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An Evaluation of Drama Therapy as a Form of Secondary
Prevention for Children with Social Skills Deficits.

by

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Bachelor of Arts, McGill University, 1986

THESIS

Submitted to the Department of Psychology
in partial fulfillment of the requirements
for the Master of Arts degree
Wilfrid Laurier University

1989

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Abstract

The following study investigated the effectiveness of an intervention that was based on creative drama designed to improve the social skills of school age children identified as deficient in social-emotional development. The intervention, termed the structured fantasy approach, combines theoretical principles from psychodynamic theory, social learning theory, and creative drama. The study was conducted at a public school in the Kitchener-Waterloo area. Eight students from the third to sixth grade participated in a ten-week social skills program, while seven students from first to third grade participated in a similar program. Five first to third graders and four third to sixth graders served as a comparison group and did not receive the program. Prior to the beginning of the program all four groups completed the pretest measures. This consisted of the Peer Interaction Scale completed by the children, the Group Participation Scale, and the Inventory of Personal, Social and Learning Skills completed by the children's parents and teachers. The children in the experimental group then participated in a short term drama group. The children in the control group did not receive any type of intervention. After the intervention these measures were readministered.

Children who participated in the program rated themselves as more confident in conflict situations as opposed to children who did not participate in the program. There were no changes in teachers' or parents' perception of the children's strengths or

problems in group participation skills. Parents and teachers did perceive changes in the children's level of personal, social and learning skills as assessed by the Inventory of Personal, Social and Learning Skills questionnaire. Limitations of the study and recommendations regarding future research and intervention in the school system are discussed.

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The focus of this thesis is on the Structured Fantasy Approach and its application in the school system. The need for a group method of dealing with the type of referrals seen in the average mental health clinic, outside of the traditional psychotherapy approach, is presented. This is followed by an examination of the three theoretical traditions that have contributed to the structured fantasy approach: play group therapy, social learning theory, and drama therapy. The development of the structured fantasy approach is traced, followed by a description of how the method operates.

The present research was designed to further investigate the effectiveness of this approach when used in the school system with elementary school children. Past research has studied its effectiveness with early adolescents (Walsh & Swanson, 1988; Walsh, 1989). In addition, the present research used measures specifically designed to assess improvements in peer skills, one of the major goals of this project. A group of older (grade 3-6) and younger (grade 1-3) children participated in a ten week "drama club" and were compared to waiting list control groups. Level of peer skill was assessed by the children, their parents, and teachers on three measures directly related to peer skills. Emphasis was also placed on training school personnel in this method. Thus, considerable attention was placed on the method of implementing the intervention, as well as on its actual outcome.

There are many problems with the delivery and types of services currently available in the field of child clinical psychology. Just as in the rest of clinical psychology, the caseload far exceeds the number of qualified personnel available to treat these disorders (Levine & Perkins, 1987; Snowden, 1982). As well, many of the methods derived from mainstream clinical psychology such as play therapy are not appropriate for children outside the traditional middle-class milieu. The caseloads at today's guidance clinics are replete with children from one-parent families, who are often poor and culturally diverse. The most frequent presenting problems seen with these clients are those of an "acting-out" nature, which do not respond well to traditional insight-oriented treatment.

The Child and Family Centre at the Kitchener-Waterloo Hospital is a typical example of this type of environment. Due to economic constraints and an ever-increasing case load, the demand is for short-term services (Smith, Walsh, & Richardson, 1985). The most common referrals are for impulsive, aggressive, acting-out boys. Traditional methods like individual play therapy or group therapy are usually not effective with these types of children, so clinicians have shifted towards family-centered treatments with an eclectic theoretical base.

Some therapists at this hospital began experimenting with a method of group treatment different from those traditionally employed, terming this approach "Structured Fantasy" (Smith et al., 1985; Walsh, Richardson, & Cardey, 1989). Basically, the

method involves children interacting in a group using various dramatic performances as a means of resolving various social and emotional problems. This approach combines aspects of the two most well-known approaches to dealing with disorders of childhood and adolescence: 1) psychoanalytic theory as it is applied to children's groups and, 2) social learning theory and its application to social skills training groups. This method also borrows elements from creative forms of expression, such as drama as applied to children's mental health problems. The structured fantasy approach came about by synthesizing various aspects of these three methods.

What follows is an in-depth explanation of the evolution of each of the three approaches, traditional analytic group therapy, social skills training, and creative drama, and the aspects that the structured fantasy approach borrows from each.

Analytic Group Therapy

All the techniques used in analytic therapy to allow individuals to gain access to their unconscious motives have one thing in common. They are highly dependent on the individual's ability to talk. Hence psychotherapy is often referred to as the "talking cure" (Shaffer, 1979). The verbal nature of psychotherapy poses difficulty for psychologists attempting to apply their methods to childhood problems. Young children are not highly verbal and cannot use language in the same way as adults (Newman & Newman, 1984). Thus, play therapy was developed as a response to the child's difficulty in verbal expression. Play therapy did not require the child to talk but instead to do what comes naturally to the child, play.

The original method developed by Klein (1955) involved the child interacting with a therapist in a playroom equipped with a variety of play materials. The therapist tries to create the type of atmosphere which allows the child to symbolically represent his or her unconscious conflicts through play. Thus, the therapist imposes few restraints on the child's behaviour. The therapist will only intervene to try to direct the child's interactions in order to help discover the child's unconscious conflicts. The therapist analyzes the child's play activities and the nature of the transference relationship and then interprets this information to the child in a manner that he or she can understand. It is believed that once the child gains insight into his or her unconscious conflicts the child will then be free of

them.

This is the general orientation of play therapy from an analytic perspective although a number of variations have evolved. One significant variation of this method is the non-directive play therapy developed by Axline (1947). The structure of a non-directive play therapy session still involves a child interacting in a playroom with toys. However, Axlinian therapists believe that the seed of change is rooted in the empathic relationship between the therapist and child. They hold that once the child feels accepted as a result of experiencing a nonjudgemental, highly permissive attitude from the therapist, the child will then develop feelings of self-worth and the presenting symptoms will dissipate.

Clinicians with an interest in group psychotherapy were aware that play served an important function for children. They also believed that peer interactions played a significant role in the child's development. They felt that an important task for children was to expand their source of social influence from the parents to the peer group (Schiffer, 1984). Proponents of group therapy felt that the natural value that play held for children could be enhanced by placing play in a social context. Slavson (1945), who is credited with the development of group psychotherapy for children, explains the importance of expanding therapy from an individual perspective to the group:

The value of the group to the individual are many. Clusters, colonies, schools, flocks, herds, and groups are universal

in nature. They are essential means for biological survival in lower animals and in man. They are essential to the latter for his psychological and spiritual survival as well (Slavson, 1945, p. 11).

Slavson developed two different methods of group therapy, play group therapy for children 4-6 years and activity group therapy for latency age children. Play group therapy followed the same basic format as individual play therapy from an analytic orientation, except that it took place with a group of 4-6 children.

Activity group therapy represents a somewhat different approach to dealing with childhood disorders. The most noteworthy feature of this approach is that the therapist assumes an even more neutral role than in play group therapy (Slavson, 1945). The therapist does not try to direct the children's activities in any manner and will only intervene in the case of severe physical or verbal aggression. The purpose of this extreme neutral role played by the therapist is to allow the children to learn for themselves how to control their own behavior. Thus, the children have a unique opportunity to act out all types of socially undesirable behaviors removed from any adult influences. It is believed that by having a chance to express these behaviors to their limits the children will eventually learn how to control their own impulses. The therapist also helps the children learn self-control by modeling an adult who is calm, tolerant and kind. As well, the children learn from each other more appropriate

interaction patterns.

In reality the type of activity groups described by Slavson were rarely used. Crawford-Brobyn and White (1976) summarize the feelings of many in the field in relation to activity group therapy:

This approach is considered somewhat of a luxury as it demands that children be in treatment for up to three years, that there be a large pool of referrals so that a well balanced group be selected, and that the staff be extensively trained; it is not appropriate for many disorders seen in childhood clinics. (p. 124)

Slavson (1952) was also aware that activity group therapy was not suitable for children with severe disturbances and highly aggressive acting-out behavior. The method he developed for these children was called Activity Interview Group Therapy. In this modality the therapist assumes a more active role, directly interpreting to the children and assuming more control over the children's behavior, encouraging them to interact with each other, and verbally reprimanding inappropriate behavior.

Schiffer (1984), a follower of Slavson, noted that patient circumstances have changed considerably since the development of this method. The majority of children seen in today's clinics are plagued with impulse-ridden behavior and many have significant ego impairments. He links these changes in patient characteristics with societal changes which have caused social disorganization such as higher divorce rates, one parent

families, loosening of religious ties, and unemployment. As a result, this type of society produces children who have not experienced enough supportive control, in contrast to the children seen in Slavson's era who were too harshly punished. Thus, therapies built on permissive principles are inappropriate for many of today's children. Shiffer recommends that therapists take a much more active stance, in which they set definite limits on what types of behaviors they allow from the children.

Critique of Activity Group Therapy

On face value, children's group therapy has considerable merit. First, like play therapy, it relies on a natural medium for the expression of internal conflict for the child, which is play. This approach also recognizes that problems that occur in children should not be treated solely on an individual therapist-to child basis. Instead, it recognizes that social interaction and peer influence have substantial potential for treating disorders. Individuals live their lives belonging to a group, and therapies that recognize this principle come closer to approximating real life.

There are also many difficulties with children's group therapies. Therapist behavior based on principles of permissiveness and non-interference makes this type of therapy inappropriate for the majority of children seen in today's clinics, since these types of children require a more structured type of intervention and more directiveness on the part of the therapist (Crawford-Brobyn & White 1976; Schiffer, 1984). In addition, as a method of treatment, children's group therapy requires a large degree of professional resources in terms of both time and training. Activity group therapy is a long term treatment modality requiring up to three years before children exhibit signs of having resolved their problems. As well, it requires intensive training to conduct these types of groups. In fact, even therapists with advanced degrees and specialized training may not develop the specific skills required (Slavson,

1952).

This method is also based on a tertiary prevention model (Caplan, 1964). Children who receive treatments are those who already have a problem that is so severe that specialized services have been sought. Activity group therapy is not in any way oriented towards prevention. It is also based on an individual pathology model of mental illness. Although children are treated in groups, the problems these children experience are not regarded as caused by the group. Instead this model emphasizes that the roots of the problem are located within the individual child and perhaps his or her parents.

The practitioners who developed the structured fantasy approach were very interested in conducting group work with children. They borrowed various ideas from group play therapy (Smith et al., 1985; Walsh et al., 1989). The first is that children can and do express significant aspects of themselves through play. As well, the therapists abided by Slavson's (1947) contention that the interactions and the group dynamics that occur among children have therapeutic value. At the same time, the original methods advocated by Slavson and based on permissiveness and self control are not appropriate for the overwhelming majority of today's clinically referred children. However, the developers of the structured fantasy approach, like many in the field of children's group therapy, believe that children's groups can still be applied if the therapist takes a more directive stance.

Social Learning Theory

The second influence on the structured fantasy approach has been social learning theory and its application to social skills training groups.

Those with a social learning perspective are not interested in the unconscious aspects of pathology. Instead they emphasize overt behaviors and cognitions (Bandura & Walters, 1963). Social learning theorists conceptualize many problems in childhood as a result of the acquisition of faulty behavior patterns and a cognitive set which maintains these behaviors. One aspect of these cognitions and behaviors which has received a considerable amount of attention has been social relationships in childhood. For example, Hartup (1970) suggests that peer interactions play an essential role in facilitating the development of appropriate assertiveness, altruistic behaviors, moral reasoning, and other social competencies.

In fact, lack of appropriate peer relations in childhood has been shown to be associated with problems in later mental health. Studies indicate that unpopular children are more likely to receive psychiatric services in later life (Cowen, Pederson, Babigian, Izzo, & Trost, 1963). Low peer acceptance is also associated with later delinquency (Roff, Sells, & Golden, 1972), school problems (Groundland & Anderson, 1963), and dropping out of school (Ulman, 1957). Conversely, social competency in childhood is related to superior academic achievement (Muma, 1965, 1968) and healthy adjustment in adulthood (Barclay, 1966).

Advocates of social skills training programs believe that children are socially isolated because they lack appropriate social skills (Gottman, Gonzo, & Rasmsussen, 1975). They believe that these deficits can be overcome through direct training in social skills. Social skills training has evolved historically from three separate backgrounds: modeling and imitation studies, coaching and specific-skill training, and problem-solving training. All three approaches have in common the belief that social behavior is learned, and therefore one can acquire these behaviors given the proper learning experiences. These three approaches also advocate a specific structured method in teaching these skills.

Different Approaches to Social Skills Training

The first attempts at teaching children social skills were based on modeling studies. The rationale for using this method was Bandura's (1963) social learning theory, which emphasized learning through imitation. Thus, programs were developed which involved exposing children to live or filmed models performing socially skilled behaviors (O'Conner, 1969). The results of the earlier modeling studies were encouraging, as they indicated that aspects of social behavior could be taught and modified. However, to have a greater impact, training programs had to provide more than socially appropriate models. Studies indicate that the positive effect of modeling can be enhanced by providing multiple models, as well as providing opportunities for practise and feedback with these behaviors (Rosenthal & Bandura, 1978).

Social skills training packages were developed which took into account the need for specific instructions, practise, and feedback in order to acquire new behaviors. The skills selected for training vary from one program to the next but in general they are based on various behaviors which have been selected empirically to distinguish between socially accepted and rejected children, such as smiling, initiating interactions, cooperating, taking turns, giving positive feedback (Lagreca & Santogrossi, 1980).

An example of a social skills training program is one conducted by Lagreca and Santogrossi in an elementary school. Their training program was aimed at students from third and

fourth grade who were considered socially isolated. The children participated in a four-week training program for 90 minutes a week. Each session began by having the children watch videotapes of peer models performing a specific social skill. The children then discussed the ways in which they could apply the skill to a real-life situation. The leaders then coached these children on how to use these skills. Next, children were given the opportunity to role play the skills with each other. To promote generalization, role-plays were used on the real-life experiences of the children. The leaders videotaped the children's roleplaying situations and gave them feedback on their performances. The group leaders also gave the children homework assignments which involved practising the social skills with someone outside the group. The children discussed these homework assignments as a group at the beginning of each meeting. At the end of the training course children who participated in the program showed significantly greater knowledge of social skills, greater skills in role-playing situations, and an increase in positive social behaviors among their peers, relative to children who did not participate in the training program.

The third and most recent approach to social skills training is based on cognitive theories, which stress the way individuals construe situations. Programs which focus on the training of problem solving skills are based on the assumption that deficient social skills are due to inappropriate cognitive strategies that children apply in their interpersonal situations (Urban &

Kendall, 1981). For example, Spivack, Platt, and Shure (1976) found that maladjusted children are deficient in many areas of interpersonal, cognitive, or social problem-solving such as developing alternative solutions to problems and thinking about the consequences of their actions.

Spivack et al. (1976) developed a training program which emphasized interpersonal problem solving. Children participating in such programs are taught to engage in self-talk before choosing a course of action, and to practise the following steps in problem solving:

- 1) first identify the problem at hand
- 2) identify all possible solutions to the problem
- 3) think about the consequences of all the solutions
- 4) choose the solution that holds the best possible consequences
- 5) evaluate the outcome of the solution.

Traditionally, these programs have been aimed at particular children who are deficient in social skills (Bierman & Furman, 1984). More recently there has been an emphasis on teaching competencies to whole classrooms of children in a general effort to promote positive mental health (e.g., Gesten, Pederson, Babigian, Izzo, & Trost, 1982).

Although there are many different methods of teaching social skills, these methods are not completely discrete as they all make use of modeling, discussion, role playing, coaching and social feedback. In fact, the current trend is to combine many different approaches to social skills training such as specific

skill training and cognitive strategies (e.g., Nelson & Carson, 1988). Although social learning approaches to skill training are behavioral in derivation, they also include many features which are not strictly behavioral. For instance, children are encouraged to think about situations that occur in their natural life. The programs also involve watching cartoons and films to promote awareness of feelings. Another major component of social skills training is role-playing, which is also not a strictly behavioral technique.

Critique of Social Skills Groups

Social skills training groups have many positive features. First, they take a primary or at least secondary prevention stance, in that they are dealing with a problem which might not be a severe mental health issue for a child at present but is associated with problems in later life. In addition, the emphasis is not on the children's pathological characteristics but on teaching skills in order to develop competencies. This approach also represents a "seeking orientation" rather than a "waiting mode" in dealing with disorders. Advocates of social skills training do not wait for problems to become so severe that specialized services are sought. Instead they go directly to where the problem is occurring and treat it in its natural environment. In most cases these programs do not have to be taught by specialized professionals. Rather, consultants can advise teachers to implement them, thus minimizing dependence on professionals.

Nevertheless, there are some problems that exist with this approach, aside from the lack of strong evidence of generalizability of skills beyond the training program (Nelson & Carson, 1988). The highly structured nature of the intervention, while including discussion among the children, does not attempt to deal with any other issues that might be of concern to the children. The participants in these groups may be experiencing problems which are unrelated to the lessons in social skills for that day. This approach, however, is not flexible enough to deal

with problems that deviate from the prescribed curricula. At the same time, although social skills training takes place in a group, this method does not place any emphasis on the dynamics and processes occurring in the group. Instead, children in these programs are treated simply like a collection of independent individuals. However, the developers of the structured fantasy approach believe that both the content and the structure of social skills training groups could play an important role in the therapeutic process (Smith et. al., 1985).

The structured fantasy approach borrows from social learning theorists, the recognition of the importance of peer relations in child development. It also recognizes that the acquisition of appropriate social skills is a prerequisite not only for peer relations but general competencies and mental health. The structured fantasy approach dovetails with social learning in sharing the belief that children can learn social skills given the proper environmental conditions. Both methods emphasize a highly structured program, where group leaders take a very directive role. Both are short-term programs aimed to suit the current economic pressures and scarcity of professional resources.

Creative Drama

The third influence on the structured fantasy approach is creative drama. The value that drama holds for discovering psychological conflicts has long been recognized. The first organized form of therapy relying on dramatic expression was developed by Moreno (1932), which he termed psychodrama. Basically, it involved individuals interacting in a group with each person in the group re-enacting her or his psychological conflict in the form of a drama. The other members of the group took on the role of significant others in that person's life. Moreno felt that this form of therapy had considerable merit, as individuals could express more about their conflict through action and re-enactment than by simply relying on verbal expression.

Despite this recognition, drama as a treatment modality has received little attention in terms of research and practise. In the instances where drama has been used as the primary mode of therapy, it has always been viewed through a psychodynamic perspective. For example Johnston (1982) describes drama therapy as:

"the intentional use of creative drama toward the psychotherapeutic goal of symptom relief, emotional and physical integration and personal growth. Drama therapy, like the other creative arts therapy (art music and dance) is the application of a creative medium to psychotherapy. (p. 82)

Irwin (1973) and her colleagues have done a considerable amount of therapy using drama at a child guidance clinic in Pittsburgh. She believes that drama therapy:

as used herein, is conceptualized to be a psychotherapeutic modality in which the activity, within the therapeutic relationship, is used to help the child achieve relief from conflict and anxiety, resulting in change in personality.
(p. 428)

This type of drama therapy can be viewed as somewhat similar to play therapy. Drama is used as a means of allowing children to confront fears, insecurities, and conflicts in a non-threatening manner. Just as in play therapy, the therapist will interpret to the child the meaning of his or her dramatic expressions. This insight is not the complete root of change, as it is in play therapy. Instead, resolution of the conflict is believed to come about symbolically. Over time the child's dramas, which were initially filled with fears and confusion, begin to exhibit healthier themes. Thus, change is believed to come about when the child can dramatically present an integrated, cohesive self.

A variant of drama from a psychodynamic perspective is provided by Barsky and Mozenter (1976). The goals of their project were not only to help children deal with intrapersonal conflicts such as the expression of feelings, but also interpersonal conflicts such as learning appropriate social behaviors. Their project involved working with a group of seven latency-age boys and girls in a clinic for a period of two years,

with dramatic enactments used as the primary means of therapy. The therapists introduced the children to various types of dramatic exercises. Barsky and Mozenter also had to impose considerable structure on the group due to the children's basic difficulties in interpersonal relations. Over the two-year period the children gained considerable skills in not only becoming comfortable with the medium of drama but also improving their abilities to get along with others. Although no formal evaluations were conducted, Barsky and Mozenter's informal conclusions were that the use of drama was an effective means of facilitating the expression of conflict for these children. Drama also served as a useful mechanism for improving interpersonal social skills.

These uses of dramatic expression serve as evidence that although creative arts are definitely not the treatment of choice in today's clinics, they hold considerable promise for future use. In the past twenty years there has been a slow but growing awareness of the potential value of creative arts (Irwin, Levy, & Shapiro, 1972). Evidence of this is seen in the popularity of such treatment modalities as dance, music, and art therapy. The structured fantasy approach differs considerably from psychodrama or drama therapy as described by Irwin (1972) and Johnston (1982), since these therapies are all based on psychodynamic theory. However, the structured fantasy approach has in common with these therapies the belief that creative expression can play an important role in discovering and treating psychological

conflict. There are also many commonalities between the structured fantasy groups and the procedure described by Barsky and Mozenter. The two therapies are concerned with the resolution of interpersonal and intrapersonal conflicts. In addition, these two therapies both emphasize the importance of group processes, and of children learning more adaptive patterns of behavior from one another. However, they differ in that Barsky and Mozenter's therapies are based on a psychodynamic model emphasizing long-term treatment.

Dramatic play has also been studied under an entirely different framework. This area of research is concerned with drama and symbolic play as it relates to the cognitive development of the child. This line of research grows out of the theories of Piaget (1951) and Vygotsky (1967), who believe that imitation and pretend play are important aspects in the cognitive development of the young child. Vygotsky (1967) believes that play is an important part of the development of the child, because the mental abilities of young children are limited by their concreteness. Pretend play enhances cognitive development, because it allows the young child to use language in nonliteral ways. Thus, play aids the child in developing abstract representational thought. Piaget (1951) felt that pretend play is important because it allows children to experience taking on the roles of individuals with perspectives different from the self. This is an important step in moving from the egocentric world of the child towards mature adult thought. In fact,

correlational data exist which back up these theorists as there is a relationship between the degree to which children engage in imaginative play and the cognitive abilities of the child (Saltz, Dixon, & Johnson, 1977).

Experiments have been conducted in order to understand the relationship between imaginative play and the cognitive abilities of young children. As well, research was conducted which attempted to train disadvantaged preschoolers in thematic fantasy play in order to improve cognitive functioning. Saltz and Johnson (1974) found large effects on intelligence subtests, tests of story interpretation, sequential memory, and empathy. Feilson and Ross (1973) performed a similar study and reported increases in ability for verbal communication and originality. Freyberg also (1973) reported an increase in ability for verbal communication, while Rosen (1974) found improved problem-solving.

Saltz, Dixon, and Johnston (1977) were interested in testing the conclusions of the above research. They first wanted to see if these findings could be replicated, and they also wanted to analyze aspects of thematic fantasy in order to determine the variables that were producing changes in the children's abilities. They conducted a complex study in which they investigated 150 preschoolers over a three-year period. They trained children in various types of uses of imaginative play over a six to seven month period. Training consisted of instruction in these four types of imaginative play: 1) thematic fantasy play (both fantasy and play enactment), 2) fantasy

discussion (hearing and discussing plays but not actually enacting them), 3) sociodramatic play: children enact realistic events rather than fantasy stories and 4) control condition: children engage in typical preschool activities such as painting, cutting and pasting. Saltz et al. found that children who were trained in thematic and sociodramatic play were consistently superior to the other two conditions on most of the cognitive and impulse-control tasks. They also found that children trained in the thematic play condition performed superior to those trained in the sociodramatic play conditions.

The authors believe that the difference between the two types of play is the degree to which reality is involved. Thematic play involves a stronger degree of difference between the realistic world and what the children are involved in. Thus, fantasy play involves more imagination, which allows the children more use of abstract imagery and ideas. Fantasy play usually involves fairytales which have strong causative relations between events. This will help the children develop the ability to perceive cause and effect relationships. However these conditions also existed in the discussion group, so enacting the fantasy seemed to play an important role in the acquisition of these skills.

To summarize briefly, the developers of the structured fantasy approach approach noted the need for a shift away from traditional group therapy, given the types of children seen in contemporary clinics (Smith et al., 1985). However, like the

original developers of children's group therapy, Smith et al. believed that the interpersonal dynamics occurring in these groups were important aspects of the therapeutic process. Like the proponents of social skills training groups, they also believed that acquiring social skills was an important prerequisite for later mental health. Adherents to a structured fantasy approach noted that those who did traditional children's groups were beginning to impose more structure in their groups and that traditional behavioral groups were using many nontraditional behavioral measures, such as roleplaying and promoting awareness of feelings. In addition, they observed there was a slow-growing awareness of the value that creative expression held in the therapeutic process. The developers of the structured fantasy approach also had to be aware of their agency's mandate to provide short-term services to suit the demands of increasing caseloads. With this in mind they began experimenting with the idea of introducing drama to children's therapy groups.

The Structured Fantasy Approach

Smith et al.'s (1985) first attempt to use this method was with a group called the Clown Club, initially used with latency-age children receiving psychiatric services at the Child and Family Centre at the Kitchener Waterloo Hospital. The Clown Club basically consisted of a group where children took on the pretend identity of a clown. The children worked together to produce a performance which encompassed all the different clown characters in the group. The clinical evidence from the early clown clubs indicated that the children showed improvements in dealing with both intrapersonal and interpersonal difficulties. Along with improvements in such areas as self-esteem, the children also exhibited increased confidence in peer interactions and home and school behavior.

The positive results of the Clown Club led these therapists to consider increasing the range of ages of children who could participate in the group. Drama clubs became the treatment modality for older children as they consider the Clown Club theme too babyish (Walsh et al., 1989). In drama clubs the members work together, producing skits dealing with such issues as peer, school, and family problems.

Early-latency children can also participate in these clubs although they require more structure from the therapist. In these groups the therapist would read the children stories or fairytales and then help the children act out the different roles. The groups for early latency, latency, and adolescence

follow a similar format. Together these three variations comprise the structured fantasy approach.

How The Groups Operate

The typical group session consists of five to eight members and involves nine to thirteen sessions once a week. The sessions take place in a large open room sometimes equipped with video equipment. Sessions are between 60 and 90 minutes long. As structure has been shown to be an important component in conducting children's groups, each session follows a predictable format. The sessions begin with a brief circle-time in order to introduce and acquaint the children with the activities that will occur. This phase is followed by the planned activities for the session, such as warmup exercises initially, and in later sessions, fairytales and skits. The group ends with a clean-up period and a brief circle-time, where the group sums up the occurrences of the session and plans for the next session. This predictable structure is especially useful for impulsive and learning disabled children.

The early sessions are devoted to introducing the children to the group. The children become comfortable with using drama through the use of various theatrical warmup exercises. In the later sessions the children produce increasingly more sophisticated dramatic enactments such as fairytales, skits, and plays. Various props such as music, makeup, and costumes are introduced in order to give the performances an authentic flavour.

Throughout the entire course of these groups, attention is devoted to the fact that the club is short-term. The therapists

directly confront the children's feelings about termination and loss by providing the children with concrete reminders that the group will eventually end, such as a calendar and by planning special events for the final session. This procedure encourages the children to express their sadness and anger about eventual loss.

Although the sessions have a predictable structure to them, this structure is not rigid. A considerable amount of flexibility exists in terms of what types of storylines the children pursue and the way they plan for eventual termination. As well, the issues that are dealt with, the interactions that occur among the children, and the emphasis of each group are highly dependent on the individual personalities that the specific children bring to the group.

Structured fantasy groups are usually led by two therapists. From the experience of the early clubs the leaders found that the most beneficial way of conducting these groups was with a male and female coleader. Male and female leaders can provide the children with androgynous role models by giving them the opportunity to interact with males and females who take on equally powerful roles. Male and female leaders also allow the children to confront various oedipal issues. Throughout the course of the sessions the leaders assume very active roles. They direct the children's problem solving process in terms of the dramatic element as well as throughout the entire session. They directly reinforce individual children and the group for good

performances or cooperative action as well as providing negative feedback to children or the group when they are behaving inappropriately. They also comment on the group process as a whole. They encourage the children to assertively direct requests to each other and to the therapists. The interactions among the therapists also serve as a model for problem solving and positive interactions. The therapists will spontaneously ask each other questions and resolve dilemmas in a positive manner.

Another important aspect of the group is the videotaping of the children's dramatic performances. So far no negative effects have been found from the use of videotaping. In fact, Smith et al. (1985) reported that the use of videotaping material enhances the children's self-awareness. This is particularly helpful for younger children who are still quite egocentric. For individual children, seeing themselves on videotape gives them a chance to observe their interpersonal styles, which may give them confidence or concrete guidelines about their weaknesses (Stirzinger & Robson, 1985). For the group as a whole, videotape playback provides opportunities for comments on the contents of its dramatic productions and feedback to individual members.

The group experience provides the children with valuable opportunities to learn socially appropriate behavior. To accomplish any of the group tasks, such as producing a play, the children have to learn to cooperate and to be aware of and take into account the feelings of others. The group experience also provides the children with opportunities to learn how to take

turns and how to give and receive both positive and negative feedback in an appropriate manner. Performing these socially skilled behaviors also brings direct rewards to the children, such as the feelings of accomplishment in producing a play, the natural appeal of drama and pretend, as well as experiencing the benefits of same-age companions.

In general, therapeutic benefits are believed to be the result of the following processes.

- 1) The children become acquainted with dramatic techniques such as producing storylines for plays, and understanding and developing characters using costumes, makeup and the like.
- 2) The therapists also spend a considerable amount of time attending to the children's feelings about other members, the group as a whole, and the therapists.
- 3) The therapists frequently comment on group dynamics such as how the group is getting along.
- 4) The therapist and eventually the children reinforce appropriate behavior.
- 5) The children also learn social problem solving techniques in order to successfully complete a drama.

The mechanism for change can be accounted for differently, depending on the theoretical perspective one takes. Social learning theorists would describe the mechanism for change as a result of training and reinforcement in social skills. This is because the therapists directly encourage and reinforce appropriate interaction patterns among the children.

Psychoanalytic therapists would see the change in the children coming about from the therapists' comments on the children's feelings and the group processes as a whole, which lead to insight and awareness on the part of the children.

The developers of the structured fantasy approach would see the root of change originating in the group process itself, regardless of the theoretical mechanism used to describe the change. The children in the group are strongly motivated to produce a good dramatic production because of the natural appeal of the medium. In order to produce a good drama children have to learn to cooperate. Cooperation involves attending to one's feelings and the feelings of others, taking turns, and other socially skilled behaviors. As well, the process of acting out the dramatic enactments also gives the children an opportunity to deal with various intrapersonal issues. The children get a chance to portray the feelings of various characters which helps them to get in touch with their own feelings. They also have the opportunity to portray characters very different from themselves. For example, the inhibited child may get a chance to portray an assertive character. From this experience the child might decide that there are certain aspects of this character that he or she likes. The child can then draw on the experiences gained in the drama club and apply this learning to his or her own interpersonal situations. Regardless of the different theoretical interpretations of the process, a succinct description of this modality is that it is one in which children

are learning important social skills in a fun manner through metaphoric play.

Current Trends

The practitioners who developed the structured fantasy approach have been using this method at several treatment centres for a number of years. However, as previously mentioned one problem that exists in relation to the delivery of psychological services is that it is impossible to serve all parts of the population in need. Thus, children seen in a child outpatient clinic are often not the only children who require these services. Many children have problems which do not receive attention for a number of reasons. Some parents may not recognize or know how to get help for the problem. In the case of shy, insecure children, who are not a problem to anyone but themselves, their difficulties will often go undetected. As well the difficulty of contacting and obtaining services from professionals may deter some parents from asking for help.

One way of resolving this dilemma is to treat problems in their natural setting before they become so severe that children require specialized services. For instance, Walsh et al. (1989) began to employ their methods in the school setting as a form of secondary prevention. Secondary prevention aims to reduce the rate of a particular problem through early detection (Caplan, 1964). This approach has merits as it represents an active approach to dealing with problems. Traditionally, clinicians wait for problems to become so severe that specialized services are sought. However, in this case clinicians are actively pursuing their work in the natural environment where the problems are

occurring.

Thus, a method of dealing with childhood problems developed for use in the clinic moved to a more real-world setting, the school. In order to conduct successful groups in the schools, many problems which do not exist in clinics have to be dealt with. From a community psychology perspective (O'Neill & Trickett, 1982), in order to conduct successful work as an outsider in a new setting one has to take into account the characteristics and needs of that setting. One traditional approach might be to enter into the setting as experts and disregard any of the needs of the setting that do not directly affect the work at hand. A more reciprocal exchange, in contrast, would involve recognition of the fact that both the practitioners offering their methods to the school and the school itself have many strengths and resources. The practitioners who developed the structured fantasy approach have as their main resource a new method of dealing with problem children which they are willing to employ in the school. The school setting and personnel also have many resources to offer including tangible things like the facilities and equipment, but also intangibles like extensive knowledge of the children and their problems, their parents, and the social milieu of which the children form a part.

The method that was attempted in applying this approach was a model of consultation whereby school personnel and mental health practitioners worked collaboratively. A recent intervention using this approach took place at a senior public school (Walsh &

Swanson, 1989). The purpose of this study was to document the process of consultation as well as to obtain evaluation data on the effectiveness of the structured fantasy approach.

Another study which evaluated the outcome of drama groups with children was conducted by Irwin in 1973. In her study, drama therapy was used to help children who had difficulty expressing emotion learn how to communicate more effectively. Drama therapy groups were compared to activity psychotherapy and a recreation therapy group. The evaluation indicated that the drama therapy group was superior to the other two groups, as measured by various projective tests which dealt with the child's ability to express emotion.

The intention of the Walsh and Swanson (1989) research was to obtain evaluation data on the effectiveness of a short-term drama therapy groups with early adolescents. The design of the study was a delayed-treatment comparison. One group of adolescents received the intervention in the fall, and the delayed treatment group in the winter. The study used three different measures: a) self-rated level of confidence in different conflictual and cooperative peer situations, b) parental ratings of behaviors and competencies at home and, c) teacher ratings of competencies and behaviors at school. Analysis of variance of self, teacher, and parent ratings of the fall club participants, from pre- to post-test to follow-up showed no significant changes. Multivariate analysis of variance revealed that the treatment group, as compared to the waiting

list control, improved significantly in terms of self-confidence in dealing with peer conflict. The teachers also rated the experimental group as significantly less shy-anxious than the comparison group and as less problematic overall. There were no significant differences among the groups on any of the other measures.

In another study measuring the effectiveness of this approach (Walsh, 1989), some of the group leaders were those with expertise in music and drama but with no formal counselling or group therapy skills. The goal of this study was to provide evidence that paraprofessionals trained in drama therapy skills could become effective group leaders. The design compared four treatment groups to a non-equivalent, delayed treatment group. Two groups were led by professionals with training in group work. The other two groups were led by advanced undergraduate students with training in drama or music therapy. Participants were early adolescents in a local junior high school.

A one-way analysis of variance, using difference scores between pre-and post-test, revealed no significant differences on any of the measures. One tailed t-tests were then computed within each condition, showing significant differences on a measure of self-rated confidence in peer relations for the professional and paraprofessional groups but not for the comparison group. The paraprofessional group improved in problem areas on a teacher measure of classroom adjustment, whereas the professional and comparison did not show any improvement.

It is interesting that in both studies the greatest improvement was found on the only measure that deals directly with peer relations. The other two measures (for the parents and teachers) dealt with the adolescents' overall adjustment. The structured fantasy approach is used primarily to improve the social skills of children and adolescents. Thus, the fact that greater improvement was not seen on the other two measures may be due to the fact that these devices were not measuring factors that the program would be expected to improve.

Purposes and Hypotheses

The purpose of the present research is twofold. The first is to provide evaluation data on the effectiveness of the structured fantasy approach when it is used with elementary school children. A group of eight children in the younger grades (grades 1-3) and a group of children in the older grades (4-6) participated in a drama club, and were compared to control groups of similar age children who did not receive the drama club experience. Level of peer skill was assessed using measures that deal directly with peer interaction situations: 1) self-reported level of confidence in dealing with peer interactions, 2) parental ratings of social skills in play and also personal and social skills, 3) teacher ratings of social skills in play and also personal and social skills. I expected that the two experimental groups who participated in the drama group would show improved social skills compared to the two control groups

A second purpose of the study was to illustrate the process of consultation whereby the school personnel and the researchers work collaboratively in the process of conducting drama clubs and research. Thus, attention is devoted not only to the outcome of the research but also to the process of having outside mental health workers collaborate with school personnel to formulate an intervention.

Method

Design

The design of this study represents a pre-test, post-test study with a delayed treatment comparison group. Two different age groups of children (younger group, ages 6-9, older group, ages 9.5-12) were compared to a similar age group of children who did not participate in the group. Thus, the within subject factors are the pretest and posttest and the between subject factors are the experimental condition (experimental and control) and age of children (younger or older).

Entry Phase

The entry phase began a long period before the actual intervention. In February 1987, Richard Walsh, a community psychologist at W.L.U, conducted a workshop for the public school board on the concepts and practices of the structured fantasy approach and how they could be used in the schools. A special education teacher at Prueter Public School, Rick Young, attended this workshop and expressed an interest in conducting this type of group at his school. Subsequently, some general plans were made to conduct drama groups at Prueter School in the 1987/88 academic year.

In April 1987, Walsh gave a departmental colloquium explaining the structured fantasy approach. At this point I, as a master's student in psychology, expressed an interest in conducting research on the topic. In August 1987, I met with Walsh to outline the steps and methods involved in conducting

this research. We decided that the research would be conducted at Prueter School in conjunction with Young, the special education teacher at this school. In late August, Walsh and Young identified the main goal of the project as the development of an intervention that would meet the needs of the school and of systematic evaluation, and they set a time frame for implementation. Young's aim was to learn how to use the structured fantasy approach over a one-year time frame. The goal of the evaluators (Walsh and I) was to obtain valid data on the effectiveness of drama therapy groups. I became involved in the project for the purposes of designing and conducting evaluation research to satisfy the requirements for a thesis as well as learning how to lead drama groups. An M.S.W. student from Wilfrid Laurier University became involved in the project as a group leader due to her extensive experience with children's drama.

A second meeting was then held in early September, involving the teacher, the graduate students, and the psychologist. The purpose of the meeting was to set up a formal timetable for the project and to allow the three who were inexperienced with this approach a chance to get a better understanding of how it worked. In terms of the time frame, the plan was to use the fall term as a training session so that the leaders would have adequate time to become acquainted with the group method. The training drama club would consist of eight, 90 minute, weekly sessions beginning in October, lasting till the end of November. To accommodate the leaders' inexperience, the children selected to participate in

the training group would be limited to eight with mild to moderate emotional and behavioral difficulties, according to assessments made by their teachers. In the winter term a second drama group would be held for the purposes of obtaining evaluation data.

The next step involved having Walsh, Young, and myself attend a staff meeting in October 1987 at Prueter School to explain to the teachers the purpose of the intervention, describe how the intervention in the school would be conducted, and to allow them to express any questions or concerns they had. At this meeting the special education teacher asked his colleagues to recommend children whom they felt could benefit from the drama group. He asked them to fill out a standard referral form containing information about the child's behavioral and emotional strengths and weakness. Presenting this information to the staff is an important part in the overall success of a project for many reasons (Walsh & Swanson, 1989). In order to conduct drama groups in the school, children are required to miss class time. If the teachers do not understand or approve of the reasons for the children's absence, the teachers might indirectly or directly communicate this message to the child. This disapproval might then interfere with the benefits the child could obtain from attending the group. At the same time, informing the teachers about the project and asking for their comments would make them feel more involved in the project. In this way they would not feel like this intervention was simply another instance of

outside experts interfering with their major goal of teaching.

One important factor to note about the entry phase was the key role played by the school principal. His background was in educational psychology, and therefore he was concerned not only about the education of the students but also their overall well-being. He facilitated the ease of entry into the setting by stressing to the teachers in the aforementioned staff meeting the importance of filling out referral forms and not penalizing the children in the drama club for missing class time.

During this time-period a behavioral consultant from the Board of Education to Prueter School heard about the intervention and expressed an interest in learning how to conduct this type of group, in order to use them in working with children from different schools. Thus, she joined the project, taking on the role of one of the group leaders. In total the practise drama club was led by five adults.

One final meeting took place in mid-October with all five leaders in order to select which children would participate in the training drama club as well as to review how the first sessions would be conducted. The leaders gave each child selected a letter to take to his or her parents, explaining the purposes of the drama club and asking for the parent's permission to have the child involved in the project. The children also met individually with the special education teacher and the principal in order to clarify mutual expectations for participation (see Smith et al., 1985).

At the end of each session the five group leaders met to discuss the content of each session. They focused on the performance of the specific children, the climate of the group as a whole, and the progress of their own skills in learning the structured fantasy approach.

At the end of the eight-week session all five leaders met once again to evaluate the overall group experience. They also reviewed their own development as group leaders and raised any questions and concerns they had about the general goals and philosophies of the structured fantasy approach. Overall, all children benefited from the group although for some children more progress could have occurred if there were more sessions.

The group leaders also presented a summary of the progress of the drama group to the school principal. The leaders also sent a notice home to parents informing them that the group leaders would be available to discuss the occurrences of the group at a parents' night. Three parents responded to the notices indicating they would attend this event. However, only one parent showed up. This parent was very interested in the progress of her child, but was not sure if the changes we had seen were real or not.

In January 1988, Rick Young and I attended a staff meeting at Prueter School where we gave the teachers a report on the progress of the group. We also asked the teachers to once again refer students they thought could benefit from the club in the second term. We then met on another occasion in order to select which children would participate in the group. When we first

began the study we wanted to pick four groups of children, two from each age group (younger children from 6-9 and older children from 9-12), and then randomly assign them to the experimental or control group. However, when we went over the referral forms there were only 12 children (11 referred by their teachers and one child referred by his parents) referred to the older children's group, and only fifteen children referred to the younger children's program. Due to the small number of children referred to the program, Young and I decided that in order to best meet the needs of the school, as well as make the best uses of the professional resources involved in leading the groups, each experimental group would contain eight children. The children selected to participate in the experimental group would be those who were the most needy according to the referral forms. In the older children's experimental group two children had previously been involved in individual therapy.

The next steps involved preparing the children for the drama group. Young and I began interviewing the eight younger children who were selected in the previous meeting to participate in the group. Of these children seven indicated that they wanted to participate. One other child was selected from the remaining referral forms. I then interviewed the children selected to participate in the older children's experimental group. All eight children were interested. Consent forms (see Appendix A and B) and questionnaires were sent home to parents of children in the experimental and control groups. One parent of a child selected

for the younger group refused to grant permission. Thus, we selected another child from the control group. The final total was eight children in both experimental groups, five children in the control group for the younger children, and four children in the older control group.

Before the groups began, a meeting took place involving three of the four group leaders and Dr. Walsh. In this meeting, we discussed how we would conduct the groups. Walsh stated that he would attend two sessions for each group, preferably the second and the second to last for each group. He would also be available for consultation if there were any problems throughout the course of the group. We also decided that one way to ensure that these groups were used in the following academic years was to invite any interested teachers to act as observers during the session. Their role as participant-observers was to attend every session and to participate in the discussion group following each session. Other roles were participating in tasks such as operating the video camera and sometimes aiding the leaders in interacting with the children. The leaders agreed to tell the children right from the beginning that the purpose of the observers was to learn how to conduct the groups as well as to help by commenting on the content of the group.

The groups were conducted according to the procedure discussed by Smith et al. (1985). The younger children participated in nine one-hour sessions and the older children participated in ten one-hour sessions.

The group for the older children was led by the special behavioral consultant for the board of education and myself. The behavioral consultant has a master's degree in psychology as well as numerous years of working with children with emotional, behavioral and intellectual difficulties on both an individual and small group basis. I have had six years experience working with children in various recreational settings such as summer camps as well as some individual counselling experience working with troubled youth. The groups for the younger children were led by Young, and the M.S.W student at W.L.U. The former leader has extensive experience working with children with intellectual, behavioral, and emotional difficulties. The latter has had considerable experience with children's drama.

Walsh observed two sessions for each group, session two and eight for the older children, and session three and nine for the younger children. The older children's group contained two participant observers, the school librarian and a special education teacher. On two occasions three individuals from the school board also came to observe this group. The younger children's group included one participant observer, another special education teacher. I also observed four sessions of the younger children's group.

At the conclusion of the intervention three of the group leaders and two of the observers met to discuss their overall conclusions about the success of the group, the progress of the individual children, and the future of these groups in Prueter

School. I also met individually with the one group leader who could not be present to discuss the same issues. I then readministered the measures to the children in the same manner as the pretest measures. This posttesting occurred in the two weeks following the end of the drama groups. The children were also given the measures to take home to their parents. The teachers completed the measures during the same period of time.

The leaders also held a parents' night in mid-June to allow parents a chance to acquire more information about these groups, as well as pose any questions they had about the group (Appendix C). Four parents attended this session, three with children in the younger group and one parent of a child in the older group. I also spoke on the telephone with a parent of one child in the older group and one in the younger group. In addition, I met informally with teachers whose children had participated in the group to exchange impressions of progress. I also sent feedback letters to all the teachers in the school and to all the parents' of children in the control and experimental group (Appendices D and E).

Measures

All children completed the Children's Self-Efficacy for Peer Interactions Rating Scale (P.I.S) (Wheeler & Ladd 1982, Appendix F). This scale consists of 22 items measuring the child's feelings of confidence in a variety of social situations. Children rate each item according to a four-point scale. Administration of this measure to fourth-grade students indicated that the retest reliability of this scale is estimated to be .84. Wheeler and Ladd (1982) have also shown this scale to be correlated with self-esteem and teacher and peer ratings of social skills.

The children in the older groups were tested in small groups of approximately six, with some children in the experimental and some from the control group. The older children were given the following instructions "I am giving you a questionnaire to fill out that asks you to think about yourself and the way you act in different situations. Remember there are no right or wrong answers. I just want to know what you think. If you don't want to fill out this questionnaire you don't have to. If you do not understand any of the words, put your hand up. I will now explain to you how the questionnaire works".

I tested the children in the younger age group in small groups of three or four with some of the children from the experimental group and some from the control group. For the younger children I read aloud the questionnaire and explained to them all the words they had difficulty with. I gave them similar

instructions as those to the older children.

Parents and teachers completed the Group Participation Scale (Appendix G) which Walsh (1989) has adapted from Mills, Pancer and Favaro's (1982) Social Participation Scale. The Group Participation Scale (G.P.S) is comprised of 19 problem items pertaining to acting-out (e.g., disrupts group conversation and/or activities) and negative emotion (e.g., makes negative self-statements), and 22 competency items pertaining to social communication (e.g., makes suggestions), and positive emotions (e.g., shows enjoyment and pleasure in activities). These items are rated on a five point scale. The G.P.S. yields two scores, problems and strengths. The internal consistency of the problems scale is .53 and the strengths scale .96, but there are no data yet on retest reliability.

Parents and teachers also completed the Inventory of Personal, Social and Learning Skills (I.P.S.A.Ls) Scale (Appendix H, Pancer, 1983). This inventory is designed to assess the child's level of skills in various areas which are related to social and emotional adjustment. Each item is rated along a five-point scale.

The inventory is divided into nine different skill areas: peer interactions, emotional expression, tasks and activities, behavior and compliance, group interaction, personal care, game and play skills, problem solving skills, and learning. For the purposes of this research the area of personal care was not rated by teachers and parents, (e.g., keeps bed and belongings neat and

clean, practices good table manners). This area was not assessed as teachers would probably not have any information about this area. The IPSALS was scored in the following way. First, a total score was computed for all of the eight areas in the inventory. A second score was computed consisting of the items that would be expected to change as a result of participating in the program. These items are related to social skills, and include; peer interaction skills, emotional expression, tasks and activities, behavior and compliance, group interaction, and problem solving skills. These items were determined to be related to social skills as they were areas that were directly dealt with in the drama group. Peer interaction and group interaction were selected as these areas were obviously related to social skills. Emotional expression would be expected to improve as an important aspect of the group was encouraging the children to appropriately express their feelings. Tasks and activities were also expected to improve as considerable emphasis was placed on teaching the children to engage in new activities with confidence. Behavior and compliance were expected to improve as the groups could not function unless the children could demonstrate acceptable behaviors. Another important aspect of the group was teaching problem solving skills, which were necessary to produce plays and engage in dramatic activities. A third score was computed, consisting of the items that would not be expected to change as a result of participating in this program. These items were game and play skills and learning skills.

Results

Statistical Analyses

To determine if the drama group produced significant changes in each of the experimental groups compared to children in the control group, analyses of variance (ANOVAs) were computed for the change scores (post-test scores minus pre-test scores) by group for each assessment measure. Although there were two different age groups involved in the study, due to the small sample size changes according to age groups were not examined. Difference scores were used in order to control for the fact that the groups may not have begun at the same level initially. This is quite likely as the children in the experimental group were selected, because they were the ones that were the most in need of the intervention according to the referral forms.

Children's Ratings

The first source used to measure the impact of the program was the children themselves.

On the PIS, an ANOVA was performed concerning non-conflict situations. This analysis was not significant, $F(1,22) = .324$, $p > .05$. The mean improvement scores (post-test scores minus pre-test scores) were 2.47 for the experimental group and 1.67 for the control group. An ANOVA was then performed on the second PIS scale dealing with conflict situations. This analysis was significant $F(1,22) = 4.82$, $p < .05$. The mean change scores for the experimental group was 3.06 and for the control group 1.67. Table 1 contains the means and standard deviations for both

groups in terms of the raw scores.

Table 1

Means and Standard Deviations on the Peer Interaction Scale
by Group and Time

Scale	Group	Pretest	Posttest
Non- Conflict	Experimental (n=15)	31.73 (4.81)	34.20 (4.14)
Non conflict	Control (n=9)	29.67 (7.72)	31.33 (6.98)
Conflict	Experimental	30.60 (6.79)	36.66 (5.02)
Conflict	Control	29.33 (9.88)	31.00 (9.86)

note: standard deviations appear in brackets

Teachers' Ratings

On the G.P.S, the ANOVA comparing the level of problems for the two groups was not significant, $F(1,22) = .051, p > .05$. The mean change in terms of level of problems in group participation was -1.94 for the experimental and -.89 for the control group. A second ANOVA was performed comparing strengths. This analysis was also not significant, $F(1,22) = .161, p > .05$. The mean change in teachers' perception of the children's strengths in group participation skills from the pretest to the post-test was 1.80 for the experimental group and -.111 for the control group. Table 2 contains the means and standard deviation of the raw scores on the G.P.S.

Table 2

Means and Standard Deviations on the Group Participation
Scale by Group as Rated by the Teachers

Group	Scale	Pretest	Posttest
Experimental (n=15)	Problems	48.80 (14.25)	46.86 (11.93)
Control (n=9)	Problems	44.22 (13.52)	43.33 (11.30)
Experimental (n=9)	Strengths	55.00 (9.79)	56.80 (9.95)
Control	Strengths	57.11 (14.58)	57.00 (18.66)

(note: standard deviations appear in brackets)

An ANOVA was performed on the IPSALS, comparing the change in the children's overall skills. This analysis was not significant, $F(1,22) = 1.97$, $p > .05$. The mean change scores were 4.74 for the experimental group and -2.66 for the control group. A second score was then obtained which consisted of the items on the scale that would be expected to change as a result of the program. This analysis comparing the change scores was significant, $F(1,22) = 5.48$, $p < .05$. The mean change for the experimental group was 5.94 and the mean change for the control group was -3.11. Another score was computed which consisted of the items of this scale that would not be expected to change as a result of this program. This analysis was not significant, $F(1,22) = .64$, $p > .05$. The mean change score for the experimental group was -1.20 and the mean for the control group was .45. Table 3 reveals the means and standard deviations of the raw scores obtained on the I.P.S.A.Ls.

Table 3

Means and Standard Deviations on the Inventory of Personal,
Social and Learning Skills by Group According to Teacher Ratings

Group	Scale	Pretest	Posttest
Experimental (n=15)	Total Score	122.26(10.45)	127.00 (13.98)
Control (n=9)	Total Score	121.77 (17.86)	119.11 (19.49)
Experimental (n=15)	Areas expected to change	95.06 (8.72)	101.00 (12.38)
Control (n=9)	Areas expected to change	96.55 (18.06)	93.44 (17.47)
Experimental (n=15)	Remaining items	27.20 (4.82)	26.00 (3.02)
Control (n=9)	Remaining items	25.22 (3.11)	25.67 (5.54)
(note: standard deviations appear in brackets)			

Parents' Ratings

There was some difficulty in analyzing the parents' data, as the parents of one child in the experimental group did not complete the questionnaires and only four parents in the control group completed the pretest and only two parents completed both the pre-test and the post-test.

On the G.P.S there were no differences in parents' perception

of problem behaviors, $F(1,14)=.02$, $p > .05$. The mean change for the experimental group was -3.93 compared with -2.5 for the control group.

There also was no difference between the control and experimental groups in terms of parents' perceptions of strengths on the G.P.S. $F(1,14)=.99$, $p > .05$. The mean change in strengths in group participation skills was 8.06 for the experimental group and -1.00 for the control group. The means and standard deviations of the raw scores on the G.P.S. are provided in Table 4.

Table 4

Means and Standard Deviations on Group Participation Scale
by Group and Time According to Parents' Ratings

Group	Scale	Pretest	Posttest
Experimental (n=14)	Problems	47.43 (19.74)	43.50 (15.96)
Control	Problems	49.00 (19.74) (n=2) 40.50 (9.84) (n=4)	46.50 (4.94) (n=2)
Experimental	Strengths	56.79 (16.13)	64.85 (15.44)
Control	Strengths	80.50 (3.53) (n=2) 66.75 (16.74) (n=4)	79.50 (12.02) (n=2)

(note: standard deviations appear in brackets)

An ANOVA was performed comparing the changes in the parents' ratings in the overall scores on the IPSALS. This analysis was significant $F(1,14) = 6.26, p < .05$. The mean change scores on the overall scale were 7.71 for the experimental group and -12.00 for the control group.

Another ANOVA was conducted comparing the items on the IPSALS that would be expected to change because of this program. This analysis was also significant $F(1,14) = 6.00, p < .05$. The mean change scores on these items were 7.00 for the experimental group and -12 for the control group.

A final ANOVA was conducted, comparing the remaining items on the test that would not be expected to change as a result of participating in this program. This analysis was not significant $F(1,14) = .109, p > .05$. The mean change for the experimental group was .72, and for the control group this change was .00. Table 5 contains the means and standard deviations of the raw scores by group and time on the I.P.S.A.L's.

Table 5

Means and Standard Deviations on the Inventory of Personal,
Social and Learning Skills Questionnaire by Group and
Time According to Parental Ratings

Group	Scale	Pretest	Posttest
Experimental (n=14)	total score	127.00 (21.31)	134.71 (19.60)
Control	total score	130.50 (6.36) (n=2) 125.75 (7.36) (n=4)	118.50 (4.94) (n=2)
Experimental (n=14)	areas expected to change	99.14 (17.02)	106.14 (16.13)
Control	areas expected to change	104.50 (12.02) 101.00 (8.83) (n=4)	92.50 (4.94)
Experimental	remaining items	27.85 (6.75)	28.57(6.56)
Control	remaining items	26.00(5.65) 24.75(3.59) (n=4)	26.00 (00)

(note: standard deviations appear in brackets)

Correlations were also computed in order to determine the relationships among the ratings of the parents, teachers, and children, as well as the relationship between the G.P.S., the I.P.S.A.L., and P.I.S. The correlation among the different raters were low and nonsignificant. However, many of the correlations between the different measures for the same raters were significant. Tables 6 and 7 reveal the correlations between the G.P.S and the I.P.S.A.L for the parents and teachers on the pre-test and post-test.

Table 6Correlations between the I.P.S.A.L. and the G.P.S. for the Parents'Data on the Pre-test and Post-test

	I.P.S.A.L total	I.P.S.A.L change items	I.P.S.A.L remaining items
G.P.S.			
problems	pre-test	pre-test	pre-test
	-.468 *	-.599 **	.054
	post-test	post-test	post-test
	-.643 **	-.657 **	-.471 *
G.P.S			
strengths	pre-test	pre-test	pre-test
	.603 **	.668 **	.184
	post-test	post-test	post-test
	.598 **	.595 **	.502 *

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 7

Correlations between the I.P.S.A.L. and the G.P.S. for the Teachers'
Data on the Pre-test and Post-test

	I.P.S.A.L. total	I.P.S.A.L. change items	I.P.S.A.L. remaining items
G.P.S			
problems	pre-test	pre-test	pre-test
	-.499 **	-.575 **	.146
	post-test	post-test	post-test
	-.423 *	-.494 **	.075
G.P.S			
strengths	pre-test	pre-test	pre-test
	.533 **	.514 **	.140
	post-test	post-test	post-test
	.758 ***	.811 ***	.135

* = $p < .05$

** = $p < .01$

*** = $p < .001$

Individual progress

In order to better understand the progress of the individual children, I examined each child's score on each measure on the pretest and posttest. I investigated if the child had improved on the 10 criterion measures (conflict and non-conflict situations on the P.I.S, parents' and teachers' ratings on the strengths and problems section on the G.P.S., and parents' and teachers' ratings on the total I.P.S.A.L's and the section dealing with peer skills). This was obtained by subtracting the posttest scores from the pretest scores. An improvement or a decline was considered if the change score was more than half of the standard deviation of the experimental group for that measure. For children where all measures were completed, a large improvement was a positive change on seven to ten of the measures. A modest improvement was a positive net change on four to six of the measures. A slight improvement was a positive net change on one to three of the measures. A decrement was indicated if a child had decreased on more measures than they had improved on. For those children whose parents had not completed the measures, there were only six scores. A large improvement was indicated if the child had a positive change on four or more of the six measures. A modest improvement was considered a positive change on two to three measures. A slight improvement was a positive net change on one of the six measures. A decrement was indicated if a child had decreased on more measures than he or she had improved on.

This summary revealed that in the experimental group five

children had made a large improvement, five had made a modest improvement, three had made a slight improvement, one child had made no change at all, and one had declined. In the control group, one child had made a modest improvement, another child had improved slightly, three children were unchanged and four had declined.

The distributions of the two groups were compared by means of the Fisher Exact Test (Siegel, 1956). There were 13 of 15 experimental group children who showed some improvements, whereas only 2 of 9 control children did. This difference is significant by the Fisher Test, $p < .01$. Tables 8 and 9 reveal the net improvement score for each child in the experimental and control groups.

Table 8Individual Progress Report for the Experimental Group

Child	Improved	Declined	Unchanged	Net	Rating
01	5	0	5	+5	modest impr.
02	7	0	3	+7	large impr.
03	7	0	3	+7	large impr.
04	7	0	3	+7	large impr.
05	6	2	2	+4	modest impr.
06	3	0	3	+3	modest impr.
07	8	0	2	+8	large impr.
08	7	0	3	+7	large impr.
09	5	2	3	+3	slight impr.
10	5	1	4	+4	modest impr.
11	3	4	3	-1	decrement
12	4	1	5	+3	slight impr.
13	2	2	6	0	no effect
14	6	2	2	+4	modest impr.
15	2	0	8	+2	slight improv

Table 9Individual Progress for the Control Group

Child	Improved	Declined	Unchanged	Net	Rating
16	0	5	5	-5	decrement
17	4	4	2	0	no effect
18	2	1	3	+1	slight impr
19	3	0	3	+3	modest impr
20	2	3	1	-1	decrement
21	2	2	2	0	no effect
22	2	3	1	-1	decrement
23	1	2	3	-1	decrement
24	1	1	4	0	no effect

Group Climate

The drama group for the younger children got off to a rather slow start. Although the group contained both introverted and extraverted children, in the first session all the children were extremely inhibited. Very few volunteered for roles and none would spontaneously discuss feelings or attempt to participate in decision-making. The next two sessions continued in the same vein, but were fraught with even more difficulty when one child decided he did not want to stay in the group. He spent the entire second session quite vocally discussing how he hated the group and wanted to leave. The group leaders decided that if he still felt this way by the third session, the child should be allowed to leave. The third session was spent having the child leave the session and having the children discuss how they felt about this, as well as unsuccessfully attempting to continue with dramatic performances. Dr. Walsh observed this session and suggested that the leaders provide more structure for the children and limit their expectations of them in terms of decision-making and spontaneous discussion. The final sessions were much more successful. The children spent quite a long time with warmup exercises, but were also able to complete some short plays in which all but one member of the group took on a role.

The two leaders and the observer of the younger children's group felt that in general the overall experience was positive. Despite the slow start, this group gave the children an opportunity to interact with adults in a capacity that was very

different than the traditional, hierarchical teacher-pupil relationship. The leaders and the observers speculated that the children were not used to being asked their opinions, and their quite inhibited behavior may have been a way of being "good" for some children. This is because in many classes if children were being very quiet and were not asking any questions this would be considered good behavior.

The leaders speculated that the group gave the children a chance to display and practise many prosocial behaviors. It also seemed to increase the confidence of some of the children. In all, the leaders felt that five of the seven children benefited from participating in the group. An example of a child considered improved by the leaders was a seven year-old boy who was part of a behavior adjustment class. He was referred to the group because of his aggressive behavior in relation to peers. His lack of social skills is demonstrated by his frustration about beating children up who do not want to be his friend. In the group he started off displaying many of his inappropriate social skills, but as the group progressed he learned many more socially appropriate behaviors such as turn-taking and giving social reinforcements. An example of a child whom the leaders considered to have made some improvement was a very inhibited seven and a half year-old girl, who had difficulty interacting with other children. As the sessions continued she was more willing to participate and sometimes even volunteered for parts. However, she still maintained a very meek disposition in relation

to other children. One child who did not show improvement was a seven year old female who was referred to the group because she was very depressed about her parents' recent divorce. As there were no groups or professional resources to deal with this problem, the child was referred to the drama group. Based on this experience, it seems likely that children referred to the drama group should be those with more general problems, rather than children dealing with a specific stressful life event, like divorce.

In the older group, because five of the boys were rated as extremely high on acting-out behaviors by their teachers, the leaders anticipated behaviour problems. There were also concerns that the two girls in the group be dominated by the influence of the boys. However, the group got off to a very good start. All the children seemed excited about participating in the drama group, and they also had a good understanding of the reasons they were referred to the group. In terms of volunteering for parts or engaging in dramatic enactments, all were willing. One boy was extremely inhibited; however, he seemed to push himself to participate.

Only about two out of the eight initiated spontaneous discussion and independent decision making but, as the sessions progressed, the children became more comfortable with both drama and problem-solving. Involvement and participation were not equal for all group members, but as the sessions continued, these differences lessened. The dramatic performances of the children

were becoming quite sophisticated, and thus the leaders determined that by the fifth session videotaping equipment could be added. As expected the children were both excited and inhibited by the videomaking equipment. Because some children were absent that day, the group had to all work together to make one large video instead of dividing up into two small groups. This was a difficult task to accomplish but they managed to put on a good play with a minimum of difficulty. As the sessions progressed the children took a much more active role in the decision-making in the group. They would help set the agenda for the day, and decide what type of dramatic enactments they were interested in pursuing. The children were so comfortable and skilled in the drama, that instead of sticking to fairytales where the storylines and characters are all decided, the children designed their own skits. The final session ended on a particularly triumphant note as the children were able to make up their own groups and design their own original plays.

The group's performances exceeded the expectations of both leaders based on the initial skill level of the individual children. The group ended up very cohesive and, although decision-making sometimes occupied a lot of time, the group was able to make most of its own decisions relying on the help of the leaders. The group also displayed many prosocial behaviors. Some of the members of the group were at a much lower level of understanding, but the other higher-functioning members did their best to involve and not ostracize these participants. The group

was sympathetic and helpful to the more inhibited children. The group was also strong enough to withstand some of the negative and attention-seeking behaviors of one or two of its members.

The leaders believed that the group experience was positive for all children. It gave them a chance to interact with other children in a prosocial manner and display competencies that they would not usually get a chance to show in the regular classroom. In terms of improvement, two of the eight children could not be rated as improved by the leaders, although at certain points in the group these children did behave more appropriately than their usual style of behaving.

Teachers' Perceptions

Along with the measures that the teachers completed, I also briefly talked with all of the teachers involved to gain some insight into their evaluation of the groups. In general, the teachers felt that they had not seen large improvements in the behavior of the children. In fact, none of the teachers felt that there were any classroom generalizations from the program. However, the majority of teachers believed that it was a good experience, as most of the children really enjoyed going to the groups. One teacher felt that the referred children should not have the right to refuse participation. (As a researcher, I needed informed and voluntary consent from children and parents, as well as obtaining verbal agreement from the child). She believed that this posed a problem, as many children she had wanted to participate in the group did not, because either the children or their parents had not agreed. She asserted that this limited the success of the program; if we believed that we had a valuable service then all those who could benefit should be included. She also stated that parents may not have granted permission because they did not want to bother filling out forms, and children may have not understood what they were being told during the preparation interview. Note, however that the researchers involved with this program believe that even the youngest children have a good understanding of what they are being asked during the preparatory interview. The teacher's hypothetical solution to this was to have a letter sent home

informing the parents about the group and asking them to write back if they did not want their children to participate.

Parents' Perception

As mentioned earlier, I spoke with three parents over the telephone. These parents all had a good knowledge of the content of the group, via their children. They all said that their children enjoyed the group very much, but they were not sure if there were any long term changes in their children's behavior. One mother said that her child had cried when the group ended, and she would really like her child to participate in the group again.

Four children's parents attended the parents' night meeting. They were glad to learn a little more about the theoretical background of drama groups. Two parents said that their children really enjoyed the sessions and they had heard a lot about the groups at home. One mother said she noticed her child had become more polite at home, and that her child was practising drama at home with his older siblings. The other mother felt her son might have gained some confidence from the group and was developing an interest in drama.

One mother had not heard much about the group, but she felt her son had enjoyed it from what little he said about it at home. The mother of a girl in the younger group, who who had shown no improvement due to her extreme inhibition, was very concerned about her child's behavior. She requested that her child be involved in a longer-term group, similar to this.

Another indication of the positive feelings of the parents about the drama group was that two parents, without solicitation, indicating on the followup questionnaires that their children would very much like to to participate in the drama group in the following year.

Discussion

The first goal of this research was to provide some evidence about the effectiveness of short-term drama therapy groups. Although creative drama is becoming a more popular method of treatment, little controlled research has been conducted investigating the efficacy of this approach. One study that was conducted looked at drama therapy through the psychodynamic perspective. This study indicated that children who participated in a drama therapy group learned to communicate more effectively than children participating in an activity psychotherapy group and a recreation therapy group, as measured by various projective tests (Irwin, 1972).

Researchers interested in the cognitive development of young children have also found that training in thematic play can improve various aspects of the child's intelligence such as sequential memory (Saltz & Johnson, 1974), story interpretation, originality (Feitlson & Ross, 1973), and empathy (Saltz & Johnson, 1974). Saltz, Johnston, and Dixon (1977) also found that thematic play involving fairytales and imaginative materials was more effective in terms of cognitive impact than sociodramatic play, which involves a more realistic use of drama.

In the present study the main criterion was the effect the program had on the children's social skills. In terms of self-rated efficacy of social skills, the children did improve. This finding is consistent with the findings of Walsh and Swanson (1989) with early adolescents. Walsh (1989) also found

improvements in self-rated efficacy of social skills of early adolescents in a study comparing drama groups led by mental health professionals to drama groups led by paraprofessionals with training in music and drama.

Walsh and Swanson (1989) also found that teachers rated the experimental group less shy and anxious than the comparison group, and as less problematic on a child behavior rating scale. In addition, Walsh (1989) found that the groups led by paraprofessionals improved in problem areas, according to a teacher rated measure of classroom adjustment. The groups led by professionals and the comparison group did not improve.

In the present study, two different measures were used than those in the previous two studies, the G.P.S and the I.P.S.A.Ls. These measures were selected because they most clearly measured peer skills. Although there were no differences on the G.P.S, there were differences on the section of the I.P.S.A.L.'s related to social skills. This finding is in partial contradiction to the previously mentioned studies, as there was improvement on one measure but not another.

In examining the parents' data, this analysis did reveal changes in parents' perception of their children's performance on the I.P.S.A.L's. In drawing any conclusions from the parents' data, the first thing to note is the actual number of parents who completed the measures. In this study fourteen of the fifteen parents of children in the experimental group filled out the pretest and posttest measures. However, only two of the nine

parents of children in the control group did so. This seems to indicate that parents who are not receiving a service, which they have been told may be appropriate for their children, are quite reluctant to participate in the research. This may be due to active resistance or indifference to issues which do not bring direct benefit to the participants. Conversely, parents whose children participated in the group may feel an obligation to comply with the requests of the group leaders.

Another noteworthy finding is the correlations between the different raters. Different raters were used to control for the various biases that may exist from each source on its own. Thus, if all three groups detected changes in the children's level of social skills, this would make the evidence more robust. However, although each group did see some changes on some of the measures, the groups were clearly not rating the children similarly. This is one of the difficulties in conducting research on a topic like social behavior, which varies considerably according to the situation. Thus, the fact that the correlations were low may not indicate that there are difficulties with the measurement device, but it may indicate that there are difficulties with measuring the criterion behavior. This is due to the fact that parents and teachers have very different information about children's social behaviors. Similarly, children may see themselves quite differently than their teachers and parents would.

In terms of the measures themselves, although the correlations between the raters were low, the correlations

between the same raters on different measures were moderately related. Thus, the measures seemed to be looking at the similar phenomena, but some differences did exist. Differences between the control and experimental children were noted on the I.P.S.A.L but not the G.P.S. The G.P.S was adapted by Walsh to be used as a measure of the success of an individual drama group session. Based on the information obtained in the study, it appears that some of the questions posed on this instrument may have been too specific to use as a global measure of outcome for the entire program.

Although the differences between the outcome of the two groups were not examined according to age, differences were noted in the processes necessary to conduct the two groups. The older and younger children's groups varied considerably as a result of the different developmental levels of the two groups. The younger children's group required much more structure and direction from the adult leaders. The older children were able to produce much more sophisticated dramatic enactments. They also became accustomed to the group format much quicker, consequently they were able to benefit from the inclusion of the videocamera, whereas the younger children took much longer to adapt to the expectancies of the group.

Future research questions that arise from this study include the long-term impact of the program on the experimental and control children. Although, there were some differences between the two groups, it would be interesting to see if these

differences are lessened or enhanced over time. In addition, future research should place attention on the measures used to examine the impact of the intervention. As the program is designed to improve social skills, it is important to ensure that the measures used are clearly related to the criterion behavior. Although this study did not examine age differences, a larger study could investigate the effectiveness of the program for different developmental levels. This would help to determine the most appropriate age group to target for an intervention.

The results of this study do not unequivocally demonstrate the effectiveness of the creative drama approach to social skills training. However, when taken together with Walsh (1989) and Walsh and Swanson (1988), they seem to present strong evidence for improvements in the children's self-reported level of efficacy in social situations. This study also presented some evidence of changes in teachers' perception of children's social skills which corroborates previous research. This study did provide evidence of changes in parents' perception of their children's social skills. However, these findings must be interpreted cautiously, because so few parents in the control group completed the questionnaire. All in all these results provide some evidence that children can benefit from participating in short-term drama therapy groups.

As previously mentioned, the structured fantasy groups combine aspects from social learning theory, analytic group therapy and creative approaches to therapy. The groups in the

present study relied on different aspects of the three theories. The drama club relied on many social learning principles, such as reinforcing children for engaging in appropriate social behaviors. The children were also taught problem solving techniques to aid them in successfully producing plays and skits. Some of the differences between the drama club and a social skills group are that the children are not directly taught social skills in the format of a lesson. Learning social skills is the emphasis of the drama club, but the learning comes from actually engaging in appropriate social behaviors to collaboratively produce a play. In most social skills groups children also engage in skits, however the theme of the children's skit is related to the specific skill the children are being taught. Some educators may be more comfortable with the social skills format, as it more closely resembles the school curricula, whereby activities are adult directed. The developers of the structured fantasy approach believe that the drama club may be more appealing for the children as it is child-directed, at the same time still relying on structure and guidance from the adult leaders.

Allowing children to have a greater role in structuring their activities is an integral part of children's therapy conducted according to an analytic perspective. This is one of the contributions psychoanalytic theory lends to the structured fantasy group. However, psychoanalytic theorists believe that by allowing children to structure the group, leaders can gain

insight into the children's unconscious feelings and motivations. A psychoanalytic group therapy leader would interpret this information to the children, so that the children will gain insight into their behaviors and emotions. This insight is believed to result in relief of the children's unconscious conflicts.

In many instances the group leaders in the drama club did observe and comment on the children's behavior. This served to help the children become aware and acknowledge their feelings. However, the drama club differed from a psychoanalytic group as the adult leaders assumed a much more directive role.

The fact that a creative medium could serve an important role in dealing with children's social conflict is an essential premise of the drama club. Although, the drama club does not resemble a drama or arts therapy group, these approaches served a formative role in creating structured fantasy groups.

Another aim of this study was to document the process of consultation in the school system. This part of the research yielded some interesting findings. Mental health professionals were able to work collaboratively with school personnel to develop a school-based intervention for children with deficits in social skills. The intervention consisted of a reciprocal exchange, with each system, mental health professionals and school personnel, contributing to a joint project which brought benefits to both parties. One of the key reasons I believe that this project was successful was that it fully involved school

personnel in all aspects of decision making. Rather than conducting an intervention in spite of the school personnel, this intervention was conducted with them. The school principal's participation was one of the key factors responsible for involving the rest of the teachers. He gave his warm approval of the project and also allowed children and teachers to participate during valuable classroom time. Meetings were conducted with all teachers present so they could understand what this intervention was and why it was being conducted. Parents were also kept aware via notices and parent meetings. All planning, including research methodology, was conducted involving the group leaders from the university and the school.

Another important aspect of the success of the project was the use of the participant observers. They attended and observed each and every one of the sessions. Their comments helped the leaders develop their methods and also helped the observers understand the important processes for conducting these groups. The inclusion of these observers also helped in continuing the use of this method. Although it is commendable to involve school personnel in an intervention, if the intervention ends when the researchers leave, most of the efforts made during the project are in vain. However, by involving other teachers in the role of observers, this generated the personnel necessary to conduct new groups and train upcoming group leaders.

This process, together with the Walsh (1989) study, indicates that although mental health professionals are in short supply and

can not usually lend their time to prevention projects, it is possible to train educators in the use of small group interventions. However, it must be noted that in order to conduct these groups supervision and training are required. Training for the leaders in this study consisted of the fall sessions, which were conducted under the supervision of Walsh. It would be interesting to see if one could train individuals without expertise in working with children or specific skills like music and drama in these methods. Another question that remains is if it would be possible to train parent and community volunteers in these methods as well.

It is also important to discuss the shortcomings of the research. The first factor that might have affected the results is the fact that everyone involved in the school knew which children were involved in the research. In this respect, teachers and parents may have rated the children as improved simply because they expected them to improve as a result of receiving a service. Parents of children in the control group may have rated the children differently as they were told that their children were not getting a service that may have been helpful for them. A blind study could have also controlled for expectancy biases. However, in a small public school it would be extremely difficult for children to be involved in an intervention without having their parents or teachers know about it. In addition, the children did spontaneously discuss the group with parents and teachers.

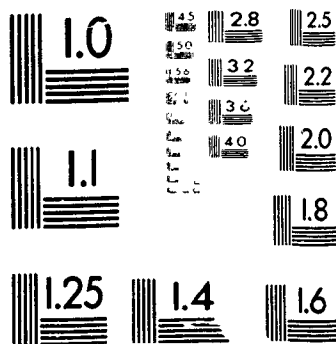
Similiarily, any changes that may have been produced could have been a result of the placebo effect. The children seemed to improve according to their self-report measures, but this may be due to attention from the leaders and simply participating in a small-group situation with similar-age peers. This factor could have been controlled for by including an attention placebo group in the design. However, it would have been impossible to obtain permission from school personnel or parents themselves to have children involved in an intervention that is not believed to have any benefit.

The data are also suspect from a quantitative perspective because of the small sample; however, teachers only referred those children whom they felt were having difficulties with the criterion behaviors. An improvement in this study could be achieved by including a greater number of schools in a particular area. This would address the issue of drawing valid statistical conclusions from data derived from a small number of children.

Another problem that exists in this type of research is obtaining data from a variety of sources. Although it is relatively easy to test children in the school, it is much more difficult to collect data from teachers and parents. It would thus be advisable to use measures that are not too time-consuming for parents and teachers. In terms of respecting time demands placed on teachers, it would be better not to have teachers with more than one or two children involved in the program so they do not have to fill out numerous forms.

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In terms of improving the benefits that children could gain by participating in these groups, many suggestions have emerged from my involvement with school personnel. All the group leaders felt that the drama groups served a useful purpose in the school. However, they believed that many of the teachers and parents would not see long-term differences, as it would be difficult for such a brief intervention to have a sustained effect on the children's social skills. All leaders agreed that the first change that is necessary to the groups is to make them last longer than nine or ten sessions. Especially in the case of the younger children, the drama group is so different from what they are normally exposed to that they need quite a bit of time to become accustomed to its format.

Another change suggested is to have some type of followup for the children who participate in the group. The leaders believe that even if small changes occur in the children's level of social skills, they need an opportunity to practise what they have learned in a systematic manner and also to have a place to discuss concerns that arise over time. The leaders believe that the ideal way to have these followup groups would be to have an hour session once a month for a school term.

Another way of improving generalization could be achieved by involving the classroom teacher in the intervention. If the child is involved in a highly democratic, prosocial environment in the program, but then placed in the classroom with an autocratic teacher who encourages competition, then it is difficult to

maintain these skills. However, if the teacher is taught some of the styles of leadership shown in the group and encourages the children to behave in this manner, longer-lasting and more sustained changes may take place.

In terms of the future of these groups the school personnel involved would like to continue with them. In terms of concrete decisions, Mr. Young and one of the observers (the librarian), planned to lead a group next term. They both felt that compared to other methods they have been involved with such as social skills training, creative drama would be more useful and feasible for the children. However, they also pointed out the difficulty that will be involved in conducting these groups. The special education teacher has an assistant, and thus he can leave his class for periods of time. The librarian also has some free periods during the day. This would not be feasible for most teachers, as they do not have time away from their classrooms. Another problem noted is that the group requires a good deal of time aside from the time spent actually leading it. It requires at least a half-hour of planning time per week, and another 45 minutes of discussion time following the session. In order to begin a group, many time-consuming tasks have to be undertaken, including finding a spare classroom, setting convenient times for all involved to conduct the group, distributing and collecting referral and permission forms, interviewing the children for the group, and conducting parents' meetings. Not only is a group's success dependent on permission of the principal, it also

requires acknowledgement from the school board in terms of giving teachers the time to conduct this type of intervention. This is another reason why the use of volunteers could be very valuable.

The study provided some evidence that drama groups in the school system can produce changes in childrens' level of social skills. It also demonstrated that school personnel and university researchers could work collaboratively to produce an intervention that suited the needs of each party. This project also produced information on the most effective ways of using the groups and how to maximize the benefits to the children involved in the program. With further research and more refining of the methods of implementing the program, these groups could become a valuable addition to the school curriculum.

References

- Apocada, R. Cowen, E.L., & Bowen, R. (1982). Training children in social problem solving competencies. A first and second look. American Journal Of Community Psychology, 10, 95-115.
- Axline, V.M. (1947). Play therapy. Boston: Houghton Mifflin.
- Bandura, A., & Walters R.H (1963). Social learning and personality development. New York: Holt, Rinehart & Winston.
- Barclay, J.R. (1966). Interest patterns associated with measures of social desirability. Personality and Guidance Journal, 45, 56-60.
- Barsky, M. & Mozenter, G. (1976). The use of creative drama in a children's group. International Journal of Group Psychotherapy, 26: 105-114.
- Bettleheim, B. (1977). The uses of enchantment. New York: Vintage Books.
- Bierman, K.L., & Furman, W. (1984). The effects of social skills and peer involvement on the social adjustment of preadolescents. (1984). Child Development, 55, 163-173.
- Caplan, G. (1964). Principles of preventive psychiatry. New York: Basic Books.

- Crawford-Brobyn, C., & White, B. (1986) A two stage model of Group therapy with impulse-ridden latency age children. In A.E. Reisler & I.A. Kraft (Eds.), Child group psychotherapy (pp 123-135). Madison: International Universities Press, Inc
- Cowen, E.L., Pederson, A., Babigian, H., Izzo, L.D. & Trost, M.A. (1984). Long-term follow up of early detected vulnerable children. Journal of Consulting and Clinical Psychology, 41, 438-446.
- Feitelson, D., & Ross, G.S. (1973) The neglected factor- play. Human Development, 16, 202-223.
- Freyberg, J. (1973) Increasing the imaginative play of urban disadvantaged kindergarten children through systematic training. In J.L. Singer (Ed.), The child's world of make-believe. New York: Academic Press.
- Gesten, E.L., Rains, M.H., Rapkin, B.D., Weissberg, R.P., Flores de Apocada, R., Cowen, E.L., & Bowen, R. (1982). Training children in social problem-solving competencies: A first and second look. American Journal of Community Psychology, 10, 95-115.
- Gottman, J., Gonzos, J., & Ramussen, B. (1975). Social interaction, social competence and friendship in children. Child Development, 46, 709-718.

- Gronlund, H., & Anderson, L. (1963). Personality characteristics of socially accepted, socially neglected, and socially rejected junior high school pupils. In J. Seidman (eds.), Educating for mental health. New York: Thomas Y. Crowell.
- Hartup, W.W. Peer interaction and social organization. (1970). In P.H. Mussen(ed.), Carmichael's Manual of Child Psychology. New York: Wiley.
- Irwin, E., Levy, P., & Shapiro, M. (1972). Assessment of drama therapy in a child guidance setting. Group Psychotherapy and Psychodrama, 105-116.
- Irwin, E. (1973). Play, fantasy, and symbols: drama with emotionally disturbed children. American Journal of Psychotherapy, 31,426-436.
- Johnston, D.R., (1982). Principles and techniques of drama therapy. The Arts in Psychotherapy, 9, 83-90.
- Klein, M. (1955). The psychoanalytic play technique. American Journal of Orthopsychiatry, 25, 223-37.
- La Greca, A.M., & Santogrossi, D.A. (1980). Social skills training with elementary school students: A behavioral group approach. Journal of Consulting and Clinical Psychology, 48, 220-227.

Levine, M., & Perkins D.V. (1987). Principles of community psychology Perspectives and applications. New York: Oxford University Press.

Muma J.R. (1965). Peer evaluation and academic performance. Personnel and Guidance Journal, 44, 405-409.

Muma, J.R. (1968). Peer evaluation and academic achievement in performance classes. Personnel and Guidance Journal, 46, 508-585.

Nelson, G., & Carson, P. (1988). Evaluation of a social problem solving skills program for 3rd and 4th grade students. American Journal of Community Psychology, 16, 79-99.

Newman, B.M. & Newman, P.R. (1984). Development through life a psychosocial approach. Homewood, IL: Dorsey Press.

O'Conner, R.D. (1969). Modification of social withdrawal through symbolic modeling. Journal of Applied Behavior Analysis, 22, 15-22.

O'Neill, P., & Trickett, E.J. (1982). Community consultation. San Francisco: Jossey-Bass Publishers.

Piaget, J. (1951). Play, dreams and imitation in childhood. New York: Norton

Pancer, S.M. (1983). Camp Towhee: Program Evaluation.

Unpublished manuscript.

Rosenthal, T.L., & Bandura, A. (1978) Psychological modeling:

Theory and practise. In S.L Garfield & A.E. Bergin (eds.),

Handbook of Psychotherapy and behavior change: An empirical analysis (2nd edition) New York: Wiley.

Roff, M., Sells, B., & Golden, M. (1972). Social adjustment and

personality in children. Minneapolis: University of

Minnesota Press.

Saltz, E., Dixon, D., & Johnston, J. (1977) Training disadvantaged

preschoolers on various fantasy activities: effects on cognitive functioning and impulse control. Child Development, 48, 367-380.

Saltz, E., & Johnston, J. (1974) Training for thematic play in

culturally disadvantaged children: preliminary results.

Journal of Educational Psychology, 66, 623-630.

Schaffer, D. (1979). Social and personality development.

Monterey, California: Brooks/Cole.

Schiffer, M. (1984). Activity group therapy revisited. In

A.E. Reisler & I.A. Kraft (eds.), Child group psychotherapy

Madison: International Universities Press, Inc.

- Siegal, S. (1956). Nonparametric statistics for the behavioral Sciences. New York: McGraw Hill.
- Slavson S.R. (1945). Differential methods of group therapy in relation to age levels. In A.E. Reisler & I.A. Kraft (eds.), Child Group Psychotherapy. Madison: International Universities Press, Inc.
- Slavson, S.R. (1952). Child psychotherapy. New York: Columbia University Press.
- Smith, J.D., Walsh, R.T., & Richardson, M.A. (1985). The clown club: a structured fantasy approach to group therapy with the latency age child. International Journal of Group Psychotherapy, 35, 49-64.
- Snowden, L.R. (Ed.) (1982). Reaching the underserved: Mental health needs of neglected populations. Beverly Hills: Sage.
- Spivack, G., Platt, J.J., Shure M.B. (1976). The problem-solving approach to adjustment. San Francisco. Jossey-Bass.
- Stirzinger, R. & Robson, B. (1985). Videodrama and the observing ego. Journal of Small Group Behavior, 16, 539-548.
- Urbain, E.S., & Kendall, P.C. (1980). Review of social cognitive problem solving interventions with children. Psychological Bulletin, 88, 109-43

- Ulman, C.A. (1957). Teachers, peers and tests as predictors of adjustment. Journal of Educational Psychology, 48, 260-267.
- Vygotsky, L.S. (1967). Play and its role in the mental development of the child. Soviet Psychology, 5, 6-18.
- Walsh, R.T. (1989). A creative arts programme in social skills training for early adolescents: An exploratory study. manuscript submitted for publicatory review.
- Walsh, R.T., Richardson, M.A., & Cardey, R.M. (1989). Structured fantasy approaches to children's group therapy. Manuscript submitted for publication review.
- Walsh, R.T., & Swanson, L. (1989) Creative drama as social skills training for early adolescent students with special needs. Manuscript submitted for publication review.

-Appendix A-

Dear Parents:

This letter is to inform you about a special programme and a research project being conducted by Myra Kosidoy, a graduate student at Wilfrid Laurier University under the direction of Dr. Richard Walsh, a psychologist and professor at the University. I will first describe the special programme which will be conducted for a small group of children in the school. This programme is designed especially for children who may benefit from a small group experience in social skills development. The group activities involve creative drama and focus on increasing confidence, learning to express feelings appropriately, listening to others, and cooperating with peers.

This group will be led by Mr. Rick Young, a special education teacher on staff, Mrs Barb Arthur, the behavioral consultant to Prueter School, Helen Ball a graduate student in social work, and myself, a graduate student in psychology. In addition, Dr. Richard Walsh will be available for consultation to the group leaders.

The groups will take place on Wednesday or Friday afternoon for approximately one hour beginning March 21 to the end of May. In the fall we held a similar group and all the children in the program indicated that they enjoyed the experience a great deal.

The second item I would like to inform you about is the research project. As part of my research as a graduate student in psychology I am interested in evaluating this programme to see how effective it is. Therefore, I would like to collect some evaluation information on your participating daughter or son. This information includes: 1)the individual student's feelings of confidence in getting along with other students; 2)her or his teacher's ideas about the student's social skills in play and also personal and social skill; 3)your ideas about your child's social skills in play and also personal and social skill.

This research has already been approved by Wilfrid Laurier University. However, you and your child's participation in the research and your child's participation in the small group program are strictly voluntary. Furthermore, your daughter or son can withdraw from the programme or the evaluation at any time. I would also like to assure you that all the information collected from these questionnaires will be strictly confidential. We will also give your son or daughter a questionnaire to fill out at school which will also take about fifteen minutes. We will be asking you both to fill out the questionnaire again in early June.

If you have any questions feel free to ask Mr. Young at 578-0910 or myself at the same number on Monday or Wednesday afternoons. We will also be holding a parent's night in early June to discuss these groups and the evaluation. I will also send you a summary of the evaluation results and at your request you may also have a copy of the full research report that I will prepare.

In order for your child to be involved in the small group programme, you must sign the appropriate permission form enclosed with this letter.

If you consent to my gathering this evaluation information on your child, please sign the appropriate permission form enclosed with this letter together with the two questionnaires (the Group Participation Scale and the Inventory of Personal, Social and Learning Skills). Please complete both sides of these forms and return it and the consent forms with your child as soon as possible. In the beginning of June I will ask you to fill out the same form once again.

Thank you very much for your assistance in this special project. On behalf of all the group leaders, I sincerely wish your child an enjoyable experience.

Yours truly,

Myra Kosidoy

Dr. Richard Walsh
Advisor

(Please detach and return)

I give my approval for _____ to
Child's Name
involved in the group programme described above.

Yes _____

No _____

Parent or Legal Guardian's Signature

Child's Name _____

-Appendix B-

Dear Parents,

This letter is to inform you about a research project being conducted by Myra Kosidoy, a graduate student at Wilfrid Laurier University under the direction of Dr. Richard Walsh, a psychologist and professor at the University. We are interested in programmes that can be used to improve children's social skills. One method that we have used is a small group experience in social skills development. We have conducted one of these groups in the fall and will be conducting two more this winter at Prueter School. These groups involve creative drama and focus on increasing confidence, learning to express feelings appropriately, listening to others, and cooperating with peers.

The goals of our project are threefold. The first goal is to assist children in developing appropriate social skills. The second goal is to educate school personnel on how to conduct these groups, so they can become part of the school curriculum. Our third goal is to obtain information on the effectiveness of these groups.

In order to achieve the third goal we need some information about students who have not participated in any of these programmes. Specifically we would like to collect information about your son or daughter's 1) feelings of confidence in getting along with others; 2) his or her teachers' ideas about the student's social skills in play and personal and social skills; 3) your ideas about your child's social skills in play and also personal and social skills.

This research has been approved by Wilfrid Laurier University, but of course you and your child's participation is subject to both your approval. Furthermore, you and your child can withdraw from this project at anytime. I would also like to assure you that all this information obtained will be kept strictly confidential.

These questionnaires take about fifteen minutes to fill out. We will also give your son or daughter a questionnaire to fill out at school which will also take about fifteen minutes. We will be asking you both to fill out the questionnaires again in early June.

If you consent to my gathering this evaluation information on your child, please sign the enclosed form and complete the Group Participation Scale and the Inventory of Personal, Social and Learning Skills questionnaire. Please complete both sides of these questionnaires and return them and the consent form with your child as soon as possible.

If you have any questions feel free to ask Mr. Young at 578-0910 or myself at the same number on Monday or Wednesday afternoons. We will also be holding a parent's night in early June to discuss these groups and the evaluation. I will also send you a summary of the evaluation results, and at your request you may also have a copy of the full research report that I will prepare.

We also hope that we can offer this program in the school next year. Please indicate on the enclosed permission form if your son or daughter would be interested in participating in this type of program if it were available next year.

Thank you very much for your assistance in this special project. We very much appreciate your cooperation.

Yours truly,

Myra Kosidoy

Dr. Richard Walsh
Advisor

I agree to fill out the questionnaires about my child's social and personal skills. I also agree to allow my child to fill out a questionnaire about his/her feelings of confidence in peer situations. I understand that both my participation and my child's are strictly voluntary and we both can withdraw from this project at any time. I also understand that all the information gathered is completely confidential.

Yes _____ NO _____

Signature of Parent\Guardian_____

Child's Name_____

Thank you for your cooperation.

-Appendix C-

Dear Parents,

My name is Myra Kosidoy and I am a graduate student at Wilfrid Laurier University. As you know, I was involved at Prueter School as one of the leaders of the drama group. I was also involved in conducting research on the effectiveness of these types of groups. In order to achieve the latter I asked you to fill out some questionnaires. I would like to thank you all once again for taking the time to fill out these questionnaires.

I also mentioned that there would be a parent's night, where all the parents who filled out these questionnaires can get a chance to meet with some of the leaders of the drama group. For those whose children participated in the group, you will also get a chance to find out how the drama group went, and ask any questions about your child's experiences in the group.

I would like to take the opportunity to invite you to this meeting which will take place on June 23 at 7:00 p.m. Please indicate if you plan to attend this meeting on the form provided.

I plan to attend the meeting about the social skills group on June 23 at 7:00 p.m in Prueter School.

NAME OF CHILD _____

YOUR NAME _____

Yes _____

No _____

P.S. I would like to remind all parents who did not complete the two questionnaires, The Group Participation Scale and The Inventory of Personal, Social and Learning Skills, to complete them as soon as possible, no later than June 24, 1988.

I wish you and your children a very good summer !!!

Thank You,

Myra Kosidoy

Appendix D

Dear Teacher,

June 16, 1988

My name is Myra Kosidoy and I am a graduate student at Wilfrid Laurier University. As you know, I was involved at Prueter School as one of the leaders of the drama group. I was also involved in conducting research on the effectiveness of these types of groups. In order to achieve the latter I asked many of you to fill out questionnaires. I would like to thank you all very much for taking the time and trouble to fill out these questionnaires. I am aware that this time of year is particularly difficult as you have so many other forms and events to complete before the end of the school year. I would also like to thank the teacher's for accomodating their schedule in order to have children participate in the drama group. I would like to extend a special thanks to all who volunteered their time to participate as observers. Your efforts in being able to attend these sessions were very much appreciated. Your comments on the sessions were very valuable to all the leaders. I hope you enjoyed these sessions and found them useful.

I would like to give you all an overall evaluation of the outcome of the two drama groups. In general, the overall feeling was that both groups were successful. We felt that the majority of the children enjoyed the sessions. We also felt that these sessions on the whole were very good for the children, allowing them to interact with children and adult leaders in a capacity very different than what they are usually exposed to. It gave them a chance to buildup their confidence and participate in decision making. In terms of longterm effects, as we said from the beginning this group was not designed to improve children's classroom behaviors. The goal was instead to improve their interactions with peers. It is difficult to say that this has occurred either and it would probably be hard to change this behavior in only nine or ten sessions once a week. However, we feel for some children improvements were seen from the beginning of the group till the end. We feel that if the program lasted longer, perhaps for a whole fall or winter session, larger improvements could be seen for all the children.

The drama group for the older children (grade 4-6) was on the whole quite successful. Although the group was filled with many so called "trouble makers", the sessions were quite productive. The children worked well together to make some very imaginative and interesting plays. The final session ended with some video viewing and pizza for everyone.

The drama group for the younger children got off to a very slow start. The children were quite inhibited and the first few sessions could be called "the do nothing drama club". However, as time went on the children became more comfortable with each other, the leaders and play acting. The remaining sessions were quite productive and fun for all. The last session ended with a farewell party complete with refreshments provided by the children.

If you have any more questions about the drama group, feel free to ask questions of myself or Mr. Young. You can get in touch with me by leaving a note in Barb Arthur's mailbox.

I would like to thank you all once again. I wish everybody a very enjoyable and relaxing summer.

Yours truly,

Myra Kosidoy

-Appendix E-

Dear Parents,

My name is Myra Kosidoy and I am a graduate student at Wilfrid Laurier University. I was involved at Prueter School as one of the leaders of the drama group, that your child participated in February to April, 1988. I was also involved in conducting research on the effectiveness of these groups. In order to achieve the latter I asked many of you to fill out questionnaires. I would like to thank you very much for taking the time and trouble to fill out these questionnaires.

I would like to give you an overall evaluation of the outcome of the two drama groups. In general, the feeling was that both older-age groups and younger age groups were successful. We felt that the majority of the children enjoyed the sessions. We also felt that these sessions on the whole were very good for the children, allowing them to interact with children and adult leaders in a capacity very different than what they are usually exposed to. It gave them a chance to buildup their confidence and participate in decision making. In terms of longterm effects, as we said from the beginning, this group was not designed to improve children's classroom behaviors. The goal instead was to improve their interactions with peers. It is difficult to say that this has occurred, and it would probably be hard to change this behavior in only nine or ten sessions once a week. However, we feel for some children improvements were seen from the beginning of the group till the end. We feel that if the program lasted longer, perhaps for a whole term, larger improvements could be seen for all the children.

In terms of the questionnaires that you and your children filled out, some improvement was evident. The children rated themselves as more confident in social situations, as opposed to children who did not participate in the program. There were no changes in parents perception of their children's level of strength or problem behavior in social situations. There was a change in parents perception of their children's personal, social and learning skills, relative to parents of children who did not participate in the program. Teachers did not see any changes in the children's strengths or problems in group participation skills. However, like parents they did see changes in the children's personal, social and learning skills.

The drama group for the older children (grade 4-6) was on the whole quite successful. Although the group was filled with many so called "trouble makers", the sessions were quite productive. The children worked well together to make some very imaginative and interesting plays. The final session ended with some video viewing and pizza for everyone.

The drama group for the younger children got off to a very slow start. However, as time went on the children became more comfortable with each other, the leaders, and play acting. The remaining sessions were quite productive and fun for all. The

last session ended with a farewell party complete with refreshments provided by the children.

I hope that the children who participated in the drama group enjoyed the experience. I am sorry for the delay in reporting the results. If you have any questions about these results or the drama group, you can leave a message with the graduate secretary in psychology at Wilfrid Laurier University at 884-1970 ext 2371 or you may call Mr Rick Young at at Prueter. I thank you again for helping me in conducting this study. I wish you and your child lots of luck in the future.

Yours truly,

Myra Kosidoy

-APPENDIX F-

THE CHILDREN'S SELF-EFFICACY FOR PEER INTERACTION SCALE

ITEMS

1. Some kids want to play a game. Asking them if you can play is (HARD, hard, easy, EASY) for you.
2. Some kids are arguing about how to play a game. Telling them the rules is (HARD, hard, easy, EASY) for you.
3. Some kids are teasing your friend. Telling them to stop is (HARD, hard, easy, EASY) for you.
4. You want to start a game. Asking other kids to play the game is (HARD, hard, easy, EASY) for you.
5. A kid tries to take your turn during a game. Telling the kid not to cut in is (HARD, hard, easy, EASY) for you.
6. Some kids are going to lunch. Asking if you can sit with them is (HARD, hard, easy, EASY) for you.
7. A kid cuts in front of you in line. Telling the kid not to cut in is (HARD, hard, easy, EASY) for you.
8. A kid wants to do something that will get you into trouble. Asking the kid to do something else is (HARD, hard, easy, EASY) for you.
9. Some kids are making fun of someone in your classroom. Telling them to stop is (HARD, hard, easy, EASY) for you.
10. Some kids need more people to be on their teams. Asking to be on a team is (HARD, hard, easy, EASY) for you.
11. You have to carry some things home after school. Asking another kid to help you is (HARD, hard, easy, EASY) for you.
12. A kid always wants to be first when you play a game. Telling the kid you are going first is (HARD, hard, easy, EASY) for you.

Page Two

13. Your class is going on a trip and everyone needs a partner. Asking someone to be your partner is (HARD, hard, easy, EASY) for you.
14. A kid does not like your friend. Telling the kid to be nice to your friend is (HARD, hard, easy, EASY) for you.
15. Some kids are deciding what game to play. Telling them about a game you like is (HARD, hard, easy, EASY) for you.
16. You are having fun playing a game but the other kids want to stop. Asking them to finish playing is (HARD, hard, easy, EASY) for you.
17. You are working on a project. Asking another kid to help is (HARD, hard, easy, EASY) for you.
18. Some kids are using your play area. Asking them to move is (HARD, hard, easy, EASY) for you.
19. Some kids are deciding what to do after school. Telling them what you want to do is (HARD, hard, easy, EASY) for you.
20. A group of kids wants to play a game that you don't like. Asking them to play a game you like is (HARD, hard, easy, EASY) for you.
21. Some kids are planning a party. Asking them to invite your friend is (HARD, hard, easy, EASY) for you.
22. A kid is yelling at you. Telling the kid to stop is (HARD, hard, easy, EASY) for you.

-Appendix G-

GROUP PARTICIPATION SCALE

CHILD'S NAME _____ DATE _____

Part 1. Problems

Listed below are specific problems which some children and youth experience when in groups. Rate each item with one number on the following scale of problem severity

1= not a problem 2=very mild problem 3=moderate problem
4=serious problem 5=very serious problem

1. _____ passively resists cooperating with group activities
2. _____ feelings are easily hurt
3. _____ fights, argues with peers
4. _____ anxious worried
5. _____ fidgets, has difficulty being still
6. _____ afraid of making mistakes
7. _____ unaware of the impact of his/her behavior on others
8. _____ unhappy, sad
9. _____ defiant, stubborn, obstinate with adult leaders
10. _____ does not express feelings
11. _____ constantly seeks attention
12. _____ nervous, frightened, tense
13. _____ does not share adults attention with others
14. _____ shy, timid
15. _____ disrupt group conversations, activities
16. _____ clings to adults for support
17. _____ does not anticipate consequences of her/his actions
18. _____ makes negative self-statements
19. _____ bugs, teases, criticizes others

Group Participation Scale

(Page 2)

Part 2. Strengths

Listed below are specific strengths or competencies which children and youth demonstrate when they are in groups with other children. Rate each item with one number from the following scale.

1= not at all

2=a little

3=moderately well

4=well

5= very well

(Please note that 5 represents the most positive rating.)

1. _____ takes turns
2. _____ can accept things not going her/his way
3. _____ organizes other children, acts like a leader
4. _____ is sensitive to other childrens feelings, empathizes
5. _____ confronts negative behavior appropriately
6. _____ refuses unreasonable demands
7. _____ acknowledges personal responsibility for problems
8. _____ gives praise
9. _____ discloses feelings, personal experience appropriately
10. _____ responds to invitations to join others
11. _____ makes suggestions, generates solutions to group problems
12. _____ makes assertive requests
13. _____ accepts and tries out other childrens reasonable suggestions
14. _____ listens to other children
15. _____ shows enjoyment, pleasure in activities
16. _____ expresses self clearly and concisely
17. _____ defends own views under group pressure
18. _____ tries to help other children
19. _____ copes well with criticism
20. _____ takes pride in accomplishments
21. _____ solves minor problems without adults help
22. _____ expresses ideas and opinions willingly

-Appendix H-

IPSALS

INVENTORY OF PERSONAL, SOCIAL AND LEARNING SKILLS

Name of Child: _____

Your Name: _____

Today's Date _____
Month Day Year

This inventory is designed to assess a child's level of skill in certain areas presumed to be related to social and emotional adjustment. For each skill or behavior listed, indicate whether you think the child never, rarely, sometimes, often or consistently acts this way by circling the number which most closely describes your perception of the child.

In making your ratings, think mostly of how the child has behaved within the last week.

Over the last week, to what extent has he/she shown the following.

	1	2	3	4	5
	never	rarely	sometimes	often	consistently

Peer Interactions

01. Plays with others (rather than alone)	1	2	3	4	5
02. Starts and maintains conversations	1	2	3	4	5
03. Gets along with peers	1	2	3	4	5
05. Shares belongings	1	2	3	4	5
06. Teases, calls other children names	1	2	3	4	5
07. Copes well with teasing	1	2	3	4	5
08. Expresses self clearly and concisely	1	2	3	4	5
09. Listens to others when they speak	1	2	3	4	5

Over the last week, to what extent has he/she shown the following:

	1	2	3	4	5
	Never	Rarely	Sometimes	Often	Consistently

Emotional Expression

- | | | | | | |
|---|---|---|---|---|---|
| 11. Expresses anger appropriately, without losing control | 1 | 2 | 3 | 4 | 5 |
| 12. Demonstrates self-esteem, pride in accomplishments | 1 | 2 | 3 | 4 | 5 |
| 13. Sulks or gets angry when frustrated | 1 | 2 | 3 | 4 | 5 |
| 14. Makes negative self-statements | 1 | 2 | 3 | 4 | 5 |

Tasks and Activities

- | | | | | | |
|--|---|---|---|---|---|
| 21. Tries to complete tasks independently | 1 | 2 | 3 | 4 | 5 |
| 22. Initiates, maintains and completes tasks | 1 | 2 | 3 | 4 | 5 |
| 23. Attempts new activities with enthusiasm | 1 | 2 | 3 | 4 | 5 |
| 24. Participates in a wide range of activities | 1 | 2 | 3 | 4 | 5 |
| 25. Arrives promptly at activities | 1 | 2 | 3 | 4 | 5 |
| 26. Persists at difficult or frustrating tasks | 1 | 2 | 3 | 4 | 5 |

Behavior/Compliance

- | | | | | | |
|---|---|---|---|---|---|
| 31. Pays attention to directions, instructions | 1 | 2 | 3 | 4 | 5 |
| 32. Acts in a silly, boisterous, immature way | 1 | 2 | 3 | 4 | 5 |
| 33. Complies with reasonable adult requests | 1 | 2 | 3 | 4 | 5 |
| 34. Speaks in a normal tone, without screaming or yelling | 1 | 2 | 3 | 4 | 5 |
| 35. Clings to or relies on adults | 1 | 2 | 3 | 4 | 5 |

Over the last week, to what extent has he/she shown the

	1	2	3	4	5
	never	rarely	sometimes	often	consistently

Group Interaction

- | | | | | | |
|--|---|---|---|---|---|
| 41. Shares ideas and organizes others in performing tasks and activities | 1 | 2 | 3 | 4 | 5 |
| 42. Disrupts group activities | 1 | 2 | 3 | 4 | 5 |
| 43. Joins in group activities | 1 | 2 | 3 | 4 | 5 |
| 44. Acts cooperatively in group activities | 1 | 2 | 3 | 4 | 5 |
| 45. Follows others into disruptive, boisterous behaviour | 1 | 2 | 3 | 4 | 5 |

Personal Care

- | | | | | | |
|---|---|---|---|---|---|
| 51. Keeps bed and belongings neat and clean | 1 | 2 | 3 | 4 | 5 |
| 52. Practices good table manners | 1 | 2 | 3 | 4 | 5 |
| 53. Is clean and well groomed | 1 | 2 | 3 | 4 | 5 |

Game and Play Skills

- | | | | | | |
|--|---|---|---|---|---|
| 61. Knows rules of athletic games | 1 | 2 | 3 | 4 | 5 |
| 62. Demonstrates skill at hitting, running, throwing, catching | 1 | 2 | 3 | 4 | 5 |
| 63. Knows rules of board games | 1 | 2 | 3 | 4 | 5 |

Problem-Solving

- | | | | | | |
|--|---|---|---|---|---|
| 71. Generates alternative solutions | 1 | 2 | 3 | 4 | 5 |
| 72. Anticipates the consequences of his/her actions | 1 | 2 | 3 | 4 | 5 |
| 73. Accepts and implements the suggestions of others | 1 | 2 | 3 | 4 | 5 |