A Dissertation

titled

The Effects of the Children Having Incarcerated Parents Succeeding
Group on Delinquent Behavior, Academic Achievement, Self-Esteem, Attendance and
Aggressive Behavior with Seventh and Eighth Grade Students who Have Incarcerated
Parents or Guardians

by

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Submitted to the Graduate Faculty as partial fulfillment of the requirements for
Doctor of Philosophy degree in Counselor Education

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An Abstract of

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A sample of middle school students was investigated to determine whether an intervention group called Children Having Incarcerated Parents (C.H.I.P.S.; King-White & Lipford-Sanders, 2007) was an effective intervention for delinquent behavior, academic achievement, self-esteem, attendance, and aggressive behavior in children of incarcerated parents. Students at a small, public middle school in an urban school district were recruited to participate in this study. Delinquent and aggressive behaviors were measured using the Child Behavior Checklist (CBCL; Achenbach, 2001). Academic achievement and attendance were measured using a computer-based program called Progress Book. Self-Esteem was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Data were collected over the course of four weeks. Participants from the treatment group who completed the C.H.I.P.S. intervention and completed all corresponding measures were included in the study. Participants from the control group who completed all corresponding measures were included in the study. Eleven
individuals agreed to participate in this research. Of the 11 individuals who started the study, a total of 11 completed the study as determined by having participated in the C.H.I.P.S. group and having completed the instruments. The conclusions from this research are that participants in the treatment group did not reflect statistically significant change in delinquent behavior, academic achievement, self-esteem, attendance, or aggressive behavior after treatment in the C.H.I.P.S. program compared to the control group.
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Chapter 1

1.1 Introduction

Chapter 1 will provide an introduction to: (a) the statement of the problem, (b) the background of the problem, (c) purpose of the study, (d) research questions and hypotheses and (e) the significance of the study. The chapter will close with an overview of the organization of the dissertation.

1.1.1 Statement of the Problem

Throughout the United States there are more than 3.5 million children who are affected by having a parent who is incarcerated (Hames & Pedreira, 2003). Research has been conducted showing the effects on parents who have been incarcerated, but there is limited information on the psychological and emotional distress on children who have incarcerated parents (Johnston, 1995; Seymour & Hairston, 2001). Children who lose a parent due to incarceration experience trauma of sudden changes, and often have no one with whom to talk who properly knows how to address their psychological and emotional distress. The obstacles that children of incarcerated parents face are both psychological and emotional (Bocknek, Sanderson, & Britner, 2008; Hames & Pedreira, 2003). These statistics are unsettling, yet there is limited information available to counselors about methods/techniques to decrease the distress of children of incarcerated parents.
1.1.2 Background of the Problem

The National Resource Center on Children and Families of the Incarcerated (2007) states that one in every forty children is affected by the loss of a parent due to incarceration. In the past twenty years the number of children with incarcerated parents has increased by more than 50 percent (Hames & Pedreira, 2003). According to Jones (2006), children of incarcerated parents are 6 to 10 times more likely to become incarcerated than the average young person. These statistics are disturbing, yet there is a lack of valuable information available to counselors about methods/techniques to decrease the distress of children of incarcerated parents.

Children of incarcerated parents experience a wide range of emotions when coping with the loss of their parents or guardians. The turmoil and confusion surrounding incarceration can also overwhelm a family, resulting in a child’s emotional needs being unnoticed (Hames & Pedreira, 2003). A serious crime frequently leads to the child being open to the elements of negative exposure, such as news publications, the criminal justice system, and the foster care system (Hames & Pedreira). The outbreak of activity and family disturbance may leave a child confused, embarrassed, scared, angry, stigmatized, and ashamed (Hames & Pedreira). Children of incarcerated parents experience embarrassment, anger, sadness, and/or depression (Bockneck, Sanderson, & Britner 2008).

Many children of incarcerated parents are likely to experience a wide range of emotions as well as psychological stress. Numerous children who have an incarcerated parent experience psychological distress, but there is limited information in regard to
programs designed or proven to help decrease the effect that the loss of the parent has on a child. One of the psychological consequences that a child of an incarcerated parent faces is anxiety disorders (Simmons, 2000). Previous studies (Bocknek, Sanderson, & Britner 2008; Fritsch & Buckhead 1981; Henrique 1982, Kampfner 1995; Poelmann 2005; Stanton 1980) have reported that children of incarcerated parents may experience symptoms consistent with post-traumatic stress disorder (PTSD), but there is limited research that says that children of incarcerated parents are more at risk than other groups of children to experience PTSD (Bocknek, Sanderson, & Britner, 2008; Fritsch & Buckhead, 1981; Henrique, 1982, Kampfner, 1995; Poelmann, 2005; Stanton, 1980).

Children experience limited contact with their incarcerated parent and the quality of substitute care given to the child due to multiple and sometimes questionable placement (Bender, 2003). The uncertainty leaves children wondering what will happen next, but often not knowing how to articulate these concerns to their main caregiver while their parents are incarcerated (Bender). At times children of incarcerated parents feel embarrassed. The embarrassment often stems from the crime that the parent committed in order to be placed in jail/prison. Children of incarcerated parents are likely to experience a wide range of emotions that sometimes lead to delinquent behavior (Aaron & Dallaire, 2010).

According to Aaron and Dallaire (2010) parental incarceration can contribute to a change in a child’s normal behavior. Children who have experienced parental incarceration are often exposed to risk factors that make them more susceptible to delinquent behaviors (Aaron & Dallaire). Children may experience isolation due to parental incarceration. Isolation contributes to children of incarcerated parents
participating in delinquent behavior (Murray, 2007). According to Murray the delinquent behavior often leads to intergenerational incarceration.

Children of incarcerated parents also suffer academically. Sack, Seidler and Thomas (1976; cited in Springer, Lynch, & Rubin, 2000) found that children may experience a drop in academic performance. Due to the various emotions that children of incarcerated parents experience such as the profound sadness that has been compared to grief that children experience when they have lost a parent due to death, academic performance decreases. Miller (2006) states that children of incarcerated parents experience withdrawing emotionally from school, truancy issues, and diminished academic achievement. According to Hairston (2007), school performance is extremely important for children to succeed, but quite often when parents become incarcerated school achievement decreases. Throughout a parent’s incarceration, high priority should be given to the child’s academic performance and attendance (Hairston). Adolescents who have parents who are incarcerated experience academic concerns, but also may experience a decrease of self-esteem.

Low self-esteem is another social issue that affects children of incarcerated parents (Johnston, 1995). The social stigma and tendency to identify with their incarcerated parents may be one of the contributing factors to children’s self-esteem decreasing. Often when a children lose a parent due to incarceration they deal with stigmatization resulting from the parent’s arrest and charges that the parent received due to the crime (Bocknek, Sanderson, & Britner, 2008).

The literature has shown that psychological and emotional consequences of losing a parent due to incarceration may require intervention to help the children better cope
with the loss (Bocknek et al., 2008; Hames & Pedreira, 2003). At least one study found that a method to help children cope while a parent is incarcerated is to provide a stable caregiver while the parent is absent (Dallaire, 2007). A stable caregiver provides the child with consistency and a safe place to live while the parent is incarcerated. Children have a difficult time verbalizing their thoughts and feelings, though children are able to relate to characters in the books. According to Henderson and Thompson (2010) children can learn alternative solutions to problems and new ways of addressing issues through reading books about children similar to them.

Another method to help children of incarcerated parents succeed is to provide ongoing support groups to alleviate stress from a child’s life (Dallaire, 2007). A recommended intervention for children of incarcerated parents is group counseling (Johnston, 1995). Group counseling addresses the need for social support and provides a structured setting where children can discuss their concerns in a safe place (Springer, Lynch, & Rubin, 2000). Children who lose a parent due to incarceration experience many changes; a group provides children with a safe and structured environment. Hames and Pedreira (2003) encourage children to express their emotions in a positive manner, while promoting healthy coping strategies. These various counseling methods provide the opportunity to gather valuable information concerning the impact on a child of an incarcerated parent.

Group counseling is a recommended intervention for children who have experienced parental incarceration (Johnston, 1995). Group counseling addresses the needs of social support and provides a structured setting for children to express their concerns regarding parents’ incarceration. Bocknek, Sanderson, and Brittner suggest such
groups create a mechanism for diffusing the sense of shame that often accompanies parental incarceration. The literature encourages children to express their emotions in a positive manner, while promoting healthy coping strategies (Hames & Pedreira, 2003). This also provides the counselor an opportunity to gather valuable information concerning the impact on children of incarcerated parents.

1.1.3 Purpose of the Study

The purpose of this study was to address selected consequences experienced by children of incarcerated parents. This study examined the effectiveness of an eight session psycho-educational group called the Children Having Incarcerated Parents Succeeding Group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007), on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior in children of incarcerated parents or guardians. More specifically, delinquent behavior and aggressive behaviors were measured by the Child Behavior Checklist (CBCL; Achenbach, 2001), academic achievement was measured by cumulative grade point average before the group to the last session, self-esteem was measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and attendance was measured by percentage rate before the treatment and after the treatment.

1.1.4 Questions and Hypotheses

General Research Question:

What are the effects of the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) treatment on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior on children of incarcerated parents or guardians?
General Hypothesis:

Children who participate in the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group will demonstrate greater improvement in delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior than children of incarcerated parents or guardians who do not participate in the C.H.I.P.S. (King-White & Lipford-Sanders) group.

Specific Research Question 1:

Is there a statistically significant difference, at the \( p < .05 \) level, between the treatment and control group on delinquent behavior?

Specific Hypothesis 1:

The treatment group will demonstrate statistically significant improvement, at \( p \leq .05 \), in behavior as measured by Child Behavior Checklist (Achenbach, 2001) before the group to final session compared to the control group.

Specific Research Question 2:

Is there a statistically significant difference at the \( p \leq .05 \) level, between the treatment and control group on academic achievement from the first session to last session?

Specific Hypothesis 2:

The treatment group will demonstrate statistically significant improvement, at \( p \leq .05 \), in academic achievement as measured by cumulative grade point average before the group to the last session compared to the control group.
Specific Research Question 3:

Is there a statistically significant difference, at the $p \leq .05$ level, between the treatment and control group on self-esteem from the first session to last session?

Specific Hypothesis 3:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in self-esteem as measured by the Rosenberg Self-Esteem Test (Rosenberg, 1965), from first to the last session compared to the control group.

Specific Research Question 4:

Is there a statistically significant difference, at the $p \leq .05$ level, between the treatment and control group on attendance from the first session to the last session?

Specific Hypothesis 4:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in attendance from the first to the last session compared to the control group.

Specific Research Question 5:

Is there a statistically significant difference at the $p \leq .05$ level, between the treatment and control group on aggressive behavior from the first session to last session?

Specific Hypothesis 5:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in aggressive behavior as measured by the CBCL before the group to the last session compared to the control group.
1.1.5 The Significance of the Study

The results of a study by Bocknek et al. (2008) demonstrated that the sample children experienced high levels of stress and trauma related to their environment and the loss of their parent due to incarceration. Springer, Lynch, and Rubin, (2000) stated there are children who experience the loss of a parent due to incarceration, but there is limited literature that examines the effectiveness of interventions for children of incarcerated parents. More importantly there is limited research that demonstrates what kinds of interventions work with children who have incarcerated parents. This study particularly increases the knowledge of the effects of the Children Having Incarcerated Parents Succeeding (C.H.I.P.S.; King-White & Lipford-Sanders, 2007) psycho-educational group on children of incarcerated parents delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior. The information collected in this study will help counselors and other mental health professionals who work specifically with children of incarcerated parents or guardians.

1.1.6 Organization of Chapters

Chapter 1 introduced the problem and provided a rationale for the study. Chapter 2 reviews relevant literature that lays the foundations for this study. Chapter 3 presents the method used in this study including research design, participants, treatment, and dependent measures. Chapter 4 reveals the research results. Chapter 5 provides a discussion of the results, implications for school counselors, implications for clinical
counselors, implications for counselor educators, limitations, and ideas for future research.
Chapter 2

2.1 Overview

Chapter 2 reviews the literature relevant to this area of research. Specifically, the author will provide: (a) current research on children of incarcerated parents, (b) how parental incarceration affects children, (c) therapeutic methods that have been used to treat children with incarcerated parents, (d) instruments that are used to assess outcome, and (e) review of the research attempts to provide treatment for children of incarcerated parents. The chapter will close with a section that summarizes the presented material.

2.2 Current Research on Children of Incarcerated Parents

Throughout the United States there are more than 3.5 million children who are affected by the loss of a parent due to incarceration (Hames & Pedreira, 2003). While these statistics are alarming, little research has been done examining how the loss of a parent affects children within various components of their lives (Bocknek et al., 2008). The literature will reveal how the loss of a parent due to incarceration affects a child psychologically, socially and emotionally.

2.2.1 Operational Definitions

Key terms will be used throughout the research including incarceration, loss, grief and parent. Incarceration means to be placed in prison and/or jail. Loss is when a person
loses something of significance in his or her life through a temporary life-changing event. Grief is an individual’s personal and emotional response to the loss of something significant and also deep poignant distress caused by bereavement (Hames & Pedreira, 2003). For the purpose of this research parent means the person who biologically conceived the child or the primary caregiver of the child.

2.2.2 Risk Factors of Children of Incarcerated Parents

According to Christian (2009), one of the primary challenges facing researchers is to be able to clearly distinguish the effects of the incarceration of parents from the effects of various others factors that possibly exist before the parent becomes incarcerated. These effects can range from the use of drugs and alcohol by the parent to parental mental illness along with any domestic violence concerns (Christian). Christian states that many studies have found that children of incarcerated parents are six times more likely than children without incarcerated parents to experience incarceration as an adult.

“Some studies suggest that parental incarceration has an independent effect on a child’s behavior, academic performance and mental health. A causal relationship between a parent’s incarceration and children’s problems has not been established” (Christian, 2009, p. 2). According to Christian; Phillips and Gleeson (2007), there are many risk factors in which children of incarcerated parents are exposed prior to parental incarceration. Some of these risk factors include quality of child-parent relationship before incarceration, where children were residing before parental incarceration, financial involvement of the incarcerated parent before the incarceration, the child’s coping
mechanisms, the level and frequency of contact the children have with the incarcerated parent, children’s age and sex of the child (Christian; Phillips & Gleeson).

According to Christian (2009), children of incarcerated parents have a greater risk of experiencing financial strain and family insecurity. Phillips and Gleeson (2007) also found that children of incarcerated parents are strongly related to households that are financially challenged. Related to households which are financially challenged is the probability that a parent becoming incarcerated increases the chances that the child’s living environment will become unstable to include multiple and frequent transitions and in some situations divorce (Phillips & Gleeson). These types of changes can create a risk to a child having a healthy development (Hairston, 2007).

2.3 How Parental Incarceration Affects Children

2.3.1 Psychological Effects

Throughout the United States there are more than 3.5 million children who are affected by the loss of a parent due to incarceration (Hames & Pedreira, 2003). Children who have incarcerated parents face unique challenges and deal with psychological, social and emotional distress when coping with the loss. Numerous children who have an incarcerated parent experience psychological issues, but there is limited research that has been conducted in regard to how it affects children psychologically (Bocknek et al., 2008). One of the psychological effects that children of an incarcerated parent face is anxiety disorders (Simmons, 2000). Previous studies (Bocknek et al., 2008; Fritsch & Buckhead, 1981; Henrique, 1982; Kampfner, 1995; Poelmann, 2005; Stanton, 1980) have
reported that children of incarcerated parents may experience symptoms similar to post-traumatic stress disorder (PTSD).

2.3.2 Social Effects

Children who have experienced the loss of a parent due to incarceration may experience social issues such as withdrawal, isolation, low self-esteem and stigmatization (Seymour & Hairston, 2001). Frequently when children lose a parent due to incarceration they withdraw from others in order to cope with the situation. Once these children withdraw from others they feel isolated. Isolation becomes a problem because they have no one to assist them in making rational decisions throughout the time of the loss. Low self-esteem is another social issue that affects children of incarcerated parents. The social stigma and tendency to identify with their incarcerated parents may be one of the contributing factors to a child’s self-esteem decreasing. Often when a child loses a parent due to incarceration he or she has to deal with stigmatization resulting from the parent’s arrest and criminal charges that the parent received due to the offense (Bocknek, Sanderson, & Britner, 2008).

2.3.3 Emotional Effects

The disorder and uncertainty surrounding parental incarceration can overwhelm a family unit, which can result in children’s emotional needs being disregarded (Hames & Pedreira, 2003). A serious crime recurrently leads to a child being exposed to the news publications, the criminal justice system, and, unfortunately for many, the foster care
system (Hames & Pedreira). The outbreak of activity and family disturbance may leave a child confused, embarrassed, scared, angry, stigmatized, and ashamed (Hames & Pedreira). Children of incarcerated parents are also likely to experience anxiety, anger, sadness, and/or relief. There are many emotions that are related to children who have lost a parent due to incarceration.

Frequently the loss of a parent leaves the child confused, regularly not knowing who will be the primary caregiver while the parent is incarcerated. Children of incarcerated parents frequently wonder the cause of the parent becoming incarcerated. Many children experience limited contact with their incarcerated parent and the quality of alternate care given to the child due to multiple and sometimes questionable placement (Bender, 2003). The confusion repeatedly leaves children wondering what will happen next, but often not knowing how to communicate these concerns to their primary caregiver while their parents are incarcerated (Bender). At times children of incarcerated parents may feel embarrassed. The embarrassment may often stem from the offense that the parent committed in order to be placed in jail or prison.

2.3.4 Academic Effects

incarcerated parents may also fail to attend school due to visits with the incarcerated parents. When their attendance decreases it usually results in diminished academic achievement (Miller). According to Hairston (2007), school performance is extremely important for children to succeed, but quite often when parents become incarcerated school achievement decreases. Throughout a parent’s incarceration, high priority should be given to the child’s academic performance and attendance (Hairston).

2.3.5 Behavioral Effects

According to Springer et al. (2000), children of incarcerated parents also experience aggressive, defiant behavior. The defiant and aggressive behavior may affect academic achievement. Researchers conducted a survey and found that out of 240 adults who accompanied children on visits to see their parents in jail indicated that about fifty percent of the children experienced behavioral reactions after visiting their incarcerated parent (Johnston, 1995). The results showed that many children experience common reactions that consisted of children acting overly hyper and excited about the actual visit (Johnston). Delinquent behavior is often associated with parental incarceration, which places children of incarcerated parents at an increase risk to take part in criminal activities and become incarcerated themselves (Eddy & Reid, 2003).

2.4 Therapeutic Methods to Treat Children of Incarcerated Parents

The literature has shown that children suffer psychologically and emotionally after the loss of a parent due to incarceration (Bocknek et al., 2008; Hames & Pedreira, 2003). There are many effects on children of incarcerated parents. The literature shows that there are various ways to treat children of incarcerated parents, to ensure that their
psychological and emotional needs are met (Christian, 2009). Three of the most promising treatments will be discussed: (a) bibliotherapy, (b) individual counseling, and (c) group counseling.

2.4.1 Bibliotherapy

According to Hames and Pedreira (2003), bibliotherapy helps children of incarcerated parents. Hames and Pedreira explored the applicability of bibliotherapy, when counseling children of incarcerated parents. Throughout the article they analyzed literature written specifically for children of incarcerated parents. This approach allows counselors and other professionals who work with children of incarcerated parents an opportunity to interact with the children through literature. Children have a difficult time verbalizing their thoughts and feelings, but with bibliotherapy, children can experience and convey their thoughts and feelings through characters in the books.

According to Henderson and Thompson (2010), children can learn alternative solutions to problems and new ways of addressing issues through bibliotherapy. According to Rudman, Gagne, and Bernstein (1993; cited by Hames & Pedreira, 2003) bibliotherapy refers to a book with a specific storyline read to or by a child to assist the child in better understanding a situation. Bibliotherapy is supposed to be a meaningful activity that encourages sharing, enhances self-efficacy, and promotes betterment of the individual.

Hames and Pedreira (2003) reviewed various books that are available for different age levels. According to Hames and Pedreira, books available for children four to eight years old are *Nine Candles* (Testa & Schaffer, 1996) and *My Mom Went to Jail* (Hodgkins, & Bergen, 1997). *When Andy’s Father Went to Prison* (Hickman &
Raymond, 1990) and *Let's Talk about having a Parent in Jail* (Wittbold, 1998) are books that are appropriate for children nine to twelve years old (Hames & Pedreira). Hames and Pedreira suggest that children who are thirteen to eighteen years old to take advantage of *Coping When a Parent is in Jail* (LaVelle, 1995). Bibliotherapy offers mental health professionals an opportunity to interact with children of incarcerated parents in an effective way that allows children to express their emotions and promotes healthy coping mechanisms (Hames & Pedreira). The authors believe that bibliotherapy can be used in conjunction with other therapies such as groups to facilitate the journey through grief for children who have incarcerated parents.

2.4.2 Individual Counseling

Phillips, Burns, Wagner, Kramer, and Robbins (2002) investigated the effect of individual counseling on children who had parents who were incarcerated. Phillips et al. used a sample of 258 adolescents who were being treated in counseling; they explored differences in demographic characteristics and the effect of parental incarceration pertaining to other risk factors (Phillips et al.). Throughout the study there were two goals in conducting the analyses. “The first goal was to determine whether adolescents had experienced parental incarceration differed significantly from other adolescents in routine mental health settings in their demographic or clinical characteristics” (Phillips et al., p. 387). “The second goal was to explore the effect of parental incarceration on adolescents’ clinical characteristics at baseline and follow-up relative to other risk factors” (Phillips et al., p. 387).
2.4.3 Group Counseling

Another method for helping children of incarcerated parents succeed is to provide ongoing support groups to alleviate stress from a child’s life (Dallaire, 2007). Group counseling addresses the need for social support and provides a structured setting for children to express their concerns (Springer, Lynch, & Rubin, 2000). Children who lose a parent due to incarceration experience many changes; a group provides children with a safe and structured environment.

According to Johnston (1995), group counseling is a recommended intervention strategy for children of incarcerated parents. Kahn (1994) and Bockneck et al. (2008) suggest group counseling creates a place where children can diffuse the sense of shame that accompanies parental incarceration. Hames and Pedreira (2003) encourage children to express their emotions in a positive manner, while promoting healthy coping strategies.

Group counseling addresses the need for social support and provides a structured setting for expression of participants’ concerns (Springer, Lynch, & Rubin, 2000). Children who lose a parent due to incarceration experience many changes; a group provides children with a safe and structured environment. The literature encourages children to express their emotions in a positive manner, while promoting healthy coping strategies (Hames & Pedreira, 2003). Hames and Pedreira have found that there is limited literature that examines the effectiveness of interventions for children of incarcerated parents. One group program that has been used to treat this population is the Children Having Incarcerated Parents Succeeding Group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007).
2.5 Instruments Used to Assess Outcomes with Children of Incarcerated Parents

2.5.1 Psychological Assessments

The literature states that many children of incarcerated parents experience psychological, social, emotional, academic, and behavioral issues. Current literature relevant to children of incarceration shows that Diagnostic Interview Schedule for Children, Present State version (DISC-PS; Shaffer, Fisher, Lucus, Dulcan, & Swab-Stone, 2000), The Child Report of Post-traumatic Symptoms (CROPS; Greenwald & Rubin, 1999) and the UCLA PTSD Index (Pynoos, Rodriguez, Steinberg, Stuber & Frederick, 1998) are instruments that measure children’s psychological well-being. “The DISC-PS is a diagnostic interview based on the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV; American Psychiatric Association, 1994) that assesses mental health diagnoses in the past four weeks” (Phillips et al., 2002, p. 389). The DISC-PS is a diagnostic interview used to evaluate psychiatric diagnoses of children and adolescents (National Institute of Mental Health, 2010). The DISC was designed to be administered by interviewers after reading the rules outlined within the DISC manual (National Institute of Mental Health).

Another test, CROPS is a twenty-six item measure that assesses symptoms consistent with post-traumatic stress disorder (PTSD) diagnosis in children (Bocknek, Sanderson, & Britner, 2008 cited by Greenwald & Rubin, 1999). CROPS is a test which measures a broad range of post traumatic symptoms. This test holds a broad definition of trauma including a variety of major loss experiences (Bocknek et al., 2008). “Crops items are based on a meta-analysis of the child trauma literature (Fletcher, 1993) and on
the DSM-IV PTSD” (National Child Traumatic Stress Network, 2010, p. 1). The symptoms are measured on a three-point likert scale ranging from zero (none) to three (lots). According to Bocknek et al. (2008), Cronbach’s alpha for this instrument has been reported to be .91. The population that was used to develop the instrument was a volunteer community sample of 54 rural and 152 urban students ranging from grades fourth through eighth and their parents (National Child Traumatic Stress Network, 2010). “Median age of children was 11.5, with a range from 8 to 15; 49% were male, 51% female. Of the 88% who indicated ethnic status, 53% were African American, 23% Hispanic, 17% Caucasian, and 7% Other. Of the 77 parents who indicated educational status, 17% did not graduate high school, 54% went no further than high school, 38% attended college or a trade school but did not graduate, and 17% graduated college” (National Traumatic Stress Network, 2010, p.3).

The UCLA PTSD Index is available in three versions: child, adolescent, and parent. The instrument is not used to establish a definitive PTSD diagnosis (Rodriguez, Steinberg, & Pynoos, 1999). “The UCLA PTSD Reaction Index is a revised version of the widely used and researched Child Post-Traumatic Stress Disorder Reaction Index (CPTSD-RI)” (Horwitz, Wein & Jeckel, 2010, p. 6). The UCLA PTSD Index can be administered through paper and pencil (Horwitz, Wein & Jeckel). The child and adolescent versions consists of 20 and 22 items and have also been given in a classroom environment and through interviews (Horwitz, Wein & Jeckel).
2.5.2 Social Assessments

Four assessments mentioned in the research to measure social issues children of incarcerated parents face are The Family Support Scale (FSS; Dunst, Trivette & Jenkins, 1986), the Youth Self Report (YSR; Achenbach, 1991), the Child Behavior Checklist (CBCL; Achenbach, 2001) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The FSS (Dunst, Trivette, & Jenkins, 2007) is a survey that measures parents’ satisfaction with the perceived helpfulness of support. The survey consists of eighteen items. The parent is asked to respond on a five point Likert scale identifying their supports in various categories. The categories consist of informal relationship, social organizations, formal association, nuclear family, specialized professional services, and general professional services (Dunst et al.).

The Youth Self Report (YSR) was created from CBCL. It is instrument designed to measure adolescent boys and girls behaviors between the ages of 12 and 18. The instrument requires adolescents to complete the form themselves, whereas the CBCL requires counselors, teachers, and parents to complete the form stating behaviors of children. YSR consist of 112 items that measure eight sub-scale symptoms: social concerns, withdrawn, somatic difficulties, anxiety and depression, thought problems, attention difficulties, aggressive behavior and delinquent concerns (Achenbach, 1991).

The Child Behavior Checklist (Achenbach, 2001) is an instrument that allows parents or other individuals who know the child well to rate the child's problem behaviors. This instrument can either be self-administered or administered through an interview. This is an existing instrument that is reported to be both reliable and valid when used with children (Achenbach & Rescorla, 2001). According to Achenbach and
Rescorla, the scale has high reliability: test-retest correlations are typically in the range of 0.95 to 1.00. The content validity of CBCL items has been strongly supported by over 20 years of research, consultation and feedback (Reed & Edelbrock, 1983). Nakamura, Ebesutani, Bernstein and Chorpita (2009) also found that the CBCL was reliable and valid. The researchers found that the instrument was valid while working with a sample size of 673 children and adolescents in a large and ethically diverse population (Nakamura et al.).

The original sample of the CBCL was developed in the 1991. The sample consisted of children, age 6-18, from 100 sites in 40 states (northeastern, midwestern, southern, and western) and D.C. The scale is four pages in length and contains 113 questions (See Appendix C). The quality of the items is reliable and valid as stated earlier.

The CBCL also includes eight subscales: Attention Difficulties, Reserved, Somatic Complaints, Anxious/Depressed, Social Troubles, Thought Problems, Delinquent Behavior, Sexual Problems and Aggressive Activities (Achenbach, 1991). The CBCL (Achenbach, 2001) consists of items related to behavior problems which are scored on a 3-point Likert scale ranging from not true to often true of the child.

The Rosenberg Self-Esteem Scale is a ten item four point Likert scale (Dittman, Wehimeier, Schact, Lehmann & Lehmkuhl, 2009). The ten items that are included in the self-report pertains to self-acceptance and a child’s worth (Dittman et al. 2009). The four point scale consists of strongly agree to strongly disagree (Rosenberg, 1965). When researchers are scoring the instruments they use the following format: Strongly Agrees=3, Agrees=2, Disagrees=1, Strongly Disagrees=0 (Rosenberg). Items with an asterisk are
reverse scored: Agrees =0, Agrees=1, Disagrees=2, Strongly Disagrees=3 (See Appendix D; Rosenberg). The numbers from the 10 items are added together to achieve the score of the assessment (Rosenberg). The final score and the level of self-esteem are directly correlated (Dittman et al). Children who obtain a high score on the instrument show that they have high self-esteem and the lower the score the lower the child’s self-esteem (Rosenberg). Any Score lower than 15 suggest that the child has low self-esteem (Dittman et al.).

This is an existing instrument that is reported to be both reliable and valid when used with children (Rosenberg, 1965). “The Rosenberg Self-Esteem Scale has shown to be internally consistent, reliable, and sensitive to treatment-related changes of self-esteem” (Dittman, et al., p. 187). The original sample of the Rosenberg Scale consisted of 5,024 high school juniors and seniors (Rosenberg). The students were randomly assigned to the study from ten schools in New York State (Rosenberg). The scale is one page in length and contains ten questions (See Appendix D). The quality of the items is reliable and valid as stated earlier (Rosenberg, 1965; Rosenberg, 1986, Dittman et al.).

2.5.3 Emotional Assessment

Throughout the literature The Extended Grief Inventory (EGI; Layne, Savjak, Saltzman, & Pynoos, 2001) is mentioned as an assessment that measures emotional issues. It is an assessment that measures childhood traumatic grief symptoms. It consists of twenty-eight items and was originally designed to measure Childhood Traumatic Grief (CTG). The measure is appropriate to use with children 8 to 18 years of age. According to the National Child Traumatic Stress Network there are many pros and cons of the EGI.
A few of the pros are it assesses the core concepts of CTG, it is a brief measure and the measurement is free and easily available. The cons are there are limited published psychometric data, more research is needed examining the reliability of the measure, much of the research has been conducted with Caucasian participants (Layne, Savjak, Saltzman & Pynoos). In addition more research is needed with ethnically and racially diverse populations.

2.5.4 Academic Assessment

To evaluate academic issues and concerns Bocknek, Sanderson, and Britner (2008) used qualitative data that used a semi-structured interview format to provide insight. The interview was developed to collect baseline information about children of incarcerated parents as well as ethnographic data. The ethnographic data contained the perceptions and the individual experiences of the sample participants (Bocknek, Sanderson, & Britner). Additionally the interviews provided information about attitude about school, comprehension of circumstances around parents’ criminality, understanding of coping with related feelings, and other recommendations for other children who have parents who are incarcerated (Bocknek, Sanderson, & Britner).

2.6 Limitations of Current Research

“Despite the limited research on and attention to the grief of children with incarcerated parents, it remains a significant issue” (Hames & Pedreira, 2003, p. 384). According to Bocknek, Sanderson, and Britner (2008), there is limited information how parental incarceration truly affects children. Phillips, Burns, Wagner, Kramer and
Robbins (2002) state that the age of the child when a parent is incarcerated has an effect on the child. Springer, Lynch and Rubin, (2000), state that there is limited available outcome literature of the effectiveness of group work. The three limitations in the literature deserve a closer look.

2.6.1 Understanding the Psychological Effects

According to Bocknek, Sanderson, and Britner (2008), the results of their research reveal that the children who participated in the study experienced high levels of stress and trauma related to their surroundings and the loss of their parent due to incarceration. The researchers found that the findings were consistent with other research which showed that children’s post-traumatic stress may mediate the relationship between trauma and decreased psychological health performance (Bocknek et al.). “Some of the symptoms consistent with post-traumatic stress include hyper vigilance, psychosomatizing, and guilt” (Bocknek, Sanderson, and Britner, 2008, p. 330). Bocknek, Sanderson, and Britner, state that these symptoms were often reported by the children of incarcerated parents during the initial interview process. In this specific study the children demonstrated a great deal of hyper vigilance to the degree that it impaired daily functioning. Bocknek, Sanderson, and Britner, state that the study is limited in the conclusions it may draw on the emotional effects of children of incarcerated parents, because there are few reliable data presented by previous studies to provide a foundation for the analyses of the present study.
2.6.2 Generalizing Results

Phillips, Burns, Wagner, Kramer and Robbins (2002) researched parental incarceration among adolescents receiving mental health services. The Bureau of Justice Statistics estimates that about one in fifty children within the United States had a parent in State or Federal prison in 1999. Phillips, Burns, Wagner, Kramer and Robbins suggest that children of incarcerated parents are at risk of experiencing emotional and behavioral problems. Within their study they used a sample of 258 adolescents who received routine mental health services.

Bocknek, Sanderson, and Britner (2008), within their study researched school-age children. The participants ranged from first to tenth grade. The limitation of the studies is that researchers cannot generalize the studies due to the differences of age groups. Effects of incarcerated parents on children and adolescents differ due to their developmental stages making it difficult to generalize findings. According to Phillips, Burns, Wagner, Kramer and Robbins (2002), the effect of parental incarceration on children could vary depending on the child’s age at the time the parent was incarcerated.

2.6.3 Effectiveness of Interventions

Springer, Lynch and Rubin (2000), state there are many children who experience the loss of a parent due to incarceration, but there is limited literature that examines the effectiveness of interventions for children of incarcerated parents. According to Springer, Lynch and Rubin, the purpose of their study was to evaluate a solution-focused, group intervention which examined the effects group counseling on self-esteem of elementary-age Hispanic children of incarcerated parents when compared to a non-
treatment comparison group. There are studies that have looked at some of the effects of children of incarcerated parents, but there is limited information on the vulnerable population of children of incarcerated parents. An effect of children of incarcerated is an important factor, but interventions that work well with children who have incarcerated parents have not been researched.

According to Dallaire (2007), ongoing support groups alleviate stress from a child’s life. Group counseling is a recommended intervention strategy for children who have experienced parental incarceration (Johnston, 1995). Within group counseling counselors address the need for social support and provide a structured setting for expression of participants’ concerns (Springer, Lynch, & Rubin, 2000). Children who lose a parent due to incarceration experience many changes, a group will provide children with a safe and structured environment. The literature encourages children to express their emotions in a positive manner, while promoting healthy coping strategies (Hames & Pedreira, 2003). These various counseling methods provide the opportunity to gather valuable information concerning the impact on a child of an incarcerated parent. In the current literature researchers have found that there is limited literature that examines the effectiveness of interventions for children of incarcerated parents and data that have been analyzed to observe what group interventions are useful when counseling children of incarcerated parents (Springer, Lynch, & Rubin; Hames & Pedreira; Phillips, Burns, Wagner, Kramer, & Robbins, 2002).
2.7 Summary

More than 3.5 million children throughout the United States are affected by having an incarcerated parent (Hames & Pedreira, 2003). Many children who have suffered the loss of a parent experience challenges, but the issues that children face are normally not discussed. This research investigates an eight session psycho-educational group effect on psychological, social and emotional issues that children of incarceration face when they experience loss due to incarceration. Research has been conducted showing the effects on parents who have been incarcerated, but there is limited information on interventions that address the psychological and emotional distress on children who have incarcerated parents. Children who lose a parent due to incarceration experience trauma of sudden changes, but they are left with no one to talk to about their psychological and emotional distress (Bocknek, Sanderson, & Britner, 2008). Springer, Lynch, and Rubin (2000) state there is a need for group work for children, including children of incarcerated parents, but there is not available outcome literature showing the effectiveness of groups for children of incarcerated parents.

While there is some research on children of incarcerated parents more information is needed to assist counselors who work with this vulnerable population. Research regarding children of incarcerated parents has provided insufficient information, with minimal use of valid and reliable instruments. This is partially due to some inherent difficulties in conducting research with children and specifically children who are at-risk due to their home lives. Future researchers are encouraged to continue to investigate the effectiveness of therapeutic and psycho-educational methods when counseling children of incarcerated parents and to explore the specific factors that impact children of
incarcerated parents. The present study may advance the literature by providing evidence of the effectiveness of a brief group intervention with this population. This study follows recommendations from previous research that suggests that researchers assess interventions that are effective when counseling children of incarcerated parents (Springer, Lynch, & Rubin, 2000). Finally, this study aims to build on prior evidence that implies that group counseling is an effective method of helping children who have incarcerated parents to succeed.
Chapter 3

3.1 Method

3.1.1 Overview

Chapter 3 presents the research method that was used to answer the research questions. This was a quasi-experimental study that investigated the effectiveness of a psycho-educational group at a middle school. An overview of the research design, research questions, participants, setting, procedure, data analysis and instruments is provided.

3.2 Introduction

Throughout the United States there are more than 3.5 million children who are affected by having a parent who is incarcerated (Hames & Pedreira, 2003). Research has been conducted showing the effects on parents who have been incarcerated, but there is limited information on the psychological and emotional distress on children who have incarcerated parents. Children who lose a parent due to incarceration experience trauma of sudden changes, but they are left with no one to talk to about their psychological and emotional distress. The obstacles that children of incarcerated parents face are both psychological and emotional. The research examines the psychological and emotional effects of having an incarcerated parent on school age children. The purpose of this study was to address selected consequences experienced by children of incarcerated parents.
Most specifically, this study examined the effectiveness of an eight session psycho-educational group called the Children Having Incarcerated Parents Succeeding Group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007), on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior in children of incarcerated parents or guardians. This researcher utilized a demographic data sheet from the *Child Behavior Checklist* (CBCL; Achenbach, 2001), attendance records from the school secretary, *Rosenberg Self-Esteem Scale* (Rosenberg, 1965), *Child Behavior Checklist* (Achenbach), and cumulative grade point average from Progress Book.

### 3.2.1 Research Design

This study used a quantitative research method to investigate the outcomes of the Children Having Incarcerated Parents Succeeding (C.H.I.P.S.; King-White & Lipford-Sanders, 2007) program provided by researchers in the middle school setting. The answers to the research questions were obtained by following a quantitative study using a nonequivalent control group design. The nonequivalent control group is designed where the treatment and control group are both administered the pretest and posttest (Campbell & Stanley, 1963). Within this type of design the researcher does not control the assignment to groups through the use of random assignment (Creswell, 2008).

For the purposes of this study the control group was students in the middle school who have a parent who was incarcerated, but did not participate in the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group and the experimental group were students in the middle school who have a parent who is incarcerated and participated in the C.H.I.P.S.
group. Both control and experimental groups took the dependent measures prior to treatment. Only the experimental group received the treatment. Both the control and experimental group took the dependent measures after the experimental groups’ treatment was completed.

3.2.2 Diagram of Design

\[
\begin{array}{ccc}
N & O_1 & X & O_3 \\
N & O_2 & O_4
\end{array}
\]

3.2.3 Description

N= Non randomized participants
O= Data from observation (pre-test)
X= (interventions) Groups that will meet twice weekly
O= Data from observation (post-test)

3.2.4 Research Setting

This research project was conducted at a small, public middle school in an urban school district. There are approximately 453 students who attend the middle school. Seventh and eighth grades make up the student body. Within the middle school the Counseling Department consists of two counselors, one of whom is the seventh grade counselor and the other addresses the issues of eighth grade students.

3.2.5 Participants

The target population for this research was seventh and eighth grade students who have parents or guardians who have been incarcerated for at least three months. Within
the middle school there are a total of 219 Caucasian, 134 African-American, 84 Multiracial, and 16 Hispanic students. The student body consists of 221 males and 232 females. Approximately 70 percent of the students participate in the free and reduced lunch program.

3.2.6 Sampling Strategy

This study used convenience sampling to select participants. Convenience sampling involves choosing respondents at the convenience of the researcher (Creswell, 2008). Convenience sampling involves participants who volunteer and agree to be studied and are easily assessed (Creswell). Two disadvantages to this type of sampling are that the results of this study may not be representative of the entire population because the participants have volunteered to participate in the research project and the lack of sampling accuracy (Creswell).

The target population for this research was any seventh or eighth grade student who has a parent or guardian who has been incarcerated for at least three months. In order for students to participate in the treatment group they must not have had more than one out of school suspension. Out of school suspensions affect students’ attendance rate and for the purpose of the study attendance was a variable that was evaluated. If students are suspended from school, it affects attendance rate as well as grades. When students are suspended it also affects grades, because students receive zeros for assignments that are due during the time of suspension. Participants were identified in three ways: by school counselors who have worked with children in classrooms or individual sessions, by self-referral of students, or by teachers.
3.2.7 Dependent Variables

The five dependent variables for the study were delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior. Delinquent behaviors were operationally defined by information from the *Child Behavior Checklist* (CBCL; Achenbach & Edelbrock, 2001). Delinquent behaviors consist of lying, truancy and cheating. The second dependent variable was academic achievement. Academic achievement is operationally defined students’ grade point average (GPA) reflected in Progress Book. Progress Book is a classroom management program that allows staff, parents or guardians and students access to grades daily. The program provides daily student progress by combing grade book, attendance, lesson plans and parent/student/teacher communication into a single software program. For the purpose of the study the researcher observed the cumulative GPA of both the control group and C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group before and after the eight session group intervention.

Self-esteem was measured by observing how the participants felt about themselves overall. Self-esteem for the purpose of this study observed the students’ feelings about their worth, good qualities, future planning, positive attitude toward self and respect for self. Self-esteem was measured by using the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965) for both control group and C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group before and after the eight-session intervention. The next dependent variable was attendance within the school setting.

For the purpose of this study attendance means the amount of days a student was absent from school, which includes excused and unexcused absences. Excused absence
according to school policy on attendance means that the parent or guardian request and gives consent. Unexcused absences include truancies and over the allotted amount of days for absences. Participants’ attendance will be observed to decide if the treatment had an impact on children of incarcerated parents or guardians overall attendance. The attendance record was accessed through Progress Book one session before the intervention and the last session of the intervention. Attendance was measured as a percentage from the beginning of the school year to one session before the intervention compared to the participants’ attendance throughout the eight session intervention for both control group and C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group participants.

The final dependent variable was aggressive behavior. Aggressive behaviors for the purpose of this study observed students’ behaviors that are relevant to being arrogant, in conflict with others, yelling, boasting, attention-seeking, teasing, being challenging, intimidating behavior and displaying anger (Achenbach, 2001). Aggressive behaviors were measured by using the CBCL (Achenbach) for both control group and treatment group before and after the treatment.

3.2.8 Instrumentation

This section describes the instruments used in the study, which were the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and the Child Behavior Checklist (Achenbach and Edelbrock, 2001). The Rosenberg Self-Esteem Scale is a tool for assessing self-esteem. The scale consists of ten items using a Likert scale with each item ranked on a four point scale ranging from strongly agree to strongly disagree (Dittman,
Wehimeier, Schact, Lehmann & Lehmkuhl, 2009). Scoring of the instrument consists of
Strongly Agrees=3, Agrees=2, Disagrees=1, Strongly Disagrees=0 (Rosenberg). Items
with an asterisk are reverse scored, that is, Strongly Agrees =0, Agrees=1, Disagrees=2,
Strongly Disagrees=3 (See Appendix D; Rosenberg). Once the items are completed the
researcher totals the scores for the 10 items (Rosenberg). Children who obtain a high
score on the instrument show that they have high self-esteem and the lower the score the
lower the child’s self-esteem (Rosenberg). Any Score lower than 15 suggest that the
child has low self-esteem (Dittman et al.).

This is an existing instrument that is reported to be both reliable and valid when
used with children (Rosenberg, 1965). The original sample of the Rosenberg Scale
consisted of 5,024 high school juniors and seniors, who were randomly assigned from ten
schools in New York State (Rosenberg). The quality of the items is reliable and valid as
stated earlier (Rosenberg, 1965; Rosenberg, 1986; Dittman et al.).

The Child Behavior Checklist (CBCL, Achenbach & Edelbrock, 2001) is an
instrument that allows parents or other individuals who know the child well to rate the
child's problem behaviors. The CBCL is often self-administered but can be administered
through an interview. This is an existing instrument that is reported to be both reliable
and valid when used with children (Achenbach & Rescorla, 2001). According to
Achenbach and Rescorla, the scale has high reliability: test-retest correlations are
typically in the range of 0.95 to 1.00 and the content validity of CBCL items has been
strongly supported by over 20 years of research, consultation and feedback (Reed &
Edelbrock, 1983). Nakamura, Ebetsutani, Bernstein and Chorpita (2009) also found that
the CBCL was reliable and valid. The researchers found that the instrument was valid
while working with a sample size of 673 children and adolescents in a large and ethically
diverse population (Nakamura et al).

The original sample of the CBCL was developed in the 1991. The sample
consisted of children, age 6-18, from 100 sites in 40 states (northeastern, midwestern,
southern, and western) and D.C. The scale is four pages in length and contains 113
questions (See Appendix C). The quality of the items is reliable and valid as stated earlier
(Achenbach & Rescorla).

The CBCL includes measurement of the following eight subscales: Attention
Difficulties, Reserved, Somatic Complaints, Anxious/Depressed, Social Troubles,
Thought Problems, Delinquent Behavior, Sexual Problems and Aggressive Activities
(Achenbach, 1991). The CBCL is used to measure a child's change in behavior over a
certain amount time or following an intervention (Achenbach & Edelbrock, 2001). The
CBCL (Achenbach & Edelbrock) consists of items related to behavior problems which
are scored on a 3-point Likert scale ranging from not true to often true of the child.

3.2.9 Treatment Intervention

The independent variable for this study was the Children Having Incarcerated
Parents (C.H.I.P.S; King-White & Lipford-Sanders, 2007) treatment intervention. The
objective for the first of the eight sessions was to provide the students with a safe and
supportive place to express their feelings; to state the purpose of the group and to
introduce the members of the group. Throughout the first session the children were able
to build rapport, which during the initial session is extremely important in the bonding
process. Pre- and posttests were conducted before session one and after session eight to
evaluate the effects of the group on self-esteem, aggressive behavior and delinquent behaviors for each participant.

Session one of the group was an introductory session; the session consists of an ice breaker, creating group rules, and an activity. During the icebreaker participants introduced themselves and said one unique thing about themselves and/or their family. Participants created group rules and the facilitator conducted a group activity. The activity consisted of each child drawing a picture of his or her family after which members described their portraits and discussed their family. The purpose of this activity was to encourage the child to verbalize personal information disclosing the identity of the incarcerated family member, the whereabouts of this parent and pertinent information regarding their relationship within the family. This established a common bond within group members.

During the second session the group focused on recognizing and labeling emotions. The objectives of the session were to assist students in identifying their emotions that they may have while their parent is incarcerated and to be able to label their emotions throughout the experience. An icebreaker was also conducted during the second session, which was designed to promote group rapport, and allow them to identify and share their emotions. Feelings are difficult for children to identify. Games are a comfortable pathway for children to interact and thereby identify and/or express various emotions. The feelings M&M game is the icebreaker that took place during the second session. A poster lists the names of different feelings correlating with a color of an M&M candy. Each participant received an M&M and based on the M&M color the student discussed a time that he/she felt that emotion. The M&M feeling game is an
excellent way to get the children to express their emotions, but at the same time it provides a small reward for the group.

During the third session the group focused on positive ways to express emotions. Children get upset, sad, frustrated, disappointed, embarrassed, but often they do not have the words or know how to articulate how they are feeling. In many cases children act out their emotions in physical and inappropriate manner (Vanderbilt, 2010). Many children in general have a difficult time expressing their emotions, but children of incarcerated parents deal with their parent being incarcerated, and that component of their lives adds additional stress. The objective of the third session was to promote the understanding that it is normal to experience comfortable and uncomfortable feelings, but one must have positive ways of expressing these emotions. Group members played a game that allowed the children to identify their emotions, express feelings in a mature and effective manner, and manage difficult situations that produce comfortable and uncomfortable emotions.

Throughout the fourth session the group concentrated on decision making skills. Decision-making skills are an integral part of child and adolescent development, but many children and adolescents lack the ability to make good decisions on their own. The objective of the fourth session was to provide the participants of the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group with the skills necessary to face challenging situations that place them in compromising situations. Decision making skills allowed the participants to consider consequences before they make decisions; it allowed the participants to think about how it affects them and others. To help the participants understand the importance of positive decision making skills they role played various scenarios. The participants were placed in small groups of three and were given a
situation to reenact positive ways to handle the situation and as a group they discussed the consequences of making good versus poor decisions.

The fifth session focused on healthy strategies of coping with changes that take place when the parent becomes incarcerated. Literature indicates that the impact of a parent being incarcerated can be traumatic for a child of an offender (Springer, Lynch, & Rubin, 2000). Any situation causing the loss of a parent may have an adverse effect on a child during the holiday season. The objective of the fifth session was to provide the participants with healthy ways of coping with changes that take place when the parent becomes incarcerated. During the sixth session the group objective was learning effective communication skills and dealing with authority figures.

Session seven the group concentrated on helping students build self-esteem. Many studies suggest that the effects of having an incarcerated parent can be profound (Simmons, 2000). Children may suffer many negative emotional manifestations which include, but are not limited to sadness, withdrawal, and low self-esteem (Simmons, 2000). The objectives of the seventh session were to provide a working definition of self-esteem, offer the students’ positive behaviors to boost their self-esteem as well as helping them identify how various situations affect their self-esteem. Students created a collage depicting their positive attributes and unique characteristics. After each student created the collage, he/she was provided the opportunity and option to share his/her self-image and received feedback from peers.

The final session consisted of closure activities which encouraged members to share, reflect, and discuss the most salient information learned throughout the eight sessions. All members of the group completed the original survey along with
demographic questions; the survey will be used to evaluate to observe if the program decreased the emotional and psychological distress of children who participated in the CH.I.P.S. What follows is a topical outline for each session of the treatment group.

3.2.10 Treatment Outline

Weekly interventions were structured in the following format:

I. Introduction of Topic: The introduction of the theme is presented by the facilitator and provides a short synopsis of what is scheduled for the group.

II. Icebreaker: This step brings in exercises that are non threatening activities designed to get the students to interact with each other as well as build rapport with the facilitator.

III. Check-In: Check-In is time for the participants to check-in with group and express whatever they wish and or something about the topic of the day.

IV. Activity: A related and engaging activity takes place to help the participants build rapport and find healthy ways of coping with the loss of their incarcerated parent or guardian.

V. Discussion: This step allows the participants to talk about the activity and process the activity.

VI. Conclusion: The closure consists of participants saying one positive thing they learned throughout the session.
Session 1:

Objective: Throughout the first session the children are able to build rapport, which during the initial session is extremely important in the bonding process.

I. Introduction of Topic: The introduction of the theme is presented by the facilitator and provides a short synopsis of what is scheduled for the group.
   A. Facilitator introduces herself.
   B. Facilitator has participants go around and state their names.
   C. Group members and facilitator create the group rules.

II. Icebreaker
   A. During the icebreaker participants introduces themselves formally and say one unique thing about themselves and/or their family.

III. Check-In
   A. Within the group the facilitator explains the check-in process. After introducing the check-in process participants are checked-in with the group and express whatever they wish and or something about the topic of the day.

IV. Activity
   A. The activity for the first session is to complete the pre-tests. Participants complete the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965).
   B. Each participant draws a picture of his/her family after which members describe their portraits and discuss their family.
V. Discussion

A. Students discuss the topic of the day and have an opportunity to ask any questions regarding participation in the group.

VI. Conclusion:

A. Each participant has an opportunity to state one positive thing they learned throughout the session.

Session 2:

Objective: The objectives of the session are to assist students in identifying their emotions that they may have while their parent is incarcerated and to be able to label their emotions throughout the experience.

I. Introduction of Topic

A. The facilitator states the topic, which is identifying emotions.

II. Icebreaker: M&M Game

A. The facilitator passes out a small poster that lists the names of different feelings correlating with a color of an M&M candy. Each participant receives an M&M and based on the M&M color the student discusses a time that he/she felt that emotion. The M&M feeling game is an excellent way to get the children to express their emotions, but at the same time it provides a small reward for the group.

B. During the icebreaker participants introduce themselves formally and say one unique thing about themselves and/or their family.
VII. Check-In

A. The facilitator asks participants of the group if they have anything that they would like to express and or something about the topic of the day that they want to discuss.

VIII. Activity

A. The facilitator shows the participants the “Feelings Chart” (Creative Therapy Associates, Inc., 1989).

B. Facilitator puts the participants into small groups.

C. Each small group picks two feeling words from the chart. Once they select two feeling words from the chart they create a skit to do in front of the group.

D. Each group acts out their feeling words while the rest of the group guesses the emotion.

IX. Discussion

A. Students discuss the topic of the day and have an opportunity to ask any questions regarding participation in the group.

X. Conclusion:

A. Each participant has an opportunity to state one positive thing they learned throughout the session.

Session 3:

Objective: The objective of the session is to assist students in understanding that it is normal to experience comfortable and uncomfortable feelings, but one must have positive ways of expressing and coping with these emotions.
I. Introduction of Topic
   A. The facilitator states the topic, which is identifying healthy and positive ways to cope with emotions.

II. Icebreaker (Adapted from Girls Circle Curriculum; Hossfeld & Taormina, 2007)
   A. Facilitator passes out five feeling words to each participant, plus a blank index card and a pencil.
   B. Each member has a few minutes to create a short story about him or her using all five feeling words.
   C. Each member has an opportunity to read or tell his or her story to the group.

III. Check-In
   A. The facilitator asks participants of the group if they have anything that they would like to express and or something about the topic of the day that they would like to discuss.

IV. Activity
   A. Students participate in a game of feeling charades. During the game the students act out various emotions assigned by the researcher. After acting out the various emotions the group discusses healthy ways of coping.

V. Discussion
   A. Students discuss the topic of the day and have an opportunity to ask any questions regarding the activity.

VI. Conclusion
A. Each participant has an opportunity to state one positive thing they learned throughout the session.

Session 4: Decision Making Skills

Objective: The objective of the fourth session is to provide the participants of the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group with the skills necessary to face challenging situations that place them in compromising situations.

I. Introduction of Topic

A. The facilitator states the topic, which is the importance of making decisions and discussing appropriate decision making skills.

II. Icebreaker (Adapted from Girls Circle Curriculum; Taormina, Hossfeld & McCormick, 2003)

A. Pass out one index card and a pencil to each participant.

B. Facilitator requests participants to write three truthful statements and one false statement about their lives on the card.

C. Each participant is asked to read his or her statements to the group.

D. Group members are asked to determine which statement is false out of the four.

III. Check-In

A. The facilitator asks participants of the group if they have anything that they would like to express and or something about the topic of the day that they would like to discuss.
IV. Activity

A. To help the participants understand the importance of positive decision making skills they will role play various scenarios.

B. The facilitator will place the participants in small groups of three and each group is given a situation to reenact positive ways to handle the situation.

V. Discussion

A. The facilitator along with the participants discussed the consequences of making good versus poor decisions.

VI. Conclusion:

A. Each participant has an opportunity to state one positive thing they learned throughout the session.

Session 5:

Objective: The objective of the fifth session is to provide the participants with healthy strategies of coping with changes that take place when the parent becomes incarcerated.

I. Introduction of Topic

A. The facilitator states the topic, which is identifying healthy and positive ways to cope with the changes that take place when the parent becomes incarcerated.

II. Icebreaker

A. Each participant states his or her name and names a positive attribute him or herself.
B. Facilitator has the participant to the student’s right state the previous participant’s name and attribute followed by his or her own name and attribute.

III. Check-In

A. The facilitator asks participants of the group if they have anything that they would like to express and or something about the topic of the day that they would like to discuss.

IV. Activity

A. Students create a memory box to put items that remind them of their love ones and items that they would like to share with their love ones while they are incarcerated.

V. Discussion

A. Students discuss the topic of the day and have an opportunity to ask any questions regarding the activity.

VI. Conclusion

B. Each participant has an opportunity to state one positive thing they learned throughout the session.

Session 6:

Objective: The objective of the sixth session is learning effective communication skills and dealing with authority figures.
I. Introduction of Topic
   A. The facilitator states the topic, which is identifying effective communication skills and dealing with authority figures.

II. Icebreaker
   A. Human bingo board will be passed out (See Appendix E-Adapted from The Council for Boys and Young Men Curriculum; Wiser, Chow, Taormina, & Hossfeld, 2009).
   B. Participants review the board and identify categories that are relevant to them.
   C. Facilitator says to participants to begin. Participants walk around the room and look for others who have characteristics or experiences that are like their experiences, by asking questions from the bingo sheet.
   D. Participants cross off a category when the participant who they are talking to has an answer that matches and is like you.
   E. Participants call out “Bingo” when they complete row of crossed off boxes. The rows can be vertical, horizontal, or diagonal.

III. Check-In
   A. The facilitator asks participants of the group if they have anything that they would like to express and or something about the topic of the day that they would like to discuss.

IV. Activity (Adapted from Girls Circle Curriculum; Hossfeld & Taormina, 2007)
   A. Facilitator asks and discusses with participants what it means to act passively, assertively, or aggressively towards others.
B. Facilitator requests participants to give examples of each kind of communication.

C. Facilitator gives participants different scenarios and participants have to acknowledge the form of communication that is taking place.

D. Facilitator passes out a scenario to groups of two and the participants are encouraged to act out the scenarios in a positive and effective manner.

V. Discussion

A. Students discuss the topic of the day and have an opportunity to ask any questions regarding the activity.

VI. Conclusion

A. Each participant has an opportunity to state one positive thing they learned throughout the session.

Session 7: Self-Esteem

Objective: The objectives of the seventh session are to provide a working definition of self-esteem, offer the students’ positive behaviors to boost their self-esteem as well as helping them identify how various situations affect their self-esteem.

I. Introduction of Topic

A. The facilitator states the topic, which is identifying positive ways to boost self-esteem.

II. Icebreaker

A. Each participant says something positive about the person sitting to his or her right side.
III. Check-In
   A. The facilitator asks participants of the group if they have anything that they would
      like to express and or something about the topic of the day that they would like to
discuss.

IV. Activity
   A. Each student creates a collage depicting his or her positive attributes and
      unique characteristics.
   B. After each student creates the collage, he or she is provided the opportunity
      and option to share his or her self-image and receive peer feedback.

V. Discussion
   A. Students discuss the topic of the day and have an opportunity to ask any
      questions regarding the activity.

VI. Conclusion
   A. Each participant has an opportunity to state one positive thing they learned
      throughout the session.

Session 8: Conclusion
Objective: The objectives of the eighth session are to complete post tests and conclude
the program.
   I. Introduction of Topic
      A. The facilitator states the topic, which is concluding the program.
II. Icebreaker
   A. Each participant says something positive about the person sitting to his or her right side.

III. Check-In
   A. The facilitator asks participants of the group if they have anything that they would like to express and or something about the topic of the day that they would like to discuss.

IV. Activity
   A. Each participant completes the Rosenberg Self-Esteem Scale (Rosenberg, 1965).

V. Discussion
   A. Students discuss the topic of the day and have an opportunity to ask any questions regarding the activity.

VI. Conclusion
   A. Each participant has an opportunity to state one positive thing they learned throughout the CH.I.P.S. (King-White & Lipford-Sanders, 2007) program.

3.2.11 Procedures
   One month before the group started the researcher met with some of the staff members at the middle school to discuss the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) program. The objectives of the discussion were to inform staff members of the program and to recruit students who may qualify for the treatment group. During the
discussion the researcher discussed the need for the group, objectives of the group and outlined the treatment that would be provided to the participants. The outline consisted of various topics that would be discussed throughout the sessions, time of the group, dates of the group and how many students would participate in the treatment group.

The next step was to identify students who met the requirements to participate in the study. The target population for this research was seventh and eighth grade students who have parents or guardians who have been incarcerated for at least three months. In order for participants to participate in the treatment group they must not have more than one out of school suspension. Out of school suspensions affect students’ attendance rate and for the purpose of the study attendance is a variable that is being evaluated. If students are suspended from school, it affects attendance rate as well as grades. When students are suspended it also affects grades, because students receive zeros for assignments that are due during the time of suspension. Participants were identified by school counselors who had worked with children in classrooms or individual sessions. Students were also be able to self refer, as well as teachers were able to recommend students who they had identified as having parents or guardians who are incarcerated. Groups normally are most effective when there are six to eight participants. The targeted populations for the C.H.I.P.S group were middle school students.

Once students were identified, the researcher and school counselors met with the students individually to discuss the program. During the meeting students were made aware of the type of group, how long the group lasts and that the first six students who brought back their permission slips would be the students who would participate in the
treatment group of the research. The researcher also explained that after the eight sessions the remaining participants would be offered the same treatment.

Potential participants were screened by the researcher. Henderson and Thompson (2010), state that counselors should consider the possible consequences of including children with highly dissimilar interests or maturity levels. For instance, there were some students, who were not appropriate due to their maturity levels. Children vary in maturity levels, especially in the middle school setting. The researcher assessed participants’ maturity level by discussing with the school counselors students who participated in the special education program and any other challenges students had faced throughout the school year. After meeting with the students the researcher and school counselor called the prospective participants’ parents or guardians to discuss the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group, the benefits of participating in the group, the research and permission in order for participants to participate in the study. Parents or guardians who agreed to allow their children to participate in the study had permission slips and the CBCL sent to them by mail. The first six students who returned their permission slips along with the CBCL were the treatment group and the remainder of the participants constituted the control group.

For the purpose of this study, students selected were assigned to one of two groups. The C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group received the pre-test, treatment, and the post-test. The control group received the pre-test and post-test, but did not receive the treatment during the eight sessions. Throughout the study the treatment was not offered to control group, but once the research project was completed
those students were offered treatment. Parents were made aware of the procedures before
the research project started through a phone conversation two weeks prior to the group.

3.2.12 Research Questions and Hypotheses

General Research Question:

What are the effects of the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) treatment on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior on children of incarcerated parents or guardians?

General Hypothesis:

Children who participate in the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group will demonstrate greater improvement in delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior than children of incarcerated parents or guardians who do not participate in the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group.

Specific Research Question 1:

Is there a statistically significant difference, at the $p < .05$ level, between the treatment and control group on delinquent behavior?

Specific Hypothesis 1:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in behavior as measured by Child Behavior Checklist (Achenbach, 2001) before the group to final session compared to the control group.

Specific Research Question 2:
Is there a statistically significant difference at the $p \leq .05$ level, between the treatment and control group on academic achievement from the first session to last session?

Specific Hypothesis 2:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in academic achievement as measured by cumulative grade point average before the group to the last session compared to the control group.

Specific Research Question 3:

Is there a statistically significant difference, at the $p \leq .05$ level, between the treatment and control group on self-esteem from the first session to last session?

Specific Hypothesis 3:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in self-esteem as measured by the Rosenberg Self-Esteem Test (Rosenberg, 1965), from first to the last session compared to the control group.

Specific Research Question 4:

Is there a statistically significant difference, at the $p \leq .05$ level, between the treatment and control group on attendance from the first session to the last session?

Specific Hypothesis 4:

The treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in attendance from the first to the last session compared to the control group.
Specific Research Question 5:

Is there a statistically significant difference at the $p \leq 0.05$ level, between the treatment and control group on aggressive behavior from the first session to last session?

Specific Hypothesis 5:

The treatment group will demonstrate statistically significant improvement, at $p \leq 0.05$, in aggressive behavior as measured by the CBCL before the group to the last session compared to the control group.

3.2.13 Treatment of Confidential Data

The data collected were confidential, meaning the data from the research participants could potentially be identified or linked to a particular student; therefore extra measures were taken for the students’ protection. After the data were collected, they were coded, and identifying information was removed. Individuals’ unique codes consisted of the first three letters of the client’s last name (e.g., KIN). Unique code information was known only to the researcher and was stored in a secure location.

Individuals who agreed to participate in this study had the right to know that all information about them was treated in a responsible manner. The research participants were informed of these measures to ensure confidentiality. The information was included within the written consent form their parents will have to sign. Personally identifying information will be destroyed three years from the date of study closure with the IRB.
3.2.14 Data Analysis

The analysis of data for this study included both frequency and inferential statistics. Descriptive statistics include frequencies, means and standard deviations. To analyze the data obtained from the pre- and post-tests, Statistical Package for the Social Sciences (SPSS) 19 was used. To answer the five research questions and observe overall trends of children of incarcerated parents a one-way Analysis of Variance (ANOVA) was used to analyze the data.

3.2.15 Internal Validity

Creswell (2008) names 12 threats to internal validity that may be present in experimental designs. They are: history, maturation, regression, selection, mortality, and interactions with selection, diffusion of treatments, compensatory equalization, resentful demoralization, testing and instrumentation (Creswell). The quasi-experimental approach introduces considerably more threats to internal validity than the true experiment (Creswell). Because the participants were not randomly assigned to their groups, the potential threats of maturation, selection, mortality, and the interaction of selection with other threats should be considered.

The most probable threats to internal validity in this study are maturation, selection and diffusion of treatment. 

**Maturation** - may also be a threat to internal validity. During the process of this study, time passed and one event that occurred was that a participant’s parent was released and how that participant felt emotionally may have changed. The specific participant was in
the control group. Within the treatment group all participants’ parents or guardians remained incarcerated throughout the eight session psycho-educational group.

Visitation of the incarcerated parent may also be a threat to validity due to the psychological emotions that may be triggered. This may result in a positive or negative experience for the child. The child may display emotional distress due to the visit. Coping skills enhanced during the group process may decrease emotional distress the child may experience.

**Selection** – based on the design of the study and the researcher’s method of assigning students to groups, the researchers cannot be certain that all participants will be equally receptive to treatment. Random selection is one way to partly address this threat. However, due to logistics limitations of the study, random selection was not an option.

**Diffusion of treatments** – the study took place at one middle school. Students participated from the same school may have talked about the group and the purpose of the group. By students communicating with each other, this may have allowed them to form a support system for each other outside of the group. If the students are involved in such a support system, it may affect their scores on post-tests that measured delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior.

3.2.16 External Validity

There are three threats to external validity, which are: interaction of selection and treatment, interaction of setting and treatment, and interaction of history and treatment (Creswell, 2008). In this study, there were two external threats to validity; interaction of history and treatment and interaction of setting and treatment.
Interaction of history and treatment - this could occur if the researchers tried to generalize the findings from this study to all children of incarcerated parents, both in past and future situations. Interaction of setting and treatment – this study examined children that are in a middle school setting. Given this focused data set, there was a risk to the validity of the research. This risk can be mitigated by offering the group in different settings, such as a clinical counseling agency or to different age or racial groups.

A few additional limitations need to be noted in regard to this study. In addition, the research was only conducted within one school district. Since the study was limited to one school district, it limits the study’s generalizability and possibly could affect the validity of the findings. In regards to randomization, further studies should take place with a design which would result in more randomized assignments in groups. Secondly, students could have transferred to another school during the eight sessions of the intervention. Regarding the possible threat of mortality, a student transfers to another school he or she would not be able to complete the program which could have affected the data. However, this possibility could occur in almost any other school setting. Fortunately, all the students remained at the school during the treatment.

3.2.17 Ethics in Research

According to the American Counseling Association (ACA) Code of Ethics (2005) sets the ethical standards for professional counselors to follow. “When conducting research, counselors are required to (a) obtain institutional research approval prior to conducting research; (b) understand and follow state, federal, agency, and institutional policies regarding confidentiality; (c) explain the risks and limits to confidentiality to the
participants; (d) ensure anonymity of research participants unless prior consent is obtained from the individual” (ACA, Standards B.7.a-d., 2005, pp. 8-9).

3.2.18 Summary

Briefly, the purpose of this study was to introduce an eight-session psycho-educational group model that focused on reducing the psychological and emotional distress of children of incarcerated parents and a study that measures the program’s effectiveness. To achieve this purpose, counselors and students at an urban middle school were recruited to participate in this study. Students who agreed to participate in the study were asked to complete post-counseling treatment if they were not given treatment throughout the eight sessions. The research took place over the course of eight sessions after IRB approval.
Chapter 4

4.1 Results

The purpose of this study was to address selected consequences experienced by children of incarcerated parents. Most specifically, this study examined the effectiveness of an eight session psycho-educational group called the Children Having Incarcerated Parents Succeeding Group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007), on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior in children of incarcerated parents or guardians. In particular, delinquent behavior and aggressive behavior were measured by the Child Behavior Checklist (CBCL; Achenbach, 2001), academic achievement was measured by cumulative grade point average before the group to the last session, self-esteem was measured by the Rosenberg Self-Esteem Test (Rosenberg, 1965) attendance was measured by actual attendance before and after the treatment group. Students at a local middle school completed a survey and if they stated they had a parent or guardian who was incarcerated, they were screened and recruited to participate in the study. The target population for this research is seventh and eighth grade students. In order to be eligible to participate, they had to have a parent or guardian who had been incarcerated for at least three months. Out of the 38 who were screened 12 students qualified to participate in the study and 11 individuals agreed to participate in the study. Six of the students were randomly assigned
to the treatment group and five were assigned to a control group that did not participate in the treatment group. Data collected from the students were compiled into a Microsoft Excel sheet and imported into and analyzed using SPSS 19.

4.2 Description of Sample

4.2.1 Research Participants

The parents or guardians of the research participants were asked to complete demographic information on the Child Behavior Checklist (CBCL). Demographic information that was retrieved from the sheet consisted of age, gender, grade level and ethnicity. The research participants consisted of 11 students. There were 6 students in the treatment group and 5 students in the control group. The ages of the students ranged from 13 years to 14 years of age. The total sample (n=11) consisted of 9 girls (82%) and 2 boys (18%). On the CBCL the parent/guardian was asked to write in their child’s ethnicity. Four students in the treatment group identified as African-American (67 %), 1 student Caucasian and 1 was Multi-Racial. Participants of the control group consisted of 3 African-Americans (60%), 1 Caucasian (20%) and 1 Multi-Racial (20%). The total sample consisted of two students in 7th grade (18%) and nine students in 8th grade (82%). Participants in the treatment group consisted of six 8th graders (100%) and the control group consisted of two 7th graders (40%) and three 8th graders (60%).

General Research Question and General Hypothesis

The study consisted of 5 research questions and hypotheses. The General Research Question asked what are the effects of the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) treatment on delinquent behavior, academic achievement, self-esteem,
attendance and aggressive behavior on children of incarcerated parents or guardians? The General Hypothesis of the question is that children who participate in the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group will demonstrate greater improvement in delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior than children of incarcerated parents or guardians who do not participate in the C.H.I.P.S. (King-White & Lipford-Sanders, 2007) group.

4.3 Results of Specific Research Questions and Hypotheses

4.3.1 Research Question #1

Research Question #1 asked, is there a statistically significant difference, at the $p < .05$ level, between the treatment and control group on delinquent behavior? Specific Hypothesis 1: The treatment group will demonstrate statistically significant improvement, at $p < .05$, in behavior as measured by Child Behavior Checklist (Achenbach, 2001) before the group to final session compared to the control group. To answer the question #1, the researcher conducted a one-way analysis of variance (ANOVA). There was no significant difference between the delinquent behavior of the treatment group and the control group. According to the results the researcher rejected the hypothesis.

Delinquent behavior was measured using the CBCL. The subscale on the CBCL was labeled rule-breaking behavior. For the purposes of this study the researcher used the T-scores to evaluate the data. The T-scores could range from $\leq 50$ to 100. Delinquency on the CBCL is compared to a national normative sample and is scored by comparing children’s scores to the normal range, which is a T-score of 64 or less. A T-score of 65-70 indicates that the participant is borderline rule-breaking clinical range and
a score of 70 indicates that the participants fall into the clinical range of rule breaking. In order to calculate the scores, the researcher used the CBCL scoring instrument and from the instrument a report was given for each student before and after the treatment. The treatment group’s T-score before treatment was 62.3 and after treatment was 59.3. The control group’s pre-score, T-score was 62.2 and the post-score was 63.6. Standard deviation for treatment group after treatment was 6.16. Standard deviation of the control group after the research was 7.06. The data suggest that that the pre-treatment group delinquency scores were in the normal range before the group started and decreased slightly after treatment of the C.H.I.P.S. group. The pre-control group scores and the pre-treatment group scores were the same before the study. Both groups were in the normal range before treatment. After the eight sessions, the control group’s T-scores increased to almost the borderline clinical range. The treatment group’s mean score decreased after the eight session psycho-educational group. To answer research question 1, the researcher needed to determine the average amount of change the treatment and control groups demonstrated in delinquent behavior from the first session of groups to after treatment. The treatment group’s average amount of change in delinquent behavior was -3.00 (SD=6.16). The control group’s average amount of change was 1.40 (SD=7.05). These change variables used in the analysis of variance to determine if there was a statistically significant difference between the amount of change in delinquent behavior demonstrated by the treatment group and the amount of change demonstrated by the control group. A one-way analysis of variance was calculated to determine if there was statistically significant difference in the amount of change in delinquent behavior.
between the treatment group and control group after treatment (see Table 4.1). The analysis showed no significant difference $F(1,9)=1.2, p=.298$ ($r=-.315$).

### Table 4.1 Delinquent Behavior Analyses

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<thead>
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<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
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<td>52.800</td>
<td>1.221</td>
<td>.298</td>
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<td>Within Groups</td>
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<td>9</td>
<td>43.244</td>
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<td>N/A</td>
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<tr>
<td>Total</td>
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<td>10</td>
<td>43.244</td>
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<td>N/A</td>
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4.3.2 Research Question # 2

Research Question #2 asked, is there a statistically significant difference at the $p < .05$ level, between the treatment and control group on academic achievement from the first session to the last session? Specific Hypothesis 2: The treatment group will demonstrate statistically significant improvement, at $p < .05$, in academic achievement as measured by cumulative grade point average before the group to the last session compared to the control group. To answer the Research Question #2, the researcher conducted a one-way ANOVA. There was no significant difference between academic achievement of the treatment group and the control group. According to the results the researcher rejected the hypothesis.

The potential scores of the participants’ grade point average (GPA) could range from 0.0 to 4.0 with a 4.0 meaning that the students had all A’s in their classes and 0.0 meant that they had all F’s. The grading scale consists of A= 90% -100%, B=80%-89%, C=70%-79%, D=60%-69% and F=59% below. An A=4 points, B=3 points, C=2 points,
D=1 point and F=0 points. Students’ grades were calculated by looking at grades before treatment and after the treatment. Progress Book, a software program used by the school to track grades, was used to retrieve students’ grades. Grades were summed and divided by how many courses students were enrolled in. The average grade point average of the treatment group before treatment was 2.5. After treatment, the treatment group’s mean grade point average was 2.3. The average grade point average before the treatment for the control group was 2.3 and after treatment was 2.0. The standard deviation after treatment for the treatment group was .52 and the standard deviation for the control group after the research was .65. The data suggest that both the treatment and control group grade point average decreased during the course of the treatment. To answer research question 2, the researcher needed to determine the average amount of change the treatment and control groups demonstrated in academic achievement from the first session of groups to after treatment. The treatment group’s average amount of change in academic achievement was -.24 (SD=.53). The control group’s average amount of change was -.23 (SD=.65). These change variables used in the analysis of variance to determine if there was a statistically significant difference between the amount of change in academic achievement demonstrated by the treatment group and the amount of change demonstrated by the control group. A one-way analysis of variance was calculated to determine if there was statistically significant difference in the amount of change in academic achievement between the treatment group and control group after treatment (see Table 4.2). The analysis showed no significant difference $F(1,9)=.001, p=.974(r=-.01)$. 
4.3.3 Research Question # 3

Research Question #3 asked is there a statistically significant difference at the \( p < .05 \) level, between the treatment and control group on self-esteem from the first session to the last session? Specific Hypothesis 3: The treatment group will demonstrate statistically significant improvement, at \( p \leq .05 \), in self-esteem as measured by the Rosenberg Self-Esteem Test (Rosenberg, 1965), from first to the last session compared to the control group. To answer the Research Question #3, the researcher conducted a one-way ANOVA. There was no significant difference between the self-esteem of the treatment group and the control group. According to the results the researcher rejected the hypothesis.

The Rosenberg Self-Esteem Scale was used to measure self-esteem. The scale ranges from 0 to 30 points. Scores fifteen to twenty-five mean average self-esteem and fifteen or less imply that the student has low self-esteem (Rosenberg, 2011). The higher the participant’s score; the higher the participant’s self-esteem. In order to compute the scores the researcher summed the results from questions 1 to 10. For the total sample \( (n=11) \), Rosenberg Self-Esteem Scale scores ranged from 11 to 30 points. The mean for the treatment group before the C.H.I.P.S. group was 18.2 and the post-treatment mean

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### Table 4.2 Academic Achievement Analyses

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
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<tbody>
<tr>
<td>Between Groups</td>
<td>.000</td>
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<td>.000</td>
<td>.001</td>
<td>.974</td>
</tr>
<tr>
<td>Within Groups</td>
<td>3.080</td>
<td>9</td>
<td>.342</td>
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<tr>
<td>Total</td>
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<td>10</td>
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</tr>
</tbody>
</table>
was 21.3. Scores for the treatment group suggest that participants’ self-esteem was in normal range before treatment and increased slightly after treatment.

The mean Pre-score for the control group was 21.6 and after the eight sessions was 22.8. Scores for the control group before and after treatment suggest that before and after the intervention that the control group members’ self-esteem was average. After the eight sessions for the treatment group the control group’s post self-esteem scores slightly increased. The treatment group standard deviation after the research was 3.17. The control group standard deviation after the research was 1.2. To answer research question 3, the researcher needed to determine the average amount of change the treatment and control groups demonstrated in self-esteem from the first session of groups to after treatment. The treatment group’s average amount of change in self-esteem was 3.17 (SD=4.17). The control group’s average amount of change was 1.20 (SD=3.90). These change variables used in the analysis of variance to determine if there was a statistically significant difference between the amount of change in self-esteem demonstrated by the treatment group and the amount of change demonstrated by the control group. A one-way analysis of variance was calculated to determine if there was statistically significant difference in the amount of change in self-esteem between the treatment group and control group after treatment (see Table 4.3). The analysis showed no significant difference $F(1,9)=.643$, $p=.443(r=.24)$. 


Table 4.3 Self-Esteem Analyses

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>10.548</td>
<td>1</td>
<td>10.548</td>
<td>.643</td>
<td>.443</td>
</tr>
<tr>
<td>Within Groups</td>
<td>147.633</td>
<td>9</td>
<td>16.404</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>158.182</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.3.4 Research Question #4

Research Question #4 asked is there a statistically significant difference at the $p < .05$ level, between the treatment and control group on attendance from the first session to the last session? Specific Hypothesis 4: The treatment group will demonstrate statistically significant improvement, at $p < .05$, in attendance from the first to the last session compared to the control group. To answer the Research Question #4, the researcher conducted a one-way ANOVA. There was no significant difference between the attendance of the treatment group and the control group. According to the results the researcher rejected the hypothesis.

Attendance was measured by observing participants’ attendance in a system called Progress Book. Within Progress Book dates of when participants were absent from school were posted. To calculate attendance the researcher observed students attendance and documented the number of days participants missed before the treatment and how many days they missed during the course if the treatment. Once the number of days was summed the researcher calculated the percentage by the dividing the number of days in attendance by the number of days that school was in session. The range of days students could be in school could range from 0 percent of the time to 100 percent of the time. Before treatment the treatment group’s mean score of attendance was 98 percent of
the time. After treatment the treatment group attendance mean score was 93 percent. Before the treatment the control group’s mean score for attendance was 93 percent. After treatment the control group’s mean score was 88 percent. The scores suggest that attendance decreased during treatment for both the control and treatment group during the course of the treatment. The treatment group standard deviation after the research was 5.4. The control group standard deviation after the research was 7.1. To answer research question 4, the researcher needed to determine the average amount of change the treatment and control groups demonstrated in attendance from the first session of groups to after treatment. The treatment group’s average amount of change in attendance was -4.33 (SD=5.39). The control group’s average amount of change was -5.40 (SD=7.06). These change variables used in the analysis of variance to determine if there was a statistically significant difference between the amount of change in attendance demonstrated by the treatment group and the amount of change demonstrated by the control group. A one-way analysis of variance was calculated to determine if there was a statistically significant difference in the amount of change in attendance between the treatment group and control group after treatment (see Table 4.4). The analysis showed no significant difference $F(1,9)=.081, p=.782(r=.08)$.

**Table 4.4 Attendance Data Analyses**

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3.103</td>
<td>1</td>
<td>3.103</td>
<td>.081</td>
<td>.782</td>
</tr>
<tr>
<td>Within Groups</td>
<td>344.533</td>
<td>9</td>
<td>38.281</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>347.636</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3.5 Research Question #5

Research Question #5 asked is there a statistically significant difference at the \( p \leq .05 \) level, between the treatment and control group on aggressive behavior from the first session to last session? Specific Hypothesis 5: The treatment group will demonstrate statistically significant improvement, at \( p \leq .05 \), in aggressive behavior as measured by the CBCL before the group to the last session compared to the control group. To answer the Research Question #5, the researcher conducted a one-way ANOVA. There was no significant difference between the aggressive behavior of the treatment group and the control group. According to the results the researcher rejected the hypothesis.

The *Child Behavior Checklist* (CBCL; Achenbach, 2001) was used to measure aggressive. For the purposes of this study the researcher used the T-scores to evaluate the data. The T-scores could range from \( \leq 50 \) to 100. Aggression on the CBCL is compared to a national normative sample and is scored by comparing children’s scores to the normal range, which is a T-score of 64 or less. A T-score of 65-70 indicates that the participant is borderline aggressive clinical range and a score of 70 indicates that the participants fall into the aggressive clinical range. In order to calculate the scores, the researcher used the CBCL scoring instrument and from the instrument a report was given for each student before and after the treatment. The subscale for aggression showed that the treatment group’s mean T-score was 60.2 before treatment and after treatment decreased to 58.5. The control group’s pre-score was 60.8 and post-score was 64.2. The standard deviation of the treatment group was 8.6 after treatment. Standard deviation of the control group was 7.89 after treatment. To answer research question 5, the researcher needed to determine the average amount of change the treatment and control groups
demonstrated in aggression behavior from the first session of groups to after treatment. The treatment group’s average amount of change in aggressive behavior was -1.67 (SD=8.69). The control group’s average amount of change was 3.40 (SD=7.89). These change variables used in the analysis of variance to determine if there was a statistically significant difference between the amount of change in aggressive behavior demonstrated by the treatment group and the amount of change demonstrated by the control group. A one-way analysis of variance was calculated to determine if there was statistically significant difference in the amount of change in aggressive behavior between the treatment group and control group after treatment (see Table 4.5). The analysis showed no significant difference $F(1,9)=1.0, p=.342(r=-.582)$.

<table>
<thead>
<tr>
<th>Table 4.5 Aggression Data Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of Squares</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Between Groups</td>
</tr>
<tr>
<td>Within Groups</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The data suggest that that the pre-treatment group scores were in the normal range before the group started and decreased subtly after treatment of the C.H.I.P.S. group. The pre-control group scores started out higher than the pre-treatment group, but were still in the normal range before the eight session psycho-educational group. After the eight sessions, the control group’s T-scores increased to almost the borderline clinical range.
4.4 Summary

A total of 11 students assented to participate in this study. Of the 11 students who assented to participate in the study, all the students continued until the completion of the study. Utilizing the *Child Behavior Checklist* (CBCL; Achenbach, 2001) the students’ parents provided information pertaining to their children’s behavior before and after treatment. In addition to providing the information about behavior the CBCL provided demographic information. Participants of the treatment and control group’ self-esteem was also evaluated using the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965). Attendance and grades were evaluated using information from the Progress Book system. The results of this study suggest that there were no significant differences between the treatment and the control group after treatment for the five research questions. The researcher found that there were no significant differences in the data and will discuss these findings in more detail within Chapter 5. Throughout Chapter 5 the researcher will incorporate the findings with the existing literature from Chapter 2, present implications for the findings and provide consideration for future research, due to limitations experienced while conducting this study.
Chapter 5

5.1 Findings, Conclusions and Implications

5.1.1 Introduction

Chapter V will provide an introduction to (a) the summary of the study, (b) hypotheses and results, (d) discussion, (e) implications for school counselors, (f) implications for clinical counselors, (g) implications for counselor educators, (h) limitations, (i) future research and (j) the summary.

5.1.2 Summary of the Study

The purpose of this study was to measure the effects of an eight session psycho-educational group called the Children Having Incarcerated Parents Succeeding Group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007), on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior in children of incarcerated parents or guardians. More specifically, delinquent behavior and aggressive behaviors were measured by the Child Behavior Checklist (CBCL; Achenbach, 2001), academic achievement was measured by cumulative grade point average before the group to the last session, self-esteem was measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and attendance was measured by percentage rate before the treatment and after the treatment. There were five specific research questions. The general research question for the study was stated as: What are the effects of the C.H.I.P.S. treatment on delinquent
behavior, academic achievement, self-esteem, attendance and aggressive behavior on children of incarcerated parents or guardians?

The study consisted of an eight session psycho-educational group, which was administered to the treatment group. Eleven individuals assented to participate in the study. Out of the eleven participants who assented to participate all eleven completed the study. Due to the nature of the study the parents and/or guardians had to consent in order for the children to participate in the study. Six participants participated in the treatment group and five participants participated in the control group.

5.1.3 Hypotheses and Results

Springer, Lynch and Rubin (2000), state there are children who experience the loss of a parent due to incarceration, but there is limited literature that examines the effectiveness of interventions for children of incarcerated parents. More importantly there is limited research that demonstrates what kinds of interventions work with children who have incarcerated parents. While collecting data for the current study the researcher looked at five areas others in the field felt were important to children of incarcerated parents (a) delinquent behavior, (b) academic achievement (c) self-esteem, (d) attendance and (e) aggressive behavior.

Delinquent behavior is often associated with parental incarceration, which places children of incarcerated parents at an increase risk to take part in criminal activities and become incarcerated themselves (Eddy & Reid, 2003). For the purpose of this study, delinquent behaviors were operationally defined by information from the Child Behavior Checklist (CBCL; Achenbach, 2001). Delinquent behaviors consist of lying, truancy and cheating (Achenbach). Research Question # 1 asked, is there a statistically significant
difference, at the $p \leq .05$ level, between the treatment and control group on delinquent behavior? To answer the question #1, the researcher conducted a one-way analysis of variance (ANOVA). The hypothesis was that the treatment group would demonstrate statistically significant improvement, at $p \leq .05$, in behavior as measured by *Child Behavior Checklist* (Achenbach, 2001) before the group to final session compared to the control group. The results suggest that there was no significant change in delinquency between the treatment group and the control group after treatment. According to the results the researcher rejected the hypothesis.

According to Hairston (2007), school performance is extremely important for children to succeed, but quite often when parents become incarcerated school achievement decreases. Throughout a parent’s incarceration, high priority should be given to the child’s academic performance and attendance (Hairston). Research Question #2 asked, is there a statistically significant difference at the $p \leq .05$ level, between the treatment and control group on academic achievement from the first session to the last session? To answer the Research Question #2, the researcher conducted a one-way ANOVA. The hypothesis for Research Question #2 was that the treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in academic achievement as measured by cumulative grade point average before the group to the last session compared to the control group. The results suggest that there is no significant change in academic achievement between the treatment group and the control group after treatment. According to the results the researcher rejected the hypothesis.

Decrease in self-esteem is another social issue that affects children of incarcerated parents. The social stigma and tendency to identify with their incarcerated parents may
be one of the contributing factors to a child’s self-esteem decreasing. Often when a child loses a parent due to incarceration he or she has to deal with stigmatization resulting from the parent’s arrest and charges that the parent received due to the crime (Bocknek, Sanderson, & Britner, 2008). Research Question #3 asked is there a statistically significant difference at the $p \leq .05$ level, between the treatment and control group on self-esteem from the first session to the last session? To answer the Research Question #3, the researcher conducted a one-way ANOVA. The hypothesis of Research Question # 4 was that the treatment group will demonstrate statistically significant improvement, at $p \leq .05$, in self-esteem as measured by the Rosenberg Self-Esteem Test (Rosenberg, 1965), from first to the last session compared to the control group. The results suggest that there is no significant change in self-esteem between the treatment group and the control group after treatment. According to the results the researcher rejected the hypothesis.

Miller (2006) states that children of incarcerated parents experience emotional withdrawal from school and truancy issues. Truancy issues affect children’s attendance. Children of incarcerated parents may also fail to attend school due to visitation with the incarcerated parents. When their attendance decreases it usually results in diminished academic achievement (Miller). Research Question #4 asked is there a statistically significant difference at the $p \leq .05$ level, between the treatment and control group on attendance from the first session to the last session? To answer the Research Question #4, the researcher conducted a one-way ANOVA. The hypothesis of Research Question #4 was that the treatment group would demonstrate statistically significant improvement, at $p \leq .05$, in attendance from the first to the last session compared to the control group. The
results suggest that there is no significant change in attendance between the treatment group and the control group after treatment. According to the results the researcher rejected the hypothesis.

According to Springer et al. (2000), children of incarcerated parents also experience aggressive, defiant behavior. Children of incarcerated parents experience aggressive, defiant behavior. The defiant and aggressive behavior may affect academic achievement. Clopton and East (2008) conducted a survey and found that adults who accompanied children on visits to see their parents in jail indicated that about fifty percent of the children experienced behavioral reactions to visiting their parent in prison. Many children experience common reactions that consist of hyperactivity and excitability about the actual visit (Clopton & East). Delinquent behavior is often associated with parental incarceration, which places children of incarcerated parents at an increase risk to take part in criminal activities and become incarcerated themselves (Eddy & Reid, 2003). Research Question #5 asked is there a statistically significant difference at the $p < .05$ level, between the treatment and control group on aggressive behavior from the first session to last session? To answer the Research Question #5, the researcher conducted a one-way ANOVA. The hypothesis for Research Question #5 was that the treatment group would demonstrate statistically significant improvement, at $p < .05$, in aggressive behavior as measured by the CBCL before the group to the last session compared to the control group. The results suggest that there was no significant change in aggressive between the treatment group and the control group after treatment. According to the results the researcher rejected the hypothesis.
5.1.4 Discussion

Throughout the research findings for delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior did not show a statistically significant difference. There may be various factors that contributed to the findings. The Child Behavior Checklist (CBCL; Achenbach, 2001) is used to assess aggressive and delinquent behaviors when working with children of incarcerated parents. The researcher also accessed academic achievement, self-esteem and attendance. Although the findings did not show a statistically significant difference the study could be used as a pilot program. It also could be used to show that research can be done within a school setting. With a larger sample size and a longer period of time for the Children Having Parents Succeeding group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007) the research may have shown statistically significant differences. It is encouraged that researchers continue to explore treatments that show statistically significant differences that improve children of incarcerated parents’ delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior.

5.1.5 Implications for School Counselors

Numerous children who have an incarcerated parent experience psychological issues, but there is limited research that has been conducted in regard to how it affects children psychologically (Bocknek et al., 2008). The researcher has several implications for school counselors. One is that participation of groups after school is possible. Group counseling addresses the need for social support and provides a structured setting for children to express their concerns (Springer, Lynch, & Rubin, 2000). Children who lose a parent due to incarceration experience many changes; a group provides children with a
safe and structured environment to express their concerns. After school groups allow children to express their emotions outside of the regular school day. Often times when students discuss issues that are sensitive in nature it is difficult to refocus on schoolwork. Participation in the after school groups allow the students to diffuse the emotions and then go home versus going back into class. Group counseling addresses the need for social support and provides a structured setting for expression of participants’ concerns (Springer, Lynch, & Rubin, 2000). The Children Having Incarcerated Parents Succeeding (C.H.I.P.S.; King-White & Lipford-Sanders, 2007) group was created based on the need of support for children of incarcerated parents within a school setting. Within a school setting school counselors facilitate groups within the regular school hours, but due to the nature of the study the institutional review board asked that the group be facilitated after school. Students who participated in the treatment group attended sessions and were engaged in the activities. Not only were they engaged they were excited about participating in the group. After school groups are possible, but still there is limited information on interventions that are available to children of incarcerated parents.

Springer, Lynch and Rubin, 2000, state that there is limited available outcome literature of the effectiveness of group work. The second implication is that it is possible to collect data within a school setting. School district board members, administrators and community members want to see that school counselors are making a difference within schools. One way to validate the importance of school counseling and the effectiveness is to collect data from programs that are implemented in the school setting. The
researcher was able to collect data and gain access of records by having parents provide consent and the children giving assent to participate in the study.

In the current study it was difficult to contact parents or guardians to get paperwork back for the students to participate in the study. Nevertheless researchers can persist to obtain permission to participate. For instance, there was a student who had not submitted the Child Behavior Checklist (CBCL; Achenbach, 2001). The deadline was approaching for the treatment group to start, so the researcher actually had to meet with the parent one-on-one and read the form to the parent. After the treatment, there was a similar situation. The researcher called the parent and completed the CBCL over the phone.

When collecting data in schools, school counselors may run into obstacles. Even with challenges it is extremely important to collect data to demonstrate to staff, administrators, parents and other community members the importance and the relevance of school counselors and impact of interventions on students.

Once school counselors collect data it is important for them to present and write about the outcomes. In the current literature researchers have found that there is limited literature that examines the effectiveness of interventions for children of incarcerated parents (Springer, Lynch and Rubin; Hames & Pedreira; Phillips, Burns, Wagner, Kramer & Robbins, 2002). Due to the limited information it is important for school counselors to present at local and national conferences. School counselors can also present at local school board meetings. During the presentation they can discuss results from data that they have collected.
5.1.6 Implications for Clinical Counselors

There are two main implications for clinical counselors. The first implication is the importance of school and clinical counselors collaborating to provide psycho-education or support groups within the school setting. Often school counselors are overwhelmed due to the counselor to student ratio. Clinical and school counselors could work together to provide groups within the school or within the community. Quite often school counselors have access to the students and are aware of the students who have parents or guardians who are incarcerated. Clinical counselors have the clinical skills and resources to provide treatment. If both parties collaborate it would provide more support for this vulnerable population.

Another implication is for clinical counselors to offer support or psycho-educational groups for the caregivers of children of incarcerated parents. At least one study found that a method to help children cope while a parent is incarcerated is to provide a stable caregiver while the parent is absent (Dallaire, 2007). Caregivers often consist of grandparents, aunts, uncles or other family members. Some caregivers may have never raised children before. Caregivers who are raising children of incarcerated parents need additional resources on understanding the psychological and emotional distress that the child maybe experiencing while the parent is incarcerated. Children have a difficult time verbalizing their thoughts and feelings. Clinical counselors possess the skills and training to conduct support and psycho-educational groups for clients who have experienced a loss. The skills and techniques could possibly be used to provide support for caregivers of incarcerated parents.
5.1.7 Implications for Counselor Educators

There are three main implications for counselor educators. The first implication is to educate graduate students on effective ways to identify the needs of students within a school setting. School counselors according to the American School Counselor Association (ASCA; 2010), must provide responsive services. Responsive services consist of individual counseling, group counseling, consultation, and referrals (ASCA). School counselors only know what responsive services are needed by effectively evaluating and knowing the needs of the students and their specific schools that they work in. Throughout counseling programs counselor educators can discuss various ways to access for the needs of individual school and teaching counselors proper techniques to build rapport with students to better understand the needs.

The second implication for counselor educators is to encourage school counselors to establish groups within schools that are within their scope of practice. According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009), counseling programs must teach prospective school counselors to establish groups within the school setting that will support the various areas of students’ lives. These areas consist of academic, career, personal/social development of children (CACREP). Group counseling is an effective method to use within a school setting because groups serve many students at one time. Within a school setting counselors have limited time to work with students individually, so groups allow counselors to serve more students. Within graduate classes counselor educators are encouraged to teach prospective school counselors effective skills. These effective skills consist of creating and implementing group curricula that are appropriate for students who are in kindergarten thru twelfth
grade, recognizing group dynamics amongst students, assessing the needs of students within the school setting, finding activities that would benefit students and developing valuable and appropriate group leadership traits while working with children.

The third implication for counselor educators is to encourage clinical and school counselors to collaborate to provide resources to caregivers of children of incarcerated parents. Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) states that counselor educators must teach students how to consult and collaborate with others. According to CACREP, school counselors must collaborate with others to enhance career, student achievement, and personal/social growth. Collaboration is an essential part of being an effective counselor. When counselors are working with students they assess students’ needs and often find that they must work in partnership with others to support children. After graduation, students from counseling programs collaborate with other professionals. Some of the professionals consist of staff members, parents, and other mental health professionals who may have contact with children and adolescents counselors counsel. Collaboration allows counselors to build rapport with others who are also valid resources for children who are clients. Counselors are able to recognize their limitations and seek additional assistance when needed. The American School Counselor Association (ASCA) competencies align with CACREP, stating that effective school counseling is a collaborative approach that consists of including parents or guardians, teachers, staff members, students, administrators, members of the community and others who may play an intricate part within children’s lives (ASCA Competencies, 2007). It is extremely beneficial for counselor educators to promote the importance of counselors collaborating to provide the best resources for children.
5.1.8 Limitations

The small sample size and the length of time of the study may have contributed to some of the limitations in the study that will be discussed in further detail. Creswell (2008) names 12 threats to internal validity that may be present in experimental designs. They are: history, maturation, regression, selection, mortality, and interactions with selection, diffusion of treatments, compensatory equalization, resentful demoralization, testing and instrumentation (Creswell). The quasi-experimental approach introduces considerably more threats to internal validity than the true experiment (Creswell). Because the participants were not randomly assigned to their groups, the potential threats of maturation, selection, mortality, and the interaction of selection with other threats should be considered.

The most probable threats to internal validity in this study are maturation, selection and diffusion of treatment.

Maturation - may also be a threat to internal validity. During the process of this study, time passed and one event that occurred was that a participant’s parent was released and how that participant felt emotionally may have changed. The specific participant was in the control group. Within the treatment group all participants’ parents or guardians remained incarcerated throughout the eight session psycho-educational group.

Visitation of the incarcerated parent may also be a threat to validity due to the psychological emotions that may be triggered. This may result in a positive or negative experience for the child. The child may display emotional distress due to the visit. Coping skills enhanced during the group process may decrease emotional distress the child may experience.
Selection – based on the design of the study and the researcher’s method of assigning students to groups, the researchers cannot be certain that all participants will be equally receptive to treatment. Random selection is one way to partly address this threat. However, due to logistics limitations of the study, random selection was not an option.

Diffusion of treatments – the study took place at one middle school. Students participated from the same school may have talked about the group and the purpose of the group. By students communicating with each other, this may have allowed them to form a support system for each other outside of the group. If the students are involved in such a support system, it may affect their scores on post-tests that measured delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior.

5.1.9 External Validity

There are three threats to external validity, which are: interaction of selection and treatment, interaction of setting and treatment, and interaction of history and treatment (Creswell, 2008). In this study, there were two external threats to validity; interaction of history and treatment and interaction of setting and treatment.

Interaction of history and treatment - this could occur if the researchers tried to generalize the findings from this study to all children of incarcerated parents, both in past and future situations. Interaction of setting and treatment – this study examined children that are in a middle school setting. Given this focused data set, there was a risk to the validity of the research. This risk can be mitigated by offering the group in different settings, such as a clinical counseling agency or to different age or racial groups.
A few additional limitations need to be noted in regard to this study. In addition, the research was only conducted within one school district. Since the study was limited to one school district, it limits the study’s generalizability and possibly could affect the validity of the findings. In regards to randomization, further studies should take place with a design which would result in more randomized assignments in groups. Secondly, students could have transferred to another school during the eight sessions of the intervention. Regarding the possible threat of mortality, a student transfers to another school he or she would not be able to complete the program which could have affected the data. However, this possibility could occur in almost any other school setting. Fortunately, all the students remained at the school during the treatment.

5.1.10 Future Research

While there is some research on children of incarcerated parents more information is needed to assist counselors who work with this vulnerable population. Research regarding children of incarcerated parents has provided limited information. This is partially due to difficulties in conducting research with children and specifically children who are vulnerable due to their home lives. Future researchers are encouraged to continue to investigate the effectiveness of therapeutic methods when counseling children of incarcerated parents and to explore the specific factors that impact children of incarcerated parents. The present study may advance the literature by providing evidence of researchers providing psycho-educational group intervention with this population. This study follows recommendations from previous research that suggests that researchers

Future researchers may want to run the group for a longer period of time. The eight session psycho-educational group could be extended over a full quarter or a semester to evaluate the effectiveness. The researcher could double the sessions per topic and extend the activities to add to the curriculum. Throughout the study the researcher found that there were many sessions that the students wanted to discuss topics from previous sessions and work on activities from previous sessions.

Future researchers may also want to use a larger sample size. The normal size of a psycho-educational group is about six to eight participants. Many schools have more than one school counselor, so multiple groups could actually take place at the same time. During groups is a time where researchers may want to add a component to the curriculum where there is a weekly grade check with the students. Weekly grade checks would consist of the researcher and the student reviewing grades to observe academic changes.

Although the findings were not statistically significant with using the *Child Behavior Checklist* (CBCL; Achenbach, 2001), the research showed that there were changes in participants behavior after participation in the treatment group. Continuation of the use of the CBCL (Achenbach) would be recommended to evaluate participants aggressive and delinquent behaviors before treatment to (1) see if the students’ scores high on the clinical scale and (2) if students do score high to see if the group decreases delinquent and aggressive behaviors.
5.1.11 Summary of the Study

The intent of this study was to measure the effects of an eight session psycho-educational group called the Children Having Incarcerated Parents Succeeding Group (C.H.I.P.S.; King-White & Lipford-Sanders, 2007), on delinquent behavior, academic achievement, self-esteem, attendance and aggressive behavior in children of incarcerated parents or guardians. The results of this research showed that there were no statistically significant differences in the treatment and control group after participation in the C.H.I.P.S. group. There is a need to continue to explore interventions for children of incarcerated parents. Providing evidence based resources and psychological support for this susceptible population is significant and needed. This research is an illustration that it is feasible to conduct research and collect data on children of incarcerated parents or guardians within a school setting.
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Phillips, S. D., & Gleeson, J.P. (2007). What we know now that we didn’t know then about the criminal justice system’s involvement in families with whom child welfare agencies have contact. *Children, Families, and the Criminal Justice System* Research Brief, July. Chicago: University of Illinois at Chicago.


Appendix A
Consent Form

Principal Investigator: Martin H. Ritchie, EdD, Professor, Department of Counselor Education and School Psychology, #419-530-4775
Other Investigator: Dakota King-White, Researcher, (419) 621-2740

Purpose: Your child has been invited to participate in a research project entitled, Evaluating Effects of Group for Children who have Parents in Jail/Prison, which is being conducted at the University of Toledo under the direction of Dr. Martin H. Ritchie and Doctoral Student Dakota King-White. The purpose of this study is to determine if the Children Having Incarcerated Parents Succeeding (C.H.I.P.S.) group is an program to help children to succeed academically and socially.

Description of Procedures:
Location: This research study will take place at Adams Junior High School in Sandusky, Ohio.

Participants: For the purpose of this study there will be two groups for those involved in 7th and 8th grade. One group will be involved in an after school group that meets every Monday and Wednesday from 2:45 to 3:45 beginning September 12, 2011 and ending October 5, 2011. During and after the group, youth will complete surveys.

The other group will complete two surveys but will not meet for an hour in a group setting. Before starting the study, a phone conversation will take place between parents and the researcher to discuss the group and or the surveys. Parents will have an opportunity to discuss the benefits, risks and ask questions about the group. Those that did not participate in the first group will have the opportunity to participate in a second group starting November 2011 and ending December 2011. The second group will receive all of the benefits that the first group did, but will not stay...
after school for the after school group. Students who choose not to participate in the after school group, but would like to address the issues that they have with a parent in jail may contact their school counseling for individual counseling.

Please check below which group you would like your child to participate in.

I want my child to participate in the survey group_____________ after school group______________

Files that will be accessed: In order for the researcher to collect data to ensure that the group is effective the researcher will have access to all students’ grades and attendance from the 2010-2011 and 2011-2012 school year.

Outline of the sessions:

I. Introduction of Topic: The introduction of the topic is presented by the facilitator and provides a short outline of what is scheduled for the group.

II. Icebreaker: This step brings in exercises that are non threatening activities designed to get the students to interact with each other as well as build a relationship with the facilitator.

III. Check-In: Check-In is time for the participants to check-in with group and express whatever they wish and or something about the topic of the day.

IV. Activity: A related and engaging activity will take place to help the participants build relationships and find healthy ways of coping with the loss of their incarcerated parent or guardian.

V. Discussion: This step allows the participants to talk about the activity and process the activity.

VI. Conclusion: The end of the session will consist of participants saying one positive thing they learned throughout the session.
After your child has completed participation in the group, the research team will review with you the data from the study and answer any questions you may have about the research.

**Potential Risks:** There are minimal risks to participation in this study, including loss of confidentiality. During this process, students are encouraged to share their experiences and thoughts related to coping with changes; however no child is required to make known any information about themselves or their experiences within the group if they do not want to. It is possible that students could potentially use information revealed in the group against another student. If any of the activities in the group cause your child to feel upset or anxious they may stop at any time and counseling will be available to them. You must also be informed that one of the risks of participating in the after school group is that other group members might discuss what other group members have said in the group, but also identify other members who are participating in the group. Students may also discuss the reason for their participation, which is that they have a parent in jail. Students who participate in the survey group will meet one on one with the researcher to complete the surveys, so the risk for the survey group is minimal.

**Potential Benefits:** The direct benefit for your child to participate in this research will be for them to learn important skills that can be used now and into adulthood. Students will gain a new or updated view of coping with changes and how they can positively influence them throughout life. Students will gain new or updated information on various topics throughout the eight sessions such as self-esteem, positive communication skills with adults and peers, goal setting, academic achievement and the importance of identifying comfortable and uncomfortable emotions. Once the group is done the school is encouraged to continue facilitating groups to help children of incarcerated parents. You as a parent may learn more about the skills your child acquires. Others may also benefit by learning about the results of this research.

**Confidentiality:** The researchers will make every effort to prevent anyone who is not on the research team from knowing that you provided this information, or what that information is. The consent forms with signatures will be kept separate from responses, which will not include names and which will be presented to others only when combined with other responses. Although we will make every effort to protect your confidentiality, there is a low risk that this might be broken. You must also be informed that one of the risks of participating in the after school group is that other group members might discuss what other group members have said in the group and also identify other members who are participating in the group. Students may also discuss their incarcerated parent and the crime committed, but during the groups participants will not be asked to share information about the incarcerated parent crime. Students may also discuss the reason for their participation, which is that they have a parent in jail. Students who participate in the survey group will meet one-on-one with the researcher to complete the surveys, so the risk for the survey group is minimal.

**Voluntary Participation:** Your refusal to participate in this study will involve no penalty or loss of benefits to which you are otherwise entitled and will not affect your relationship with The University of Toledo. In addition, you may discontinue participation at any time without any penalty or loss of benefits.
Contact Information: Before you decide to accept this invitation to take part in this study, you may ask any questions that you might have. If you have any questions at any time before, during or after your participation or experience any physical or psychological pain as a result of this research you should contact a member of the research team Dr. Martin Ritchie at: 419-530-4775 and Mrs. Dakota King-White at: 419-621-2740.

If you have questions beyond those answered by the research team or your rights as a research subject or research-related injuries, the Chairperson of the SBE Institutional Review Board may be contacted through the Office of Research on the main campus at (419) 530-2844.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

**SIGNATURE SECTION – Please read carefully**

You are making a decision whether or not to participate in this research study. Your signature indicates that you have read the information provided above, you have had all your questions answered, and you have decided to take part in this research.

The date you sign this document to enroll in this study, that is, today's date must fall between the dates indicated at the bottom of the page.

<table>
<thead>
<tr>
<th>Name of Subject (please print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Person Obtaining Consent</th>
<th>Signature</th>
<th>Date</th>
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</table>

This Adult Research Informed Consent document has been reviewed and approved by the University of Toledo Social, Behavioral and Educational IRB for the period of time specified in the box below.

Approved Number of Subjects: ________________
Appendix B

Assent Form

Principal Investigator:
Martin H. Ritchie, EdD, Professor
Department of Counselor Education and School Psychology, #419-530-4775

Student Investigator:
Dakota King-White, #419-621-2740

Overview
- You are being asked to be in a study to help understand people better and to see if the group is a helpful group for children.
- You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.
- It is okay to say “No” if you don’t want to be in the study. If you say “Yes” you can change your mind and then quit the study at any time without getting in trouble.

Description of Procedures
Purpose: We are doing a research study about a group for children who have parents who are in jail/prison in your school. A research study is a way to learn more about people.

Participants: Any student in 7th or 8th grade who has a parent/guardian in jail/prison.

Types of groups: For the purpose of this study there will be an after school group and a survey group. If you decide that you want to be part of this study, you will be asked to take a survey before and after the group intervention that you will be attending at your school every Monday and Wednesday from September 12, 2011 to October 5, 2011. The group will be 60 minutes after school from 2:45p.m. to 3:45p.m.

The survey group will be children who have parents who are in jail/prison who choose not to participate in the after school group at this time, but will take surveys. Both groups will be given the before and after surveys. The after school group will be available after the study, so students and/or parents who choose not to participate in the study will have an opportunity to participate in the after school group at a later date. Please check below which group you would like to participate in.
Potential Risks and Benefits

There is a chance that you might feel uncomfortable answering some of the questions on the survey, depending on your past experiences. Also, it will take some of your time to answer the survey questions.

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think these benefits might be that we find better ways to help children who have parents who are in jail/prison. As well as benefits some studies may put children at risk.

A risk is something that may cause harm. The researcher will review confidentiality with each student and parent before the group. Confidentiality means that whatever is said in the group stays in the group, but you must also be informed that one of the risks of participating in the after school group is that other group members might discuss what other group members have said in the group. Participants also may identify other members who are participating in the group. Students may also discuss the reason for their participation, which is that they have a parent in jail/prison. Students who participate in the control group will meet one-on-one with the researcher to complete the surveys, so the risk for the control group is minimal.

When we are finished with this study we will write a report about what was learned. This report will not include your name or say that you were in the study. The answers that you give us on the surveys, especially answers to sensitive or personal questions, will not be individually shared.

If you have any questions about the study, you can ask Mrs. Dakota King-White (#419-621-2740). You can call the investigator(s) listed at the top of this page if you have a question later.

If you decide to be in this study, please print and sign your name below.

I, ________________________________, want to be in this research study.

(Print your name here)

Sign your Name: ___________________________ Date: ___________________________

I will participate in the ________after school group or ___________________survey group.
Appendix C

Child Behavior Checklist

<table>
<thead>
<tr>
<th>CHILD BEHAVIOR CHECKLIST FOR AGES 6-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD'S NAME: ________________________</td>
</tr>
<tr>
<td>CHILD'S AGE: ___</td>
</tr>
<tr>
<td>CHILD'S RACE: ________________________</td>
</tr>
<tr>
<td>CHILD'S SEX: ________________________</td>
</tr>
<tr>
<td>CHILD'S ETHNIC GROUP: ________________________</td>
</tr>
<tr>
<td>TODAY'S DATE: mm/dd/yy</td>
</tr>
<tr>
<td>CHILD'S BIRTHDATE: mm/dd/yy</td>
</tr>
<tr>
<td>GRADE IN SCHOOL: ________________________</td>
</tr>
<tr>
<td>NOT ATTENDING SCHOOL: ________________________</td>
</tr>
<tr>
<td>PARENT'S NAME: ________________________</td>
</tr>
<tr>
<td>PARENT'S RELATIONSHIP: ________________________</td>
</tr>
<tr>
<td>TYPE OF WORK: ________________________</td>
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<td>TYPE OF WORK: ________________________</td>
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<td>TYPE OF WORK: ________________________</td>
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<tr>
<td>TYPE OF WORK: ________________________</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sport</th>
<th>Compared to Others</th>
<th>Less Than Average</th>
<th>Average</th>
<th>More Than Average</th>
<th>Don't Know</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Don't Know</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
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</table>

2. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamping, doll making, painting, reading, computers, singing, etc. (Do not include listening to radio or TV.)

<table>
<thead>
<tr>
<th>Hobbies</th>
<th>Compared to Others</th>
<th>Less Than Average</th>
<th>Average</th>
<th>More Than Average</th>
<th>Don't Know</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Compared to Others</th>
<th>Less Than Average</th>
<th>Average</th>
<th>More Than Average</th>
<th>Don't Know</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
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</table>

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

<table>
<thead>
<tr>
<th>Job/Chore</th>
<th>Compared to Others</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
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<td>b.</td>
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</tbody>
</table>

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

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Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)
   □ None □ 1 □ 2 or 3 □ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?
   (Do not include brothers & sisters)
   □ Less than 1 □ 1 or 2 □ 3 or more

VI. Compared to others of his/her age, how well does your child:
   a. Get along with his/her brothers & sisters?
   □ Worse □ Average □ Better □ Has no brothers or sisters
   b. Get along with other kids?
   □ Worse □ Average □ Better □ Has no brothers or sisters
   c. Behave with his/her parents?
   □ Worse □ Average □ Better □ Has no brothers or sisters
   d. Play and work alone?
   □ Worse □ Average □ Better □ Has no brothers or sisters

VII. 1. Performance in academic subjects. □ Does not attend school because

Check a box for each subject that child takes
   a. Reading, English, or Language Arts
   b. History or Social Studies
   c. Arithmetic or Math
   d. Science
   e. __________________________
   f. __________________________
   g. __________________________
Other academic subjects—for examples: computer courses, foreign language, business. Do not include gym, shop, driver’s ed., or other nonacademic subjects.

2. Does your child receive special education or remedial services or attend a special class or special school?
   □ No □ Yes—kind of services, class, or school:

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

4. Has your child had any academic or other problems in school? □ No □ Yes—please describe:
   When did these problems start?
   Have these problems ended? □ No □ Yes—when?
   Does your child have any illness or disability (either physical or mental)? □ No □ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Be sure you answered all items.
<table>
<thead>
<tr>
<th>Item</th>
<th>0 = Not True (as far as you know)</th>
<th>1 = Somewhat or Sometimes True</th>
<th>2 = Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acts too young for his/her age</td>
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<tr>
<td>2. Drinks alcohol without parents’ approval</td>
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<tr>
<td>(describe):</td>
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<tr>
<td>3. Argues a lot</td>
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<td>4. Falls to finish things he/she starts</td>
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<tr>
<td>5. There is very little he/she enjoys</td>
<td></td>
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<tr>
<td>6. Bowel movements outside toilet</td>
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<tr>
<td>7. Bragging, boasting</td>
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<tr>
<td>8. Can’t concentrate, can’t pay attention for long</td>
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<tr>
<td>9. Can’t get his/her mind off certain thoughts; obsessions (describe):</td>
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<tr>
<td>10. Can’t sit still, restless, or hyperactive</td>
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<tr>
<td>11. Clings to adults or too dependent</td>
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<tr>
<td>12. Complains of loneliness</td>
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<tr>
<td>13. Confused or seems to be in a fog</td>
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<tr>
<td>14. Cries a lot</td>
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<tr>
<td>15. Cruel to animals</td>
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<tr>
<td>16. Cruelty, bullying, or meanness to others</td>
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<tr>
<td>17. Daydreams or gets lost in his/her thoughts</td>
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<tr>
<td>18. Deliberately harms self or attempts suicide</td>
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<tr>
<td>19. Demands a lot of attention</td>
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<tr>
<td>20. Destroys his/her own things</td>
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<tr>
<td>21. Destroys things belonging to his/her family or others</td>
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<tr>
<td>22. Disobedient at home</td>
<td></td>
<td></td>
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<tr>
<td>23. Disobedient at school</td>
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<tr>
<td>24. Doesn’t eat well</td>
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<tr>
<td>25. Doesn’t get along with other kids</td>
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<tr>
<td>26. Doesn’t seem to feel guilty after misbehaving</td>
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<tr>
<td>27. Easily jealous</td>
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<tr>
<td>28. Breaks rules at home, school, or elsewhere</td>
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<tr>
<td>29. Fears certain animals, situations, or places, other than school (describe):</td>
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<tr>
<td>30. Fears going to school</td>
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<tr>
<td>31. Fears he/she might think or do something bad</td>
<td></td>
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<tr>
<td>32. Feels he/she has to be perfect</td>
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<tr>
<td>33. Feels or complains that no one loves his/her</td>
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<tr>
<td>34. Feels others are out to get him/her</td>
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<tr>
<td>35. Feels worthless or inferior</td>
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<tr>
<td>36. Gets hurt a lot, accident-prone</td>
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<tr>
<td>37. Gets in many fights</td>
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<tr>
<td>38. Gets teased a lot</td>
<td></td>
<td></td>
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<tr>
<td>39. Hangs around with others who get in trouble</td>
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<tr>
<td>40. Hears sounds or voices that aren’t there (describe):</td>
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<tr>
<td>41. Impulsive or acts without thinking</td>
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<tr>
<td>42. Would rather be alone than with others</td>
<td></td>
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<tr>
<td>43. Lying or cheating</td>
<td></td>
<td></td>
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<tr>
<td>44. Bites fingernails</td>
<td></td>
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<tr>
<td>45. Nervous, highstrung, or tense</td>
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<tr>
<td>46. Nervous movements or twitching (describe):</td>
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<tr>
<td>47. Nightmares</td>
<td></td>
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<tr>
<td>48. Not liked by other kids</td>
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<td></td>
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<tr>
<td>49. Constipated, doesn’t move bowels</td>
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<tr>
<td>50. Too fearful or anxious</td>
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<tr>
<td>51. Feels dizzy or lightheaded</td>
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<tr>
<td>52. Feels too guilty</td>
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<tr>
<td>53. Overseating</td>
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<tr>
<td>54. Overtired without good reason</td>
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<tr>
<td>55. Overweight</td>
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<td></td>
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<tr>
<td>56. Physical problems without known medical cause:</td>
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<td></td>
</tr>
<tr>
<td>a. Aches or pains (not stomach or headaches)</td>
<td></td>
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<tr>
<td>b. Headaches</td>
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<tr>
<td>c. Nausea, feels sick</td>
<td></td>
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<tr>
<td>d. Problems with eyes (not if corrected by glasses) (describe):</td>
<td></td>
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<tr>
<td>e. Rashes or other skin problems</td>
<td></td>
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<tr>
<td>f. Stomachaches</td>
<td></td>
<td></td>
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<tr>
<td>g. Vomiting, throwing up</td>
<td></td>
<td></td>
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<tr>
<td>h. Other (describe):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>0 = Not True (as far as you know)</td>
<td>1 = Somewhat or Sometimes True</td>
<td>2 = Very True or Often True</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>0 1 2</td>
<td>57. Physically attacks people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>58. Picks nose, chin, or other parts of body (describe):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>59. Plays with own sex parts in public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>60. Plays with own sex parts too much</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>61. Poor school work</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>62. Poorly coordinated or clumsy</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>63. Prefers being with older kids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>64. Prefers being with younger kids</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>65. Refuses to talk</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>66. Repeats certain acts over and over; compulsions (describe):</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>67. Runs away from home</td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>68. Screams a lot</td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>69. Gnostic, keeps things to self</td>
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<td>0 1 2</td>
<td>70. Sees things that aren’t there (describe):</td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>71. Self-conscious or easily embarrassed</td>
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<tr>
<td>0 1 2</td>
<td>72. Smokes pipe</td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>73. Sexual problems (describe):</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>74. Showing off or domineering</td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>75. Too shy or timid</td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>76. Sleeps less than most kids</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>77. Sleeps more than most kids during day and night (describe):</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>78. Inattentive or easily distracted</td>
<td></td>
<td></td>
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<tr>
<td>0 1 2</td>
<td>79. Speech problem (describe):</td>
<td></td>
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<td>0 1 2</td>
<td>80. Stares blankly</td>
<td></td>
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<td>0 1 2</td>
<td>81. Steals at home</td>
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<td>0 1 2</td>
<td>82. Steals outside the home</td>
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<td>0 1 2</td>
<td>83. Stores up too many things he/she doesn’t need (describe):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please print. Be sure to answer all items.
Appendix D

Rosenberg Self-Esteem Scale

Rosenberg Self-Esteem Scale (Rosenberg, 1965)
The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

1. On the whole, I am satisfied with myself. SA A D SD
2.* At times, I think I am no good at all. SA A D SD
3. I feel that I have a number of good qualities. SA A D SD
4. I am able to do things as well as most other people. SA A D SD
5.* I feel I do not have much to be proud of. SA A D SD
6.* I certainly feel useless at times. SA A D SD
7. I feel that I’m a person of worth, at least on an equal plane with others. SA A D SD
8.* I wish I could have more respect for myself. SA A D SD
9.* All in all, I am inclined to feel that I am a failure. SA A D SD
10. I take a positive attitude toward myself. SA A D SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.
Appendix E

Human Bingo

Warm-Ups

Who Are You?
Facilitator: Have members fill in the boxes with three fun or surprising topics ready to play, then play one at a time as members circulate to exchange their responses. Provide about 2 minutes for each song.
 Council members: Fill in each box with something that is true for you. Then, when the music begins to play, find someone you don’t know and tell each other your responses from three squares, then sign your initials on your partner’s three squares. When the music changes, find another person and tell each other your responses from three different squares respectively. Sign your initials in each other’s three squares. When the music changes for the third time, find another person, tell each other your responses from three squares, then try to find three squares that you have in common. Sign your initials on your partner’s page, on the squares you have in common.

<table>
<thead>
<tr>
<th>FAVORITE ANIMAL</th>
<th>SONG THAT IS IN YOUR HEAD</th>
<th>YOU WOULD TRAVEL TO THIS COUNTRY</th>
<th>BEST ACTION SCENE IN A MOVIE</th>
<th>DREAM CAREER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON STAGE, YOU WOULD ACT, DANCE, SING, OR PLAY AN INSTRUMENT</td>
<td>SANDALS, ATHLETIC SHOES, OR BOOTS</td>
<td>COUNCIL</td>
<td>FAVORITE COMIC BOOK HERO</td>
<td>FAMOUS PERSON YOU WANT TO MEET</td>
</tr>
<tr>
<td>A MONEY NOW OR WHEN YOU WERE YOUNGER</td>
<td>COOL BUILDING YOU HAVE SEEN</td>
<td>A TALENT YOU HAVE</td>
<td>TACOS, PIZZA, OR FRIED CHICKEN</td>
<td>FAVORITE SPORT (to play or to watch)</td>
</tr>
</tbody>
</table>

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