



GRowing with Expressive Arts Together: The “GREAT” Kids Group March 2021

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UNIVERSITY OF NEBRASKA AT OMAHA
SUPPORT AND TRAINING FOR
THE EVALUATION OF PROGRAMS




Connections
at Project Harmony



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Introduction

Support and Training for the Evaluation of Programs (STEPs) at the University of Nebraska at Omaha is a leader in evaluation for social service agencies across Nebraska. STEPs partnered with Betsy Funk in May 2020 to review and analyze existing data related to The GRowing with Expressive Arts Together (The “GREAT” Kids Group).

Program Description

Betsy Funk, LCSW, LIMHP, MPA, REAT contracts with Project Harmony’s Connections program to offer The “GREAT” Kids Group in the Omaha Metro. The “GREAT” Kids Group is an 8-week school-based expressive arts group designed to assist children in recognizing, processing, and appropriately expressing their emotions. Project Harmony’s Connection program in conjunction with school personnel identify elementary and middle school students who may benefit from participating in The “GREAT” Kids Group. STEPs developed a logic model for The “GREAT” Kids Group which can be found in [Appendix A](#).

Purpose

The purpose of this report is to provide Betsy Funk, Project Harmony, and their stakeholders with a comprehensive overview of the processes and outcomes of The “GREAT” Kids Group between October 2018 and April 2020. The overview includes a summary of child demographics, initial Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1987) scores, and child outcomes.

Methodology

Data Collection. Group facilitators gathered demographic information from children in the groups and the SDQ survey from the children’s parents in order to gain baseline information about parents’ perceived concerns of their children’s behaviors. In some cases, comparison SDQ data was collected at the end of the group sessions. SDQ scores were transmitted to Project Harmony who recorded and stored this data. Data was retrieved from Project Harmony for the purposes of this project. The complete text of the SDQ can be found in [Appendix B](#).

Data Analysis. STEPs cleaned, merged, and analyzed the data using Excel, and then created visualizations and the child location map using Excel and necessary add-ins. STEPs completed univariate analyses on demographic, facilitator, and SDQ information.

Measuring Fidelity and Outcomes

This report also provides detail on created fidelity and outcome measures implemented or recommended for the future of the program. In consultation with Betsy Funk, STEPs created a fidelity tool to better measure the fidelity and outcomes of The “GREAT” Kids Group. Additionally, an individual level pretest posttest measure was revised to collect child-level data as an additional program tool. These tools will empower future evaluation in connecting specific program protocols with outcomes. Measuring fidelity and outcomes is discussed in more depth in the recommendations section of this report. See [Appendix C](#) to view the fidelity measurement tool.



Executive Summary

The “GREAT” Kids Group



141

Children Served



8

Facilitators



17

Omaha Zip Codes
Represented

The “GREAT” Kids Group uses artistic expression to encourage personal expression and promote growth amongst elementary and middle school students. This report describes and documents the experiences of children participating in groups between October 4, 2018 and April 17, 2020:

- 71% identified as female.
- Ranged from ages 6-14 years.
- 88% reported English as their primary language.
- 37% identified as White and 36% identified as Black.
- 41% resided in the zip code of 68111.

Measuring Outcomes of The “GREAT” Kids Group

Capturing individual change or growth using varying art mediums is very challenging, however, the resulting art produced remains a critical outcome of the children. While the art products produced are incredibly important for the children’s individual growth, the evaluating of those products is quite subjective. To measure change in a child’s behavior, the program utilizes the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1987) with children to track individual growth. This measure is well-known to be accurate and replicable across diverse groups of children, and can be completed by parents, teachers, or the children themselves.

STEPS leveraged SDQ scores for this report and offers recommendations for future evaluation.

Pretest SDQ Scores

Prior to the groups, reported SDQ scores help to illustrate the children's need for the program’s services and help facilitators understand the incoming needs of children. The average pretest SDQ scores illustrate children with many behavioral and social needs.

- Abnormal scores were reported in both emotional symptoms (M=5.0, SD=2.32) and conduct problems (M=4.06, SD=1.68).
- Borderline to abnormal scores were reported on the peer problems scale (M=3.33, SD=1.86).
- Normal to borderline scores were reported on the hyperactivity scale (M=5.1, SD=2.49).
- Normal yet highly variable scores were recorded on the prosocial scale (M=7.89, SD=1.77). 4

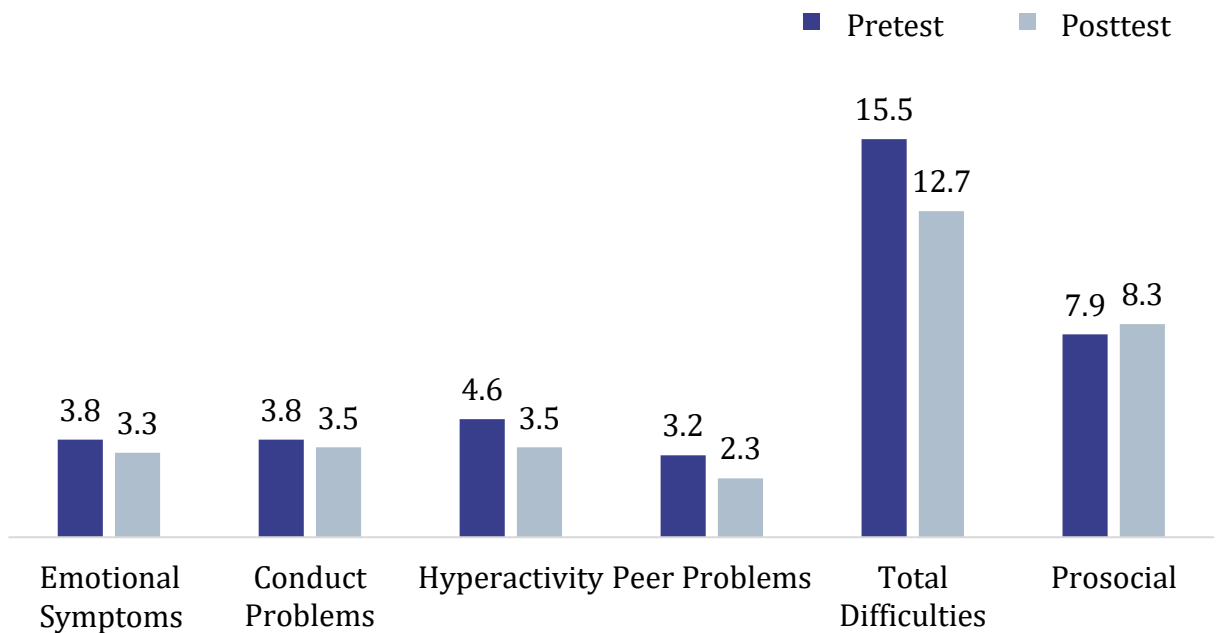


Executive Summary

Outcomes of The “GREAT” Kids Group

Comparing a subgroup of children who completed the groups and had a parent complete both pretest and posttest SDQ surveys yielded a number of positive findings that were comparable to other similar studies. Across each scale, parents of children in The “GREAT” Kids Group reported declines in problematic behaviors and increases in positive (prosocial) behaviors. Further, using effect size calculations, each of these differences is in line with larger studies using similar youth-based programming and the SDQ instrument as a critical outcome.

Average Pretest and Posttest SDQ Scores (n=14)



Recommendations

Early evidence indicates a very positive trend in outcomes for The “GREAT” Kids Groups. In order to more clearly demonstrate these findings and prepare for a future study, STEPs recommends the following

1. Adding additional outcome and fidelity tracking measures.
2. Children’s self-reports could be beneficial to establishing program efficacy.
3. While the SDQ could be used for this measure, it is less valid with younger children. Instead, a revised measure has been included in this report that can be reported by the child.
4. Additionally, group facilitators should increase collection of both pretest and posttest SDQ surveys to further establish program outcomes.
5. Finally, tracking program implementation via fidelity tracking forms would help the program to better understand what is being delivered in groups and how the program manual is being utilized.



Overall Demographics: All Children Served

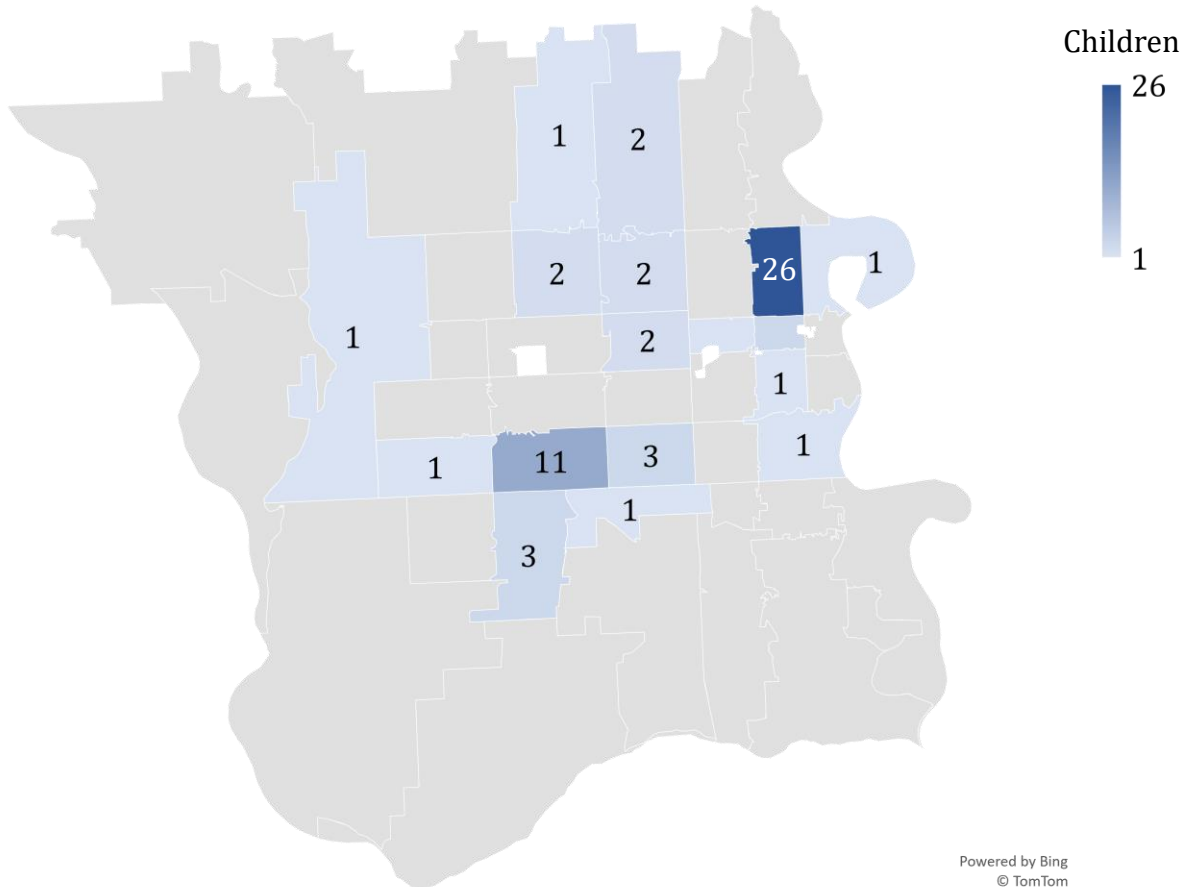
Children Served (n=141)

141 children participated in The “GREAT” Kids Group between October 4, 2018 and April 17, 2020. This page and the next summarize available demographic information on this larger sample of children served.

Geographic Location (n=62)

The “GREAT” Kids Group served children from 17 zip codes in the Omaha Metro. Children from the zip code 68111 were most frequently served (n=26, 41%). The map below represents the Omaha Metro area and shows the number of children served from each zip code. Location data for many children was not tracked or entered.

Participants in the Omaha Area (Zip Codes) (n=62)



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Facilitators

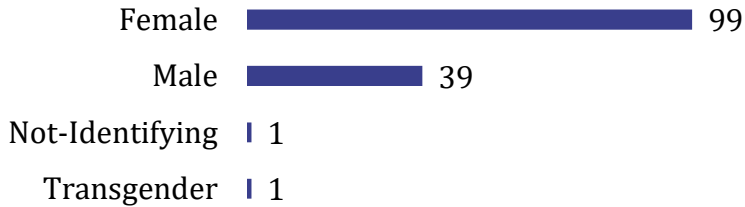
Eight facilitators conducted The “GREAT” Kids Group across multiple Omaha neighborhoods with elementary and middle school children. Facilitators served between 4 and 65 children, mostly depending on the length of time they have been conducting groups. These facilitators were trained and implemented a manualized curriculum developed by Betsy Funk.



Overall Demographics: All Children Served

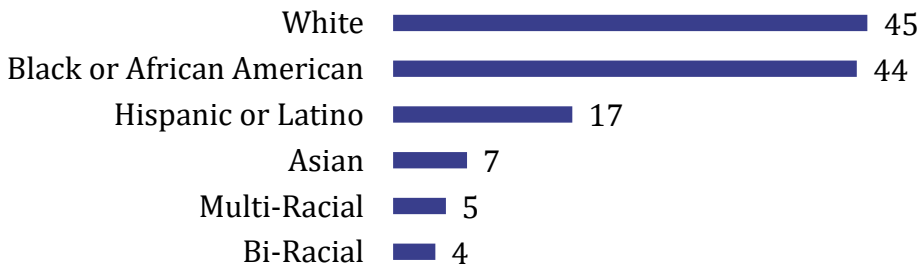
Gender Identity (n=140)

Just over two-thirds of children identified as female (n=99, 71%) and the remaining one-third identified as male (n=29, 28%) or either transgender (n=1) or non-identifying (n=1). The graph below represents the gender identify of all children.



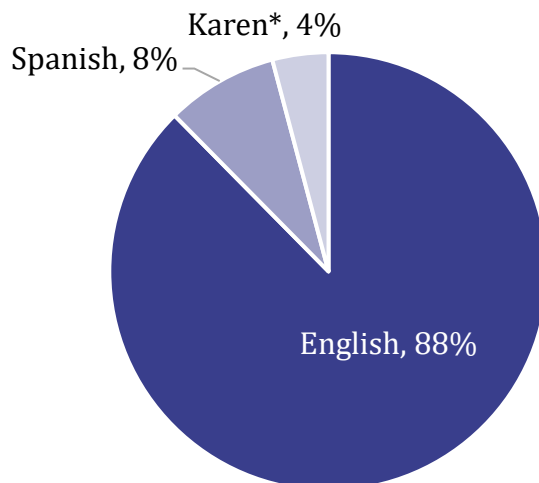
Racial/Ethnic Identities (n=122)

Children most frequently identified as White (n=45, 37%) and Black or African American (n=44, 36%). The graph below represents the racial/ethnic identifies of all children.



Primary Language (n=121)

The majority of children listed English (n=106, 88%) as their primary language. The remaining sample of children indicated Spanish (n=10, 8%) or Karen (n=5, 4%) as their primary language. The pie chart below shows the primary language of all children.



*Karen is a language spoken in lower Myanmar and the borders of Thailand (Britannica, 2015).



Demographics of Children with SDQ Scores

The “GREAT” Kids Group utilizes the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1987) with children to track individual growth. The SDQ is intended to be administered to a parent or teacher during the initial meeting prior to the group starting as a pretest and once again upon discharge as a posttest.

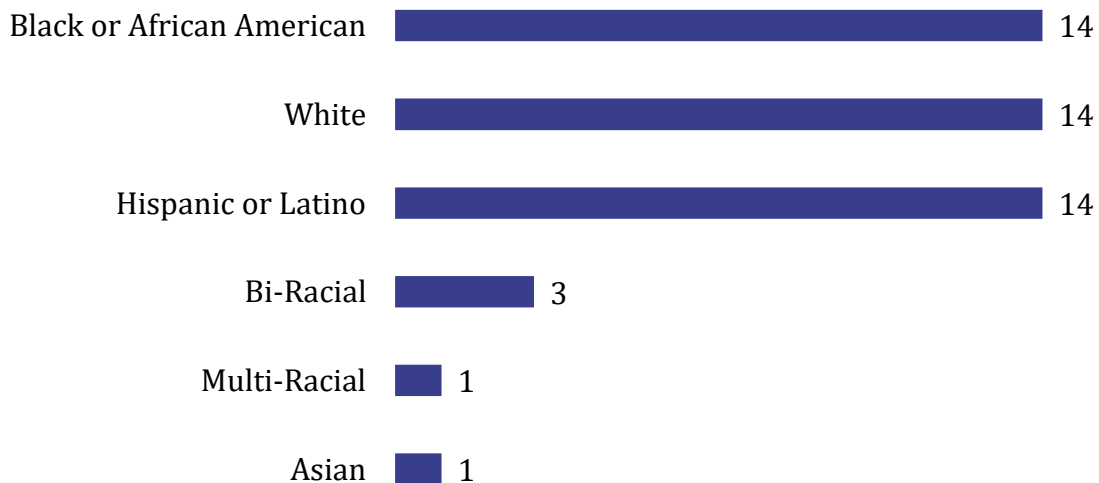
Facilitators varied widely in their administration of the SDQ measure, which could potentially lend to some bias in findings. Five of the facilitators administered the SDQ with at least 50% of the children in their groups, while the other three were far lower in administration. It is unknown if those not being represented by an SDQ score “look” different in terms of their pretest and posttest scores.

The following demographic information represents children whose parent or teacher completed an SDQ survey.

Overall, the children included in the outcome sample (those with SDQ scores) were representative of all children served in the program. Data on racial identity was generally similar to the available data on all children served. Primary language and gender were also similarly comparable to the overall sample’s demographics. In other words, even though there were fewer SDQ scores to evaluate, children represented similarly in the outcome sample versus the entire sample.

Race (n=47)

Participants identified most frequently as Black or African American, White, and Hispanic or Latino (n=14, 30%). The graph below shows the race for all children with a pretest SDQ score.

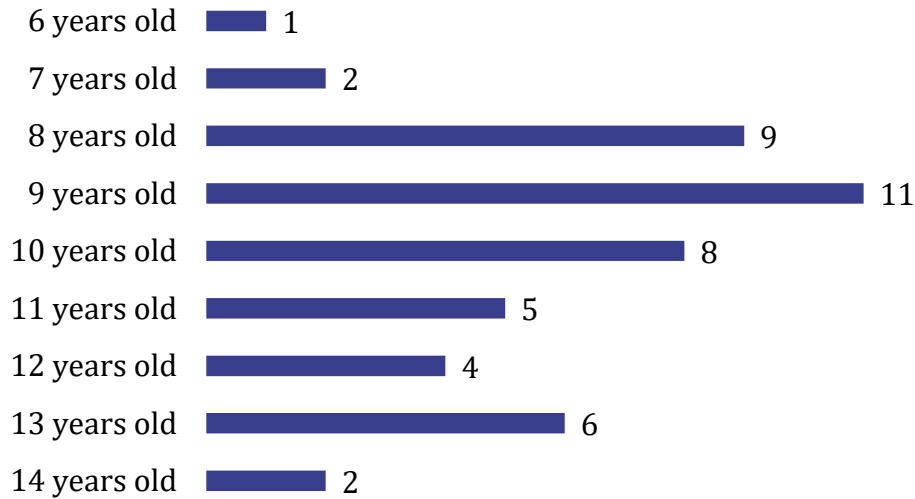




Demographics of Children with SDQ Scores

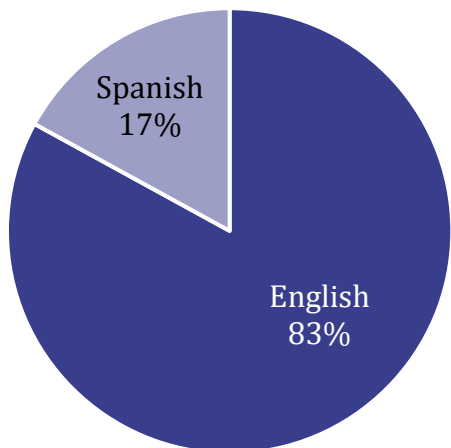
Age (n=48)

The mean age of children was 9.7 years old (SD=1.85). Participants ranged from 6 to 14 years old. The graph below shows the age for all children with a pretest SDQ score.



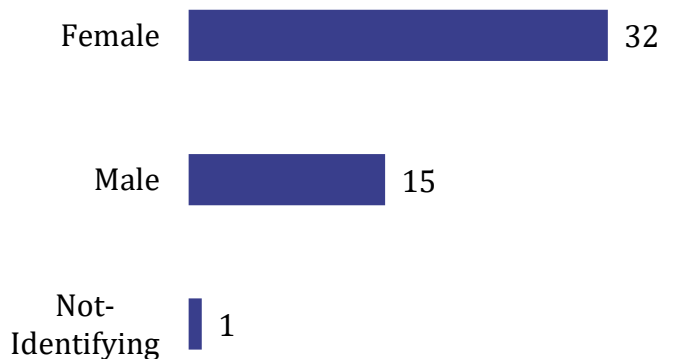
Primary Language (n=47)

Children most frequently reported speaking English (n=39, 83%) and Spanish (n=8, 17%).



Gender (n=48)

The majority of children identify as female (n=32, 67%) followed by male (n=15, 31%), and not-identifying (n=1, 2%).





Pretest Group SDQ Scores

Strengths and Difficulties Questionnaire (SDQ)

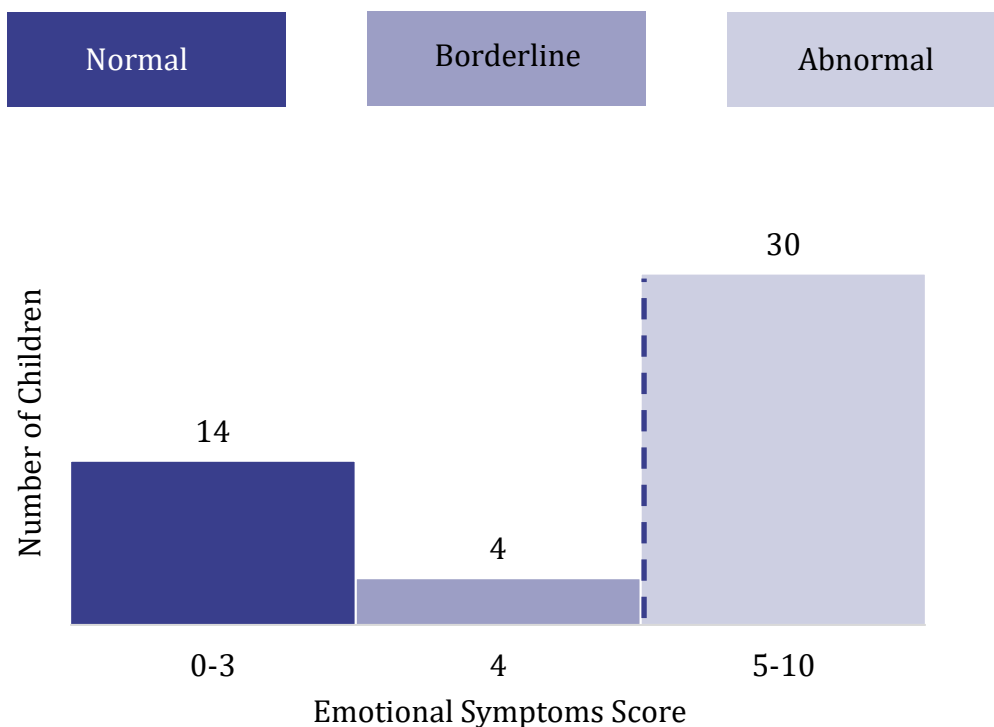
The SDQ has five scales: four difficulty behavioral areas and one strengths-based behavioral area. Each scale is given diagnostic labels for indicating whether the score is normal, borderline, or abnormal in terms of severity. Ranges for these labels vary for each scale and are noted in the narrative below.

1. Emotional Symptoms Scale.
2. Conduct Problems Scale.
3. Hyperactivity Scale.
4. Peer Problems Scale.
5. Prosocial Scale.

The total difficulties score is found by combining the scores from all scales except the prosocial scale. The following pages explore the pretest SDQ scores for children in The “GREAT” Kids Group. See [Appendix D](#) to see a full breakdown for each scale and total scores.

Emotional Symptoms Scale (n=48)

The scale diagnostic labels for the Emotional Symptoms score are as follows: Normal: 0-3, Borderline: 4, and Abnormal: 5-10. Participants averaged a score of 5.0 on emotional symptoms (SD=2.32). This average score for children prior to groups is just on the line between the borderline and abnormal ranges, however important to note in each scale that a large number of reported scores fall within the abnormal range. The histogram below indicates the number of children within each range. The dotted line represents the average score.

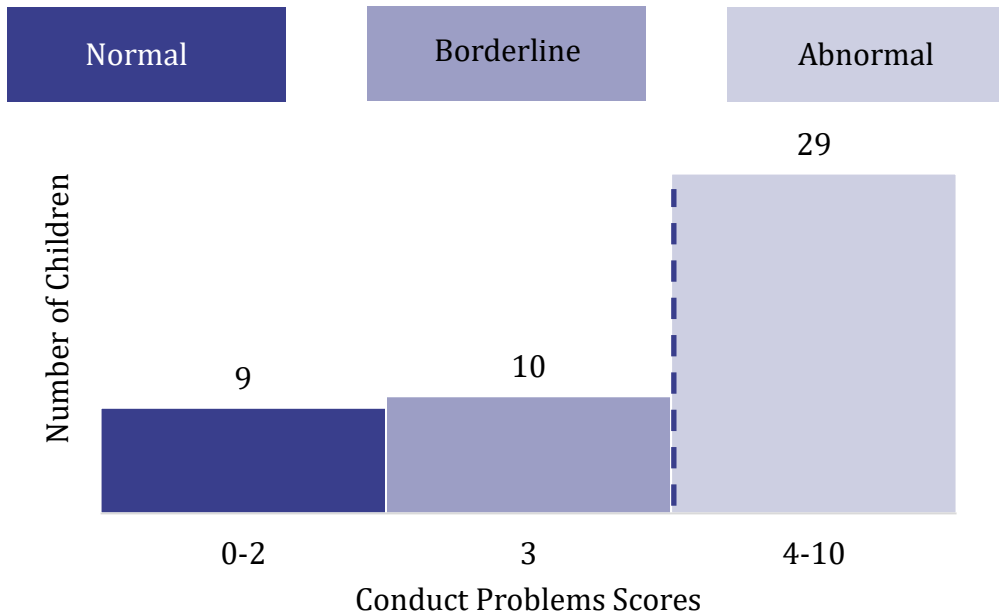




Pretest Group SDQ Scores

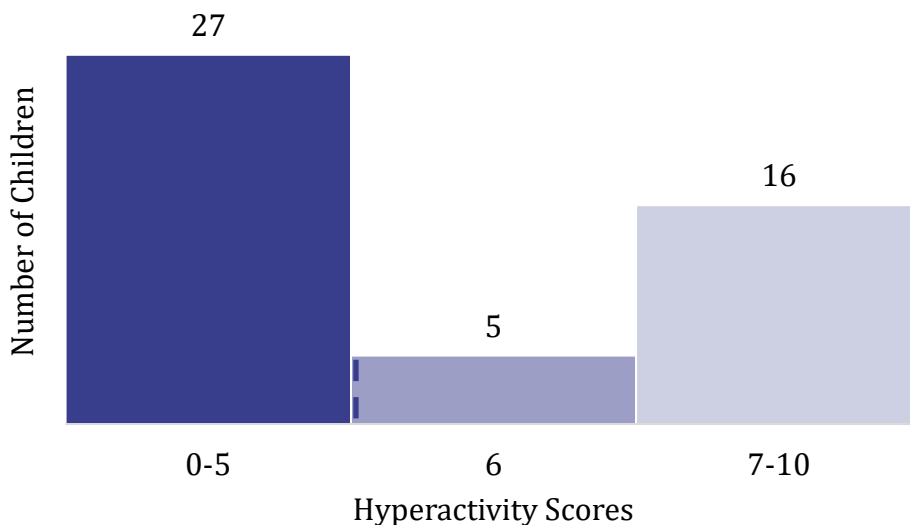
Conduct Problems Scale (n=48)

Conduct Problems diagnostic ranges are as follows: Normal: 0-2, Borderline: 3, and Abnormal: 4-10. Participants averaged a score of 4.06 on conduct problems (SD=1.68). The average score is slightly within the abnormal range. The graph below indicates the number of children within each range. The dotted line represents the average score.



Hyperactivity Scale (n=48)

The Hyperactivity Scale score is as follows: Normal: 0-5, Borderline: 6, and Abnormal: 7-10. Participants averaged a score of 5.10 on hyperactivity (SD=2.49). The average is between the normal and borderline ranges. The graph below indicates the number of children within each range. The dotted line represents the average score.

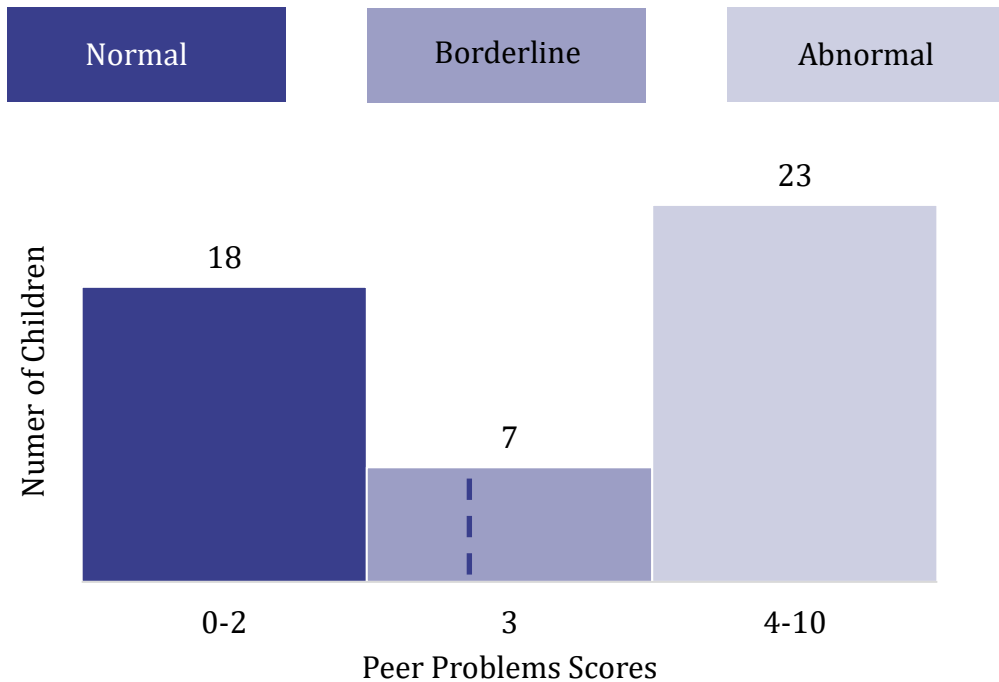




Pretest Group SDQ Scores

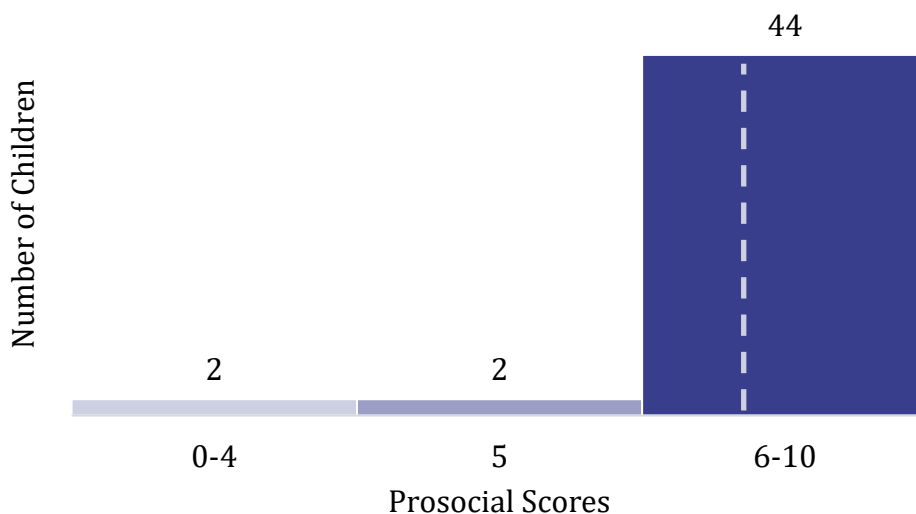
Peer Problems Scale (n=48)

The scale for the Peer Problems symptoms score is as follows: Normal: 0-2, Borderline: 3, and Abnormal: 4-10. Participants had an average score of 3.33 on peer problems (SD=1.86). The average is between the borderline and abnormal ranges. The histogram below indicates the number of children within each range. The dotted line represents the average score.



Prosocial Scale (n=48)

The scale for the Prosocial symptoms score is as follows: Normal: 6-10, Borderline: 5, and Abnormal: 0-4. Participants had an average score of 7.89 on the prosocial scale (SD=1.77). The average is within the normal range. The histogram below indicates the number of children within each range. The dotted line represents the average score.

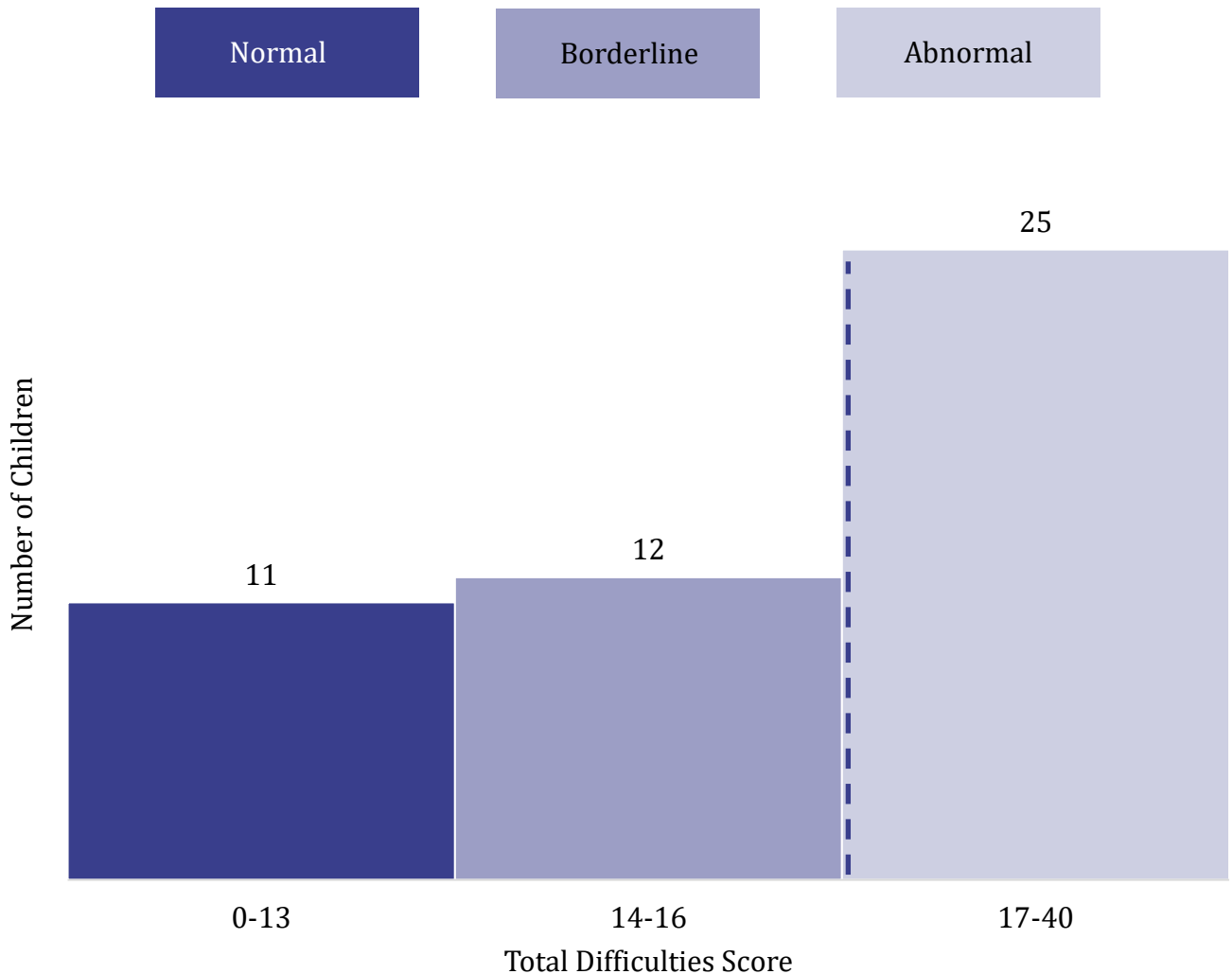




Pretest Group SDQ Scores

Total Difficulties Score (n=48)

The scale for the Total Difficulties score is as follows: Normal: 0-13, Borderline: 14-16, and Abnormal: 17-40. Participants had an average score of 17 on the total difficulties score (SD=5.19). The average is within the abnormal range. It is important to note that when using this total score, **most children were in the borderline to abnormal range**. The histogram below indicates the number of children within each range. The dotted line represents the average score.





Comparative Outcome Scores

Comparison Sample Description

14 children had a corresponding pretest and posttest SDQ score entered. While this is a somewhat small sample, STEPs used this as a sample to show change in each of the critical areas. Generally, this small group was representative of the larger outcome sample across gender and race. In this analysis, one child had two pretest scores entered with different outcomes. STEPs averaged the scores for this child in order to get an accurate comparison.

Scale	Pre-Average	Post-Average	Change	D-score
Emotional Symptoms	3.86 (SD=2.56)	3.36 (SD=2.09)	-0.5	-0.21
Conduct Problems	3.86 (SD=1.99)	3.50 (SD=1.45)	-0.36	-0.21
Hyperactivity/ Inattention	4.61 (SD=2.73)	3.50 (SD=2.72)	-1.11	-0.41
Peer Problems	3.21 (SD=2.14)	2.36 (SD=1.91)	-0.85	-0.53
Total Difficulties	15.54 (SD=6.05)	12.71 (SD=4.60)	-2.83	-0.53
Prosocial	7.93 (SD=1.62)	8.36 (SD=1.67)	0.43	0.26

Change

The table above illustrates clinical change of the children as a group. A negative “change” on the difficulties scales is a positive finding (lowering those scores on average) while a positive change on the prosocial (strengths) scale is a positive finding.

The D-score indicates the effect size of the change and is one way to look at real or clinical change for this group (typically a Cohen’s *d* (Cohen, 1988)). Noted D-scores in the table above show how much of a standard deviation the group has moved from pretest to posttest group. This metric is used to illustrate how much children scores moved in reference to the scale and is standardized, but it does not indicate “statistical significance” as is typically noted in studies. For example, in the table above the emotional and conduct scales decreased similarly by a D-score of -0.21, however the program seemed to have a greater effect on hyperactivity (*d*=-0.41) and peer problem (*d*=-0.53) scales.



Comparative Outcome Scores

Each of the difficulties scales show a decline in average scores and a resulting negative effect-size: Emotional Symptoms ($d=-0.21$), Conduct Problems ($d=-0.21$), Hyperactivity ($d=-0.41$), and Peer Problems ($d=-0.53$). This is strong evidence to show positive effects with children in the groups. Additionally, the positive, Prosocial scale showed an improvement ($d=.26$) in scores in the positive direction. That is equally as telling to the success of services as they not only reduced problematic behaviors but increased positive behaviors.

Further, scores lowered between a quarter (-0.25) to a half standard deviation (-0.50) across each subscale from pretest to posttest group scores. While interpreting the size of the effect depends on the discipline and population, this is comparable to other similar studies for children in group-based programming. This finding is overwhelmingly positive for the SDQ outcome scores.



Program Measures and Existing Literature

Monitoring program outcomes and fidelity align with similar youth-based programs and recommendations in the literature. Luckily, similar creative expression programs have published efficacy and outcome findings, illustrating SDQ usage, effect size reporting, and fidelity monitoring recommendations. This puts GREAT Kids in a strong position to build upon this evaluation's findings.

Using the SDQ across diverse groups of children and relying on either parent or teacher reports have each been further validated in the literature. Utilizing the SDQ with ethnically diverse groups of children, including refugee populations, and translating the measure into different languages have been shown to be valid and consistent (Khawaja & Dhushyanthakumar, 2020; Sullivan & Simonson, 2016). Further, research on the SDQ and diverse populations continues to grow and specific population usage and adaptation can be easily found online. Additionally, parents' and teachers' scores have been shown to be highly correlated, illustrating the flexibility of the measure to capture similar scores from either perspective (Goodman, 1997).

Generally, effect size (d-score) interpretations can vary by discipline, however due to the expanded usage of the SDQ tool this allows for comparison of GREAT Kids across other similar programs/studies with similar target populations. Similar art-based school interventions found relatively similar effects and calculated d-scores using the SDQ scales as a primary outcome data (Cortina & Fazel, 2015; Rousseau, Bearegard, Daignault et al., 2014). Again, research continues to grow in this area and the SDQ measure and creative arts programming interventions align well in that literature.

Finally, fidelity tracking has grown in importance, and recommendations for tracking fidelity while keeping an eye to program adaptations for unique populations is ever present (Anyon, Roscoe, Bender, Kennedy, Dechants, Begun, & Gallagher, 2019). A growing group of facilitators of GREAT Kids will make this tracking more necessary and important in the future.

Limitations and Recommendations

Limitations:

Several limitations in the data could increase bias in the results. For example, tracking which parent or which adult (parent vs. teacher) is completing the SDQ may change the outcomes. While other studies show high correlation between adult reports, it still should be considered. Examining child outcomes via the SDQ results without the perspective of the children's input may not provide a full picture of change or child-level behaviors. While the adult report has been shown to be valid, continued efforts to gather information from children should be considered when possible. Child group attendance was not readily tracked, and this tracking may help show differences between children who have great "dosage" differences in terms of the group's effect on their behaviors. Additionally, what was actually delivered within group sessions was not available for this analysis and this fidelity tracking could help to further explore which services best benefit children.

Overall Recommendations:

Based on the outcome data and the limitations above, STEPs offers the following recommendations for the program. Further expanded recommendations follow on some items.

1. Implement a fidelity tracking tool to assist in identifying which aspects of the groups are the most beneficial.
2. Increase the overall SDQ administration, particularly with an eye to rates across facilitators. This will help reduce bias in the findings and continue to aid in program evaluation.
3. Include an open-ended question at the end of the posttest SDQ to allow the child to write about their experiences or the parent to write about noted changes.
4. Edit the demographic questions on the SDQ to allow children to write in their own gender identity.
5. Implement additional measures to capture the child's perspective. For example, the self-report instrument to capture the child's unique and important voice. While the quantitative instrument may help for comparison (especially if the SDQ is used for children 11 years and older), other methods should also be explored that may provide unique insight into their expressive arts abilities or feelings.
6. Collect outcome data of children who have left the group for an extended time. For example, follow-up with children 1 year out of services and have a parent/teacher complete the SDQ again as an additional outcome point.
7. Document if the child, parent, or teacher completed the SDQ as scores are interpreted differently depending on the respondent.
8. Partner with the child's parent(s) or teacher to complete an additional SDQ score after 1 year of group completion. A third SDQ score could indicate long term outcomes gained through participating in The "GREAT" Kids Group.



Recommendation: Measuring Program Fidelity

Monitoring fidelity to GREAT Kids is important to continued program evaluation and as multiple facilitators provide group services. Fidelity tracking tools are used to monitor how closely programs or services are delivered in relation to their planned or manualized programming. Simple fidelity tracking tools can be implemented to increase knowledge for monitoring this fidelity and allowing for program evaluation or research to account for potential differences in program outcomes. Similar youth programs that showed success noted challenges in making these connections (Raval, Montañez, Meyer, & Berger-Jenkins, 2019).

STEPS created the fidelity tracking tool below (full measure in [Appendix C](#)) in consultation with Betsy Funk and with detailed review of the program manual.

Instrument

The GREAT Kids: Group Form (fidelity tool) tracks the session, number of children, activities, time spent in each activity, and clinical objectives. It also allows for qualitative notes from facilitators.

The fidelity tool was created within Google Forms to help increase completion rates and ease of paperwork coordination. The form takes approximately 1-5 minutes to complete depending on the amount of feedback from the facilitators, but can be done quickly and automatically tabulated.

To submit the form, facilitators receive a link that can be reused after each group. The form can be completed via any device that connects to the internet and does not include any identifiable student-level information.

Evaluation

Data gathered from this form help track program activities which can be linked to program outcomes and compared across groups. For example, at the end of each session (8 groups) the time can be tabulate for each general activity to see how much time was spent. Additional connections can be made to <individual forms> or the SDQ scores if variation shows group differences.

GREAT Kids: Group Form
Please complete this form after each group meeting and click "Submit" to send to Betsy.

Facilitator (your name)
Choose

Group stage (select one) (refer to manual if needed)

1 2 3 4 5 6 7 8
Beginning Ending

General Activities (leave blank if you did not complete the activity)

	Less than 5 minutes	5 to 10 minutes	10-15 minutes	more than 15 minutes
Introductions or Check-In	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to Group (e.g. topic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Rules/Contract: Create or Remind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly Goal/Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Week Theme: Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressive Art Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farewell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Next Week's Assignment/Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Recommendation: Measuring Outcomes

Participant Self-Report Form

This 10-item questionnaire was revised from a previously implemented evaluation tool used within the expressive art groups. This measure was revised to be less content specific and to more broadly capture the general qualities similar to the SDQ questionnaire. Wording was intentionally simplified for younger aged children and can be taken either independently or with assistance from the group leader. This child-report outcome measure could be a critical component of a future study as that voice is not currently part of outcome reporting. Additionally, a future study should evaluate the psychometric properties (reliability and validity) of this form.

**EXPRESSIVE ART THERAPY GROUPS
COPING SKILLS**



****Complete this as soon as possible at the beginning of group and again at the end of the last session. Complete privately with each student.**

PARTICIPANT/GROUP INFORMATION

GROUP DATE | TIME _____ Form: Initial Group ____ End Group ____
 Client Initials: _____ School Name: _____ Facilitator: _____

STATEMENTS

Please circle the number that best describes how much you agree or disagree with the statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am able to express myself at school	1	2	3	4	5
2. I am able to express myself at home.	1	2	3	4	5
3. I am able to share my feelings with others.	1	2	3	4	5
4. I am able to solve my problems in a positive and safe way.	1	2	3	4	5
5. I get along with my classmates.	1	2	3	4	5
6. I have friends at school that I can talk to.	1	2	3	4	5
7. I get in trouble at school at lot.	1	2	3	4	5
8. I feel like I belong at this school.	1	2	3	4	5
9. I can calm myself down when I am upset.	1	2	3	4	5
10. I feel good about myself.	1	2	3	4	5



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Appendix A

LOGIC MODEL

Social problem addressed: Children exhibit poor behavior in school and have poor social skills.

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
Lead facilitator: Betsy Funk. Trained facilitators (10). Project model and manual: The "Great" Kids Group. Office space/school space. Materials: <ul style="list-style-type: none"> • Art materials: Clay, markers, musical instruments, paper, and music. • Books. • Treats. Funding.	Partners: <ul style="list-style-type: none"> • Refer children located through Omaha area schools and Project Harmony Connections program. Group facilitators: <ul style="list-style-type: none"> • Meet and speak to parents and orientate to program. • Assess children. • Schedules and conducts group. • Administer eight sessions of group (one per week) including art expression, components of CBT, social experiences, discussions, weekly activities, and homework. • Create safe environments within sessions for children to grow. • Track group progress (fidelity). 	# of children referred. # of children eligible. # of meetings with parents. # of children assessed. # of groups held. # of sessions held. # of children who participated in groups.	Children will: <ul style="list-style-type: none"> • Develop self-awareness surrounding their emotions. • Experience fewer physical symptoms associated with extreme emotions. • Increase their ability to concentrate on tasks. • Increase their ability to interact respectfully with peers and adults. • Develop positive relationships with peers. • Consider others' feelings before acting. 	Children will: <ul style="list-style-type: none"> • Foster deep personal growth and development. • Increase their ability to express their emotions in a positive manner. • Increase social and academic abilities. • Improve classroom behaviors and interactions. • Improve behaviors and interactions at home. • Experience healthy relationships with peers and adults.

Evaluation: Strengths & Difficulties Questionnaire, Individual Assessment, and Fidelity Monitoring.

Impact Statement: Create a safe and positive support network within the school setting, utilizing the expressive arts, in order to increase feelings of confidence and a sense of belonging in the school community.

Collaborating Partners: Project Harmony Connections program: Intake and referral; Omaha schools: referrals, student consultations, and group space facilitation.

External Factors: COVID-19, peer pressure, school dynamics, family dynamics.



Appendix B

Strengths and Difficulties Questionnaire P or T 4-10

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best as you can even if you are not absolutely certain.

Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name _____

Male/Female

Date of birth _____

- Considerate of other people's feelings
- Restless, overactive, cannot stay still for long
- Often complains of headaches, stomach-aches or sickness
- Shares readily with other children, for example toys, treats, pencils
- Often loses temper
- Rather solitary, prefers to play alone
- Generally well behaved, usually does what adults request
- Many worries or often seems worried
- Helpful if someone is hurt, upset or feeling ill
- Constantly fidgeting or squirming
- Has at least one good friend
- Often fights with other children or bullies them
- Often unhappy, depressed or tearful
- Generally liked by other children
- Easily distracted, concentration wanders
- Nervous or clingy in new situations, easily loses confidence
- Kind to younger children
- Often lies or cheats
- Picked on or bullied by other children
- Often offers to help others (parents, teachers, other children)
- Thinks things out before acting
- Steals from home, school or elsewhere
- Gets along better with adults than with other children
- Many fears, easily scared
- Good attention span, sees worth through to the end

Signature _____

Date _____

Parent / Teacher / Other (Please specify):

Thank you very much for your help



Appendix C



GREAT Kids: Group Form

Please complete this form after each group meeting and click "Submit" to send to Betsy.

Facilitator (your name)

Choose

Group stage (select one) (refer to manual if needed)

1 2 3 4 5 6 7 8

Beginning Ending

Youth: Number of youth in group

Your answer _____



Appendix C

General Activities (leave blank if you did not complete the activity)

	Less than 5 minutes	5 to 10 minutes	10-15 minutes	more than 15 minutes
Introductions or Check-In	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to Group (e.g. topic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Rules/Contract: Create or Remind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly Goal/Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Week Theme: Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressive Art Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farewell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Next Week's Assignment/Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Appendix C

Clinical Item(s) Considered: (Elementary School)

- Unique Purpose and Strength
- Collaboration
- Assertiveness
- Self-Esteem
- Risk taking
- Making Friends/Getting Along w/ Others
- Confidence
- Standing up for Oneself
- Mindfulness/Calming Practices and Techniques
- Feelings Identification
- Feelings Expression
- Other: _____

Clinical Item(s) Considered: (Middle School)

- Unique Purpose and Strength
- Self-harming
- Online boundaries and safety risks
- Illegal and high-risk behaviors
- Puberty/Sexuality
- Body Acceptance
- Media/advertising/music and how they affect identity/self-esteem
- Personal Self-Expression
- Other: _____



Appendix C

Group General Functioning

1 2 3 4 5 6 7 8 9 10

Deviated from Plan Ran exactly as planned

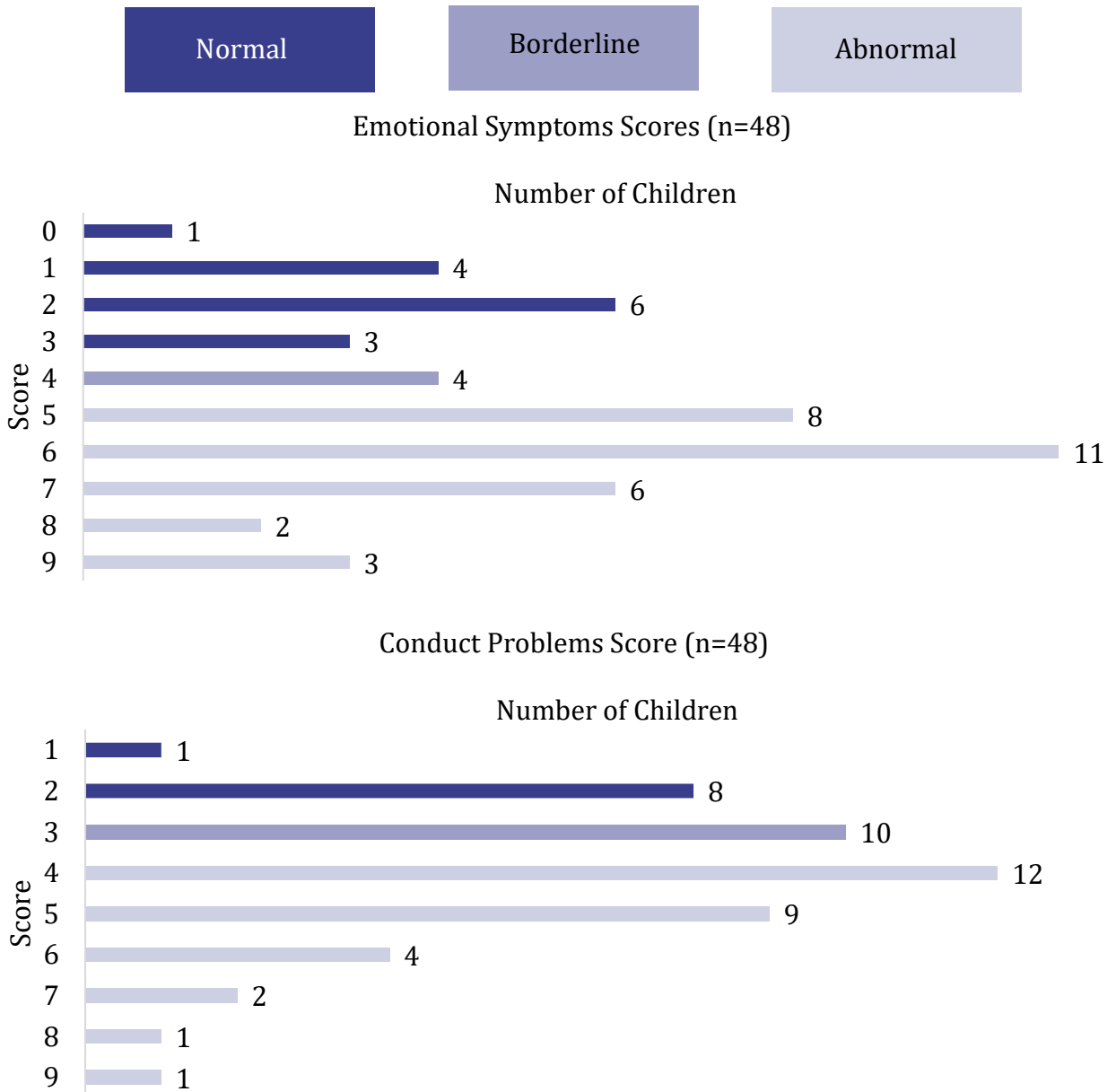
Notes: (note any critical successes or challenges for the group)

Your answer

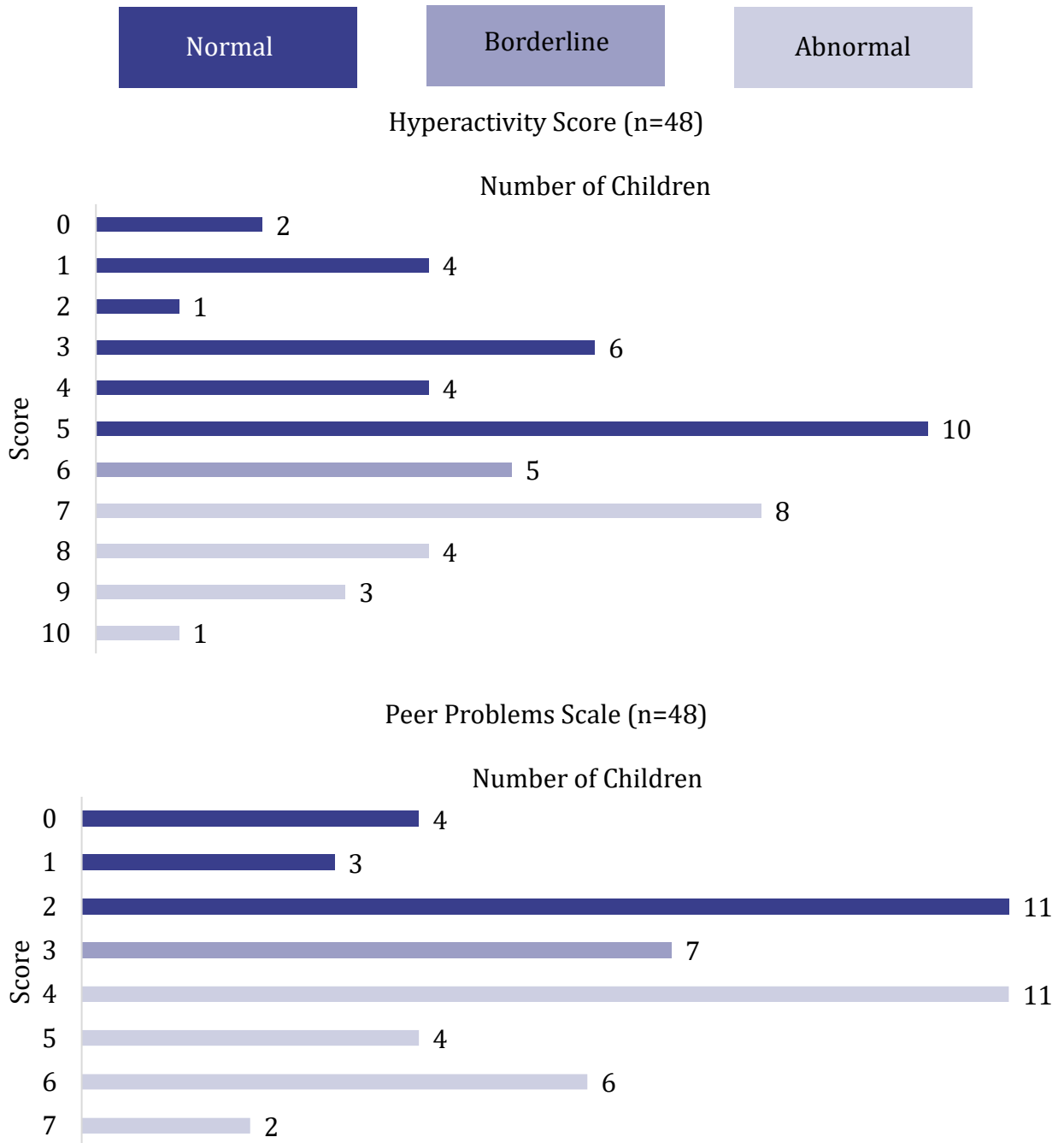
Submit

Appendix D

This appendix illustrates how children scored on the pretest SDQ. In one situation, a child provided two pretest SDQ scores with different results. STEPs averaged both scores for this child to create one pretest score



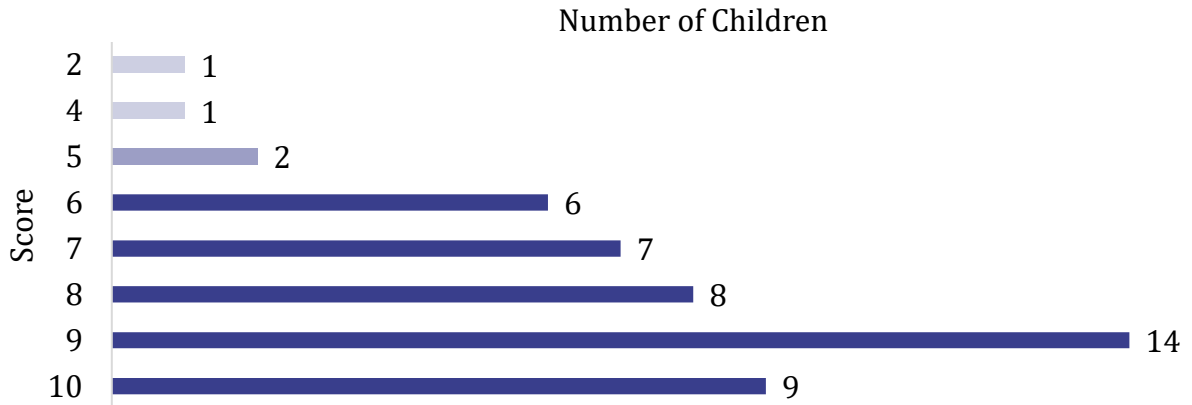
Appendix D



Appendix D



Prosocial Scale (n=48)



Total SDQ Score (n=48)

