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Group intervention to modify undesirable behavior in children who have experienced parental loss

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GROUP INTERVENTION TO MODIFY UNDESIRABLE BEHAVIOR IN CHILDREN WHO HAVE EXPERIENCED PARENTAL LOSS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Frances Marie Westover
June 1996
GROUP INTERVENTION TO MODIFY UNDESIRABLE BEHAVIOR IN CHILDREN WHO HAVE EXPERIENCED PARENTAL LOSS

A Project
Presented to the Faculty of California State University, San Bernardino

by Frances Marie Westover June 1996
Approved by:

Dr. Rosemary McCaslin, Project Advisor, Social Work

Dr. Teresa Morris, Chair of Research Sequence, Social Work

Jeannette Wilson, LCSW, Clinical Director, Guadalupe Foster Family Agency
Abstract

Traditionally, in this society children have been denied opportunities to experience the realities of parental loss. Studies have found that children and adolescents demonstrate anti-social behavior as a result of anxiety and depression resulting from unresolved grief. Unresolved grief can cause difficulty in accomplishing Erickson’s developmental stage of Identity. Loss and grief has been recognized by and treated by those in the psychoanalytic field, but not necessarily with children.

This study used a cognitive group intervention approach in an attempt to alter anti-social behavior in elementary school children who experienced parental loss. The findings demonstrated improvement in some behaviors and worsening in others. It was, therefore, not possible to conclude that group intervention was effective. Even so, group intervention should be further studied for its potential in the treatment of grief and loss in children.
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Introduction

A common experience during childhood or adolescence is the temporary and/or permanent loss of a parent or parents. In 1993, according to the U.S. Bureau of the Census, there were 36,058,000 family groups of all races in the United States with children under eighteen years of age. Of that number, 10,901,000 were family groups with one parent in the home (U.S. Bureau of the Census, 1993). In this same year, almost one-third of family groups with children under eighteen years of age were living without one or both of their biological parents.

Studies have shown that parental loss during childhood has implications for adult well-being (Clever, 1991; McLeod, 1991). Peretz’s (1970) exploration of loss in both children and adults revealed that the threat of loss can be emotionally and mentally devastating. He states that the unconscious mind does not distinguish between a temporary separation and a permanent one. Peretz further defined loss as “a state of being deprived of or being without something one has had and valued” (p. 4).

Mishne’s (1992) study of grief and loss in children identified four conditions of loss in which a high risk of adult psychopathology has been demonstrated in childhood parental loss. The four conditions were
were divorce, death, abandonment and psychic loss through psychosis
and substance abuse.

Children are particularly vulnerable because bereavement is a
natural part of life that they are not normally allowed to share.
Traditionally, in this society children have been denied opportunities to
experience the realities of loss through death because of the following
assumptions: (1) that children are unable to fully comprehend death
(Kolls, 1997; Mishne, 1992; Zisook & Lyons, 1989-90), and (2) that
they are not psychologically prepared for such an experience (Kolls,
1997; McLeod, 1991; Clever, 1991).

The author of this paper, in working with children who have
experienced parental loss through death, abandonment, divorce or
alternative life styles (psychic loss through psychosis and substance
abuse) found that the issues of loss, grief and mourning in these
children have appeared as varied symptoms. These symptoms
included fretting and crying over the least discomfort or disturbance of
routine, disruptive behavior in school or at home, not listening or
following directions, fighting with peers and siblings and talking back,
to problems with being enuretic and encopretic.

Children do not have the cognitive ability to express something
they do not understand. They may find it easier to convey their grief
and loss with others who have also experienced similar losses and are
in a similar state of cognitive development. Elementary children are in Erickson's (1950) middle school stage of Industry (ages six to twelve) in which the developmental tasks of friendship, concrete operations, skill-learning, self-evaluation and team play are conducive to group work. The stage of Industry occurs just before the emotional developmental task of the stage of Identity. The groundwork of the Identity stage is determined by the individuals' internalization of the previous preteen state of Industry (Erickson, 1950). Therefore, the author of this paper considers group intervention to be an instrument in helping children ages six to twelve learn coping techniques. Through the medium of group intervention, this study endeavored to mitigate the effects of parental loss in elementary children who have experienced the phenomena of parental loss.

Literature Review

Mishne's (1992) study of children grieving as a result of abandonment found that they experienced greater emotional decline from abandonment than from loss through death and, in many cases, suffered economic and social deprivation. Often, they did not fully understand why the parent or parents were missing. Most explanations came from the remaining parent, relatives or foster parents and were not made at the child's level of understanding (Goodman, 1990). Such
children had to deal with the experience of loss in their own way and at their own level.

Clever’s (1991) study on the effects of childhood loss and early adult psychosocial adjustment due to death versus divorce or separation revealed that there was no difference in an adjustment effect based on the type of loss. However, all subjects who experienced loss at an early age achieved higher levels of psychosocial adjustment than those whose loss occurred in middle childhood.

Norris-Shortle, Young and Williams (1993) found, in their study of toddlers’ understanding of death and grief, that children were without an acceptable outlet for parental grieving and that their fears and confusion evolved into guilt and hostility expressed through behavioral problems or emotional withdrawal.

Eisenstadt’s (1978) study on parental loss by death, and its effect on the achievement capabilities of the creative genius versus the psychotic individual, found that delayed bereavement may temporarily interfere with intellectual development. Notwithstanding, the similarity between both groups was the desire to master the environment and to strive for independence.

McLeod’s (1991) study on childhood parental loss by death or divorce and adult depression found that the relationship between
parental loss and adult depression was stronger for parental divorce than for parental death. Also, parental losses had difference life course implications for men and women. However, regardless of the gender of the subjects, depression was the same consequence of the loss through either divorce or death.

Mishne (1992), Eisenstadt (1978), Clever (1991), and McLeod (1991) found that adults who suffered any type of childhood parental loss showed little ability to self-soothe, suffered guilt, poor self-esteem and had difficulty forming close romantic attachments. Childhood parental loss appeared to begin a chain of events which could result in life conditions (Eisenstadt, 1978; McLeod, 1991) that were conducive to the development of poor mental health (McLeod, 1991; Mishne, 1992). The collective results of these studies indicated that loss was traumatic to the personality of the individual irrespective of the type of loss.

Zisook and Lyons' (1989-90) study on bereavement found that unresolved grief was an overlooked problem in both nonpatient and patient populations. The result was that it was a clinically significant and relatively common phenomenon. Their study added to the literature that suggests a relationship between unresolved grief and depression.
Kolls' (1997) study of understanding death found that adults tend to protect children from such traumatic experiences. Kolls contends that side effects have not been taken into consideration as a result of the diversionary tactics. Kolls further states, that by sharing in the experience of feelings with adults, the child is provided with modeled behaviors that serve as reference points for coping. Kolls felt bereavement was an important for children as it was for adults if the children were to be able to cope with death later in life.

Middleton, Raphael, Martinek and Misso (1993), in their study of grief and loss in children, stated that the external behavioral manifestations seen in children originated from a number of syndromes such as unresolved, distorted, chronic, inhibited, delayed or absent grief. They further cited Deutsch (1993) in stating that unmanifested grief ultimately was expressed in an alternative form (Middleton, Raphael, Martinek & Misso, 1993).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition, (1994) diagnoses symptoms of irritability or excessive anger, low self-esteem, poor concentration and feelings of hopelessness as Dysthymic Disorder. If the onset of the dysthymic symptoms occurred before age twenty-one, the individuals were more likely to develop depressive episodes. The DSM-IV further states that the associated features of Dysthymic Disorder were similar to those for
a Major Depressive Episode. McLeod (1991), in using the mentioned diagnostic criteria to define depression, stated that depression represents the most commonly studied mental health outcome of parental loss.

Children who developed symptoms of loss, because of their age at the time, did not know how to deal with the loss (Mishne, 1992; Golden & Hill, 1991) because they had an emotional need for the person lost to teach them how to grieve (Norris-Shortle, 1993). Piaget (1955) states that it takes fifteen to seventeen years to create an object in the mind in all its fullness and significance. Therefore, the risk of future psychiatric causality found by Mishne (1992), who cited Wolfenstein and Nagera (1973), was that mourning became possible only after adolescence due to the inability of the child to grasp the reality of death. The child who was unable to understand the significance of the loss delayed the mourning process. This fact explained the absence of some childhood pathology and the higher levels of psychosocial adjustment of children who experience parental loss at an early age.

Golden and Hill (1991) explored the work of mourning the loss of what was missing in childhood. Specifically, they looked at a group of patients that did not have "good enough" parents (p. 23) which is the birthright of every child in an ideal world. Their patients had suffered
abuse, neglect, death or a host of other ravages that children are sometimes forced to endure. They found these individuals as adults were haunted by a constant underlying melancholia. Golden and Hill further cited Klein (1975) in that mourning is the key to the way in which we separate from others and say good bye to them. They concluded that children are haunted by a constant underlying melancholia when unable to mourn the loss of what they never had, and, as adults, seek what they missed as children.

According to the assumption of the Barr-Harris Center for the Study of Separation and Loss During Childhood of the Chicago Institute of Psychoanalysis (Altschul & Pollock, 1988), adults who lost one or both parents as a result of death during childhood or adolescence developed personality issues which made adjustment to later life experiences more difficult. Zisook & Lyons (1989-90) reported that unresolved grief was a clinically significant and relatively common phenomena. If unresolved grief appeared to be a frequent but overlooked problem for children and adults, then Golden & Hill's (1991) questions, "How do we mourn that which we have never had?" and, "How do we disengage from an object that we have always longed for but have never enjoyed?" (Golden & Hill, p. 24) need to be addressed.

Samos (1979) explored loss as a universal human experience and found that "mourning involved the specific psychological task of
breaking the emotional tie with what had been lost eventually reinvesting the attachment to living people and other things” (p.74). Golden & Hill (1991) stated that depression often serves as a defense against the necessity to mourn what individuals unconsciously believe they could not afford to give up.

Research studies of parental loss in adults and the effects of the loss of the parent demonstrated that parental loss at an early age resulted in depression in adulthood and problems in psychosocial adjustment (Clever, 1991; McLeod, 1991; and Zisook & Lyons, 1989-90). Studies on children who experienced childhood parental loss have focused on a variety of losses such as loss from death, divorce, abandonment, hospitalization (Mishne, 1992), and not having “good enough parents” (Golden & Hill, 1991).

The author of this project was of the opinion that categorization of types of loss was immaterial to both the intent and validity of a study on childhood grief and loss with the intervention of group therapy. Therefore, the decision to not differentiate between type of loss when selecting subjects for the group intervention was based on the collective results of the above-mentioned studies.

Generally, therapy or psychotherapy has been employed when there was some pathology to be treated (Mishne, 1992; Golden & Hill, 1991). Mishne (1992) stated that group methods have been
unsuccessful, citing as the reason that “the fears and experiences were often so primitive that group situations became a cauldron of intolerable feelings” (p. 48).

A review of the literature revealed that treatment of grief and loss in children has been centered around psychotherapy. The Psychology Literature Data base was found to contain 103 references to group intervention with children. Of these, only four involved the use of group technique specifically addressing grief and loss in children.

In one of the four studies, Gwynn and Brantley (1987) investigated the effectiveness of a primary prevention educational support group for children of divorce. Sixty subjects (children ages 9-11 yrs.) participated in eight weekly group sessions in a school setting. Both pretest and post-test measures were completed for depression, anxiety, divorce information, and feelings about divorce. The findings of this study revealed that group intervention resulted in significant decreased in all the areas.

In another of the four studies, Cordell and Bergman-Meador (1991) used drawings in a cognitive group intervention for children of divorce. One hundred and nine subjects (children ages 4-16 yrs.) participated in a court based divorce intervention group for parents and children. The use of drawings are considered clinically useful in detecting underlying fears and concerns. While there were some
positive change in children's beliefs about divorce following participation in the group program, results showed that the older children had more adaptive beliefs than younger children. The longer the time since the divorce, the more adaptive were the children's beliefs about divorce.

A psychotherapy group approach was used by Schilling, Koh, Abramovitz and Gilbert (1992) on thirty-eight inner-city children (ages 6-12 yrs) who had lost a caregiver. The twenty-nine children who completed post-tests rated themselves as significantly more depressed at pretest than their caregivers rated them, but at post-test this difference diminished. However, the majority of children remained depressed throughout the study. Pretest and post-test comparisons suggested that the treatment intervention may have enabled the children to develop a more mature concept of death.

Roseby and Deutsch (1985) conducted a study involving forty-six children (ages 9-11 yrs) who had experienced parental separation or divorce. The subjects participated in one of two divorce intervention groups. The experimental group provided training in cognitive and social role taking and assertive communication skills. The placebo group provided no comparable training but focused on the identification and discussion of emotions about divorce. The subjects in the experimental group demonstrated a significantly increased
positive change in attitudes and beliefs concerning divorce as opposed to those in the placebo group. No significant changes in depression levels of the children were found.

Of these four studies, two utilized a cognitive approach using a combination of empirical and verbal techniques. One study used a psychotherapy approach and the other an educational approach. These two studies were based solely on verbal communication.

The cognitive model (Beck, 1976) posits that emotions and actions are mediated by specific conditions. Understanding one’s beliefs, attributions, and expectancies makes it possible to identify factors that trigger and maintain dysfunctional emotional and behavioral patterns. In group intervention, subjects tend to attribute their problems to external factors. The therapist’s goal is to provide new information that will spur clients to new emotional and behavioral reactions in order to maintain cognitive consistency. In practice this boils down to repeatedly ferreting out and confronting negative assumptions that keep clients stuck.

The greatest strength of cognitive behavioral therapy is its insistence on observing what happens and then measuring change. A second important strength is the gradual eliminating of targeted behaviors by teaching general problem-solving, cognitive, and communicational skills. A third major strength is that cognitive
behavioral therapy is a modular treatment intervention organized to meet the specific and changing needs of the individual (Nichols & Schwartz, 1995).

Research Question

Western culture has failed to prepare children to cope adequately with grief and loss by not allowing them to be part of the grieving process (Mishne, 1992). While psychotherapy has made an attempt to address the symptoms of grief and loss in children, a cognitive approach should prove to be more influential as an intervention addressing the symptoms of anti-social behavior and low self-esteem in cognitive group work with children. Therefore, the question addressed by this study was, "What was the effect of group therapy in altering anti-social behavior and low self-esteem in elementary school children who have experienced parental loss?"

This study proposed the following hypothesis: Children who experienced parental loss would gain an understanding of the loss if given the opportunity to discuss and share the experience with others in a group setting. Further, the participants would gain the skills and ability to cope with future episodes of grief and loss, thereby, decreasing negative behavior such as fighting, and increasing self-esteem.
Method

This research study utilized a multiple single-subject design to test the impact of group therapy on problem behavior. The data for this project were obtained from weekly questionnaires completed by the participants (Appendix A) and the foster parents and social workers (Appendix B). The principle of triangulation was used by having the social worker and foster parent completing questionnaires instead of relying exclusively on how the child felt he or she was doing. The resulting data were then utilized to test the hypothesis.

Data were collected weekly on the five target problem behaviors which were (1) frequency of fighting, defined as physical hitting of another and/or angry "blow-up" that led to physical confrontation; (2) frequency of inappropriate response, defined as acting out by using hand, facial and/or inappropriate body actions or gestures; (3) frequency of non-participation, defined as time-outs at home and/or the number of times sent to the office for detention at school; (4) frequency of completion of work, defined as work not completed at home or school, and (5) frequency of low self-esteem, defined as crying spells and/or the use of self-derogatory remarks. These five areas were cited in the literature review as problem behaviors found in children who have experienced parental loss.
The questionnaires (Appendices A and B) were formulated in a manner which permitted identification of the problems targeted for desired changes in behavior. The questionnaires were completed once behaviors and once a week for six weeks during intervention, and again for three weeks post-test to determine increases or decreases in behaviors. A frequency scale was utilized as a guide in answering these questions.

The intervention consisted of six weekly one and one half hour group sessions. These sessions consisted of activities specifically designed to focus on the issues of loss and one's emotional response to that loss. This was accomplished through the interaction of drawings, art activities, and charades.

The goals of this group intervention were to (1) deal with issues surrounding the feelings evoked by various losses; (2) examine the impact of the loss and the normal and natural response of grieving; (3) enhance participants' understanding of the mourning process, and (4) assist the participants in acquiring skills to deal with future grief episodes.
Population and Sample

The study was conducted at a non-profit family service agency within San Bernardino County. The primary function of the agency is to place dependent children in good homes. The agency functions as the liaison between the county social worker, the foster families and the child. The facility monitors operation of the foster home, and the progress and welfare of the child.

Six dependent-child participants were picked from a list provided by the facility. The independent variables used to determine eligibility for group participation were (1) the child resided in a foster home within the jurisdiction of the agency; (2) the child had experienced the loss of a significant caregiver, and (3) the child was between the ages of nine and twelve. The sample population included both male and female children.

Letters were sent to all participants' foster parents and their facility social worker Appendix C) describing the study, its purpose, and potential benefits to the child and the foster parent. Each foster parent and social worker signed and returned a statement of "Permission to Participate" (Appendix D). The social worker completed and returned the initial questionnaire (Appendix E) which identified the participants behavioral problem areas.
Protection of the Subjects

The subjects were assured that the information obtained would be strictly confidential and would be used for statistical purposes only. Numbers instead of names were used in the data.

Debriefings were mailed to the children (Appendix F) and the foster parents and social workers (Appendix G) which consisted of a description of the study and the purpose of the procedures used. Each participant, parent and social worker was offered the opportunity to review the data from the study. Families were given the names and telephone numbers of persons they might contact for any additional information and/or assistance.

Six participants began the study, but only five completed the project. The sixth participant was dropped because permission was not granted in time for him to participate. Of the participants three were female and two were male. Ages ranged from nine to twelve years old. There were three black-Americans and two Caucasians.

Results

The results of the behavioral studies for each of the five participants are described below and are presented in graphic form (see list of Graphs). The graphs show the child's response in red, the foster parent's response in blue and the social worker's in green. The
use of more than one data-collection alternative was used to give a better picture of data validity and to minimize errors in measuring attitude's and social desirability bias. The information gathered by each person about each subject in the study, therefore, gave a multiplicity of measurements.

Participant One

Graph 1.1: Frequency of Fighting

The pre-test data depicted a baseline of two to four occurrences per week. During the intervention phase fighting increased as high as eight times a week, but the pattern settled on two to four occurrences. The post-test data depicted the fighting as decreasing to two times per week once intervention ceased. The post-test data, therefore showed that the child, foster parent and social worker agreed that there was a decrease in the fighting behavior.

Graph 1.2: Frequency of Inappropriate Response

The pre-test data depicted a baseline of two to four occurrences per week. During the intervention phase inappropriate response initially increased to six times per week. However, the behavior decreased from two to four times per week the last two weeks of intervention. The post-test data showed extreme variance of the behavioral pattern from zero to eight to zero times per week. As
Graph 1.1: Participant One - Frequency of Fighting

Graph 1.2: Participant One - Frequency of Inappropriate Response
anyone can have a bad week, the post-test score was zero to two times. All reporting parties were in agreement as to when there was a bad week and when there was improvement.

Graph 1.3: Frequency of Non-participation

The pre-test data depicted a baseline of two occurrences per week. Non-participation increased to six times per week then dropped to two times the last two weeks of intervention. The post-test data showed an increase to four occurrences per week reflecting that non-participation was two to four times per week during this phase. The graph shows that the behavior increased instead of decreasing.

Graph 1.4: Frequency of Completion of Work

The pre-test data depicted a baseline of six occurrences per week. In the evaluation of this behavior the higher the frequency the better the performance, unlike the other behaviors charted. During the intervention phase completion of work decreased to two times per week. The post-test data ranged from eight to two times per week. The graph shows that the behavior did not increase during intervention, but it did changed during the post-test phase.
Graph 1.3: Participant One - Frequency of Non-participation

Graph 1.4: Participant One - Frequency of Completion of Work
Graph 1.5: Frequency of low Self-esteem

The pre-test depicted an unstable baseline of two to four occurrences of low self-esteem per week. During intervention low self-esteem increased from four to six times per week. The post-test phase showed one difficult week, but maintained an unstable pattern of two times per week. The graph lacks visual significance that intervention improved the participants self-esteem, but there is a consistent pattern across all five measures for this subject with foster parent, social worker and child in agreement as to when the behaviors increased or decreased.

Participant Two

Graph 2.1: Frequency of Fighting

The pre-test indicated the baseline as zero occurrences per week. During the intervention phase the social worker and foster parent continued to report zero incidences of fighting. The post-test showed no change from the intervention phase. The graph, therefore, shows fighting for this participant was not a behavioral problem.

The interesting observation in this graph is that the child felt there was a problem and reported two incidents occurring approximately every other week throughout the twelve week study. However,
Graph 1.5: Participant One - Frequency of Low Self-esteem

Graph 2.1: Participant Two - Frequency of Fighting
this behavior occurred only two times per week and not in extremes of six or eight.

Graph 2.2: Frequency of Inappropriate Response

The pre-test results showed an unstable baseline of two occurrences of inappropriate response per week. During intervention this behavior decreased to zero times, but the child once again reported two incidences occurring approximately every other week. The post-test continued to show zero occurrences, even though the child reported eight occurrences per week.

From the data intervention can be said to have caused an improvement in inappropriate behavior for this participant, but reactivity can occur when self-monitoring is used in the measurement process. The mere act of recording may have sensitized the child towards the tendency to correct the behavior which can contribute to the low scores during intervention. Reactivity appear to have occurred, especially since the child’s reported post-test data once again was high. Therefore intervention cannot be deemed as the cause for the decrease in this behavior during intervention.
Graph 2.2: Participant Two - Frequency of Inappropriate Response

Graph 2.3: Participant Two - Frequency of Non-Participation
Graph 2.3: Frequency of Non-participation

The pre-test results depicted a baseline of two occurrences per week of non-participation. The intervention phase showed a decrease to zero occurrences. The post-test phase remained at zero, except for the foster parent, who returned to the original baseline of two occurrences per week. Intervention in this case was effective in decreasing non-participation behavior as reported by all parties.

Graph 2.4: Frequency of Completion of Work

The pre-test depicted an unstable pattern of two to four times per week as reported by the foster parent and social worker. The child reported zero occurrences. During intervention completion of work increased to eight times per week as reported by all parties. The post-test data maintained the eight times per week. The graph visually showed that the intervention was effective in increasing the behavior of completion of work in this case.

Graph 2.5: Frequency of Low Self-esteem

The pre-test results depicted a baseline of zero occurrences per week. The intervention phase continued to show a stable pattern of no low self-esteem. The post-test score was zero occurrences except for the foster parent who felt the behavior increased to two times per week.
Graph 2.4: Participant Two - Frequency of Completion of Work

Graph 2.5: Participant Two - Frequency of Low Self-esteem
for the last two weeks. It is not possible to state what effect intervention had because the data does not indicate low self-esteem is a problem for this participant.

**Participant Three**

Graph 3.1: Frequency of Fighting

The pre-test data showed after an initial bad week that the child reported zero occurrences of fighting and the foster parent and social worker reported two times per week of fighting behavior. During intervention and the post-test phase the foster parent and social worker reported an increase from two to four times a week. The child reported zero fighting for eleven weeks of the twelve week study. Intervention was not deemed successful in reducing fighting behavior based upon the stated increase on the part of the foster parent and social worker, regardless of what the child maintained his behavior was.

Graph 3.2: Frequency of Inappropriate Response

The pre-test data depicted an unstable baseline of two occurrences of inappropriate responses per week. During the first three weeks of intervention the foster parent and social worker reported a range of four to six occurrences per week. The behavior decreased
Graph 3.1: Participant Three - Frequency of Fighting

Graph 3.2: Participant Three - Frequency of Inappropriate Response
the last three weeks of intervention to two times per week. The post-
test showed that the behavior continued to be two to four times a
week. The child though reported zero occurrences in the second week
of intervention and throughout the rest of the study. The post-test data
showed an increase in the negative behavior.

Graph 3.3" Frequency of Non-participation

The pre-test data depicted an unstable pattern of two to four
times per week as reported by all parties. By allowing for a bad week,
the baseline as reported by the social worker and foster parent was
two times per week. The child’s data showed a baseline of zero
occurrences of not participating. Intervention showed an unstable
trend with both high ranges of six times to zero occurrences per week.
Post-test data indicated that there was complete agreement between
the social worker and child as to zero occurrences per week. The
foster parent reported two times per week of non-participation.
Therefore, the child and social worker felt there was improvement.
The conclusion can be drawn that intervention was effective in
changing this behavior.
Graph 3.4: Frequency of Completion of Work

The pre-test baseline is an unstable pattern of two to four times per week as reported by the foster parent and social worker for completion of work. The child reported a high level of eight times each week during this phase. During intervention the social worker and foster parent were in agreement that the behavior was unstable with a few weeks of eight occurrences, even though the child continued to show high self-evaluations.

The post-test data continued to show the child reported a high performance rating. At the same time the foster parent and social worker differed greatly with the child. The social worker indicated zero performance. The foster parent reported the child did no more than half of what was reported. The graph is not visually significant as there was insufficient data to account for alternative factors, such as the child being on break from school. Therefore, it cannot be said that intervention did cause a decrease in completion of work.

Graph 3.5: Frequency of Low Self-esteem

The pre-test baseline is an unstable trend in which only the child reported zero occurrences of feeling bad. The foster parent and social worker reported a range from two to six times per week of low self-esteem. The first three weeks of intervention showed all participants
Graph 3.5: Participant Three - Frequency of Low Self-Esteem

Graph 4.1: Participant Four - Frequency of Fighting
were in agreement that occurrences of low self-esteem ranged from zero to four times. The last three weeks of intervention depicted a stable pattern of foster parent and social worker outcomes of two times per week and the child's outcome of zero times per week. This was maintained through the post-test phase. Intervention visually showed a significant decrease in the low range of feeling bad and was therefore, considered effective in this case.

There is a consistent pattern across all five behaviors for this participant wherein the child reported the extreme high or low. The foster parent and social worker, while they did not agree on the number of occurrences, they were in agreement when the behavior increased or decreased ending with stable patterns.

**Participant Four**

Graph 4.1: Frequency of Fighting

The pre-test data showed a baseline of zero occurrences of fighting. The intervention phase continued with this pattern until week five when fighting increased to four times per week as reported by the social worker and two times reported by the foster parent. Post-test data depicted an unstable trend from zero to two times per week. The graph does not show that intervention did cause the behavior to increase as there is not sufficient data to account for other factors.
Graph 4.2: Frequency of Inappropriate Response

The pre-test baseline is an unstable trend in which the foster parent reported two times per week and the social worker reported four times per week. The child started with eight times per week, but sharply dropped to two occurrences per week prior to intervention. During the first two weeks of intervention the foster parent and social worker reported an increase in inappropriate response of six and eight times per week and then dropped to the baseline trend of two and four times per week. The child maintained a low number of incidences until the third week of intervention and then dropped to zero occurrences. The post-test data depicted a stable pattern of two times per week per the foster parent, and increased to six times per week per the social worker.

The graph shows that intervention as reported by the social worker did not change inappropriate response for this participant. The foster parent data showed intervention was effective in decreasing behavior to two times per week. This decrease was maintained once intervention was over. The child on the other hand continued to report extreme behavioral responses, but occasionally reported a good week of zero occurrences. Each person reported different trends, but also maintained the same patterns throughout the twelve weeks.
Graph 4.2: Participant Four - Frequency of Inappropriate Response

Graph 4.3: Participant Four - Frequency of Non-Participation
Graph 4.3: Frequency of Non-participation

The pre-test data showed an unstable baseline of two occurrences of non-participation per week by the social worker. The foster parent and child's data showed an overall unstable baseline of zero. During the first four weeks of intervention the social worker reported an increase to four times per week then dropped to zero times throughout the post-test phase. The foster parent on the other hand reported zero occurrences, but increased to two times per week beginning the last two weeks of intervention and continued this steady trend throughout the post-test phase. The child reported zero occurrences through intervention and post-test phases.

The graph visually shows that intervention was deemed effective by the foster parent. The social worker's results show that intervention was effective during intervention only. Even so, it cannot be said that intervention was not effective because the graph does not show sufficient data to account for alternative factors. The data depicted differences in reported behavior making it difficult to visually determine the extent of this behavior.

Graph 4.4: Frequency of Completion of Work

The pre-test baseline is an unstable pattern of four to eight times per week of work completed for this participant. During intervention
Graph 4.4: Participant Four - Frequency of Completion of Work

Graph 4.5: Participant Four - Frequency of Low Self-esteem
reported outcomes show an unstable trend ranging from eight to zero occurrences. Post-test phase data depicted zero and two times a week by the foster parent and social worker. The child's outcomes showed extremes of eight times to zero occurrences. The graph lacks visual significance because there is not sufficient data to account for alternative factors. The decrease in work completed maybe due to school break and not from the ineffectiveness of the intervention.

Graph 4.5: Frequency of Low Self-esteem

The pre-test baseline is an unstable pattern of two times per week. During the first four weeks of intervention the child and foster parent reported zero occurrences of low self-esteem which increased to two times per week just prior to the post-test phase. The social worker reported a steady pattern of four occurrences per week. The post-test data showed a range from four and two times per week. The graph is significant as it shows an increase in low self-esteem as reported by the social worker, and the child and foster parent reported a decrease in this behavior during intervention. While the behavior appears to have decreased during intervention, it also increased once intervention ceased.
Participant Five

Graph 5.1: Frequency of Fighting

The pre-test data showed a stable baseline of zero occurrences of no fighting. This pattern continued into the intervention phase except for week four when the social worker reported two occurrences. The post-test maintained the trend of no fights. This graph shows the participant did not have a behavioral problem of fighting.

Graph 5.2: Frequency of Inappropriate Response

The pre-test baseline is a stable trend of zero occurrences. The pattern continued throughout the intervention phase except for one week when the social worker reported two occurrences. The post-test shows a pattern of zero occurrences. The results of the reported data indicates that this participant did not this behavioral problem.

Graph 5.3: Frequency of Non-participation

The pre-test data shows a stable baseline of zero occurrences of not participating. Intervention depicts no change until week five and six when there were two occurrences. The post-test began with two occurrences in week one then dropped to zero occurrences. The graph is significant in that it shows an increase in not participating. Even so, it cannot be said that intervention did cause the behavior to increase.
Graph 5.1: Participant Five - Frequency of Fighting

Graph 5.2: Participant Five - Frequency of Inappropriate Response
as there is insufficient data to account for alternative factors such as other experiences.

Graph 5.4: Frequency of Completion of Work

The data on this behavior visually indicated that the child and foster parent showed a stable baseline of eight occurrences per week in the pre-test, intervention and post-test phases. The social worker deviated from this baseline to six times a week. Either way the graph indicates the participant did not have a problem completing work with all parties in agreement. Intervention is not considered to have contributed to any change.

Graph 5.5: Frequency of Low Self-esteem

The pre-test data varied for each reporting party. The child started at four bad times and decreased and finally to zero occurrences prior to intervention. The foster parent data depicted a stable baseline of no problems for the twelve week study. The social worker reported a decreasing, increasing and then decreasing pattern beginning at two times to zero to two times throughout the study. The intervention visually lacks significance because the participant either did not have this behavior problem and/or there was not sufficient data to account for other factors such as maturation.
Graph 5.3: Participant Five - Frequency of Non-participation

Graph 5.4: Participant Five - Frequency of Completion of Work
There is a consistent pattern across all five measures for this participants which showed the child and foster parent reported the subject as having very little problems. The social worker on the other hand consistently reported occurrences of problems.

Graph 5.5: Participant Five - Frequency of Low Self-esteem

![Graph showing frequency of low self-esteem per week for Child, Foster Parent, and Social Worker across different time periods: Pre-test, Intervention, Post-test.]

Discussion

In all five of the behaviors studied it should be understood that the data was influenced by certain unavoidable biases. Social workers and foster parents interpreted behavior differently based on their own history and experiences. The foster parents reported data based mostly upon direct observation and school reports. The social workers
reported data more heavily based on information indirectly gathered from the school and the foster parent. Direct observation on the part of the social worker consisted of the three to four times per month the worker had contact with the child. The child reported data based on self-monitoring which could not help but be biased.

In evaluating the data it became evident that in general the child’s response was at odds to what the social worker and foster parent reported. The differences in the magnitude of the numbers reported could possibly be attributed to reactivity which is the change brought about by the act of self-monitoring. The variance in the reported number of occurrences was not deemed important unless the numbers varied widely (e.g. Graph 3.4, 4.2, & 4.4).

The highest and lowest scores during each time period were dropped to facilitate the analyses of the trends among the subjects. Tables one through five show the range of the scores during the baseline (A1), intervention (B), and post-test (A2) phases as reported by the child, foster parent, and social worker.

In Table One the desired trend is for the fighting behavior to decrease. Fighting behavior did not exist for participants two and five which is indicated by the ABA scores of zero. The scores of the three remaining participants indicate that participant three had an increase in fighting during the post-test phase as reported by the social worker;
participant four's low score did not change, and participant one had an increase during intervention as reported by both the child and foster parent, but a decrease during the post-test phase as reported by all parties. Intervention may have caused the changed behavior, but life experiences or maturation also cannot be ruled out as a possible cause.

Table 1: Fighting

<table>
<thead>
<tr>
<th>Participant Phase</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A1</td>
<td>B</td>
<td>A1</td>
<td>B</td>
<td>A2</td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
<td>2-4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foster parent</td>
<td>2</td>
<td>2-4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social worker</td>
<td>4</td>
<td>2-4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In Table Two the desired trend is for inappropriate responses to decrease. The ABA scores of zero for participant five again shows this child did not have this behavioral problem. Of the remaining four participants only participant one's score decreased, as reported by all parties, showing an improvement in response behavior. The other three participants increased in inappropriate responses with the child reporting the biggest increase for participants two and four and the social worker reporting the biggest increase for participant three.
Intervention may have caused the decrease of bad responses for participant one, but it also may have caused the increases in inappropriate responses for participants two, three and four. Not knowing of any events or circumstances that may have altered the behavior, it is difficult to know if the increases or the decreases were due to the intervention.

Table 2: Inappropriate Response

<table>
<thead>
<tr>
<th>Participant Phase</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A1</td>
<td>B</td>
<td>A1</td>
<td>B</td>
<td>A2</td>
</tr>
<tr>
<td></td>
<td>A1</td>
<td>B</td>
<td>A2</td>
<td>A1</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>A1</td>
<td>B</td>
<td>A2</td>
<td>A1</td>
<td>B</td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Foster parent</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social worker</td>
<td>4</td>
<td>2-4</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

In Table Three the desired trend is for non-participation to decrease and therefore low scores are best. Participant five again does not show this problem exists. Participants two and four had low scores in the pretest and there was no change in the post-test phase as reported by all parties. Participant one did not participate as often in the post-test phase as indicated by the increase in score by the child and the social worker. Participant three participated more often as indicated by the lower score of the child and the social worker.
The intervention may have caused changed behavior in two of the five subjects, but not knowing of any events external to the intervention it is difficult to know the cause of the change.

**Table 3: Non-participation**

<table>
<thead>
<tr>
<th>Participant Phase</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>A1</td>
<td>A2</td>
<td>A1</td>
<td>B</td>
<td>A2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
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<tr>
<td>Foster parent</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Social worker</td>
<td>2</td>
<td>2-4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In Table Four the desired trend is for completion of work to increase which is indicated by higher not lower scores as is indicated in other behaviors. Again participant five didn't have a problem in this area. Participant two is the only one for whom intervention increased this behavior as desired with the subject maintaining high scores in the post-test phase as reported by all parties. Scores for participants one, three, and four had notable decreases as reported by the foster parents and social workers. The child in these instances continued to report high scores. It cannot be ruled out that the decreases may be due to an external event, such as being on school break in which no work was required, but could have caused the reported change in behavior rather than the intervention.
In Table Five the desired trend is a lessening of the behavior which is indicated by a lower score. It can be seen that participants one and five had a decrease in feelings of low self-esteem as reported by all parties, and therefore intervention may have been effective in these cases. Participant four’s self-esteem became worse as indicated by the higher score in the intervention and post-test phases as reported by the social worker. Participants two and three had low scores which did not change as reported by the foster parents and social workers.
In Summary Table 6, of the five behaviors studied it is apparent that participant one improved in three areas; fighting tendencies (Ref. Table 1), inappropriate responses (Ref. Table 2), and low self-esteem (Ref. Table 5) decreased. This subject continued not to want to participate (Ref. Table 3) nor complete work (Ref. Table 4).

Participant two did not have fighting as a problem as evidenced by the ABA scores of zero (Ref. Table 1). This subject’s attitude toward non-participation (Ref. Table 3) and low self-esteem (Ref. Table 5) did not change as indicated by the low scores. There was some improvement in the area of work completion (Ref. Table 4), however inappropriate responses (Ref. Table 2) became worse.

Participant three improved in two areas; fighting (Ref. Table 1) was reduced and participation (Ref. Table 3) increased. This subject’s behavior worsened in inappropriate responses (Ref. Table 2) and completion of work (Ref. Table 4). There was no indication that there was any change in the behavior regarding low self-esteem (Ref. Table 5) as indicated by the consistent low scores.

Participant four maintained low scores of fighting incidences (Ref. Table 1) and non-participation (Ref. Table 3) throughout the study with no change in these behaviors. Inappropriate responses (Ref. Table 2) increased, and low self-esteem (Ref. Table 5) continued to be a problem as indicated by increasing scores. The completion of
work (Ref. Table 4) scores show a decrease indicating this subject worsened in this area. Intervention did not improve behaviors in this subject.

Participant five did not have a problem with any of the behaviors and maintained zero scores on tables one, two, three and five, and high scores on table four as desired. Intervention did not have any effect on this subject.

Table 6: Summary of Variances in Pre-test to Post-test Scores

<table>
<thead>
<tr>
<th>Participants</th>
<th>Direction of positive trend</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fighting</td>
<td>minus</td>
<td>minus</td>
<td>no problem</td>
<td>minus</td>
<td>no chg</td>
<td>no problem</td>
</tr>
<tr>
<td>2. Inappropriate response</td>
<td>minus</td>
<td>minus</td>
<td>plus</td>
<td>plus</td>
<td>plus</td>
<td>no problem</td>
</tr>
<tr>
<td>3. Non-participation</td>
<td>minus</td>
<td>plus</td>
<td>no chg</td>
<td>minus</td>
<td>no chg</td>
<td>no problem</td>
</tr>
<tr>
<td>4. Completion of work</td>
<td>plus</td>
<td>minus</td>
<td>plus</td>
<td>minus</td>
<td>minus</td>
<td>no problem</td>
</tr>
<tr>
<td>5. Low self-esteem</td>
<td>minus</td>
<td>minus</td>
<td>no chg</td>
<td>no chg</td>
<td>plus</td>
<td>minus</td>
</tr>
</tbody>
</table>

| No problem behavior Improvement | 3 | 1 | 2 | 5 |
| No problem behavior Worse | 2 | 1 | 2 | 3 |
| No problem behavior No change | 2 | 1 | 2 | 2 |

This study found that participant one improved in three areas and got worse in two areas. Participants two had no problem behavior in one area, improved in one area, got worse in one area and had no change in two areas. Participant three improved in two areas, got
worse in two areas and had no change in one area of behavior. Participant four showed a worsening in three of the studied behaviors and no change in the other two. Participant five had no reported behavioral problems.

As shown in the Summary on the bottom of Table 6, six behaviors improved, eight behaviors worsened, and five behaviors did not change. Therefore it cannot be said that group intervention decreased anti-social behavior or increased self-esteem in elementary school children who have experienced parental loss. While there was no change in the targeted behaviors, there was also not a “cauldron of intolerable feelings” demonstrated by any of the five subjects, as Mishne (1992) cited as the reason that group intervention does not work. While some problems worsened for participants one, two, three, the participants also showed improvement in other areas (Ref. Table 6). Participant four was the only one that showed no improvement, but instead got worse in three areas.

Limitations of the study

The major limitations of this study were:

1) Tight time constraints. Short pretest, intervention and post-test periods did not allow for sufficient data to establish better indications of baseline and trends.
2) No awareness of extraneous events. By not being aware of situations that develop outside of the group change in the behaviors could not be clearly attributed to the intervention or to the extraneous event.

3) Bias, resistance and reactivity. Questions must be more precisely worded in order to elicit more factual data. Questionnaire items may have had inappropriate responses and therefore negatively skewed the data due to possible resistance on the part of the reporting parties towards any intervention.

Recommendations

The multi-input approach, wherein evaluation is provided by more than one party, is recommended with two major changes. First, a longer length of time be taken to gather baseline measurements before introducing group intervention. Second, a more systematic monitoring of external events and/or influences that may exacerbate or ameliorate the target behavior will indicate whether the child should participate in group or perhaps stop. Foster parents and social workers must willingly transport and encourage the child to participate. The child should not be in group if there are other activities which would conflict with the required participation in the group. Although the findings of this study demonstrate minimal gains in behavior changes, it is still
deemed worthwhile to develop further studies in order to determine the ultimate effectiveness of cognitive group intervention.
Appendix A

Participant Questionnaire

For each of the following, please choose the answer that best describes you this past week. Please mark your answer by circling the number. There are no right or wrong answers.

1. Did you cry for any reason this past week other than for a physical accident?
   Never   1-2 times  3-4 times  5-6 times  7 or more

2. Did you say “I can’t do something” this past week because you felt dumb or stupid?
   Never   1-2 times  3-4 times  5-6 times  7 or more

3. Did you say “I can’t do something” this past week because you didn’t know how?
   Never   1-2 times  3-4 times  5-6 times  7 or more

4. Did you use bad language this past week?
   Never   1-2 times  3-4 times  5-6 times  7 or more

5. Did you call anyone names this past week?
   Never   1-2 times  3-4 times  5-6 times  7 or more

6. Did you get into a physical fight this past week?
   Never   1-2 times  3-4 times  5-6 times  7 or more

7. Did you “blow-up” because you were angry about something you could not do that you wanted to do?
   Never   1-2 times  3-4 times  5-6 times  7 or more

8. Did you “blow-up” or get angry because you did not want to do something you were asked to do?
   Never   1-2 times  3-4 times  5-6 times  7 or more
9. Did you make faces that were not acceptable this past week?
   Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

10. Did you get sent to the school office because of poor behavior in the classroom this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

11. Did you use bad hand gestures this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

12. Did you get sent to the school office because of poor behavior on the playground this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

13. While at home, did you get sent to your room or given a “time-out” for poor behavior this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

14. Did you complete your work in the classroom this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

15. Did you complete your homework at home this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

16. Did you turn your homework in this past week?
    Never \hspace{1cm} 1-2 times \hspace{1cm} 3-4 times \hspace{1cm} 5-6 times \hspace{1cm} 7 or more

17. How do you feel you did this past week compared to one week ago?
    Worse \hspace{1cm} Same \hspace{1cm} Better
Appendix B

Foster Parent/Social Worker Questionnaire

For each of the following, please choose the answer that best describes the behavior of your child in the past week. Please mark your answers by circling the number. There are no right or wrong answers.

1. Has the child had crying spells or cried this past week for reasons other than an injury?
   Never  1-2 times  3-4 times  5-6 times  7 or more

2. Has the child stated, “I can't do this or that”, or her/she said they felt “dumb, stupid or didn't know how” this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more

3. Has the child used bad language this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more

4. Has the child called someone names this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more

5. Has the child had a physical fight this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more

6. Did child “blow-up in anger because her/she did not get to do something they wanted to do this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more

7. Did child “blow-up” in angry outburst because he/she could complete a task this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more

8. Did child use bad hand gestures this past week?
   Never  1-2 times  3-4 times  5-6 times  7 or more
9. Did child use facial or body gestures that were not acceptable this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

10. Has child been referred to the school office for detention because of poor behavior in the classroom this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

11. Has child been referred to the school office for detention because of poor behavior on the playground this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

12. While at home, has the child been given a “time-out” or sent to his/her room this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

13. Has the child completed school work in the classroom this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

14. Has the child completed homework at home this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

15. Has the child turned in homework this past week?

   Never   1-2 times   3-4 times   5-6 times  7 or more

16. How do you feel the child’s overall behavior was this past week as compared to one week ago?

   Worse  Same  Better
Appendix C

Letter to Foster parent/Social worker

Dear Foster Parent/Social Worker:

As graduates students in the School of Social Work at California State University, San Bernardino, we are conducting a research study on the behavior of elementary children. This study is an attempt to find out if the loss of a parent or guardian through death, divorce, or separation affects the behavior of the child at home and at school. We are offering an opportunity for foster children to participate in group therapy.

Group therapy provides an opportunity to encourage the child to talk about feelings and behavior. Group is a place where the child receives the support of the group leaders and other children with similar problems in a confidential and positive manner. The therapy groups will be conducted by the two student researchers who have experience in this activity. Sessions are centered around activities that are age appropriate. The student interns will be observed by the Guadalupe coordinator, Debbie Riech, MA. This research project has been approved by the Institutional Review Board at California State University, San Bernardino.

Group sessions will be held once a week for one and a half hours after the end of the school day at the Guadalupe Colton office for six weeks. Foster parents will be assisted by the social worker in getting the child to the sessions. Six children will be needed to conduct this study and will be selected by facility staff.

Foster parents are asked to complete questionnaires once a week for twelve weeks. The child's social worker will complete this same questionnaire. The child will also complete a student questionnaire each week. The families who volunteer will be notified when sessions will begin.

To participate, please fill out the enclosed Permission and Questionnaire forms and return in the envelope provided. If you have questions, please call the Colton Office and leave your name and phone number or ask your child's social worker for further details. One of the study researchers will contact you.

Thank you for your cooperation.

Fran Westover
Study Researcher

Ed Vieths
Study Researcher
Appendix D

Permission to Participate

I __________________________ give my permission for ________________
_________________________ to participate in the research of a Grief and Loss
Intervention Study.

It is my understanding that this study is being conducted by Fran
Westover and Ed Vieths, graduate students, in the school of Social Work at
California State University, San Bernardino.

To maintain anonymity for all participants, a number will be assigned to
each person. All participants will be anonymous and all information obtained will
be confidential. However, this information will be available to those who have
participated in the study upon written request.

I understand I can withdraw from this study at any time without penalty. I
also understand that there may be no change in the child’s behavior or
emotional response. The risk is that the child’s problem behavior may increase
and the child may become more emotionally upset. The degree of problem
behavior and emotional responses may vary.

By signing this form the foster parent acknowledges their voluntary
participation and that of the child in this study.

<table>
<thead>
<tr>
<th>County Social Worker signature</th>
<th>date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parent signature</td>
<td>date</td>
</tr>
<tr>
<td>Guadalupe Social Worker signature</td>
<td>date</td>
</tr>
</tbody>
</table>
Appendix E

Initial Questionnaire

Child’s name: __________________________

Social Worker: __________________________

Foster Parent: __________________________

For each of the following, please choose the answer that best describes the behavior of your child. Please mark your answer as indicated.

1. How long has the child been in placement? __________________________

2. Does the child visit with any of the following:

   - mother________
   - father________
   - both________
   - grandparents________
   - siblings________

3. How many adults are living in the home? ________________

4. How old was the child when the loss occurred?
   - infant
   - 2-4
   - 5-6
   - 7-8
   - 9-10
   - 11-12

5. Check the problem behaviors that the child has shown in the past two months.

   - fighting________
   - shoving________
   - swearing________
   - hitting________
   - crying________
   - touching________
   - angry outbursts________
   - yelling________
   - talking back________
   - refusing to do as asked________

6. Do you have problems with your child doing his/her homework?

   - yes
   - no

7. Does your child receive detention at school?

   - yes
   - no
Appendix F

Debriefing Letter to Subjects

Your group leaders, Fran Westover and Ed Vieths, wish to thank you for your participation in group and for completing the weekly questionnaires. We hope that this has been a good experience for you.

There were no tricks used at any time. The purpose of the study was to see if the activities done in group helped you to feel better about yourself.

No one involved in this study including yourselves, foster parents and social workers can be personally identified because everyone was given a number. Your names were not used, only the number.

If you have questions about this study, please call the Guadalupe Colton office at (909) 783-8015. Ask Debbie Riech to call us. She will make arrangements for you to talk with us.

Sincerely,

__________________________________________
Fran Westover

__________________________________________
Ed Vieths
Appendix G

Debriefing Letter to Foster parent/Social worker

The co-researchers involved in the group project, Fran Westover and Ed Vieths, wish to express their appreciation to you in making this study possible. We hope that your participation has been a rewarding experience for you and that any changes noted in the behavior of your child has been positive.

There has been no deception or tricks utilized in this study. As previously stated, all responses are confidential and no study participant can or will be identified to anyone other than for being identified initially by the researcher. The key utilized to assign number to the participants in lieu of names has been destroyed. All participants, therefore, have been referred to by number and cannot be otherwise identified. Consequently, the anonymity and confidentiality of all participants is absolutely guaranteed.

If any participant needs to discuss the results or consequences of this study, please call the Colton office at Guadalupe Foster Homes. In addition, questions or comments about the study can be directed to the Graduate School of Social Work at California State University, San Bernardino, attention of Dr. Rosemary McCaslin, 5500 University Parkway, San Bernardino, Ca. 92407. (909) 880-5501. If you wish to discuss any aspect of the study with the student researchers, please call Guadalupe, Colton Office (909) 78-8015 or the Department of Social Work at (909) 5501 and leave a message.

Sincerely,

Fran Westover

Ed Vieths
References


