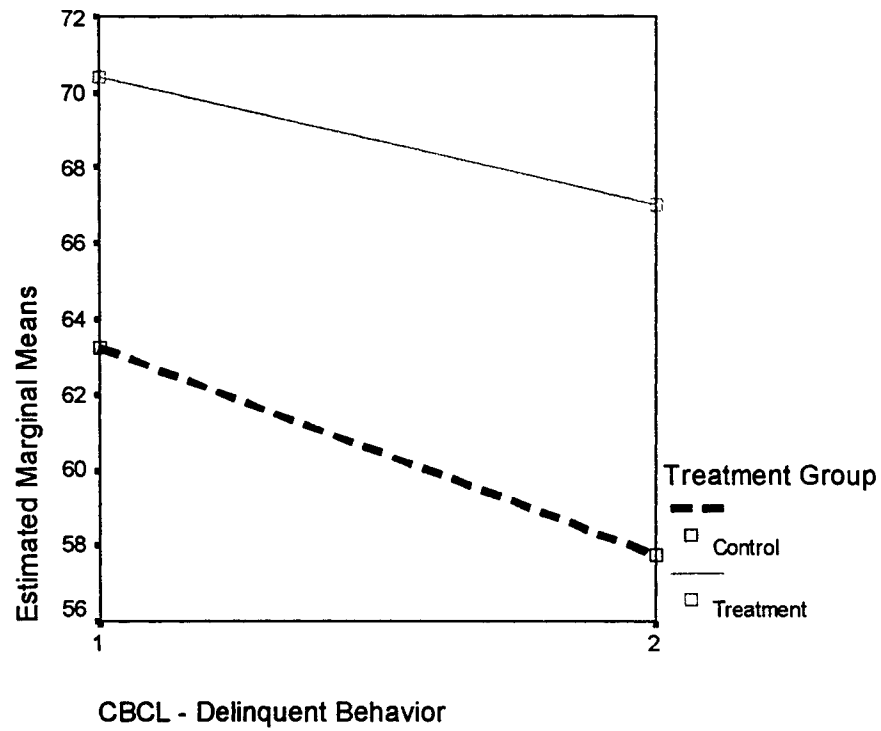


Figure 8.

Main Effect for Group Approaching Significance - CBCL Subscale Delinquent Behavior.

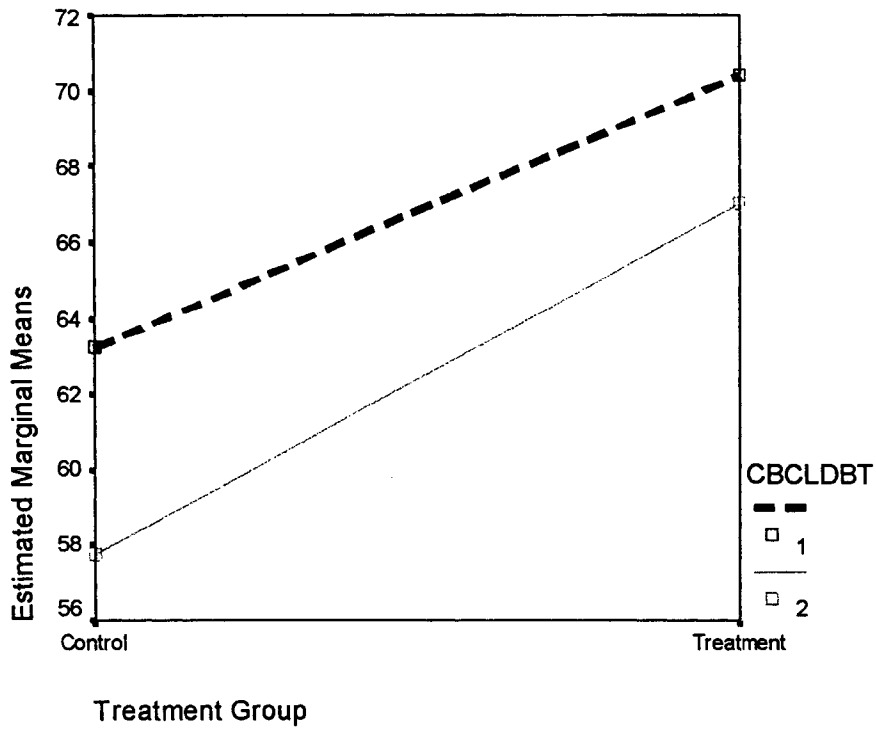


Figure 9.

Significant Main Effect for Group - CBCL Subscale Aggressive Behavior.

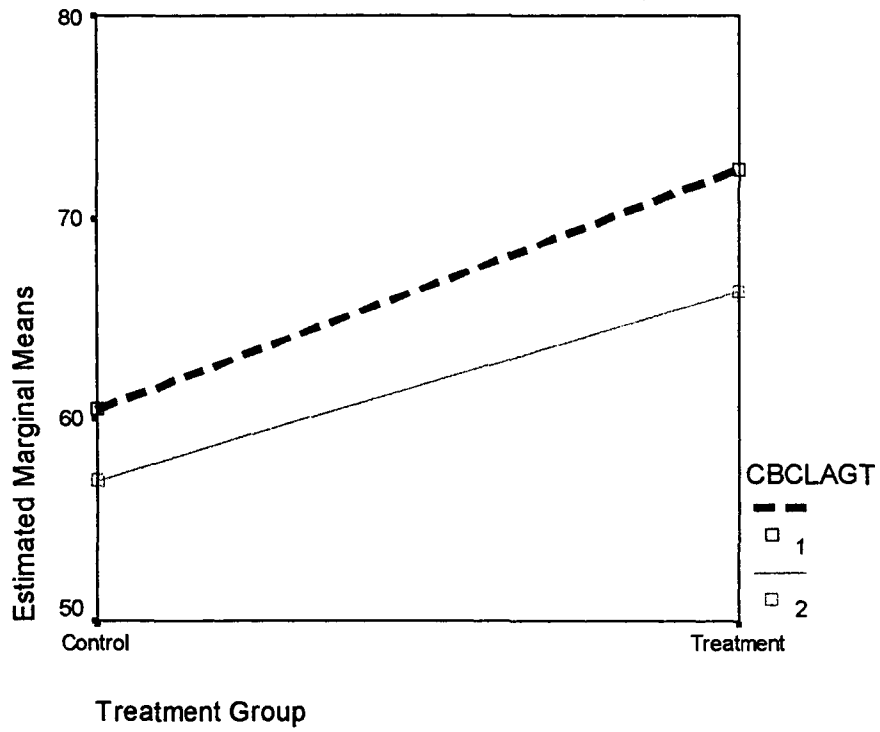


Figure 10.

Significant Main Effect for Time - CBCL Subscale Externalizing.

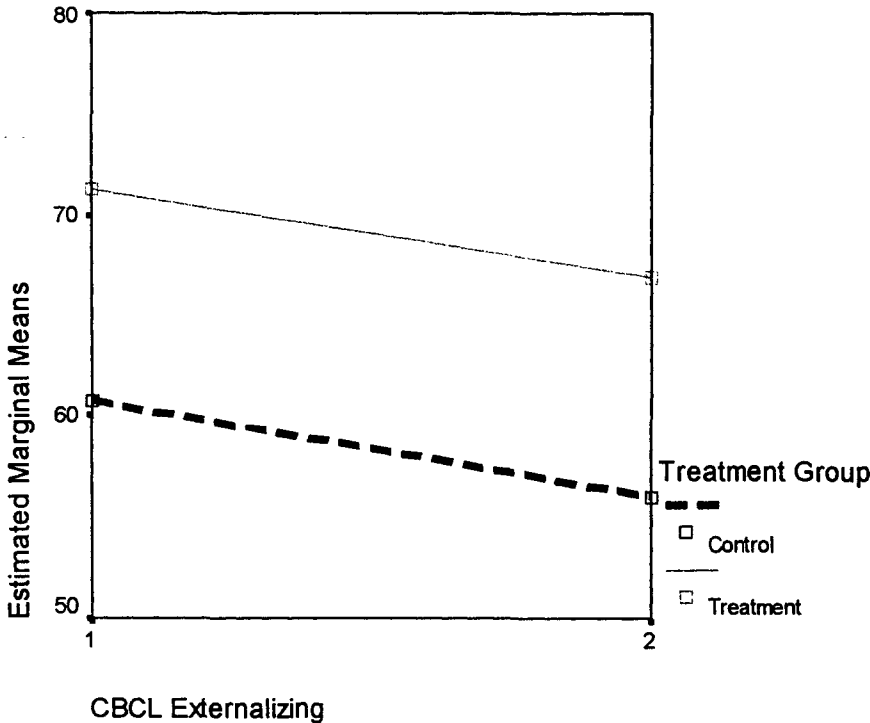


Figure 11.

Significant Main Effect for Group - CBCL Subscale Externalizing.

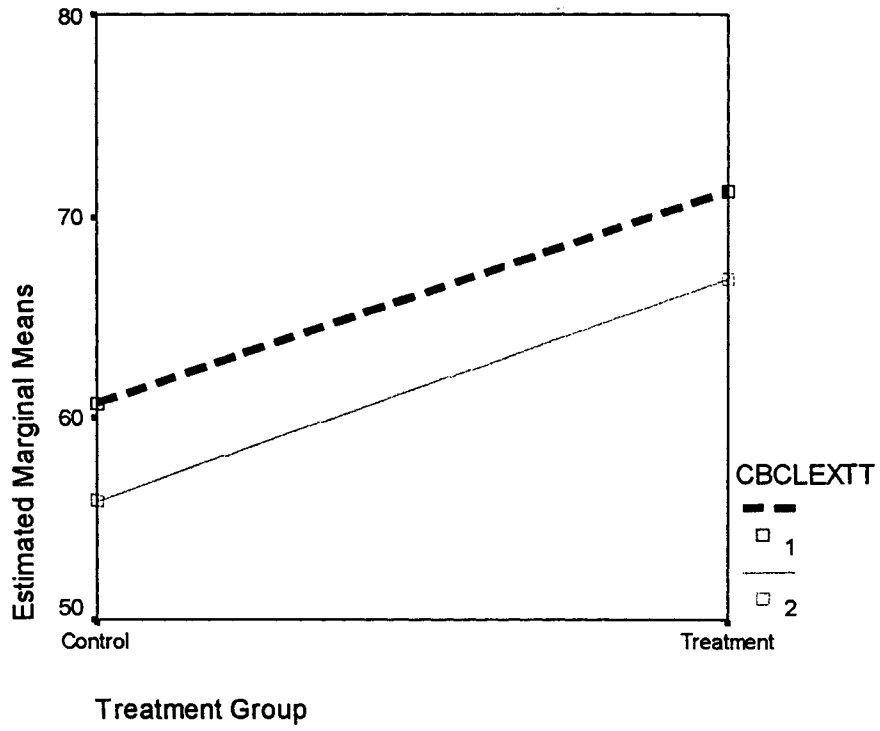


Figure 12.

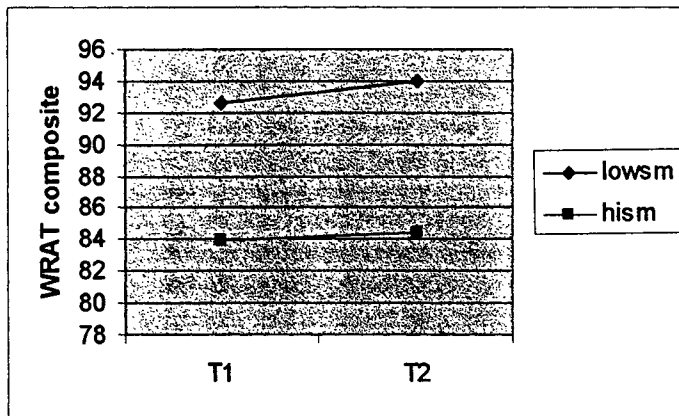
Moderator Trends for Self-Monitoring

a) WRAT-III composite

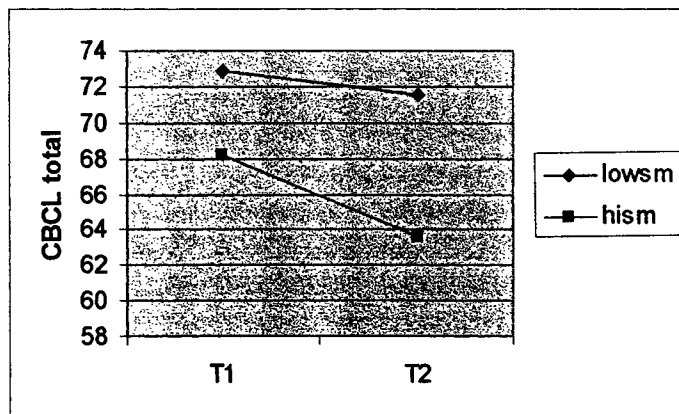
b) CBCL

c) TRF

a)



b)



c)

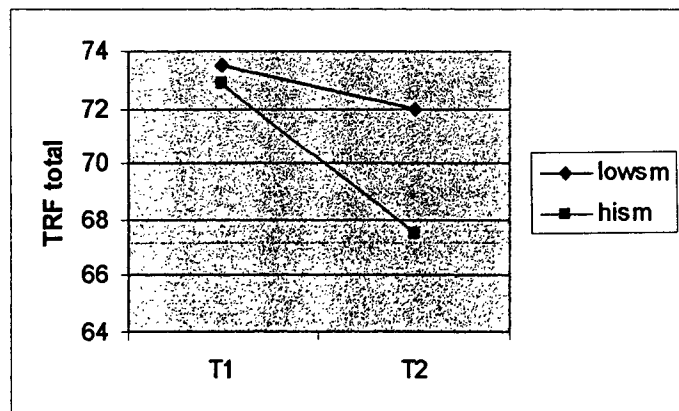


Figure 14.

Main Effect for Time Approaching Significance - Teacher BERS.

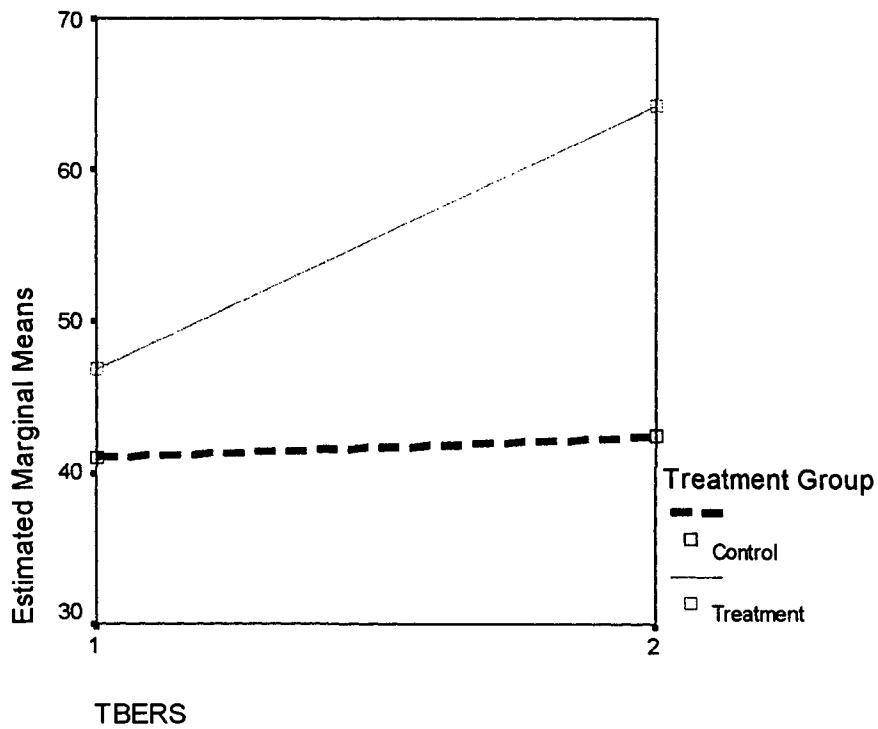


Figure 17.

Significant Main Effect for Time - Teacher BERS Subscale Intrapersonal Strength.

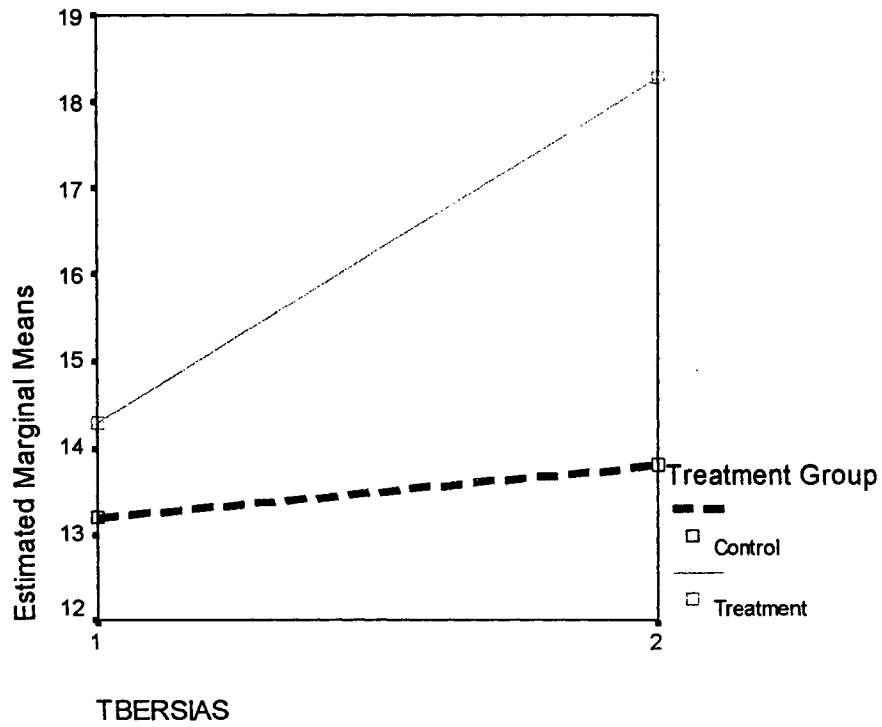


Figure 18.

Interaction Approaching Significance - Teacher SAI Subscale Peer Relations.

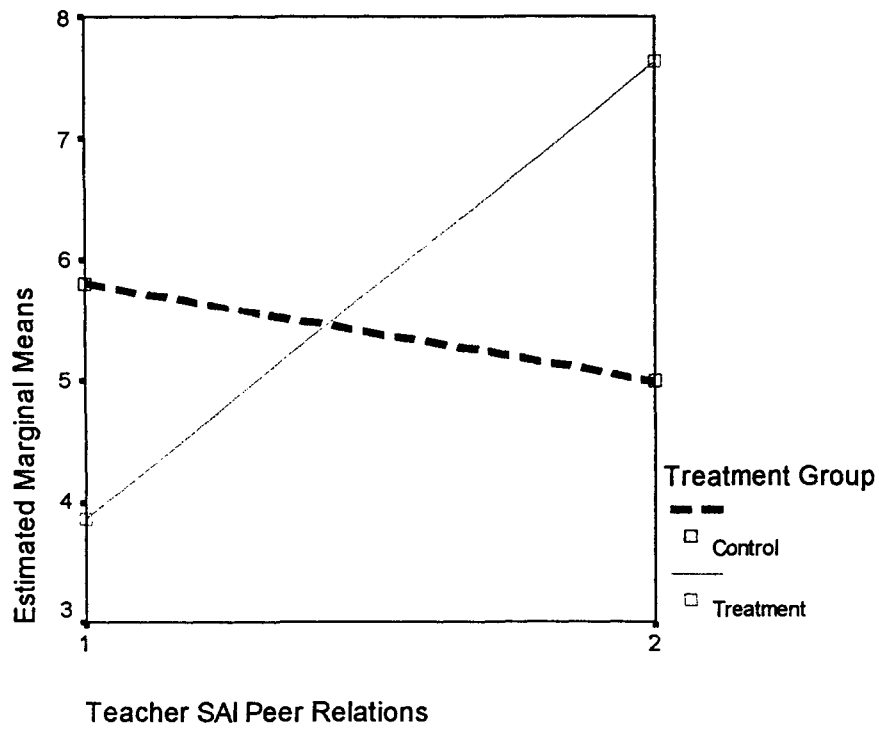


Figure 19.

Significant Main Effect for Time - Parent BERS Subscale Interpersonal Strength.

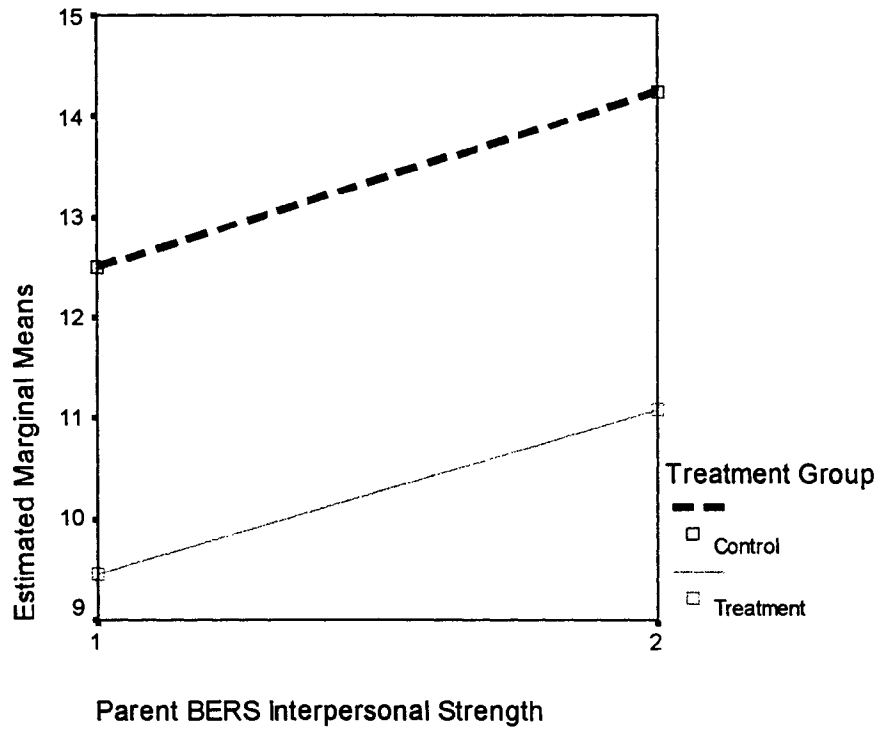


Figure 20.

Significant Main Effect for Group - Parent BERS Subscale Interpersonal Strength.

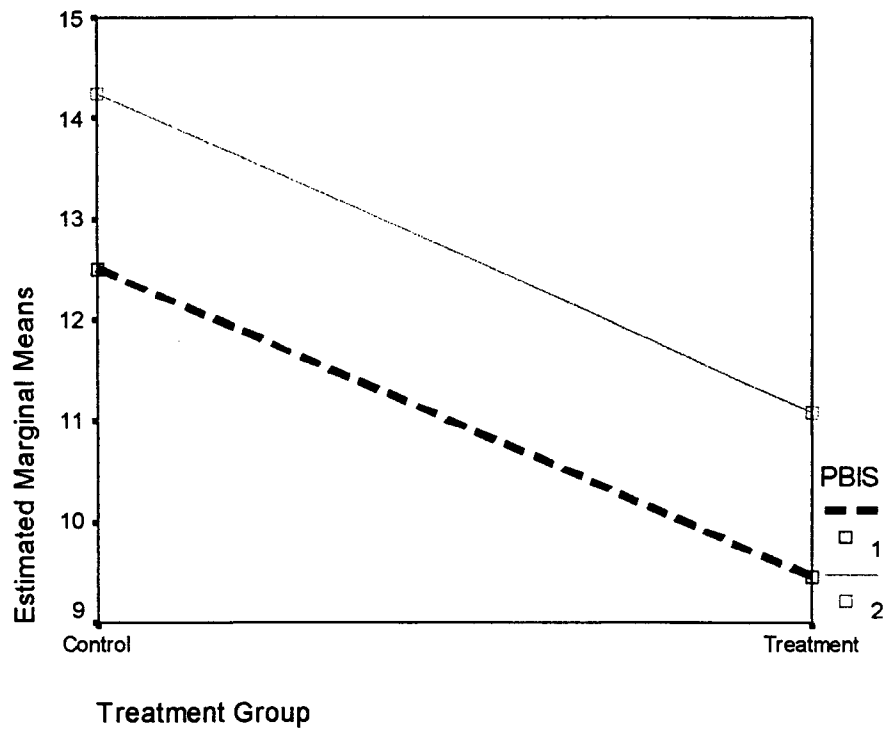
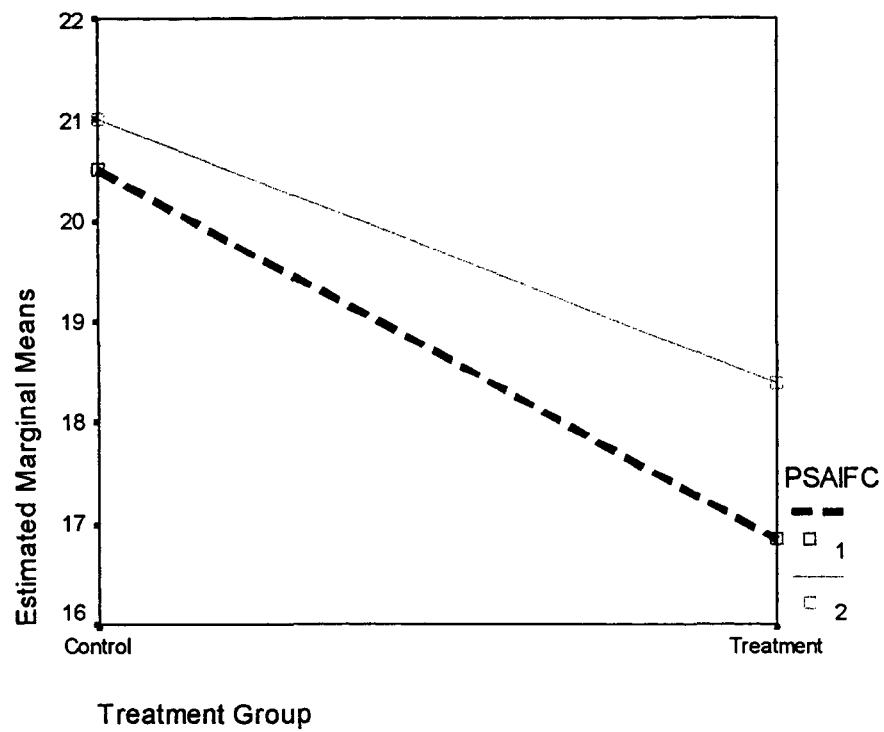


Figure 21.

Significant Main Effect for Group - Parent SAI Subscale Family Circumstances.



Treatment Group

Figure 22.

Main Effect for Time Approaching Significance - Parent SAI Subscale Peer Relations.

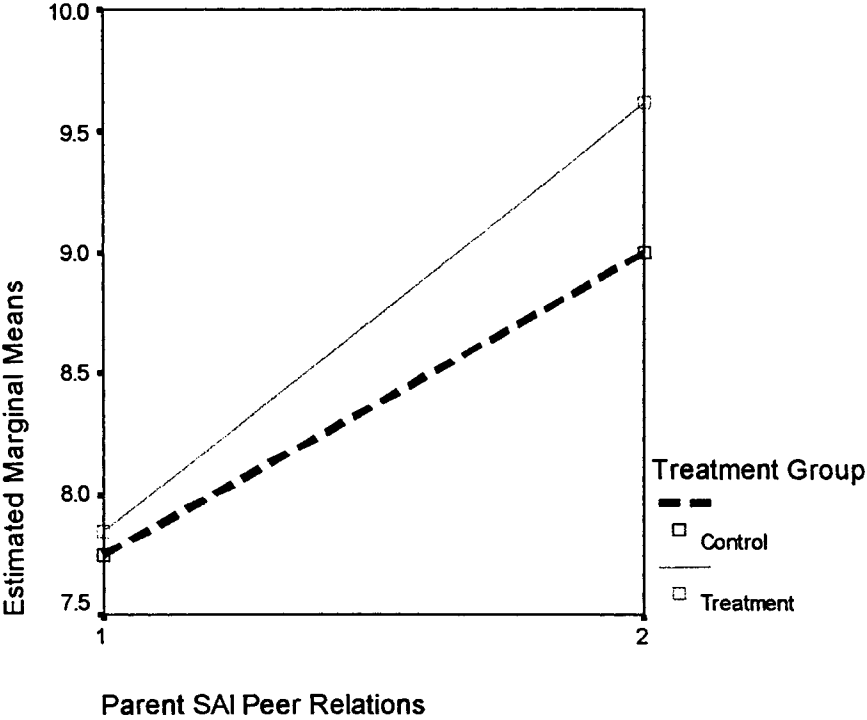


Figure 23.

Significant Interaction - Parent SAI Subscale Leisure and Recreation.

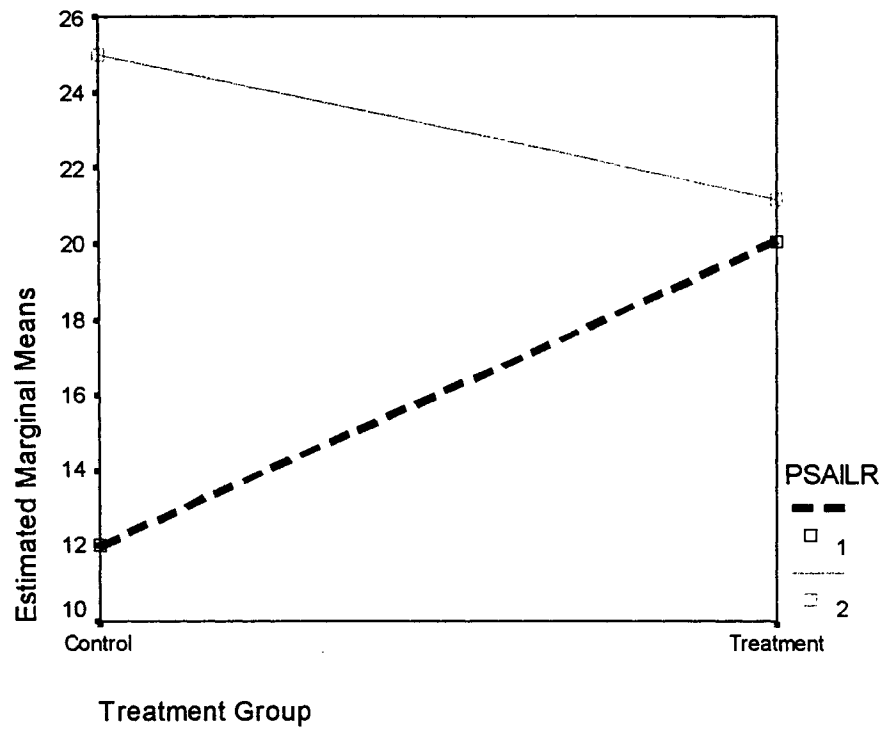


Figure 24.

Significant Main Effect for Time - Parent SAI Subscale Attitudes and Orientation.

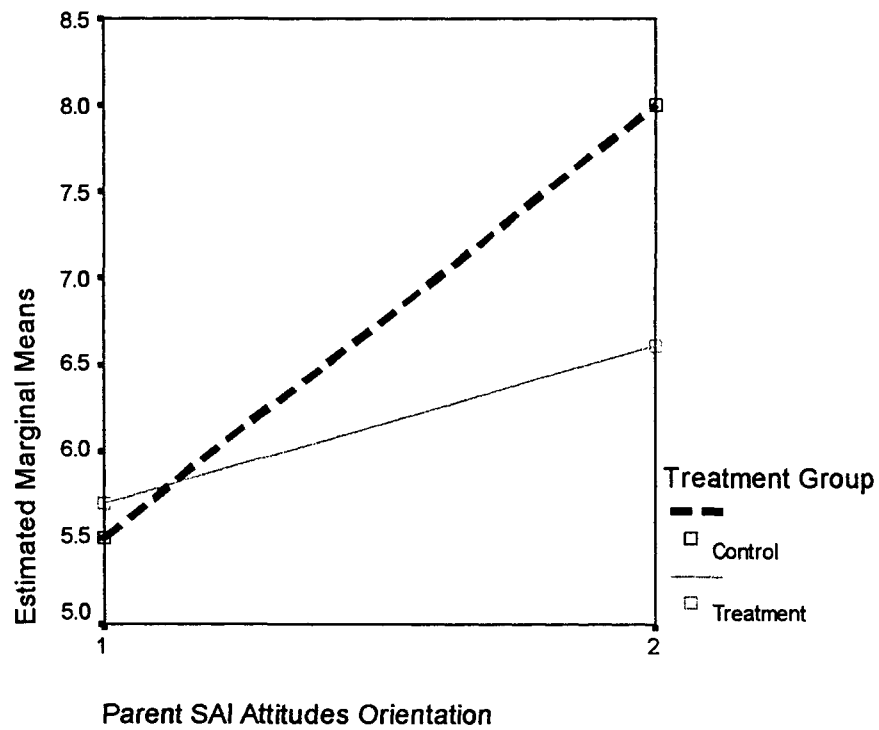


Figure 25.

Significant Interaction - Parent SAI Subscale Personality and Behavior Characteristics.

