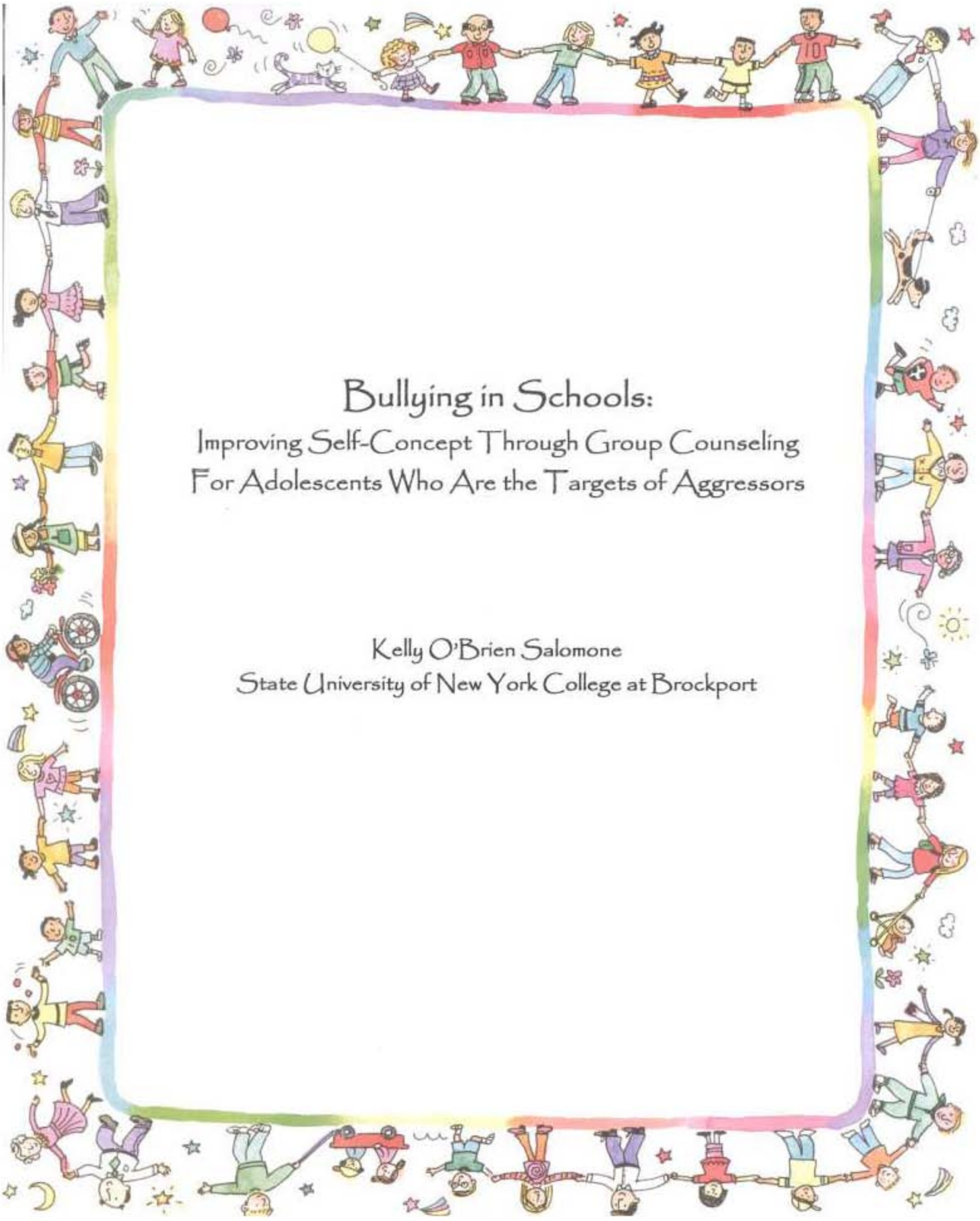


Bullying in Schools:

Improving Self-Concept Through Group Counseling For Adolescents Who Are the Targets of Aggressors

Kelly O'Brien Salomone
State University of New York College at Brockport

Running head: GROUP COUNSELING FOR TARGETS OF BULLYING

Bullying in Schools: Improving Self-Concept Through Group Counseling For Adolescents Who Are Targets of Aggressors

Kelly O. Salomone

State University of New York College at Brockport

Acknowledgements

There are several individuals I would like to acknowledge. To begin, I would like to thank my fellow Counselor Education colleagues. Without their support and challenges I would not be where I am today.

I would also like to thank those special people who helped me along the way. Special thanks to Joe Kandor, Tom Nugent, Marcia Bartalo, Pat Mahoney, and Barb Windus for your encouragement and assistance in applying to this program. My sincere appreciation to Marcia Bartalo, Ben Bullock, Donna Ray Evans, Amy Gaesser, Jim Mercer, and Danielle Windus-Cook for your time in sharing your stories or providing your expertise to help me in my coursework. I would also like to thank the counselors who have provided me with their support, kind words, expertise, and most of all, for sharing your students with me this year. I was fortunate to work with all of you and I want you to know that you have inspired me make a difference in the lives of children, as you all do everyday. Many thanks to Brenda Hamling, Chris Howlett, Judy Jones, Kathy Kalua'u, and Martha Terilli at Brockport High School and Jeanne Pacitto at Munn Elementary School in Spencerport.

Karen Breslewski has been very supportive during my internship and has been a valuable resource as a co-facilitator for my thesis bullying group, a strong model during group counseling, and a mentor for providing student support services and bullying prevention. You have made a difference in my life professionally and personally. As I begin my counseling career, I am grateful to have you as a colleague and as a friend. Thank you, Karen.

I am grateful to each faculty member in the Counselor Education Department, with whom I have shared my life experiences and worked closely as a graduate assistant for the past two years. Barbara Higgins shared in my first experiences of self-discovery in Self. I'll always remember the first day of class as I began my master's program in Hartwell Hall, where 20 years

earlier I had walked through those doors as an eighteen year old freshman. Patricia Diehl, Susan Roxin, Nancy Cochran, and Sharon Belle-Render also played important roles as teachers and modeled extraordinary counseling during the time I spent with them. I appreciated Dr. Pat Goodspeed Grant's and Dr. Susan Seem's dedication to this program, evident through knowledge, work-ethic, and student support.

I have shared wonderful experiences with and have special memories of each of you:

Dr. Jeff Cochran - your superb supervision and excellence in modeling empathy, unconditional positive regard, and genuineness on a daily basis was inspirational. A thought that you once shared in class has special meaning to me "We should not just work as counselors, but strive to live our lives with the qualities that make us one".

Dr. Leslie McCulloch - your very challenging Measurement and Evaluation course, which moved me out of my comfort zone into an achieved sense of self-confidence through personal growth. Your expertise during tape supervision proved beneficial to my counseling skills and your professionalism and knowledge set standards for which I aspire as a counselor.

Dr. Muhyi Shakoor - for being the special person you are. You have an incredible ability to relate to others, encouraging growth and self-discovery. I appreciate all of our discussions in the classroom and in the department. Thank you for encouraging me to continue to strive to think deeply, observe deeply, and relate deeply.

Dr. Tom Hernandez - for the opportunity to work as a graduate assistant in the Counselor Education Department. I always felt genuinely encouraged and supported by you and experienced great opportunities for professional growth. Thank you, Tom, for your professionalism everyday as a counselor and professor, as well as and for sharing your compassion, laughter, knowledge, and friendship over the past two years.

I would like to acknowledge two very dedicated and special ladies who have been instrumental in the success of the Counselor Education Department, Dottie Reed and Anne Nenni. I have enjoyed working with both of you as the department's graduate assistant and I will always cherish our conversations and laughter.

I strongly believe that there are people who enter your life for a greater purpose. A graduate of this program, Judy Matejkovic, was a friend who inspired me to become a school counselor. Through Judy's dedication to family, school, and friends at the time she went through the program, I gained a great respect for her and her mission in life. Shortly after graduating and beginning her short-lived work as a counselor, cancer took Judy's life. I didn't realize at the time what her impact on me would be, but I do know now. Thank you, Judy, for leading the way and for the honor of following in your footsteps as a mother, coach's wife, and counselor.

Another person who has had a great impact in my life is my site supervisor and my friend, Marcia Bartalo. I admire the counselor you are to students, the person you are to yourself, and the friend you are to others. You have modeled a person whom I aspire to become. I want to thank you for being there from start to finish as I committed myself to this endeavor. I have learned so much in this extraordinary year – Marcia, you made that possible and I am forever grateful.

Finally, I would like to acknowledge those who are there for me everyday: my husband, Rocco, daughters, Cecilia and Victoria, and son, Joseph. You have all been very supportive of me during the past three years of completing my degree to become a school counselor. It has not been easy during those long semesters, but if there is one lesson that I hope to pass on to my children, it would be that the road to success is never easy, but well worth the trip. I look forward to supporting all of you as you journey toward reaching your own successes in life. As always, I love you.

Table of Contents

List of Tables

Abstract

The purpose of this study was to determine if bullied students who participate in a counseling group benefit from increased self-esteem due to the intervention. A recent review of literature regarding bullying in school aged students is presented. Suggestions and techniques for counseling children who are bullied at school were explored in an effort to increase the self-concept and self-esteem of these children. Adolescents participated in group sessions over a 10 week period. The participants completed a pre and post questionnaire for this study to determine the degree to which, if at all, the participants' self-concept/self-esteem increased due to the intervention.

Improving Self-Concept Through Group Counseling For Adolescents Who Are Targets of Aggressors

Literature Review

Bullying is a term used to describe a form of violence among children that in the past was considered an inevitable and uncontrollable part of childhood. Ross (2003) identified two groups of children and adolescents who have been cruelly bullied for centuries. One group of children who was cruelly bullied, were those identified in settings with little chance of escape: bondage in orphanages, private homes, coal mines, factories, and other industrial settings where children were apprenticed at early ages (Ross, 2003). The second group was identified as children in schools, particularly English boarding schools. Glynn (1970, p. 129) described his experiences as a new student enrolled at Eton in the early 1900s:

> A boy's first week at his preparatory school is likely to be the most traumatic experience of his life, one for which he is, at the age of eight, totally unprepared. Until that moment, he has not realized that there are so many people in the world who wish to hit him and hurt him and that they will be given ample opportunity to do so, both by day and by night.

It is the second group, school children, who were the focus of this research. Much has been done to address bullying in recent years. However, counseling typically is directed toward those who engage in the bullying – the bully. This research focused on an intervention for the targets, often referred to as the victims of bullying. The need for continued education and prevention of bullying is necessary in conjunction with interventions specifically for the targets of bullying. Group counseling was the intervention used in this study to facilitate the identification of feelings, increase self-awareness, and improve self-concept/self-esteem.

Students participated in group counseling sessions that continued over a 10 week period. A pre and post questionnaire was administered to participants to determine if self-concept/self-esteem increased as a result of the intervention.

Defining Self-Concept & Self-Esteem

Piers and Harris based their research instrument "on the view that individuals maintain relatively consistent beliefs about themselves, beliefs that develop and stabilize during childhood" (2002, p. 37). These beliefs represent a person's self-concept. Self-concept is a term often used interchangeably by researchers with terms such as self-esteem, self-image, self-worth and self-regard. Rosenberg (1979) stated that an individual with high self-esteem has a personal sense of self-worth and self-respect, whereas someone with low self-esteem experiences self-rejection, self-dissatisfaction, and self-contempt. Parsons (2007) identified self-esteem as a global evaluation or the judgment of one's self-worth. Similarly, Santrock (2004) defined self-esteem as "the global evaluative dimension of the self" (p. 337). Santrock continued, defining self-concept as "domain-specific evaluations of the self", whereas children make self-evaluations in the many domains of their lives, such as appearance, athletics, academics, etc. (p. 337).

According to Piers and Harris, self-concept, from a global perspective, "refers to a person's self-perceptions in relation to important aspects of life" (2002, p. 37). Perceptions are shaped by cultural and biological factors, but are formed primarily through the individual's interaction with the environment during childhood, as well as by the behaviors and attitudes of others according to Piers and Harris (2002). Piers and Harris continued, stating that these perceptions fuel self-evaluative feelings and attitudes that provide important organizing functions and play a role in motivating behavior (2002). Changes in a person's self-concept occur over time in response to changes in their environment or development, as well as changes in values

and priorities, according to Piers and Harris (2002). These changes typically occur slowly and are not in response to interventions or specific isolated experiences of the individual (Piers and Harris, 2002). However, self-esteem may change more readily, for example, in as little as a month's time as children transition through life, according to Santrock (2004). One major transition in a child's life is the move from elementary school to middle school, when children's self-esteem usually decreases as they evaluate themselves less favorably against their peers (Hawkins & Berndt, 1985). According to Rigby (1997), children with low self-esteem agree with statements from Rosenberg's (1986) measure of self-esteem including:

I feel I don't have much to be proud of.

At times I am no good at all.

I wish I could have more respect for myself.

All in all, I am inclined to think I am a failure.

In contrast, students who have higher self-esteem agree with the following statements from Rosenberg's measure:

I feel I am a person of worth, at least on an equal plane with others.

I am able to do things as well as most people.

On the whole I am satisfied with myself.

Fried and Fried stated "Building self-esteem in a child is a primary factor in the prevention of bullying behavior – for bullies as well as victims" (1996, p. 131). Four main ways identified by Santrock (2004) to build self-esteem for children include pinpointing the causes of low-self esteem by identifying and valuing areas of competence; providing emotional support and social approval to children who may not receive it from home; helping children achieve by

teaching them real skills that they can use; and helping children cope by facing their problems (Bednar, Wells, and Peterson, 1995; Harter, 1999).

Ross (1996) identified self-esteem as how an individual sees him/herself, describing someone with low self-esteem as having a perception of being unattractive, stupid, and as a failure (1996). Children who are the targets of bullies characteristically have low self-esteem. Research, however, raises the question as to whether bullying causes low self-esteem or low self-esteem is the cause for a child to become the target of bullying. In either case, the focus of this research is to increase the child's self-esteem and self-concept.

Bullying in Schools

According to the National Youth Violence Prevention Resource Center, bullying is a negative behavior involving a person or group who repeatedly tries to hurt someone who is usually weaker or more vulnerable than the aggressor(s) (2002). The definition can further be defined as a form of violence. The school district where this study was conducted has incorporated the following definition into their anti-bullying program: "Violence is any mean word, look, sign, or act that hurts a person's body, feelings, or things. No one is entitled to use violence and violence is not tolerated at our school" (Remboldt and Zimman, 1996, p. 325).

Ericson identified bullying as taking three specific forms: physical, verbal, and psychological (2001). However, other forms of bullying have been identified including gestural bullying, sexual harassment, and cyber bullying. These forms of aggression toward children generally begin in the elementary grades, peak in the middle school years, typically sixth through eighth grades, and persist into high school (Ericson, 2001; Shore, 2005). Rigby (2001) identified bullying as occurring within gender groups. Ericson further described bullying as specifically targeting males and females: "For males, experiencing physical and verbal bullying is most

common; for females, verbal bullying (both taunting and insults of a sexual nature) and spreading rumors are most common" (2001, p. 1).

Rigby (2001) claimed that aggressors may bully as a consequence of discrimination and prejudiced thinking based on the gender, race, and disability of their targets. Rigby stated that gender plays a role in bullying according to how individuals define masculinity and femininity and therefore will result in how they treat others (2001). For example, if a boy sees himself as tough or aggressive, he is prone to dislike or harass boys who are artistic, quiet and gentle, according to Rigby (2001). Addressing race, Rigby described feelings of superiority existing in individuals simply because of belonging to a particular ethnic group, typically a socially dominant group (2001). Therefore, this ethnicity could give rise to harassment or bullying by these individuals who feel dominant to others (Rigby, 2001). Finally, Rigby claimed that bullying is directed toward those children with disabilities, "… children who do not have the same physical or mental capabilities as other, for example children who are diagnosed as ADD or have speech defects" (2001, p. 12).

Shore (2005) identified areas and times that bullying commonly occurs including in hallways, on a bus, at the bus stop, on the playground, in the locker room, in the cafeteria, in the bathroom, during extracurricular events, and walking to and from school. Due to the fact that bullying occurs in many places outside the classroom, teachers are not the only adults that need to be aware of bullying, prevention and provide supervision. Adults who would benefit from anti-bullying training are bus drivers, hall monitors, cafeteria aides, coaches, principals, assistant principals, counselors, and school psychologists.

Physical Bullying

Ericson identified physical bullying as kicking, hitting, spitting, pushing, and taking physical belongings (2001). In addition, Rigby identified direct physical means of bullying as throwing things, using a weapon, and removing or hiding belongings (2001). Ross (1996) identified boys as being involved in physical attacks, threats, and intimidation. An indirect form of physical abuse according to Rigby is "getting another person to assault someone" (2001, p. 15). Parsons (2007) stated that over 35 percent of students in grades 9 through 12 were involved in a physical fight the previous month and eight percent of students in high school had been threatened or injured with a weapon on school grounds. Harris Interactive (2001) reported that two in 10 students (18%) fear that someone will hurt or bother them while in school. According to the National Youth Violence Prevention Resource Center, boys are more likely to report being hit, slapped, or pushed than girls (2002).

Verbal Bullying

Verbal bullying includes taunting, malicious teasing, name calling, and making threats, according to Ericson (2001). Rigby (2001) stated that verbal insults and unfair criticism are also direct forms of verbal abuse, while spreading malicious rumors, making phone calls and sending email anonymously, as well as persuading others to criticize or insult others are considered indirect means of verbal bullying. Rigby stated that "…verbal means are the most common form of bullying… including cruel sarcasm, innuendo and rational-sounding (but knowingly unfair) criticism" often used by older students and adults (2001, p. 15). The National Youth Violence Prevention Resource Center (2002) reported that teenage girls are more often the targets of rumors and sexual comments (detailed in the sexual harassment section that follows) and that

girls are more likely to encourage others to reject or exclude another girl or to spread gossip about a girl.

Psychological Bullying

Forms of psychological bullying are identified by Ericson (2001) as spreading rumors, manipulating social relationships, or engaging in social exclusion, extortion, or intimidation. The National Youth Violence Prevention Resource Center reported that girls are more likely to encourage others to reject or exclude another girl or to spread gossip about a girl (2002). Wiseman (2002) stated 99.99 percent of girls gossip, a form of bullying that impacts children's sense of self, their friendships, and social competency. Rigby (2001) identified this form of bullying as relational bullying which includes forming coalitions against someone as a direct means and persuading people to exclude someone as an indirect means. Ross (1996) stated that girls participated in manipulation of friendships and scapegoating. Ross further described a particular vicious type of scapegoating as girls spreading rumors that their targets "are contaminated with highly infectious germs" and any girl who touches her would become infected unless she immediately passes the germs along to another girl (1996, p. 49). This type of bullying can cause torment for an individual for an extended period of time, unlike calling an individual a name or giving a dirty look as in gestural bullying.

Gestural Bullying

Rigby identified "threatening or obscene gestures and menacing stares" as direct gestural abuse (2001, p. 15). Ignoring someone by averting one's gaze or deliberately turning away is considered an indirect form of gestural abuse (Rigby, 2001). Rigby further described gestural abuse as anything from "finger signs and tongue poking to rolling of the eyes and a deliberately inappropriate poker face" (2001, p. 15).

Sexual Harassment

Harris Interactive found that students defined sexual harassment as both physical and nonphysical behaviors that include: touch, words, looks, and gestures (2001). Sexual harassment was further defined by Harris Interactive (2001) as "unwanted and unwelcome sexual behavior that interferes with your life… it is not behaviors that you like or want (i.e., wanted kissing, touching, flirting". Eight of 10 students experience some form of sexual harassment during their school years; 83 percent of girls and 79 percent of boys, according to Harris Interactive (2001). Harris Interactive also found in their 2001 study, when comparing research from 1993, that there was an increase in the number of boys who experienced sexual harassment (2001). Sexual harassment may have been considered a form of bullying directed towards females in the past, but this research sheds light on the fact that it is now almost equally directed towards males. According to Fried and Fried, "Recent research has determined that sexual harassment is rampant in elementary and secondary schools and parents should consider legal action when other attempts have failed" (1996, p. 153). Legal action is encouraged due to the fact that sexual harassment is a form of discrimination that is prohibited by Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendment of 1972 (Fried and Fried, 1996).

Cyber Bullying

Cyber bullying is a newer form of bullying when you consider the long history of bullying. Cyber bullying encompasses the standard definition of bullying, however, this type of harassment is in a context of a more advanced and technological level. Anderson and Sturm (2007) stated that the topics of abuse are the same in cyberspace as in face-to-face communication without having to look someone in the face as they torment their peers. In essence, cyberbullying makes bullying easier for aggressors. Belsey (2004) described cyber

bullying as using information and communication technologies including "e-mail, cell phone and pager text messages, instant messaging, defamatory online personal polling Web sites, and defamatory, repeated, and hostile behavior by an individual or group, that is intended to harm others" (p. 4). Parsons (2007) clearly identifies violence as part of our society that is affecting our youth on a large scale. Anderson and Sturm (2007) referred to bullying as the quiet, psychological aggression that has moved to the digital world to harass victims anonymously with easy access to digital technology.

Target Profile

Students who are bullied often feel isolated from their peers and are likely to suffer from depression, low self-esteem, as well as other emotional, psychological, and physical problems as adults. Ross (2003) identified targets as socially withdrawn children. Targets are described by Olweus (1978) as passive victims due to the fact they do not directly provoke their attacker. Swearer, Grills, Haye and Cary (2004) described the passive/submissive targets as one type of victim. The submissive victims, the most common type, tend to withdraw and/or cry when bullied according to Swearer et. al (2004). Swearer et. al (2004) continued claiming the second type, provocative victims, are likely to provoke peer bullying through their behavior and, according to Olweus (1994), tend to retaliate towards their aggressor, are not liked by peers, and may have adjustment difficulties. Peers often see victims as anxious, depressed, or fearful and these internalizing symptoms identify them as attractive targets to aggressive children according to Ross (2003). The vulnerability arouses intense contempt and dislike in the aggressor and "the passive victims' demeanor sends signals to bullies that these targets are unlikely to retaliate" stated Ross (2003, p. 93). Aggressors choose their targets because they are easy targets.

Espelage and Asidao (2001) stated that when children were asked why they teased certain children and not others, children responded saying that their targets appeared different in some way; they were different in how they looked and behaved. Espelage and Asidao continued "… students were victims of bullying because they were weaker, did not have much money, were unpopular, were too smart or because the bully felt inadequate or was simply jealous of the victim" (2001, p. 54). Perry, Kusel, and Perry (1988) identified typical responses of targets to exploratory bullying in elementary school as withdrawal, crying, and futile anger; the progression of bullying in middle and high school results in responses of avoidance and escape tactics, running away from home and school absenteeism. Olweus stated that targets characteristically have poor self-concepts and such low self-esteem that they see themselves as stupid, unattractive, and failures (1993b). Swearer, Grills, Haye and Cary (2004, p. 63) cited a poem written by a 10 year old male bully-victim who suffered from depression and anxiety:

> Misery is…
>
> Misery is when you go to school and bullies pick on you.
>
> Misery is when you share with someone, but they don't share with you.
>
> Misery is when bullies become friends, and friends become bullies.
>
> Misery is when you go to school and people threaten you be telling you that they will get you after school.
>
> Misery is when you are at breakfast recess and people push you around for no reason.
>
> Misery is when people invite everyone but you to play tag and football.

This poem illustrates that students who are bullied often feel overwhelming hopelessness. They feel hopeless about themselves and their situation and become further isolated.

Consequences of Bullying

Research on bullying reveals that there are both immediate and future consequences existing for the targets of bullying (Gottheil and Dubow, 2001). According to Gottheil and Dubow (2001), those who are targets of aggression most likely tend to be depressed, develop low self-esteem (Austin and Joseph, 1996; Ericson, N., 2001; Horne, Glaser, and Sayger, 1994; Olweus, 1992;1993), experience peer rejection, school absenteeism, and a continued loss of confidence (Hazler, Carney, Green, Powell, and Jolly, 1997; Smith, Bowers, Binney, and Cowie, 1993), as well as anxiety (Besag, 1989). According to Ericson (2001), a study by the National Institute of Child Health and Human Development (NICHD) found that victims of bullying experienced loneliness, had trouble making social and emotional adjustments, had poor relationships with classmates, and had difficulty making friends. Ericson (2001) continued that these victims suffer humiliation, insecurity, and that a fear of going to school may develop.

In more recent years, retaliation through violence has brought homicide, suicide, and prison sentences for the targets of bullying who engage in violence to end bullying (Gottheil and Dubow, 2001). Retaliation by children who have been bullied may result in forms of violent aggression directed specifically toward bullies or innocent bystanders. There have been at least 15 incidents in schools throughout the United States within a four year span where children who were bullied retaliated with unforeseen, devastating consequences (Aronson, 2004). One well-known example of this retaliatory behavior is the Columbine High School shootings in Littleton, Colorado in 1999. Aronson identified rejection and accompanying humiliation as the "dominant issue underlying every one of the rampage killings in the United States" (2004, p. 356). Aronson (2004) claimed other students understood and empathized with the shooters, expressing their own hurt, anxiety, and anger about being the targets of rejection and taunting. Students were

summarized in response to the Columbine tragedy as saying, “Of course, I would never shoot anybody, but I sure have had fantasies about doing it” (Aronson, 2004, p. 356).

To address high school bullying further, Harris and Petrie (2003) used the following quotes pertaining to another school shooting to demonstrate the impact that relentless bullying may have on individuals:

> March 6, 2001: Fifteen-year-old Charles “Andy” Williams brought a .22-caliber revolver to school and fired thirty bullets during a rampage in which two schoolmates died and thirteen others were wounded. Friends think that because he had been bullied in Maryland, he and his father had moved to California. “But the teasing and bullying worsened. …people accused him of being gay … they made fun of him for being a country boy, for his big ears. It didn’t matter what he did, they made fun of him” (Booth and Snyder, 2001).
>
> March 21, 2002: Charles “Andy” Williams pleaded guilty to two counts of first-degree murder and thirteen counts of attempted murder. Defense attorneys said he had endured frequent bullying (“Teen Pleads Guilty”, 2002).
>
> August 15, 2002: Charles “Andy” Williams was sentenced to fifty years in prison for killing two students and wounding thirteen others at his high school. “If I could go back to that day, I would never have gotten out of bed,” he said through his tears (“Fifty years to life for school shooting”, 2002).

This is another example of how bullying can result in retaliation in the form of violence when a target believes there is no other way out of her/his hopeless situation. Hoover and Oliver stated that when unsuccessful attempts are made to elude or avoid the tormentor, a day of reckoning typically arrives (1996). It is this “standing up” to the bully that seems the only alternative for the

target when there are no other interventions, according to Hoover and Oliver, which leaves the target scarred, but "renewed with self-confidence" (p. 85). This demonstrates the need to address bullying before it reaches a boiling point where the target believes violence is the only way to end the torment. A proactive approach when targets first experience bullying may spearhead further destructive patterns of retaliation as observed in our society in the recent past.

Adulthood provides no relief from the torment suffered in school when you consider that these individuals are at greater risk of suffering from depression and other mental health problems, including schizophrenia (Ericson, 2001). The impact of frequent bullying often accompanies targets into adulthood with adverse health concerns. The lifelong impact on those who experience bullying is clear.

Fried and Fried (1996) stated that children need to learn the boundaries of their anger; in essence it's okay to get angry and everyone does, however, it's not okay to let it get out of control. Fried and Fried continued, "There is a difference between what you feel and what you do. When anger is "stuffed" it can erupt at inappropriate time in inappropriate ways" (1996, pp. 152-153).

Intervention and Prevention

Bullying is not a new concern for schools and much has been done in recent years to combat bullying. For example, Harris Interactive reported that in 2001 seven in 10 students (69 percent) compared to only 26 percent in 1993 identified their schools as having a sexual harassment policy to deal with issues and complaints (2001). Although bullying has been addressed as a real concern in our schools, more can be done to help the targets of the aggression. Typically, aggressors become the focus of faculty and counselors in an effort to eliminate or reduce the aggressive behaviors. Aggressors are attended to in an attempt to change

the behavior – to diffuse their anger. In fact, the targets also need the attention, often times to diffuse their growing, stifled anger that is at risk of release in an uncontrolled manner. Students who are bullied often are the forgotten victims at the mercy of their aggressors.

Gottheil and Dubow (2001) reported that "children reporting on victim behavior tended to both recognize how they were perceived by others and agreed with the perceptions of their peer group" (p. 90). It is not uncommon for the victims of bullying to "blame themselves for the labels they acquire from their peers, even when those qualities stem from genetic or physiological sources that are beyond the victim's control" (Fried and Fried 1996, p. 34). Gottheil and Dubow continued, stating that children had somewhat accurate self-perceptions of their social standing regarding their victim behavior. However, even with the accuracy of the perception and knowledge of the social information, it did not serve as a catalyst for changing the social standing (2001). The research by Gottheil and Dubow may prove that "children with high levels of victim behaviors lack the necessary skills to break free from their difficult social position" (2001, pp. 90-91). Feelings of helplessness and hopelessness may explain why children who are aware of the victimization remain in this social role, despite the awareness (Gottheil and Dubow, 2001).

Sheras and Tippins (2002) stated "A trained counselor or therapist can help your victimized child work through her/his feelings of shame, confusion, depression or anger as well as work to curb any behaviors or attitudes that may lead bullies to single her/him out" (p. 190). Sheras and Tippins (2002) continued, stating that according to research, the sooner targets and aggressors are treated through reliable therapeutic techniques, the better the chances of changing their behavior and maintaining their self-esteem.

Fried and Fried suggested techniques and skill training to assist children, such as conflict resolution and peer mediation training (1996). Katz (1993) identified children with specific problems whose needs are not being met by existing organizations as benefiting from participating in a support group. It is important for these children to have a safe place such as a group, to disclose and address the anger culminating from repeated, in some cases, even years of torment from fellow students. Group counseling may provide the tools to help develop skills and knowledge to break free from the identified behaviors common in children who are the targets of aggressors. Ross (2003) stated that the group format is "excellent for assertiveness training as a means of changing the cringing demeanor typical of many victims" (p. 268). Ross (2003) identifies assertiveness training as a means to teach targets that an assertive manner will often deter the aggressor from bothering a child.

Fried and Fried (1996) stated that assertiveness training, which promotes nonviolence and uses language responses that begin with "I" messages should be used when simply ignoring the bully does not work. This approach could be incorporated in a support group and would teach children to stand up for their rights, give them a sense of security, as well as a sense of control, power, and optimism, especially when entering new situations (Ross, 2003). Besag (1989) claimed that a support group would be ideal for the targets of bullying and teasing as an emotional support for these children. Ross stated that one goal of the support group is to introduce behavior changes that would provide targets with protection against bullying and teasing (2003).

Future Research

Research to date has resulted in interventions and programs to address bullying. Hall claimed that anti-bullying programs have minimally decreased bullying incidents, but students

are still being victimized. In most cases, these programs and interventions focus on the aggressors, such as the Safe School Ambassadors (SSA) program used throughout the school district of the high school where the study was conducted. “An additional area for future research is to look at treatment successes and effective interventions for children …” (Gottheil and Dubow, 2001).

Ross identified the need for more research regarding relational aggression among girls (1996). Ross claimed that in order to reduce or eliminate the incidence of relational aggression through the development of an effective program, it is necessary to determine whether a causal relationship exists between rejection and relational aggression (1996).

Legal research would be extremely helpful according to Fried and Fried, who identified collecting current and past cases of bullying and peer harassment as helpful for reference and citation for future litigation (1996). The research and intervention specific to this study focused on the targets of bullying. The study looked at treatment success, in this case, improvement of self-concept/self-esteem to prove whether group counseling is an effective intervention for improving the self-concept/self-esteem of those who are the targets of bullying.

Goals and Objectives

This study’s purpose was to determine if bullied students who participate in a counseling group, will benefit from the group with increased self-concept/self-esteem. Bullying is addressed in the school district of the high school where the study was conducted through the Safe School Ambassadors (SSA) program. This program addresses bullying through awareness, teaching selected students and faculty ways to recognize and diffuse bullying. The SSA program is a two day initial training with monthly meetings, held within each school, throughout the year. Although the purpose of this program is to provide a safe environment for targets of bullying,

more could be done to assist those who have experienced the abuse. The targets of bullying are often shy, sensitive, and insecure; they may have low self-esteem, lack independence and assertiveness. While there is a justified need for programs in school to address those individuals who bully, such as the SSA program, there is just as great of a need for intervention, specifically counseling, for the targeted victims of bullying which this study explored.

The goal of this study was to prove that, in addition to the SSA program designed to decrease bullying at school, group counseling would be beneficial to high school students who are the targets of bullying. The subsequent objective was to provide support for each child participating in the group, for participants to identify their feelings, increase self-awareness, and ultimately improve their self-concept/self-esteem through the development of a stronger sense of self-worth and confidence.

Method

Students volunteered to participate in group counseling sessions over a 10 week period. The participants completed a pre and post questionnaire for this study to determine the degree to which, if at all, the participants' self-concept/self-esteem increased due to the intervention. The purpose of this study was to improve the self-concept and self-esteem of adolescents who have been bullied.

Hypothesis

The directional hypothesis is stated: If bullied students participate in a counseling group, then they increase their self-concept/self-esteem.

The null hypothesis is stated: If bullied students participate in a counseling group, then there will be no effect on their perceived self-concept/ self-esteem.

Setting

A suburban high school located in Western New York. The high school administration consisted of one male principal (Caucasian), three vice-principals (one female Caucasian, one male Caucasian, and one African-American). The school had six female Caucasian counselors.

Sample

The sample size for this study included 5 females and 4 males. The females ranged in age from 15 to 17 years old. The males ranged from 14 to 16 years of age.

Participants

Participants in this study were sampled from the total population of 9th through 12th grade students in a Western New York suburban school. The district's demographic report, Basic Educational Data System (BEDS) Report, (2006), provided an ethnic breakdown of the total number of students including American Indian or Alaska Native (11), Black or African American (not Hispanic origin) (85), Asian or Pacific Islander (19), Hispanic or Latino (55), and White (not Hispanic origin) (1,349). The total number enrolled for the 2006-2007 school year was 1,519 high school students. The percentage of students whose families' primary means of support is a public welfare program is between twenty one and thirty percent.

Teachers, counselors, and high school employees were asked to provide names of students whom they believed had been bullied the past, were currently being bullied, or knew a student was bullied when the student confided in them. Students were also informed of the study and were given the opportunity to self-select. There was no retribution for participation. Parental consent forms were initially distributed to 13 students, with 11 signed forms returned for participation in the group. The final number of volunteers who participated in the study was nine students; five females and four males. The group was initially comprised of four male students

and seven female students; a total of 11 students. One female student had a scheduling conflict for seven out of 10 sessions and withdrew from the group prior to the onset of sessions. Another female student attended the first session and missed five consecutive sessions. We discussed the value of attendance and mutually decided that due to the number of absences, she would terminate the group.

The group met weekly for approximately 40 minutes. A questionnaire was used as a pre-test at the initial meeting of the group (see Appendix A). During each group session, students participated in a planned activity that related to the focus of the group work for that week. Group work continued over a total period of 10 weeks. At the conclusion of the group, the questionnaire was administered as a post-test to determine what effect, if any, group counseling had on participants in relation to their self-concept/self-esteem.

Evaluation

This study was evaluated through a pre and post survey questionnaire on self-concept/self-esteem which was administered on the first and last day of group sessions. Remboldt and Zimman stated that pre and post testing "provide a more objective measure of how much the participant gained from the activity" (1996, p. 259). The instrument used was the Piers-Harris Children's Self-Concept Scale, Second Edition, (Piers-Harris 2) by Ellen V. Piers, Ph.D., Dale B. Harris, Ph.D., and David S. Herzberg, Ph.D. The Piers-Harris 2 measures an individual's perception by calculating the Validity scores and the Self-Concept scores (Piers and Herzberg, 2002). The Validity scores are determined by calculating the Inconsistent Responding (INC) index raw score and the Response Bias (RES) index raw score. The Self-Concept scores are determined by calculating the Total (TOT) score and the six domain scale scores including:

1). Behavioral Adjustment (BEH) is a 14-item scale measuring admission or denial of problematic behaviors (Piers and Herzberg, 2002).

2). Intellectual and School Status (INT) is a 16-item scale reflecting a child's assessment of his or her abilities with respect to intellectual and academic tasks including general satisfaction with school and future expectations about achievement (Piers and Herzberg, 2002).

3). Physical Appearance and Attributes (PHY) is an 11-item scale measuring a child's appraisal of his or her physical appearance, as well as attributes such as leadership and the ability to express ideas (Piers and Herzberg, 2002).

4). Freedom From Anxiety (FRE) is a 14-item scale measuring anxiety and dysphoric mood. Emotions specifically measured include nervousness, worry, shyness, sadness, fear and a general feeling of being left out to things (Piers and Herzberg, 2002).

5). Popularity (POP) is a 12-item scale representing a child's evaluation of his or her social functioning, including perceived popularity, ability to make friend and feelings of inclusion in such activities as games and sports.(Piers and Herzberg, 2002).

6). Happiness and Satisfaction (HAP) is a 10-item scale reflecting feelings of happiness and satisfaction with life (Piers and Herzberg, 2002).

No identifying information was written on the questionnaires in order to protect the participants' confidentiality. The questionnaire was administered by Kelly Salomone, a graduate student at SUNY College at Brockport.

The Piers-Harris Children's Self-Concept Scale, Second Edition, subtitled The Way I Feel About Myself, is referred to as the Piers-Harris 2. This sixty item questionnaire measures children's self-concept (Cosden, 1984). The Piers-Harris is published by Western Psychological

Services (WPS) (Western Psychological Services, 2006) and was originally developed in the early 1960's by Ellen V. Piers and Dale B. Harris, with its first copyright in 1969 (Piers, 1996).

The Piers-Harris 2 "is a brief, self-report instrument for the assessment of self-concept in children and adolescents" (Piers and Herzberg, 2002, p. 3). For the purposes of this instrument, self-concept is defined as "a relatively stable set of self-attitudes reflecting both description and evaluation of one's own behavior and attributes" (Piers and Herzberg, 2002, p. 3). According to Piers (1984), this scale does not attempt to infer how children feel about themselves from their behaviors or the attributions of others, but focuses on children's conscious self-perceptions. Wylie (1974) refers to this idea as the phenomenological view of self-concept and uses the term interchangeably with "self-esteem" and "self-regard". Unlike other scales in which parents and teachers rate children based on observations, the Piers-Harris was designed to measures children's perceptions of the way they feel about themselves (Cosden, 1984). The test was originally formulated as a single component measure of self-concept, but was later expanded to further measure the six elements of children's self-esteem now found in the Piers-Harris 2, including behavioral adjustment, intellectual and school status, physical appearance and attributes, freedom from anxiety, popularity, and happiness and satisfaction (Chiu, 1988). The results of the test indicate whether a child reports high or low self-concept in relation to their peers (Cosden, 1984).

Test History

The test items were originally developed "from a pool of 164 statements developed by Jersild in 1952 from his interviews with children on their likes and dislikes" (Cosden, 1984, p.511). The Piers-Harris scale was developed in 1964 and, according to Piers (1996), is intended for three major uses. The first use may be as a screening device for "at risk" children with low

self-esteem. A second use may be for individual assessment. Lastly, and most relevant to this particular study, the Piers-Harris is frequently used as a research instrument as a pre- and post-test to measure self-concept in children (Cosden, 1984).

Administration

The Piers-Harris 2 can be administered individually or, as in this study, administered in small groups with no special requirements for test setting (Piers and Herzberg, 2002). However, as in all test situations it is "recommended that the setting is quiet, free of distractions, and relatively unstressful" (Cosden, 1984, p. 514). Piers and Herzberg continued that the Piers Harris 2 "should be administered in a quiet, well-lit room that is relatively free of distractions" (2002, p. 7). Cosden noted that the test can be administered in 15 to 20 minutes either verbally or students can read the test items themselves (1984). Cosden (1984) continued that because this test is most often used in a school setting the time considerations can be handled in the client context.

The manual mentions several methods of administration available including an "AutoScore" hand-written form scored manually by the test administrator, mail-in and fax-in forms for computer scoring and report generation, a PC program which generates a report based on either online administration or offline data entry, and finally, the Spanish Answer Sheet which transcribes answers onto the AutoScore form by the examiner (Piers and Herzberg, 2002) (see Appendix A). Instructions for both individual and group administration are included in the manual. As with the original Piers-Harris, Cosden (1984) stated that the instructions are clear, simple, easy to follow, and flexible and Epstein (1985) described the test as having comprehensive guidelines for scoring and interpretation.

Scoring

The Piers-Harris 2, like the Piers Harris, is hand-scored using templates and averages about 30 minutes to score (Cosden, 1984). Raw scores are determined and converted into t-scores, stanines, and percentiles in the form of an overall self-concept score, as well as scores on each of the six clusters (Behavioral Adjustment, Intellectual and School Status, Physical Appearance and Attributes, Freedom From Anxiety, Popularity, and Happiness and Satisfaction) and then mapped on a profile form using tables from the manual (Epstein, 1985) (see Appendix B).

Test Revision

The original Piers-Harris has been modified into a new scale called the Piers-Harris Children's Self-Concept Scale, 2nd Ed. (Piers-Harris 2), (Western Psychological Services, 2006). According to Piers and Harris, the revised edition has a larger, more diverse standardization sample of 1,387 students from school districts throughout the United States; has an expanded age range of 7-18 years; and has been reduced in length from 80 to 60 items. The Piers-Harris 2 has no new or reassigned items; therefore, the revision is completely compatible with the original Piers-Harris and has improved interpretive guidelines (Psychological Assessment Resources, 2006). Due to the fact that the revised scales remained psychometrically equivalent to the original scales, according to the Piers and Herzberg (2002), the results from the Piers-Harris 2 could easily be compared to those obtained using the original test for research or clinical purposes.

Test Items

The Piers-Harris 2 is a paper and pencil test which can be administered individually or in small groups (Piers and Herzberg, 2002). However, Piers (1996) stated that the scale should not

be administered to groups of more than 8 to 10 children at one time. As with the original Piers-Harris, the Piers-Harris 2 instructions are read verbally by the examiner and "Children taking the test mark either 'yes' or 'no' in response to each of the 60 statements, reflecting whether or not the statement is true most of the time" (Cosden, 1984, p.512).

In 1996, Piers stated that "because of doubts about the stability of self-concept in younger children below age 7 or 8 years, the Piers-Harris has been standardized for use only above the third grade level" (p.3). In 2002, Piers and Harris claimed that the questionnaire was intended for use with children and adolescents in grades 2 through 12, who were at least age 7 with a second grade reading level. The questionnaire could be use up to 18 years of age (Piers and Harris, 2002). Kugle and Clements (1981) and Kugle, Clements and Powell (1983) have published studies in which the Piers-Harris was used experimentally with younger children, but these studies have not yet been validated (Piers, 1996).

Reliability

The Piers-Harris manual provides abundant reliability data (Piers, 1996). Chiu (1988) stated the following:

> An alpha coefficient of .90 has been reported for both male and female populations and reliabilities of .88 to .93 have been cited for boys and girls using KR-20. The internal consistency using the KR-20 the cluster scales range from .73 to .81 and the internal consistency coefficient for the total scale was .90. (p. 299)

Yonker, Blixt, and Dinero (1974) reported an alpha coefficient of .90 when giving the Piers-Harris to students in tenth grade at an Ohio school. When the test-retest stability was investigated through a number of studies, with both normal and special samples, the reliability coefficients ranged from .42 (with an interval of eight months) to .96 (with an interval three to four weeks)

(Piers, 1996), with a mean of .73 (Epstein, 1985). Mclaughlin (1970) found coefficients from .71 to .75 for normal students in grades 5, 6, and 7 with a test-retest interval of five months. In addition, Shavelson and Bolus (1982) examined a test-retest interval of five months with a group of white, upper class middle school students and found a reliability coefficient of .81. These reliabilities have also been established in populations such as learning disabled students and in children from different ethnic backgrounds (Cosden, 1984). One study by Lefley (1974) found a reliability coefficient of .71 for Native American students in a 10-week test-retest interval. Also, Smith and Rogers (1978) found reliability coefficients of .62 for a six month interval with learning disabled students. Therefore, "the instrument appears to be highly reliable in terms of temporal stability and internal consistency" (Epstein, 1985). Based on the literature explored, the Piers-Harris has demonstrated high reliability in regard to temporal stability and internal consistency.

Validity

There are many validity considerations to take into account when researching a test. The manual examines many of these issues and notes four major types including, "faking," acquiescence and negative response set, random responding and special populations, as well as moderator variables and notes that they each pose a threat to the validity of results (Piers, 1996). Piers (1996) also discussed how, specifically in this scale, children might distort their responses to appear socially desirable. For example, one study by Millen (1966) attempted to examine the relationship between the Piers-Harris and Crandall, Crandall and Katkovsky's (1965) *Social Desirability Scale for Children* and found correlations ranging from .25 to .45. To screen for deviant response sets which also pose a threat to validity, the Piers-Harris includes two

supplementary validity scales: the Inconsistency Index and the Response Bias Index (Piers, 1996).

The manual provides recent validity studies and includes tables summarizing their results (Piers, 1996). The relationships between the Piers-Harris and other self-concept measures are reported (Epstein, 1985). Winne, Marx, and Taylor (1977) reported an alpha coefficient of .90 when investigating construct validity of three self-concept measures for children including the Sears Self Concept Inventory (Sears, 1966), the Gordon How I See Myself Scale (Gordon, 1968) and the Piers-Harris. Two studies by Parish and Taylor (1978a, 1978b) found a validity coefficient of .67 for the relationship between the Personal Attribute Inventory for Children (PAIC) and the Piers-Harris. Lastly, Mayer (1968) compared the Piers-Harris with scores on Lipsitt's Children's Self-Concept Scale (1958) with special education students and found a correlation of .68. Chiu (1988) also stated that behavior ratings by teachers and peers range from nonsignificant to .64. "Estimates of content, criterion-related, and construct validity from numerous empirical studies have generally been quite acceptable" (Jeske, 1985, p. 1169). Franklin et al. (1981) found that the Piers-Harris "demonstrates both convergent and discriminate validity in an assessment of a relatively stable and internally consistent construct" (p.439). However, one exception is the work by Platten and Williams (1979, 1981) which found factor instability within the sample. Piers (1996) cautioned that one must take this into consideration when interpreting specific cluster scales for individual children. Content, criterion-related, and construct validity estimates have proved acceptable with the exception of specific research showing factor instability within the sample, for which the manual provides interpretation recommendations.

Norms

The Piers-Harris was normed on a sample of 1,183 children in Pennsylvania in grades 3-12 (Cosden, 1984). Normative cluster scores were obtained from an independent sample of 485 students (Piers, 1996). There were no significant mean and standard deviation differences detected between students because of grade level (Cosden, 1984). Therefore, "scores were collapsed across grades resulting in a mean score of 51.8 and standard deviation of 13.87 for the entire sample" (Cosden, 1984, p.512). The manual also includes means and standard deviations from 12 other studies of normal children with a cumulative N for these studies totaling 3,692 children (Piers, 1996). There have also been normative studies done on special groups such as blacks and Koreans, gifted students, and behavior-disoriented students (Epstein, 1985). Epstein (1985) notes that one must use caution when generalizing these norms due to the fact that the test has not been renormed since its original standardization in 1966.

Strengths

Several strengths of the Piers-Harris have been reported. First of all, the test administration is simple and directions for scoring and interpretation are easy to follow (Epstein, 1984). The test is also cost effective and efficient (Piers and Herzberg, 2002). In addition, because of the test's brevity, it is easily administered in a classroom setting and is appropriate for use in schools with both individuals and groups (Epstein, 1984). Epstein (1984) continued that reliability and validity studies have suggested that the Piers-Harris has "favorable psychometric properties" and can be used with "a fairly high degree of confidence as a screening instrument" (p.1169). Chiu (1988) noted that the Piers -Harris "possesses sufficient reliability and validity" and "it has been regarded as the most psychometrically sound instrument for assessing children's

self-esteem" (p. 299). Jeske (1985) reported that "the Piers-Harris appears to be the best children's self-concept measure currently available" (p. 1170).

Epstein (1985) and Jeske (1985) highly recommend its use "as a classroom screening device, as an aid to clinical assessment, and as a research tool" (Chiu, 1988, p.299). Most recently, Marsh and Holmes (1990) concluded that the Piers-Harris "has been the most widely used and highly recommended self-concept instrument for children" (p. 91). They went on to say that the Piers-Harris was the "most frequently cited self-concept test for preadolescents and the 27th most frequently cited test from all areas of measurement" (Marsh and Holmes, 1990, p. 91).

Weaknesses

Literature has also identified weaknesses of the instrument. Piers (1996) intended for the Piers-Harris to be used only as a screening instrument and stated that it should not be used simplistically or used in isolation. Piers recommended that the scale be used in conjunction with other methods including "clinical interviews, peer nomination, and observation of the child in various settings to supplement, corroborate, and investigate the scale results" (Piers, 1996, p. 4).

One weakness pointed out by Combs and Super (1957) and Purkey and Cage (1973) is that, because the instrument is based on self-reporting, it ignores such aspects of self-concept that individuals may be unwilling or possibly unable to reveal about themselves (Chiu, 1988). The intent of the scale has not been disguised and, therefore, Piers stated that children may consciously or unconsciously distort the scores, often in the direction of responses that may be more socially desirable (Piers, 1996). For this reason, Piers (1996) cautions in the manual that "the Piers-Harris should never be used as the sole method for assessing self-concept where this is being used to influence important decisions about a child" (p. 2).

Another limitation regarding interpretation of the test was also identified by the author. According to Piers (1996), the user of this scale should not place too much interpretive value on individual responses to the questions. While the empirical pattern of scores and possible areas for further inquiry may become clear and understood better the user should be careful not to interpret out of context (Piers, 1996). Piers (1996) noted that individuals who may not have sufficient background to interpret individual item responses appropriately, for example, parents or teachers, should not have access to the responses.

Another identified limitation of the scale is that the original norms were based on data from just one Pennsylvania school district (Cosden, 1984). Although subsequent studies suggested that those results could be applied to school populations within the United States that were more diverse, it cannot be assumed that the normative or other psychometric data for other populations are comparable with the Pennsylvania school district (Piers, 1996). Chiu (1988) noted that because of this issue, caution should be taken when using these norms for a definite self-concept assessment, and that the scale should be used as a screening measure rather than an analytic device. In relation to norms, Epstein stated that the test has not been renormed since 1966. However, "although norms are several decades old, subsequent research has generally provided continuing support for use of the instrument as it was originally intended" (Epstein, 1985, p. 1169).

Finally, Piers (1996) identified other limitations for this scale as being specific to the computer programs, which encompass the differences in the programs, quality of programs, and types of reports. According to Piers (1996), the program for the Piers-Harris, as of 1996, was essentially a descriptive report, performing complex administration as well as scoring functions. Piers (1996) identified clinicians' reports from which the Piers-Harris narrative section was

modeled, but the "task of fully integrating these descriptions and interpreting them within the context of a particular child is left up to the individual responsible for the interpretation" (Piers, 1996, p. 5).

Despite the weaknesses, Jeske (1985) stated that the authors of this scale carefully note any limitations of their instrument. Therefore, Piers and Harris make no claims that have not been substantiated through numerous research studies. Competing instruments that might be considered for children's self-concept include the Sears Self-Concept Inventory, the Gordon How I See Myself Scale, the Personal Attribute Inventory for Children (PAIC), and the Lipsitt's Children's Self-Concept Scale.

Procedure

Students from 9th through 12th grade participated in this study with permission from the school principal (see Appendix C). The researcher canvassed counselors, teachers, and other adult staff in the high school to identify students who have been targets of aggressors (See Appendix D). The researcher also released an announcement about the study that was read by teachers to all students who were given the opportunity to self-select. Once these students were identified, the researcher met individually with these students to discuss the nature of the study and to build rapport.

The researcher scheduled meeting times to further discuss the study individually with the students and gain informed consent. The researcher met with the students individually to answer questions and discuss the study. The researcher provided students with the informed consent forms, requesting participants' written consent (see Appendix E). Students were also informed that a parental consent form was required to participate. The form was given to the students to take home for review by the parents/guardians of the students, informing them of the program

and requesting their signature on the form for participation (see Appendix F). The parents and the students were advised that participation in the study was voluntary. Two of the initial 13 students declined to participate.

The sessions were conducted on both A/C and B/D days at varying times to ensure students were not removed from the same classes repeatedly. Group sessions took place weekly in the Student Assistance Program (SAP) conference room located adjacent to the counseling office of the high school.

The purpose of the research was to increase self-concept/self-esteem in students who have been the target of aggressors through group counseling. The group met over a 10-week period with each session focusing on a content area included within four phases. The curriculum focus within the group activities for each session were planned as listed in Table 1 and explained below.

Table 1 – Weekly Session Activities

Session	*Activity*
Session 1:	Administer pre study questionnaire (see Appendix A) Introduction and Group Expectations (see Appendix G and Appendix H)
Session 2:	Group Goals (see Appendix I) Circle of Courage (see Appendix J)
Session 3:	Defining Violence, Abuse, and Bullying (see Appendix K)
Session 4:	Recognizing Signals (see Appendix M)
Session 5:	What is Respect Like? (see Appendix P) What I Know About Myself (see Appendix Q)
Session 6:	Being Assertive (see Appendix S)
Session 7:	Healthy Choices (see Appendix V)

Session 8: A Safe Place (see Appendix W)

Session 9: Accessing Support (see Appendix X)

Session 10: What I learned/Termination (see Appendix Y)
Administer post study questionnaire (see Appendix A)
Party

Group Activities

Introductions and Group Expectations. Introductions took place at the start of the initial group meeting. Participants learned group member's names and began to interact with each other. Group expectations were established in an effort to have a basic understanding of how members would like to be treated in the group.

Group Goals and Circle of Courage. Goals were introduced to establish mutual working rules for the group, develop an understanding of acceptable behavior in group, and provide a respectful, safe structure for participants. Goals of the group and individuals were discussed to develop areas of focus and purpose for the group, i.e., communicate better. This session also involved group members becoming familiar with sharing and listening in group. A goal for this activity was to encourage members to feel that they would be treated fairly in group and would feel safe to share and be open to others.

Defining Violence, Abuse, and Bullying. The goals of this session involved helping members understand the terms violence, abuse, and bullying, as well as increasing members' awareness of when bullying happens.

Recognizing Signals. Goals of this session were to help members understand the escalation process, learn to identify the signals that indicate they are becoming increasingly tense, and to disrupt tension before they blow up.

What is Respect Like? and *What I Know About Myself*. During this exercise group members will engage in two activities. The first, What is Respect Like? involved group members exploring and understanding what respectful behavior is. The second activity for this session, called What I Know About Myself, was an activity to help members increase their self-awareness and gain increased self-esteem.

Being Assertive. Goals included group members learning what assertiveness is, learning assertive communication skills, and introducing skills to help member feeling empowered in challenging situations.

Healthy Choices. This session focused on group members understanding the idea of making choices and developing an increased understanding of how to make healthy choices.

A Safe Place. This session allowed members to explore, identify, and discuss a place at school or another institution where they would feel safe.

Accessing Support. The focus in this session was to assist members in understanding that support from others is something everybody needs and to identify people or places members could turn to for support.

What I Learned. The final session gave members an opportunity to name what they have learned and develop post-group plans before termination.

Session 1. (8 students present; 1 student absent: #7).

Students completed the Piers-Harris 2, Children's Self-Concept Scale (Ellen V. Piers, Ph.D., Dale B. Harris, Ph.D., and David S. Herzberg, Ph.D., 2002), a self-report questionnaire for the assessment of self-concept at the onset of group (see Appendix A). Upon completion, students attempted to learn group members' names with an introduction activity and began to interact with each other (see Appendix G). Students introduced themselves to each other by

passing a talking stick, a green stick with a green feather ball at one end, allowing each participant to speak one at a time. Each member stated her/his first name and her/his favorite food. Two students volunteered to go around the table repeating each member's name and favorite food. Not every student who wanted to repeat names and favorite foods had the opportunity to do so due to time limits.

Several students knew each other and on several occasions had difficulty focusing and abstaining from talking. We reminded students to try to focus on the work of the group. Once introductions were complete, we moved on to group expectations (see Appendix H). Group expectations included three newsprint sheets titled: Group Expectations of Each Other, Group Expectation of Mrs. Salomone and Mrs. Breslewski, and Mrs. Salomone's and Mrs. Breslewski's Expectations of Group Members. The expectations are shown in Table 2. Due to time constraints, the Group Goals could not be discussed during this session as planned, but were scheduled to be addressed in Session Two the following week.

Table 2 – Group Expectations

Group Expectations Category	*Expectations*
Group Expectations of Each Other	♦Share food ♦Be nice ♦Listen when others are speaking ♦Don't interrupt ♦Confidentiality – trust each other not to talk about others outside of group ♦Concentrate on the task – FOCUS ♦No foul language ♦No putdowns
Group Expectations of Mrs. Salomone and Mrs. Breslewski	♦Plan the group well ♦Send a pass ♦Bring a snack ♦Respect what others say
Mrs. Salomone's and Mrs. Breslewski's Expectations of Group Members	♦No Loud Outbursts ♦Have fun but take group seriously

- Be aware of other people's painful experiences and respect them

---

Session 2. (8 students present; 1 student absent: #5).

This session began with completing "Group Goals" (see Appendix I). The group goals are shown in Table 3. Group members concentrated more on the work of the group and, while on occasion still become distracted with objects or side conversation, participated for longer periods of time. Most members provided their suggested group goals. There were a few members who tended to listen and participate less than others, however, they did participate when asked for suggestions or input.

The second half of our session involved the "Circle of Courage," which involved members taking turns with the talking stick to share topics presented by the facilitators (see Appendix J). The first topic was to share her/his favorite or least favorite subject and why it was their least favorite subject.

We went around the circle again, asking for members to describe a situation when they had a good time with a parent or other adult. During this disclosure two group members mentioned times spent with their fathers. One male said that he did not spend as much time with his father because his father was always busy. Another male in the group said he did not play video games with his dad anymore because his dad was also too busy to play. Finally, another male in the group began to talk about the death of his older step-brother when this group member was in the first grade. He continued to discuss the death with the facilitator following the group as he was leaving the room. Observations from this group provided evidence that members disclosed more personal, meaningful experiences, which could be a directly linked to feeling safe within the group.

Table 3 – Group Goals

Group Goals
♦ Use Safe School Ambassador Action Logs to show group leadership skills: "It can be done" "It can be better" ♦ Make friends ♦ Support each other ♦ Solutions/help for bullying situations, including name calling ♦ Build relationships so group is safe ♦ Express feelings in a better way ♦ Listening skills get stronger

Session 3. (7 students present; 2 students absent: Rachel, Chantel).

Session 3 focused on "Defining Violence, Abuse, and Bullying" (see Appendix K). The group began with the facilitator asking members to provide a definition of violence, either words or actions that could be intentional or accidental. Members gave examples of violence such as hurting others and fighting. One student even began to recite the school district's definition of violence, which was read in its entirety to the group by Mrs. Breslewski who stated, "Violence is any mean word, look, sign, or act that hurts a person's body, feelings, or things" (Remboldt and Zimman, 1996, p. 325). Mrs. Breslewski continued reading, "No one is entitles to use violence and violence is not tolerated at our school" (Remboldt and Zimman, 1996, p. 325).

The group was asked to share examples of verbal, physical, emotional and sexual violence, which was written on the newsprint and included in Table 4. Once we completed the lists, the facilitator passed out paper to create definition spirals. Group members were asked to look at the lists and write words or actions of violence. To begin, they wrote one word as small as possible in the center of the paper, wrote another word a little larger and wrapping it around the last word. They continued until they had a spiral on the paper (see Appendix L).

The group talked about what types of actions or words included on the list could be considered bullying and the group decided that everything mentioned is a form of bullying. Some are more extreme than others, especially homicide. The group addressed how others are affected by these behaviors. One said that these behaviors are hurtful and cause isolation. These words or actions may result in feeling bad and in some cases, as three students acknowledged, in suicidal ideation at certain times in their lives. At this point, the facilitator explained that it is important to have a person that they can talk to when they feel badly because of the words or actions of others. The all said they did have someone to talk to if they felt badly. They also said they no longer thought about suicide, this was only a thought in the past, for example, during middle school. The facilitator stated that no one deserved to be treated this way and that no one had a right to say or do these things to anyone in the room.

Table 4 – Defining Violence, Abuse and Bullying

Verbal, Physical, Emotional, and Sexual Violence	
Verbal	♦Rumors ♦Make fun of last name or first name ♦Mean, hurtful words, i.e., ♦"you're ugly" ♦"you're gay" ♦"you're fat" ♦"you're stupid" ♦"you're worthless" ♦"you have no friends" ♦"I wish you were dead"
Physical	♦Punching ♦Pushing ♦Suicide ♦Homicide (Columbine) ♦Genocide
Emotional	♦Exclusion ♦Rumors – hurt feelings, reputation ♦Dirty looks ♦Stare downs

	♦Saying: ♦"you're not worthy" ♦"no one likes you"
Sexual Violence	♦Sexual harassment ♦Touched in wrong places ♦Any unwanted physical contact

Session 4. (7 students present; 2 students absent: #7, #8).

The fourth session involved the activity "Recognizing Signals" (see Appendix M). This activity was used to help members understand the escalation process when they become angry or upset. We began by drawing the Escalation Cycle on newsprint for the members to view (see Appendix N). The facilitator described the three phases, stating that people can get caught in a vicious cycle and it may be hard to break the cycle if they do not know how to stop the process. This cycle was used and paralleled to the school district's cycle that is introduced during the Safe School Ambassador's training called the "Pain, Rage, Revenge Cycle".

The first phase is described as the "Build-up" or "Pain" phase, which occurs when a person feels increasing tension. The group discussed the need to pay attention to the signals that cause you to become tense. An example was someone picking on you everyday. This can become increasingly annoying to students. By recognizing the signals, group members could avoid hurtful behaviors as well as the rage causing the next phase of blowing up.

The second phase is the "Blow-up" or "Rage" and "Revenge" phases that follow the build-up of tension and pain phase. During this phase, a person will lash out at the aggressor, the person who is teasing, picking on, or bullying the target. Someone may get hurt as a result of the rage, blow-up, and revenge that come from the target. The group members talked about this with candor, stating that some would like to kill their aggressors. We discussed the feelings associated

with this anger and the reasons why they may have thought this was the only solution. One student stated that she would never really do it (kill someone), it was just fun to think about doing it.

The "Calm-down" phase is the final phase of the cycle, bringing a release of tension once someone has been hurt or confronted. The facilitator complimented the group on their participation with great examples and thanked them for their honesty. Group members were told that it takes a lot of courage to break the Escalation Cycle because it means paying attention to the escalation signals and possibly walking away from a situation that could lead to a blow up. The facilitator reminded the group that when they make the decision to walk away, they are in control of the situation and will feel better about their decision to end the cycle by leaving the situation. Members discussed feelings they had when they were in various points of the escalation cycle and drew the escalation cycle on paper (see Appendix O).

Newsprint was used to record group members' thoughts and feelings at the build up stage in regard to their bodies, tensions, feelings, thoughts, words, and situations shown in Table 5. This activity helped group members to become aware of signals. With this awareness comes information to help them eliminate the tension that could cause themselves or others to get hurt.

Table 5 – Recognizing Signals

Signals: Body, Feelings, Thoughts, Hot Signal Words, Hot Signal Thoughts

BODY
♦ Baking powder/vinegar – volcano like ♦ Muscles twitch ♦ Heart races/pounds ♦ Chest/muscles tighten ♦ Clench fists ♦ Grind/clench teeth ♦ Get quiet/shut down

FEELINGS
♦ Anger ♦ Frustration ♦ No one cares ♦ Doubt ♦ Fear ♦ Isolation/Anti Social ♦ Apathy ♦ Bitter ♦ Homicidal ♦ Fatigued/emotionally drained

THOUGHTS
♦ I want to hurt you ♦ Shut up ♦ Finding a happy place/Relief ♦ Wanting to hurt myself ♦ Hopelessness ♦ Wanting help/rejecting advice ♦ Walk away – Don't listen ♦ You're wrong ♦ Get over it ♦ Could be worse

Hot Signal WORDS
♦ Gay ♦ Swearing ♦ You're ugly ♦ You're fat ♦ Calm down ♦ Get over it ♦ Any labels: Stupid, Loser, Emo Geek ♦ Making fun of me

Hot Signal SITUATIONS
♦ Hallway ♦ Crowed areas ♦ Anywhere ♦ Near Water ♦ Certain dogs near ♦ Brother ♦ Cafeteria/Aides ♦ PE ♦ Family gatherings/kitchen

Session 5. (6 students present; 3 students absent: t#3, #4, #8).

The fifth session involved two activities concerning respectful behavior and self-awareness and self-esteem. The activity "What is Respect Like?" focused on understanding respectful behavior using our five senses (see Appendix P). Participants were given the respect worksheet, which they completed individually (see Appendix Q). The worksheet was broken down into three sections including respect, violence, and peace. Each section asked what the topic, for example respect, looks like, sounds like, feels like, tastes like and smells like. Upon completion, group members read some of their descriptors aloud and the facilitator wrote them on the newsprint as shown in Table 6. They noticed that some of their thoughts were similar and some were very different. In any case, the descriptors used by each member were important and meaningful to each of them. The purpose of using senses to describe their connections to respect, violence, and peace, was to increase their understanding and reinforce the concepts of each.

Table 6 –What is Respect Like?

Respect, Violence and Peace: How it Looks, Sounds, Feels, Tastes, and Smells

Respect

Looks like:	Sounds like:	Feels like:	Tastes like:	Smells like:
♦purple ♦happy faces ♦dragons	♦classical music ♦Diru music ♦trumpets	♦warm goodness ♦fuzzy ♦greatness thrust upon you ♦good ♦happy	♦Kool Aid ♦muffins ♦pie ♦chocolate ♦hot chocolate ♦buffet	♦flowers ♦orange

Violence

Looks like:	Sounds like:	Feels like:	Tastes like:	Smells like:
♦sad face ♦blood ♦torture ♦whips ♦shackles ♦axe	♦blah ♦screams ♦heavy metal ♦bad	♦hurting ♦pain ♦mean ♦crying ♦sharp pain ♦ripping heart in half	♦sour milk ♦iron ♦poison ♦drinking kerosene/bleach	♦farm ♦ogre ♦iron ♦gasoline ♦fire

Peace

Looks like:	Sounds like:	Feels like:	Tastes like:	Smells like:
♦yellow ♦red ♦tranquility	♦quiet ♦ocean ♦forest ♦elevator music	♦calm ♦happy ♦tie-dye shirt ♦silk ♦comfy clothes	♦good ♦milkshake	♦wind ♦clean linen

The next activity, "What I Know About Myself", was introduced to the group in an effort to increase their self-awareness and self-esteem (see Appendix R). The group was asked to think about and participate with their input to complete three categories listed on the newsprint. The results are listed in Table 7. First, group members identified the people who know the most about them and shared this information with the rest of the group. Next they were asked to identify and share what people knew about each of them. Finally, group members identified and shared strengths that they know or others know that they possess.

Following this group activity, participants identified three of their personal strengths and wrote them on a piece of paper. We attached these lists on each other's backs and moved around the room to have group members add one strength they viewed the member having and wrote it on the member's list. Next, each member read their list aloud saying "What I know about myself is …" before reading the strengths on the list. Due to time constraints, we briefly discussed what strengths surprised each member and why. At the close of this group, the facilitator explained that these are strengths that each member sees in him/herself and the strengths that others see in each member and we discussed the messages we received from others. The group was then reminded that when they experience negative messages from others, to remember their strengths and qualities that make them good people.

Table 7 –What I Know About Myself

Respect, Violence and Peace: How it Looks, Sounds, Feels, Tastes, and Smells

Who Knows the Most About Me	• Devin • myself • my mom • Andrew • my brother • my best friend • my grandma • my cousins
What People Know About Me	• I don't initiate fights • How I do things • How I react • What I'll say • How I feel (we're alike) • That I'm different • That I have high functioning autism
Strengths I or Others Know That I Posess	• Game playing • Highly observant • Autism, but I never forget things • Smart • Good listener • Very creative • Confident • Helpful • Dependent • Kind • Public Speaker

Session 6. (5 students present; 4 students absent: #1, #3, #4, #7).

The sixth session involved the "Being Assertive" (see Appendix S). During this session, students discussed assertive behavior, aggressive behavior, passive behavior and passive-

aggressive behavior, defined on the "What is Assertive Behavior" handout (see Appendix T). The facilitator began by having a student volunteer for a role play. The facilitator moved close to the student asking somewhat intimidating questions in a louder voice, such as "Where were you today at 2:30?" and "Who were you with?". The facilitator then talked negatively about the student under her breath while walking away. The student volunteer asked the facilitator was she was getting so close to him as he pulled his head away. The other students began to laugh as they watched the role play. Following this interaction the group discussed assertiveness and how this allows members to say how they feel and what they want. The facilitator distributed "Guidelines for Assertive Communications" (see Appendix U), which listed recommendations to help group members be assertive in certain situations. The guidelines were discussed briefly prior to the end of the group session.

Session 7. (8 students present; 1 student absent: # 1).

Session seven involved the "Healthy Choices" activity (see Appendix V). During this session, group members named significant people in their lives and the types of choices these adults have to make. One student began with "My mom killing herself". The group listened intently to him and then he added "from smoking". He said this bothers him and smoking, in general, is something that doesn't make sense to him and he doesn't like it. This information is shown in Table 8. Following this discussion, the researcher asked group members to look at the list and determine which of the choices were healthy, such as helping people, and which choices were not healthy, such as smoking.

Table 8 –Healthy Choices

Important People and Their Choices (not in specific order)

Important People	Their Choices
♦my mom ♦my siblings ♦close friends ♦my dad ♦grandma/grandpa ♦inventors ♦teachers ♦counselors ♦Veterans ♦Less fortunate (homeless) ♦family	♦kill herself - smoking ♦helps people ♦to be mean ♦serves in the military ♦making good and bad decisions ♦helps people ♦teach morals ♦cares for me ♦provides education ♦available to talk to ♦loves me ♦peer pressure (positive and negative) ♦decide what to make for meals ♦support peoples' freedoms

In addition, group members were asked to name choices that they make in their lives now. These choices were written on the newsprint and are included in Table 9. The group discussed these choices and expanded the discussion talking about what rewards you may get from making a healthy choice and whether they consulted with others before making a choice. One student said that a reward is making someone else feel better which, in turn, makes that student feel better. When discussing whether students consulted with others, one said that sometimes she talks to her close friends to get their opinion about a choice. She found that one response from a friend was something she didn't think about and wouldn't have known if she hadn't asked.

Table 9 –Group Choices

Group Member's Choices

Your choices
♦career decision ♦friendships ♦what to make for dinner ♦what I say to people ♦what to do next ♦whether to do homework ♦not to smoke ♦not to drink/do drugs ♦whether I want to help people ♦stopping to help someone ♦eat the donut or eat healthy ♦exercise ♦play video games ♦be kind or exclude someone ♦juggle tasks (multitasking) or avoid tasks

Session 8. (7 students present; 2 students absent: #7, #8).

Session 8 focused on group members identifying and discussing safe places at home and at school. Group members were asked to think about safe places with prompting questions. Table 10 includes the group's thoughts that were recorded on newsprint about where safe places were for group members, why they considered them to be safe places, whether being safe was a thought or a feeling, and safe places to go when they were scared. The group discussed specific fears that made group members feel unsafe, what actions group members would take to feel safe again after feeling unsafe, and who they could talk to when the felt unsafe to feel better again. Finally, we explored positive self-thoughts that would help group members feel safe if they were alone and couldn't talk to or see the people that made them feel better when they were afraid or in an unsafe situation.

Table 10 –Safe Places

Safe Place Exploration

What makes a place safe?	♦ Not threatening ♦ In school ♦ With family ♦ With a pet ♦ With people
How does a place become safe?	♦ Threat eliminated ♦ Comfort present
What makes a place safe?	♦ Not threatening ♦ In school ♦ With family ♦ With a pet ♦ With people
How do you know you are safe there?	♦ Feel safe ♦ Sense of security ♦ Feel opposite of fear
Is being safe a feeling or an action?	♦ Action = Physical Threat ♦ Fear = Feeling
Are there different ways of not feeling safe?	♦ Having fears ♦ Being around certain people
What makes you feel unsafe?	♦ Dying alone ♦ Spiders ♦ Snakes ♦ Loud noised ♦ Dead people ♦ Heights ♦ Losing somebody ♦ Someone getting hurt

What did you do to feel safe again when you felt unsafe?	♦ Move away from the unsafe situation ♦ Think happy thoughts ♦ Cling to someone "like lint on a sweater"

Whom did you talk to or see to help you feel safe?	♦ Anyone ♦ Mom ♦ Aunt ♦ Whoever you love

Safe places to go?	♦ Counseling office ♦ Mrs. Shea ♦ The bathroom ♦ Anywhere with friends ♦ In my house ♦ The basement

Positive self-messages when you're scared?	♦ It'll be ok ♦ I'm strong ♦ They're ok, so I'll be ok

---

Next, the group created a story about a young person in high school, whom they named Joe. Joe had been teased by his peers for about a week straight. The participants then developed a list of thoughts and feelings that this young person may have had that are included in Table 11, feelings that they may have experienced when they were in a situation where they were teased or bullied. The group then provided some positive self-messages he could use to feel better, messages they have used for themselves during a similar situation.

Table 11 – Developing a Story

Story of a Safe Place For a Young Person

Name of young person	Joe
Gender	Male
Feelings & Thoughts	♦ Bad ♦ Angry ♦ Sad ♦ Upset ♦ Empty ♦ Alone ♦ Suicidal ♦ Vengeful ♦ Homicidal
Positive Self-Messages	♦ Release Stress ♦ S/he doesn't know me – minor nuisance ♦ Don't let him get to me ♦ Don't listen and be who you want to be

Session 9 (7 students present; 2 students absent: #7, #8).

This session focused on accessing support. The purpose of this session was to help the group understand that everyone needs support at some time in their life and to identify people and places to when they need support. Newsprint was used to record words and ideas of what support meant to group members, the people who provide members support, types of support, and how they get support. One student stated that he couldn't think of a safe place and couldn't think of a safe person to go to if he needed support. Mrs. Breslewski said that this made her feel sad and asked him to try to think of someone he felt comfortable speaking with. The student looked down at his paper and remained silent. Mrs. Salomone asked the group if anyone would be able to offer support if this student came to any of them. The entire group raised their hands to

let him know that they were there for him. Mrs. Salomone asked him to look around the table and see all the people that cared about him and would be there for him if he needed it. He looked at everyone and smiled slightly.

Table 12 – Accessing Support

Support	
Words & Ideas about what support means	♦ Financial ♦ Emotional ♦ Physical ♦ Standing by me ♦ Someone to trust and to talk to ♦ Clothing ♦ Medical
People who provide support	♦ Teachers ♦ Mom and Dad ♦ Grandmother ♦ Friends ♦ Brothers ♦ Pets ♦ Counselors
Types of support	♦ Day to day needs ♦ Time with someone/talking ♦ Help to understand things ♦ Keep you out of trouble ♦ Keep you on track ♦ Encouragement to never give up
How do you get support	♦ Sit until noticed ♦ Peers – drop hints ♦ Adults - talk ♦ Talk to stuffed animals/pets ♦ Talk to myself

Session 10. (9 students present; 0 students absent.)

This session was our final meeting as a group. The group began with the facilitator asking group members to share something they had learned over the past nine weeks of group and then pass the talking stick to the person sitting next to them. As each group member held the talking stick, they were asked to begin by saying "One thing I have learned in or from this group is…" and their thoughts were written on the newsprint identified in Table 13. Prior to sharing, the facilitator read the activities covered during the previous group sessions to remind them of things they learned. Following this activity, the facilitator administered the Piers-Harris 2 post-test to the group and collected them upon completion. A brief discussion followed when the facilitator asked the group members if they found the group to be beneficial to them and if they would recommend this group to be offered in the future to others. One participant said that he wanted to continue and he found the group to be helpful because it gave him more confidence. One said that he did not want the group to end. Others said "yes" in response to offering the group in the future.

Table 13 – What I Learned

One thing I have learned in or from this group is…
♦ Diversity
♦ Help others
♦ Tolerance
♦ A lot
♦ Compassion towards others
♦ Understanding others
♦ Can't keep everything inside or you'll explode
♦ Kindness
♦ Patience
♦ There's more than one person to talk to
♦ We've all been victims of cruelty in our lives
♦ Others are in the same situation as me
♦ Stress can show on your face, hair loss, physical features
♦ My strengths and weaknesses

- The escalation cycle
- There's a lot of people to go to – I'm not alone
- Everyone forms their own opinions
- It takes a real person to say what's on his/her mind
- Learned from each other
- Comfort found in people, places, things (i.e., pets)
- Two people can get through anything
- Difference between aggressiveness and assertiveness
- I'm doing things right
- People in this room can and do support each other

Results

The study consisted of a psycho-educational group for students in 9th through 12th grade. The students were identified as targets of bullying by counselors, teachers, and faculty or by themselves through self-selection. The group met for 10 sessions, beginning January 12, 2007 and concluding on March 30, 2007. Activities were planned by the researcher for each session. The group had two co-facilitators: Kelly Salomone, researcher, and Karen Breslewski, school social worker. Group participants were given a pre and post questionnaire at the onset of the group and at the final meeting to determine if participants' self-concept increased as a result of the group counseling. The instrument used was the Piers Harris Children's Self-Concept Scale, Second Edition, (Piers-Harris 2), (Ellen V. Piers, Ph.D., Dale B. Harris, Ph.D., and David S. Herzberg, Ph.D., 2002). Results for each group meeting were included for each of these sessions.

Group Results

Upon completion of the scheduled group sessions, the post-test was administered to the group. Once scores were calculated into T-scores (standard scores with a mean of 50 and a standard deviation of 10, a normal range being between 40T and 60T), they were plotted.

The total score (TOT) is the number of items showing positive self-concept with a range of 0 to 60. The TOT score is a measure of general self-concept and is identified as the most

reliable measure of the Piers-Harris. Children with scores greater than or equal to 60T, are placed in the high range indicating a child with a strong positive general self-appraisal. Student #9 had a score of 61T. A very high range of greater than or equal to 70T indicates a child with very strong self-esteem, exaggeration in the positive direction or a combination of these two factors. No children scored higher than 70T. Children with scores of 40T to 59T are considered to be in the average range or within normal limits, reporting a level of general self-esteem similar to most students within the standardized sample. Student #1, #2, #4, #6, and #7 all fell within this range. The low range of less than or equal to 39 indicates a child has serous doubts about their own self-worth. Student #5 and #8 had scored in this range. A very low range of less than or equal to 29T indicated an increased likelihood that the child has a diagnosable psychiatric disorder, for example, depression, anxiety or conduct disorder. Student #3 is the only student who scored in this range.

The six domain scales, or subscales, reflect the theoretical assumption that self-concept is multi-dimensional or not solely based on a child's global view of themselves. These scores include specific appraisals of various feelings, abilities, and behaviors, allowing identification of a child's strengths and vulnerabilities in his/her self-concept. The six subscales all have the same interpretive ranges as follows:

Above average range is greater or equal to 56T.

Average range is 40T to 55T.

Low range is less than or equal to 39T.

Very low range is less than or equal to 29T.

Interpretations and descriptions for these ranges are described in detail as each participant is evaluated. All scores are shown in Table 14.

Individual Results

Student #1 (male)

Student #1 reported a decreased TOT score from 43T to 41T, both within the average range. Increased scores were shown in these domains: FRE (from 46T to 51T) both in the average range indicating mostly positive emotional states, but he acknowledges a few difficulties related to his mood; and POP (from 36T to 41T) increasing from low range to low average range, indicating he has some difficulties with peer relations, but overall the level of the problems are within the normal limits. The HAP domain remained the same at 51T, indicating he reported both positive and negative appraisals of his life circumstances, with positive evaluations outnumbering the negative. Scores decreased in the following domains: BEH (from 54T to 39T), showing a decrease from average range to low range, indicating he is acknowledging significant behavioral difficulties; INT (from 48T to 46T) showing a decrease from average to low average, indicating more difficulties with academic work, but within the normal range; and PHY (from 40T to 38T) falling from low average to low range indicating poor self-esteem in relation to physical strength and body image.

Student #2 (female)

Student #2 reported a decreased TOT score from 46T to 44T, both within the average range. Increased scores were shown in the HAP domain (from 43T to 51T), showing an increase from low average range to average range, indicating she reported both positive and negative appraisals of her life circumstances, with positive evaluations outnumbering the negative. Scores remained the same in the following domains: BEH (62T) falls in the above average range indicating she perceives herself as well behaved and complies with expectations and rules at school and at home; PHY (45T) falls in the average range, indicating both positive and negative appraisals of

her appearance and personal attributes with positive evaluations outnumbering the negative ones; and POP (47T) remained in the above average range, indicating a perception that she is successful in peer relationships. Scores decreased in the following domains: INT (from 48T to 40T), falling from average range to low average range, indicating more difficulties with academic work, but within the normal range; and FRE (37T to 35T) remaining in the low range, indicating significant problems with dysphoric mood and reporting feeling anxious.

Student #3 (female)

Student #3 reported a decreased TOT score from 30T to 27T, scoring in the low range at 30T and moving into the very low range at 27T. No scores increased for this student. Scores remained the same in the following domains: INT (29T) remaining in the very low range, indicating intense negative self-evaluations including perceived difficulties with numerous school-related tasks, not fitting in, or not being smart; FRE (43T) remained in the low average range, indicating unpleasant emotional experiences, but overall these problems are within the normal limits; and POP (31T) remained in the low range, indicating this student felt unhappy about her social functioning, i.e., dissatisfaction with her friendships or having no close friends. Scores decreased in the following domains: BEH (from 33T to 28T) moving from the low range to very low range, indicating significant behavioral difficulties and may be indicative of disruptive behavioral disorders at this level; PHY (from 35T to 29T) falling from low range to very low range, indicating extremely poor self-esteem in relation to her body image and physical strength; and HAP (from 35T to 27T) decreasing from low range to very low range, indicating general unhappiness and dissatisfaction with herself, even having a serious emotional or behavioral disorder.

Student #4 (male)

Student #4 reported a substantial increase in his TOT score, jumping from 38T to 56T. This increase from the low range to the high average range indicates a positive self-evaluation. Increased scores were shown in these domains: BEH (from 43T to 62T) showing an increase from the low average range to the above average range, indicating that he perceives himself as well behaved and complies with expectations and rules at school and at home; INT (from 42T to 54T) improving from low average range to average range, indicating that he views himself as performing acceptably well academically, but acknowledges a few difficulties; PHY (from 35T to 48T) showing an increase from low range to average range indicating both positive and negative appraisals of his appearance and personal attributes with positive evaluations outnumbering the negative ones; FRE (from 46T to 51T) remaining in the average range, indicating mostly positive emotional states, but he acknowledges a few difficulties related to his mood; POP (from 29T to 47T) increasing from very low range to average range, indicating he is mostly satisfied with his social functioning, but acknowledges a few difficulties with peer interactions; and HAP (from 40T to 47T) increasing from low average range to average range, indicating that he reports both positive and negative appraisals of his life circumstances, with positive evaluations outnumbering the negative. No scores decreased for this student.

Student #5 (female)

Student #5 reported an increase in the TOT score from 27T to 33T. This student moved from very low range to low range, showing a below average score, but an improvement in self-worth. Increased scores were shown in these domains: INT (from 34T to 38T) remained in the low range, indicating that she acknowledges numerous perceived difficulties on specific school-related tasks, not fitting in, or not being smart; PHY (from 32T to 35T) remaining in the low

range, indicating poor self-esteem in relation to her body image and physical strength; FRE (from 22T to 33T) increasing from very low range to low range, indicating significant problems with dysphoric mood and reporting feeling anxious; POP (from 29T to 33T) increasing from very low range to low range, indicating she felt unhappy about her social functioning, i.e., dissatisfied with her friendships or has no close friends; and HAP (from 30T to 43T) increasing from low range to low average range, indicating feelings of dissatisfaction, but the overall level of these problems are within the normal limits. Scores remained the same in the BEH domain (41T) showing a low average range, indicating that this student admits to difficulties managing her own behavior, but the overall level of these problems is still considered within the normal limits. No scores decreased for this student.

Student #6 (male)

Student #6 reported a decreased TOT score from 51T to 41T, showing a drop from average range to low average range. No scores increased for this student. The FRE domain score remained the same (54T) showing an average range, indicating mostly positive emotional states, but he acknowledges a few difficulties related to his mood. Scores decreased in the following domains: BEH (from 62T to 49T) falling from above average range to average range, indicating that he evaluated himself as fairly well behaved, but acknowledges a few difficulties with his conduct; INT (from 51T to 44T) remaining in the average range, indicating that he views himself as performing acceptably well academically, but acknowledges a few difficulties; PHY (from 45T to 38T) moving from average range to low range, indicating that he has poor self-esteem in relation to his body image and physical strength; POP (from 41T to 33T) decreasing from low average range to low range, indicating that he felt unhappy about his social functioning, i.e., dissatisfied with his friendships or has no close friends; and HAP (from 59T to 43T) falling from

above average range to low average range, indicating feelings of dissatisfaction, but the overall level of these problems are within the normal limits.

Student #7 (female)

Student #7 reported an increased TOT score from 46T to 49T, both within the average range. Increased scores were shown in these domains: INT (from 54T to 59T) increasing from average range to above average range, indicating confidence in her general intellectual abilities and in her performance on specific academic tasks, i.e., reading and presenting oral reports in class; PHY (from 48T to 58T) increasing from average range to above average range, indicating that she is generally satisfied with her physical appearance, and HAP (from 40T to 43T) remained in the low average range, indicating feelings of dissatisfaction, but the overall level of these problems are within the normal limits. Scores remained the same in the following domains: BEH (46T) showing an average range, indicating that she evaluates herself as fairly well behaved, but acknowledges a few difficulties with her conduct; FRE (41T) remaining in the low average range, indicating unpleasant emotional experiences, but overall these problems are within the normal limits; and POP (47T) showing an average range, indicating she is mostly satisfied with her social functioning, but acknowledges a few difficulties with peer interactions. No scores decreased for this student.

Student #8 (female)

Student #8 reported an increased TOT score from 36T to 38T, both within the low range, just two scores below the average range. Increased scores were shown in these domains: PHY (from 32T to 35T) remaining in the low range, indicating that she has poor self-esteem in relation to her body image and physical strength; FRE (from 33T to 39T) remaining in the low range, indicating significant problems with dysphoric mood and reporting feeling anxious; POP (from

31T to 33T) remained in the low range, indicating she felt unhappy about her social functioning, i.e., dissatisfied with her friendships or has no close friends; and HAP (from 37T to 40T) showing an increase from low range to low average range, indicating feelings of dissatisfaction, but the overall level of these problems are within the normal limits. Scores remained the same in the following domains: BEH (54T) remained in the average range, indicating that she evaluated herself as fairly well behaved, but acknowledges a few difficulties with her conduct; and INT (42T) showing low average range, indicating more difficulties with academic work, but within the normal range. No scores decreased for this student.

Student #9 (male)

Student #9 reported an increased TOT score from 43T to 61T, indicating a jump from low average range to a high range. Increased scores were shown in these domains: BEH (from 49T to 62T) increasing from average range to above average range, indicating that he perceives himself as well behaved and complies with expectations and rules at school and at home; INT (from 48T to 54T) remaining in the average range, indicating that he views himself as performing acceptably well academically, but acknowledges a few difficulties; PHY (from 45T to 65T) showing an increase from average range to above average range, indicating general satisfaction with his appearance; FRE (from 43T to 58T) increasing from low average range to above average range, indicating that he denies being bothered by sadness nervousness, worry, and other unpleasant mood states; POP (from 29T to 50T) increasing from very low range to average range, indicating he is mostly satisfied with his social functioning, but acknowledges a few difficulties with peer interactions; and HAP (from 51T to 59T) showing an increase from average range to above average range, indicating that he evaluates himself and his life circumstances in a generally positive way. No scores decreased for this student.

The scores, as shown in Table 14, show an overall increase within the Total (TOT) score as well as the six domain scores. Student #3 showed either a decrease or no change in her scores. The facilitator will meet with this student on an individual basis to determine if there is a need for further evaluation. Student #6 showed markedly noticeable decreased scores, with one score remaining the same. This student is currently seeing the school psychologist for further evaluation after disclosing that he has had conversations in his head, spoke of suicidal and homicidal ideologies, and told Mrs. Salomone that he just wanted to know what was wrong with him.

Table 14 – Group Results

	INC			RES			TOT			BEH			INT			PHY			FRE			POP			HAP		
Members	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**	**Pre**	**Post**	**Δ**
1	60T	53T	**-6**	48T	56T	**+8**	43T	41T	**-2**	54T	39T	**-15**	48T	46T	**-2**	40T	38T	**-2**	46T	51T	**+5**	36T	41T	**+5**	51T	51T	**nc**
2	53T	43T	**-10**	60T	60T	**nc**	46T	44T	**-2**	62T	62T	**nc**	48T	40T	**-8**	45T	45T	**nc**	37	35	**-2**	47T	47T	**nc**	43T	51T	**+8**
3	53T	53T	**nc**	43T	40T	**-3**	30T	27T	**-3**	33T	28T	**-5**	29T	29T	**nc**	35T	29T	**-6**	43	43	**nc**	31T	31T	**nc**	35T	27T	**-8**
4	53T	43T	**-10**	46T	43T	**-3**	38T	56T	**+18**	43T	62T	**+19**	42T	54T	**+12**	35T	48T	**+13**	46	51	**+5**	29T	47T	**+18**	40T	47T	**+7**
5	60T	53T	**-7**	64T	66T	**+2**	27T	33T	**+6**	41T	41T	**nc**	34T	38T	**+4**	32T	35T	**+3**	22T	33	**+11**	29T	33T	**+4**	30T	43T	**+13**
6	53T	43T	**-10**	48T	43T	**-5**	51T	41T	**-10**	62T	49T	**-14**	51T	44T	**-6**	45T	38T	**-7**	54T	54T	**nc**	41T	33T	**-8**	59T	43T	**-16**
7	53T	60T	**+7**	56T	60T	**+4**	46T	49T	**+3**	46T	46T	**nc**	54T	59T	**+5**	48T	58T	**+10**	41T	41T	**nc**	47T	47T	**nc**	40T	43T	**+3**
8	53T	43T	**-10**	58T	54T	**-4**	36T	38T	**+2**	54T	54T	**nc**	42T	42T	**nc**	32T	35T	**+3**	33T	39T	**+6**	31T	33T	**+2**	37T	40T	**+3**
9	43T	43T	**nc**	60T	54T	**-6**	43T	61T	**+18**	49T	62T	**+13**	48T	54T	**+6**	45T	65T	**+20**	43T	58T	**+15**	29T	50T	**+21**	51T	59T	**+8**
MEAN	**53T**	**48T**	**-5**	**54T**	**53T**	**-1**	**40T**	**43T**	**+3**	**49T**	**49T**	**nc**	**44T**	**45T**	**+1**	**40T**	**43T**	**+3**	**41T**	**45T**	**+4**	**36T**	**40T**	**+4**	**43T**	**45T**	**+2**

Discussion

The purpose of this group was to improve self-awareness and self-confidence and to teach both coping and social skills. In group, members identified and took responsibility for feelings, as well as began to explore appropriateness in expressing feelings, especially anger. Members discussed ways not only to express, but to manage their anger in breaking the cycle of bullying by walking away from a bullying situation.

The students who participated in the counseling group fit the mold of targets as identified in the literature. Remboldt and Zimman described the target as having difficulty making friends, live a lonely existence, being more comfortable with adults than with peers, having a higher than average risk of suicide, and lacking assertiveness skills (1996). Key characteristics described by Remboldt and Zimman, strongly reflect the characteristics observed and as identified by members of this group.

Hazler (1996) stated that targets often choose some form of isolation as a means to deal with problem situations involving bullying. Several group members talked about the fact that they did not have many friends and were often times lonely. During free time at school or at home, group members spoke of spending a great deal of time playing video games, drawing and creating cartoons, and finding comfort with stuffed animals or pets. Group members spent time escaping from their lonely reality into fantasy situations.

Piers and Herzberg (2002) suggested using the Piers-Harris 2 as a screening device to identify children who might benefit from further psychological evaluation. As discussed in the Results section, Student # 6 and # 3 showed a majority of decreased scores in every area tested, or scored remaining the same. One student is currently seeing the school psychologist on a weekly basis to determine if there is reason for a medical diagnosis. The other student with lower

scored will be brought into counseling for further individual counseling and possible evaluation with the school psychologist. Some students who participated in this group would not have received counseling if not for this research. Fortunately for the two students with low scores, they were not receiving counseling and now will have access to further evaluation and individual counseling.

Some of these group members stated that instead of eating lunch in the cafeteria, they would eat with a teacher. If given the choice of socializing with either peers or adults, many would choose adults or choose to be alone. In fact, students who have been the target of bullies do feel comfortable, possibly safer, with adults than with their peers. This was evident in our group "A Safe Place" where students identified a few friends, but also several adults including counselors, a parent, or teacher as someone to see when they needed to feel safe.

Another characteristic described by Remboldt and Zimman regarding targets is a higher risk of suicide than their peers. During one session several participants openly discussed their failed attempts at suicide. They also went as far as stating that they have thought about homicide. The facilitators reinforced the support that they could provide to a student in need or from any adult in the building. Cartoons that one student brought to group showed recurring violence as the theme to her cartoons.

Lacking assertiveness is something that targets of aggression exhibit. Hazler (1996) identified assertiveness as receiving the best results for students in a bullying situation. Students gain experience of being assertive when teachers and counselors model the methods and benefits of being assertive (Hazler, 1996).

Overall, the research in this study proved that adolescents who have been the targets of aggressors do benefit from group counseling in terms of increased self-concept and self-esteem.

Students recorded either increased scores or remained the same in all scores. Five of the nine participants showed an increase in the total score (TOT). Six of the nine were at a level of average range for positive self-concept. The pre-test showed only five students scored within the average range of positive self-esteem. The overall increase in the TOT score was 3T (mean scores from 40T to 43T).

Two students recorded an increase in the Behavioral Adjustment (BEH) domain, recording no change in the overall score (mean score of 49T).

Four students recorded an increase in the Intellectual and School Status (INT) domain with an overall increase of 1T (mean scores from 44T to 45T).

Five students recorded an increase in the Physical Appearance and Attributes (PHY) domain with an overall increase of 3T (mean scores from 40T to 43T).

Five students recorded an increase in the Freedom From Anxiety (FRE) domain with an overall increase of 4T (mean scores from 41T to 45T).

Five students recorded an increase in the Popularity (POP) domain with an overall increase of 4T (mean scores from 36T to 40T).

Six students recorded an increase in the Happiness (HAP) domain with an overall increase of 2T (mean scores from 43T to 45T).

This research allowed for students to express feelings and thoughts that they have never shared with anyone previously. In doing so, at least one student is continuing to see the school psychologist for further psychological evaluations and another will meet with the researcher for future counseling and possible mental evaluation. This alone reinforces the need for a counseling group to address bullying for those who have been the target of this violence over time, even years. This student spoke of previous thoughts of suicide and homicide during several group

sessions. Schools definitely need, and have recently been taking a proactive approach in bullying prevention, as the literature identified, but more can be done for those who are the targets of bullying.

This counseling group provided a safe place for the participants to share experiences, thoughts and feelings. Members of the group learned that they are not alone in their suffering, the concept of universality was present in group. Members expressed thoughts and feelings within the group to discover that others had similar thoughts and feelings; everyone has been the target of teasing or some form of aggression at one time or another. Ultimately, group members improved their self-concept. They worked together on a journey of self-discovery, learning about respect, violence, support, choices, and assertiveness. Group provided a starting point to reinforce positive self-concept, self-esteem, confidence, and self-respect while, at the same time, respecting the rights of others and being open and accepting of others.

Limitations

Several limitations were identified for this research project. The first limitation was that this was the first group that was developed and facilitated by the researcher. This was a learning process throughout the course of the group duration. However, the facilitator found it helpful to have the school's social worker, Karen Breslewski, as the co-facilitator who also runs the district's bullying prevention program. Mrs. Breslewski brought insight and knowledge about bullying to the group process, which certainly enhanced the group process.

Time was another limitation to the group process. Students met once a week for 40 to 45 minutes. With this limited amount of time and the number of participants, there were often times that discussions had to be interrupted to stay on task with activities. A smaller group of students and a longer duration of the meeting time would benefit the participants and facilitators.

Finally, this research is not conclusive. Piers (1996) intended for the Piers-Harris to be used only as a screening instrument and stated that it should not be used simplistically or used in isolation. Piers recommended that the scale be used in conjunction with other methods including "clinical interviews, peer nomination, and observation of the child in various settings to supplement, corroborate, and investigate the scale results" (Piers, 1996, p. 4). Therefore, the Piers-Harris is a good indication of children's self-concept, but not the sole determinant.

Recommendations

Through the course of this research, suggestions to improve group work for this population have been identified for future groups. Yalom (2005) suggested keeping group size to 7-8 participants to allow for cohesion. This group of nine worked well together, but with a smaller group there could have been more time for individual disclosure. Another suggestion is to reinforce the need for punctuality and attendance for both the benefit of the individual and the group. Due to the fact that students were taken out of classes, some missed group due to class activities, testing, or physical education, which students must attend.

The researcher also recommends that this group be implemented in the school's counseling program. Several groups are currently established at this school district. Students welcomed this group and encouraged the researcher to provide this counseling to other students in the school. This recommendation will be made formally to the counseling staff.

Conclusion

The results of the research have provided evidence that there is a need to continue research, provide education, and focus on bullying prevention within our schools. Bullying prevention programs have become a necessity in schools after several traumatic school shootings such as the thirteen deaths at Columbine High School. Conclusive evidence pointed to prolonged

and merciless bullying by peers that led to the targets committing homicide and in some cases, suicide. This study provided supportive services within a group counseling setting for students who have been the targets of aggressors. Feedback from students was that the group was beneficial to them.

Group counseling was the intervention used in this study to facilitate the identification of feelings, increase self-awareness, and improve self-concept/self-esteem. Hall (2006) stated "Through small group work, the school counselor can help students develop the knowledge, attitude, and skills that will enable them to deal more effectively with bullying" (p. 201). This research provided a small group setting to help students to develop skills, gain knowledge, and establish an attitude that could help to empower them to deal with situations that may have crippled them in the past. They reported feeling more confident and in control of situations. This research shows there is a correlation between the intervention, group counseling, and increased self-esteem and self-confidence.

References

Anderson, T. and Sturm, B. (2007). Cyberbullying: From Playground to Computer. *Young Adult Library Services, 5(2),* 24-27.

Aronson, E. (2004). How the Columbine High School Tragedy Could Have Been Prevented. *Journal of Individual Psychology, 60(4),* 355-360.

Austin, S. and Joseph, S. (1996). Assessment of bully/victim problems in 8 to 11 year-olds. *British Journal of Educational Psychology, 66,* 447-456.

Bednar, R. L., Wells, M. G., and Peterson, S.R. (1995). Self-esteem (2nd ed.). In J. W. Santrock, *Life-Span Development*. NY: McGraw Hill.

Belsey, B. (2004) *What is Cyberbullying?* Retrieved from the internet on 10/17/06 at www.bullying.org/external/documents/ACF6F8.pdf

Besag, V. (1989). *Bullies and victims in schools.* Philadelphia: Open University Press.

Booth, W. and Snyder, D. (2001). No remorse, no motive from shooting suspect. *San Antonio Express-News, March 7, A1, A6.* In Harris, S. and Petrie, G. (2003). *Bullying: The Bullies, the Victims, the Bystanders.* Lanham, MD: Scarecrow Press, Inc.

Brockport Central School District High School Report, Fall 2006. *Basic Educational Data System (BEDS) Report*, 2.

CBS News (2002). "Fifty years to life for school shooting." www.cbsnews.com/stories/2002/08/15/national/main518874.shtml, August 15, 2002). In Harris, S. and Petrie, G. (2003). *Bullying: The Bullies, the Victims, the Bystanders.* Lanham, MD: Scarecrow Press, Inc.

Chiu, L-H. (1988). Measures of self-esteem for school- age children. *Journal of Counseling and Development, 66*, 298-301.

Combs, A.W., and Super, D.W. (1957). The self, its derivate terms and research. *Journal of Individual Psychology, 13,* 135-145.

Coloroso, B. (2002). *The bully, the Bullied, and the Bystander: From Pre-School to High School – How Parents and Teachers Can Help Break the Cycle of Violence.* Toronto, Ontario, Canada: HarperCollins Publishers Ltd.

Cosden, M. (1984). Piers Harris Children's Self-concept Scale. In D.J. Keyser and R.C. Sweetland (Eds.) *Test Critiques*. (Vol. 1 pp. 511-521). Kansas City: Test Corporation of America.

Crandall, V., Crandall, V. and Katkovsky, W. (1965). A children's social desirability questionnaire. *Journal of Consulting Psychology, 29,* 27-36.

Epstein, H. (1985). Piers Harris Children's Self-concept Scale. In I.V. Mitchell, Jr. (Ed.), *Ninth mental measurement yearbook* (Vol. 1. pp.1168-1169). Lincoln: University of Nebraska, Buros Institute of Mental Measurement.

Ericson, N. (2001) *Addressing the Problem of Juvenile Bullying*. Retrieved from the internet on 10/17/06 at www.ncjrs.org/pdffiles1/ojjdp/fs200127.pdf.

Espelage, D. L. and Asidao, C. S. (2001). Conversations with Middle School Students About Bullying and Victimization: Should We Be Concerned? In Geffner, R. A., Loring, M. and Young, C. (Eds.), *Bullying Behavior* (pp. 49-62). Binghamton, NY: The Haworth Maltreatment and Trauma Press.

Espelage, D. L. and Swearer, S. M. (Eds.). (2004). *Bullying in American Schools: A Social-Ecological Perspective on Prevention and Intervention.* Mahwah, NJ: Lawrence Erlbaum Associates.

Franklin, M.R., Dudley, S.M., Rousseau, E.W., and Sabers, D.L. (1981). Construct validation of

the Piers-Harris Children's Self-concept Scale. *Educational and Psychological Measurement, 41(2), 4*53-462.

Fried, S. and Fried, P. (1996). *Bullies and Victims: Helping Your Child Survive the Schoolyard Battlefield.* New York: M. Evans and Company, Inc.

Garbarino, J., DeLara, E., (2002). High Schools Can Be 'Toxic'. *American Journal of Orthopsychiatry, 72(3),* 456-459. Retrieved review by Honing, A. S. online 10/24/06 from PsycArticles.

Glynn, A. (1970). *The British: Portrait of a people.* New York: Putnam's Sons.

Gordon, I. J. *A test manual for the How I See Myself Scale.* Gainesville: Florida Educational Research and Development Council, 1968.

Gottheil, N. F. and Dubow, E. F. (2001). The Interrelationships of Behavioral Indices of Bully and Victim Behavior. In R A. Geffner, M. Loring, and C. Young, (Eds.), *Bullying Behavior: Current Issues, Research and Interventions.* The Haworth Press, Inc.: Binghamton, NY.

Hall, K. R. (2006). Solving Problems Together: A Psychoeducational Group Model for Victims of Bullies. *The Journal for Specialists in Group Work, 31(3),* 201-217. Retrieved from PsycInfo on 10/24/06.

Harris Interactive, Axelrod, A., Ph.D. and Markow, D., Ph.D. (2001). *Hostile Hallways: Bullying, Teasing, and Sexual Harassment in School.* Washington, DC: American Association of University Women Educational Foundation.

Harris, S. and Petrie, G. (2003). *Bullying: The Bullies, the Victims, the Bystanders.* Lanham, MD: Scarecrow Press, Inc.

Harter, S. (1999). The construction of self. In J. W. Santrock, *Life-Span Development*. NY: McGraw Hill.

Hawkins, J. A. and Berndt, T. J. (1985). Adjustment following the transition to junior high school. In J. W. Santrock, *Life-Span Development*. NY: McGraw Hill.

Hazler, R. J., Carney, J. V., Green, S., Powell, R. and Jolly, L. S. (1997). Areas of expert agreement on identification of school bullies and victims. *School Psychology International, 18,* 5-14.

Hoover, J. H. and Oliver, R. (1996). *The Bullying Prevention Handbook: A Guide for Principals, Teachers, and Counselors.* Bloomington, IN: National Educational Service.

Horne, A. M., Glaser, B. and Sayger, T. V. (1994). Bullies. *Counseling and Human Development, 27(3),* 1-12.

Jeske, P.J. (1985). Piers Harris Children's Self-concept Scale. In I.V. Mitchell, Jr. (Ed.), *Ninth Mental measurement yearbook* (Vol. 1. pp.1169-1170). Lincoln: University of Nebraska, Buros Institute of Mental Measurement.

Katz, A. H. (1993). *Self-help in America: A social movement perspective.* New York: Twayne.

Kugle, C.L., and Clements, R.O. (1981). *Self-esteem and academic behavior among elementary school children.* Austin: Research and Development Center for Teacher Education: University of Texas.

Kugle, C.L., and Clements, R.O., and Powell, P.M. (1983). Level and stability of self-esteem in relation to academic behavior of second graders. *Journal of Personality and Social Psychology, 44,* 201-207.

Lefley, H.P. (1974) Social and familial correlates of self-esteem among American Indian Children. *Child Development, 45,* 829-833.

Lipsitt, L.P. (1958). A self-concept scale for children and its relation to the children's form of manifest anxiety scale. *Child Development, 29,* 463-472.

Marsh, H.W., and Holmes, I.W.M (1990). Multidimensional self-concepts: Construct validation of responses by children. *American Educational Research Journal, 27* (1), 89-117.

Mayer, C.L. (1968). *A study of the relationship of early special class placement and the self-concepts of mentally handicapped children.* Unpublished doctorial dissertation, Syracuse, University, N.Y.

McLaughlin, R.E. (1970). Unpublished studies of self-concept, Milton Hershey School.

Millen, L. (1966). *The relationship between self-concept, social desirability and anxiety in children.* Unpublished master's thesis, Pennsylvania State University, University Park.

National Youth Prevention Resource Center (2002). *Facts for Teens: Bullying.* Retrieved from the internet on 10/17/2006 at www.safeyouth.org.

Olweus, D. (1978). *Aggression in the Schools: Bullies and Whipping Boys.* Washington, D.C.: Hemisphere Publishing Corporation.

Olweus, D., Block, J. and Radke-Yarrow, M. (1986). *Development of Antisocial and Prosocial Behavior: Research, Theories, and Issues.* Orlando, FL: Academic Press, Inc.

Olweus, D. (1992). Victimization by peers: Antecedents and long-term outcomes. In K.H. Rubin and J.B. Asendorf (Eds.), *Social withdrawal, inhibition, and shyness in childhood* (pp.315-341). Hillsdale, N. J.: Erlbaum.

Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Oxford, UK: Blackwell Publishers Ltd.

Olweus, D. (1994). Annotation: Bullying at school: Basic fact and effects of a school-based intervention program. *Journal of Child Psychology and Psychiatry, 35,* 1171-1190.

Parish, T.S., and Taylor, J.C. (1978a) A further report on the validity and reliability of the Personal Attribute Inventory of Children as a self-concept scale. *Educational and Psychological Measurement, 38,* 1225-1228.

Parsons, R. D (2007). *Counseling Strategies That Work: Evidence-Based Interventions for School Counselors.* Boston, MA: Pearson Education, Inc.

Parish, T. S., and Taylor, J. C. (1978b). The Personal Attribute Inventory for Children: A report on its validity and reliability as a self-concept scale. *Educational and Psychological Measurement, 38,* 565-569.

Perry, D. G., Kusel, S. J. and Perry, L. C. (1988). Victims of peer aggression. *Developmental Psychology, 24,* 807-814.

Piers, E.V. (1984). *Revised manual for the Piers-Harris Children's* Self-concept *Scale*. Los Angeles: Western Psychological Services.

Piers, E. V. (1996). *Piers-Harris Children's Self-Concept Scale: Revised Manual 1984.* Los Angeles: Western Psychological Services (WPS).

Piers, E. V. and Herzberg, D. S. (2002). Piers-Harris 2, Piers-Harris Children's Self-Concept Scale, Second Edition. Los Angeles: Western Psychological Services (WPS).

Platten, M.R., and Williams, L.R. (1979). A comparative analysis of the factorial structures of two administrations of the Piers-Harris Children's Self-Concept Scale to one group of elementary school children. *Educational and Psychological Measurement, 39,* 471-478.

Platten, M.R., and Williams, L.R. (1981). Replication of a test-retest factorial validity study with the Piers-Harris Children's Self-concept Scale. *Educational and Psychological Measurement, 41,* 453-461.

Psychological Assessment Resources, Inc, 2006. (PAR). *PAR Catalog of Professional Testing*

Resources. January 2006, 29(1)

Purkey, W.W., and Cage, B.N. (1973). The Florida Key : A scale to infer learner self-concept. *Educational and Psychological Measurement*, 33, 979-984.

Remboldt, C. and Zimman, R. (1996). *Respect & Protect: A Practical, Step-by-Step Violence Prevention and Intervention Program for Schools and Communities.* Minneapolis, MN: Johnson Institute – QVS, Inc.

Rigby, K. (1997). *Bullying in schools and what to do about it.* London: Jessica Kinglsey Publishers.

Rigby, K. (2001). *Stop the bullying: A handbook for teachers.* Ontario, Canada: Pembroke Publishers.

Rosenberg, M. (1979). Conceive the self. New York: Basic.

Rosenberg, M. (1986). Conceiving the self. Malabar, FL: Kreiger.

Ross, D. M. (1996). *Childhood Bullying and Teasing: What School Personnel, Other Professionals, and Parents Can Do.* Alexandria, VA: American Counseling Association.

Ross, D. M. (2003). *Childhood Bullying and Teasing: What School Personnel, Other Professionals, and Parents* Can Do (2nd ed.). Alexandria, VA: American Counseling Association.

San Antonio Express-News, (2002). "*Teen pleads guilty in school shooting," June 21, 1.* In Harris, S. and Petrie, G. (2003). *Bullying: The Bullies, the Victims, the Bystanders.* Lanham, MD: Scarecrow Press, Inc.

Santrock, J. W. (2004). *Life-Span Development*. NY: McGraw Hill.

Shavelson, R.J., and Bolus, R. (1982). Self-concept: The interplay of theory and methods. *Journal of Educational Psychology*, *74*(1), 3-17.

Sheras, P. and Tippins, S. (2002). *Your child: Bully or victim? Understanding and ending school yard tyranny.* NY: Skylight Press.

Shore, K. (2005). *The ABC's of Bullying Prevention: A Comprehensive Schoolwide Approach.* Port Chester, NY: Dude Publishing.

Smith, M. D. and Rogers, C. M. (1978). Reliability of standardized assessment instruments when used with learning disabled children. *Learning Disabilities Quarterly, 1,* 23-30.

Smith, P. K., Bowers, L., Binney, V. and Cowie, H. (1993). Relationships of children involved in bully/victim problems at school. In S. Duck (Ed.), *Learning about relationships: Understanding relationship processes series volume 2* (pp. 184-212). Newbury Park, CA: Sage Publications, Inc.

Swearer, S. M., Grills, Amie, E., Haye, K. M., and Cary, P. T. (2004). Internalizing Problems in Students Involved in Bullying and Victimization: Implications for Intervention. In D. L. Espetage and S. M. Swearer (Eds.), *Bullying in American Schools: A Social- Ecological Perspective on Prevention and Intervention.* Mahwah, NJ: Lawrence Erlbaum Associates.

Western Psychological Services. (2006). *Piers-Harris Children's Self-Concept Scale, Second Edition (Piers-Harris 2).* Retrieved April 4, 2006 from the Western Psychological Services Website http://www.wpspublish.com/

Winne, P.H., Marx, R.W., and Taylor, T.D. (1977). A multitrait-multimethod study of three self-concept inventories. *Child Development, 48,* 893-901.

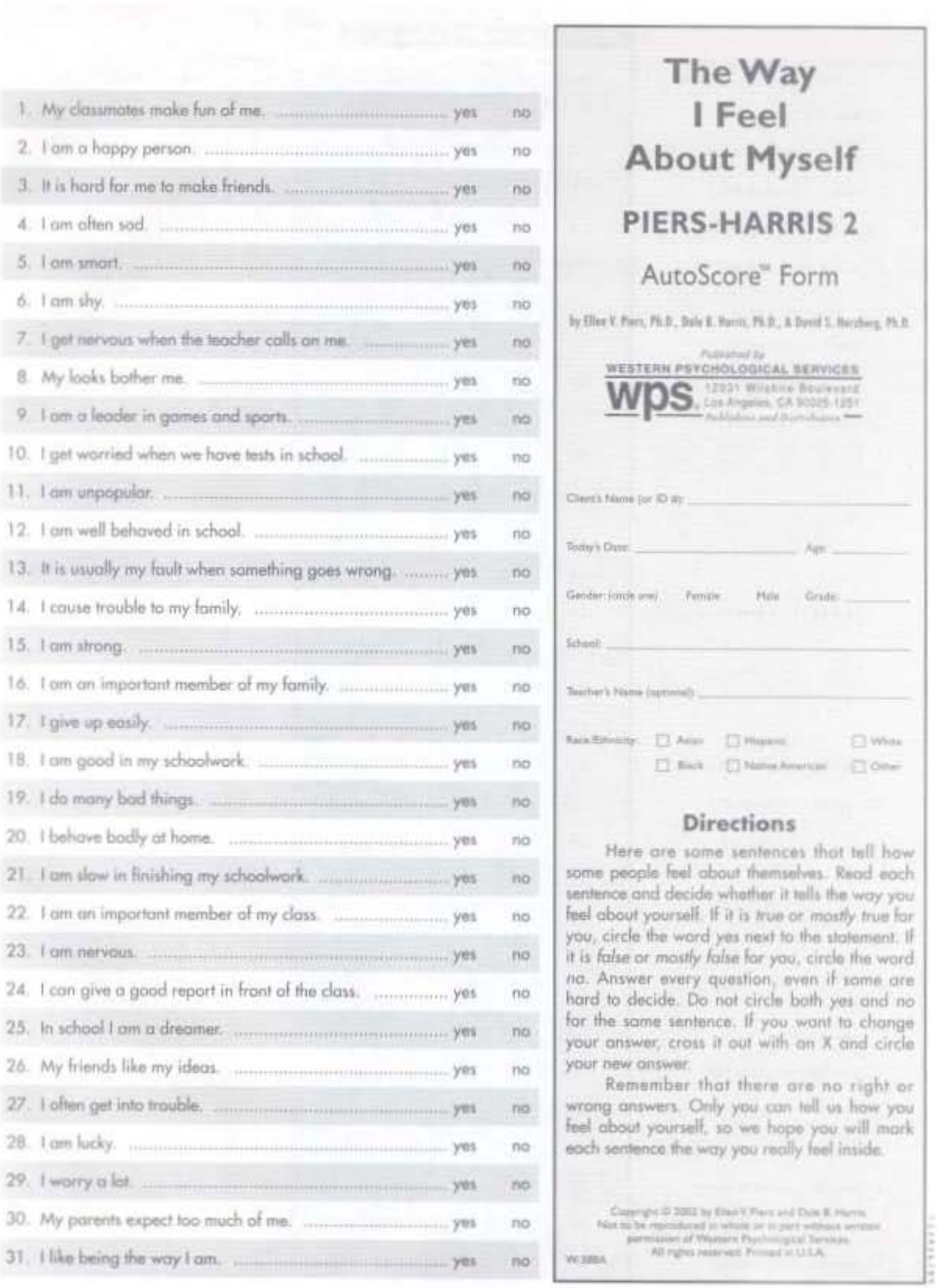
Wiseman, R. (2002). Queen bees and wannabes: Helping your daughter survive cliques, gossip, boyfriends and other realties of adolescence. NY: Crown.

Wylie, R. (1974). *The self-concept: A review of methodological considerations and measuring instruments* (Vol.1). Lincoln: University of Nebraska Press.

Yalom, I. D. (2005). *The Theory and Practice of Group Psychotherapy (5th ed.)*. New York: Basic Books.

Yonker, R.J., Blixt, S., and Dinero, T. (1974, April). *A methodological investigation if the development of a semantic differential to assess self-concept.* Paper presented at the National Council on Measurement in Education, Chicago. (Department of Educational Foundations and Inquiry, Bowling Greene State University, Ohio.)

Appendix A



1. My classmates make fun of me. ..... yes no
2. I am a happy person. ..... yes no
3. It is hard for me to make friends. ..... yes no
4. I am often sad. ..... yes no
5. I am smart. ..... yes no
6. I am shy. ..... yes no
7. I get nervous when the teacher calls on me. ..... yes no
8. My looks bother me. ..... yes no
9. I am a leader in games and sports. ..... yes no
10. I get worried when we have tests in school. ..... yes no
11. I am unpopular. ..... yes no
12. I am well behaved in school. ..... yes no
13. It is usually my fault when something goes wrong. ..... yes no
14. I cause trouble to my family. ..... yes no
15. I am strong. ..... yes no
16. I am an important member of my family. ..... yes no
17. I give up easily. ..... yes no
18. I am good in my schoolwork. ..... yes no
19. I do many bad things. ..... yes no
20. I behave badly at home. ..... yes no
21. I am slow in finishing my schoolwork. ..... yes no
22. I am an important member of my class. ..... yes no
23. I am nervous. ..... yes no
24. I can give a good report in front of the class. ..... yes no
25. In school I am a dreamer. ..... yes no
26. My friends like my ideas. ..... yes no
27. I often get into trouble. ..... yes no
28. I am lucky. ..... yes no
29. I worry a lot. ..... yes no
30. My parents expect too much of me. ..... yes no
31. I like being the way I am. ..... yes no

The Way I Feel About Myself

PIERS-HARRIS 2

AutoScore™ Form

by Ellen V. Piers, Ph.D., Dale B. Harris, Ph.D., & David S. Herzberg, Ph.D.

Published by
WESTERN PSYCHOLOGICAL SERVICES
wps 12031 Wilshire Boulevard, Los Angeles, CA 90025-1251
Publishers and Distributors

Client's Name (or ID #): _____

Today's Date: _____ Age: _____

Gender: (circle one) Female Male Grade: _____

School: _____

Teacher's Name (optional): _____

Race/Ethnicity: ☐ Asian ☐ Hispanic ☐ White ☐ Black ☐ Native American ☐ Other

Directions

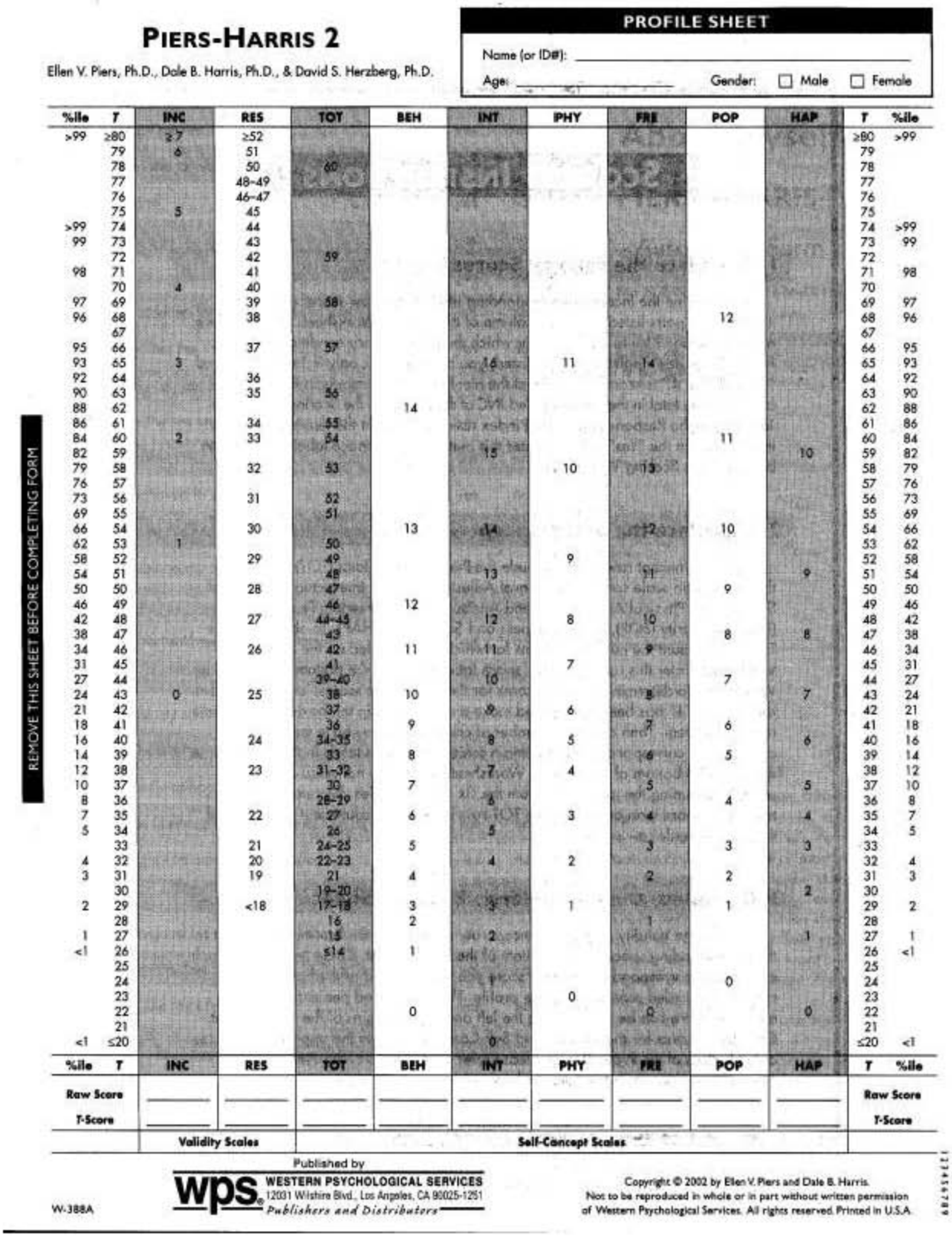
Here are some sentences that tell how some people feel about themselves. Read each sentence and decide whether it tells the way you feel about yourself. If it is *true* or *mostly true* for you, circle the word *yes* next to the statement. If it is *false* or *mostly false* for you, circle the word *no*. Answer every question, even if some are hard to decide. Do not circle both *yes* and *no* for the same sentence. If you want to change your answer, cross it out with an X and circle your new answer.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark each sentence the way you really feel inside.

W-388A

32. I feel left out of things. ..... yes no
33. I have nice hair. ..... yes no
34. I often volunteer in school. ..... yes no
35. I wish I were different. ..... yes no
36. I hate school. ..... yes no
37. I am among the last to be chosen for games and sports. ..... yes no
38. I am often mean to other people. ..... yes no
39. My classmates in school think I have good ideas. ..... yes no
40. I am unhappy. ..... yes no
41. I have many friends. ..... yes no
42. I am cheerful. ..... yes no
43. I am dumb about most things. ..... yes no
44. I am good-looking. ..... yes no
45. I get into a lot of fights. ..... yes no
46. I am popular with boys. ..... yes no
47. People pick on me. ..... yes no
48. My family is disappointed in me. ..... yes no
49. I have a pleasant face. ..... yes no
50. When I grow up, I will be an important person. ..... yes no
51. In games and sports, I watch instead of play. ..... yes no
52. I forget what I learn. ..... yes no
53. I am easy to get along with. ..... yes no
54. I am popular with girls. ..... yes no
55. I am a good reader. ..... yes no
56. I am often afraid. ..... yes no
57. I am different from other people. ..... yes no
58. I think bad thoughts. ..... yes no
59. I cry easily. ..... yes no
60. I am a good person. ..... yes no

Appendix B



PIERS-HARRIS 2

Ellen V. Piers, Ph.D., Dale B. Harris, Ph.D., & David S. Herzberg, Ph.D.

PROFILE SHEET

Name (or ID#): _____

Age: _____ Gender: ☐ Male ☐ Female

REMOVE THIS SHEET BEFORE COMPLETING FORM

%ile	T	INC	RES	TOT	BEH	INT	PHY	FRE	POP	HAP	T	%ile
>99	≥80	≥7	≥52								≥80	>99
	79	6	51								79	
	78		50	60							78	
	77		48–49								77	
	76		46–47								76	
	75	5	45								75	
>99	74		44								74	>99
99	73		43								73	99
	72		42	59							72	
98	71		41								71	98
	70	4	40								70	
97	69		39	58							69	97
96	68		38						12		68	96
	67										67	
95	66		37	57							66	95
93	65	3				16	11	14			65	93
92	64		36								64	92
90	63		35	56							63	90
88	62				14						62	88
86	61		34	55							61	86
84	60	2	33	54					11		60	84
82	59					15				10	59	82
79	58		32	53			10	13			58	79
76	57										57	76
73	56		31	52							56	73
69	55			51							55	69
66	54		30		13	14		12	10		54	66
62	53	1		50							53	62
58	52		29	49			9				52	58
54	51			48		13		11		9	51	54
50	50		28	47					9		50	50
46	49			46	12						49	46
42	48		27	44–45		12	8	10			48	42
38	47			43					8	8	47	38
34	46		26	42	11	11		9			46	34
31	45			41			7				45	31
27	44			39–40		10			7		44	27
24	43	0	25	38	10			8		7	43	24
21	42			37		9	6				42	21
18	41			36	9			7	6		41	18
16	40		24	34–35		8	5			6	40	16
14	39			33	8			6	5		39	14
12	38		23	31–32		7	4				38	12
10	37			30	7			5		5	37	10
8	36			28–29		6			4		36	8
7	35		22	27	6		3	4		4	35	7
5	34			26		5					34	5
	33		21	24–25	5			3	3	3	33	
4	32		20	22–23		4	2				32	4
3	31		19	21	4			2	2		31	3
	30			19–20						2	30	
2	29		<18	17–18	3	3	1		1		29	2
	28			16	2			1			28	
1	27			15		2				1	27	1
<1	26			≤14	1						26	<1
	25										25	
	24					1			0		24	
	23						0				23	
	22				0			0		0	22	
	21										21	
<1	≤20					0					≤20	<1
%ile	T	INC	RES	TOT	BEH	INT	PHY	FRE	POP	HAP	T	%ile
Raw Score												Raw Score
T-Score												T-Score
		Validity Scales		Self-Concept Scales								

Published by

WPS WESTERN PSYCHOLOGICAL SERVICES
12031 Wilshire Blvd., Los Angeles, CA 90025-1251
Publishers and Distributors

W-388A

1 2 3 4 5 6 7 8 9

Appendix C

BROCKPORT HIGH SCHOOL

40 Allen Street, Brockport, New York 14420 - 2296 (585) 637 - 1873

Gary C. Levandowski *Principal*

Counselors
Marcia L. Bartalo Brenda C. Hamling Christine K. Howlett Judith A. Jones
Kathleen M. Kalua'u Martha H. Terilli

Memo:
To: Dr. Gary Levandowski
From: Kelly O. Salomone
Subject: Research Project
Date: November 9, 2006

I would like to formally submit a request granting me permission to implement my research project at Brockport High School.

The purpose of this project is to implement a research study designed to increase the self-esteem of adolescent students who have been or currently are the targets of aggressors. I will work with a group composed of eight to ten students in 9th through 12th grade. Participants will have been identified as targets of bullying and recommended for the study by counselors, teachers, and/or other high school staff. Each student's confidentiality will be protected, as no identifying information will be written on the questionnaires. All materials from students (i.e., pre and post survey questionnaires, activity dittos) will be stored in a locked file cabinet at school.

I will incorporate support group activities for each session. The focus of the study is to increase the self-esteem of students who have been bullied through group counseling, resulting in students' feeling good about themselves, taking care of themselves, and making healthy choices when they are bullied. A pre and post survey questionnaire, the Piers-Harris Children's Self-Concept Scale, by Ellen V. Piers, Ph.D. & Dale B. Harris, Ph.D., will be administered on the first and last day of group sessions to measure self-esteem.

This risk of participation in this study is minimal. As a researcher, I will guide students through effective strategies to build self-esteem. The benefits to Brockport High School include increasing students' self-esteem and fostering a sense of community and caring in our school.

By signing this form you give me your permission to conduct the study. In addition, you are fully aware of my research plans and are in agreement with its implementation at our school.

Name (print): Dr. Gary C. Levandowski Title: Principal

Signature (sign): Dr. Gary C. Levandowski Date: 11/9/06

Person requesting consent:
Name (print): Kelly O. Salomone Title: Graduate Student/Intern

Signature (sign): Kelly O Salomone Date: November 9, 2006

Appendix D

December 4, 2006

Dear Faculty,

This letter is to inform you of a research project/thesis that I will be conducting as an intern at Brockport High School to complete the requirement for a Master's in Counselor Education through SUNY Brockport. More importantly, in doing this research I hope to improve the self-concept/self-esteem of high school students who have been the target of peers (aggressors) in a bullying situation and assess whether participation in this counseling group improves self-concept/self-esteem by administering a pre and post questionnaire called the Piers-Harris Children's Self-Concept Scale 2. For more information regarding the group, see reverse side of this letter.

In an effort to select students for the counseling group, I need your help. I am asking for your input in identifying students whom you have either witnessed being bullied or who have confided in you that they have been bullied. The possible benefits from this study could be that the information learned would allow professionals to better help students who are bullied build self-esteem in order to feel good about themselves, take care of themselves, and make healthy choices when they are bullied.

I am hoping to begin groups in the beginning of January. I would appreciate your response with any **names of students by Friday, December 8**. This will allow time to form the group and get parental permission to participate prior to the Christmas break.

Thank you so much for your time and assistance in identifying students who may ultimately benefit from this research. If you have any questions, email me at ksalomon@bcs1.org and I will get back to you.

Warm regards,

Kelly O. Salomone, Counseling Office

♦♦

♦ Please detach this form, place in a sealed envelope, and
♦ Return form to Kelly Salomone's or Marcia Bartalo's mailbox in the Main Office or
♦ Drop off form to Donna Kulp in the Counseling Office.

Student Name ____
Teacher Name ____
Observation/Bullying Situation Reported____
____
____
____

This study will involve a counseling group of 8-10 students. The group will be a curriculum-based approach, which I've designed to be conducted in 10 sessions. Karen Breslewski will co-facilitate this group. I have included topics that will be covered in our group during each session as follows:

Session 1: Administer pre study questionnaire
Introduction, Group Expectations, and Group Goals
Session 2: Circle of Courage
Session 3: Defining Violence, Abuse, and Bullying
Session 4: Recognizing Signals
Session 5: What is Respect Like?
Session 6: Being Assertive
Session 7: Healthy Choices
Session 8: A Safe Place
Session 9: Accessing Support
Session 10: What I Learned
Administer post study questionnaire

Appendix E

STATEMENT OF INFORMED CONSENT

Dear _____,

This form describes a research study being conducted with adolescents. The main focus of this research is to develop a counseling group for students who have experienced a situation involving harassment of some kind, often referred to as bullying. The purposes of the research project are for the researcher to complete the requirement for a Master's degree in Counselor Education through the State University of New York College at Brockport and to provide an open, safe environment for students to discuss their thoughts and feelings about bullying in an effort to build a stronger sense of self-concept/self-esteem for participants. The research involves assessing whether participation in this study actually increases the students' self-concept/self-esteem.

The study involves a counseling group that is a curriculum-based approach and is designed to be conducted in 10 sessions. Each session will focus on a specific content area:

Session 1: Administer pre study questionnaire
Introduction, Group Expectations, and Group Goals
Session 2: Circle of Courage
Session 3: Defining Violence, Abuse, and Bullying
Session 4: Recognizing Signals
Session 5: What is Respect Like?
Session 6: Being Assertive
Session 7: Healthy Choices
Session 8: A Safe Place
Session 9: Accessing Support
Session 10: What I Learned
Administer post study questionnaire
Party

The project is being conducted by Mrs. Kelly Salomone, a school counselor intern. Mrs. Salomone is conducting this project for her Master's thesis in the Counselor Education Program at SUNY Brockport. If you agree to participate in this study you will be asked questions about your feelings and behavior, family and friends, school and experiences. You will also complete two questionnaires and participate in activities pertaining to the study.

A possible risk of being in this study is feeling that some questions asked of you are of a personal nature. There are no other known risks. If any questions make you uncomfortable, you do not have to answer them. You will have a chance to discuss any feelings you have about any questions with Mrs. Salomone. If anything you say during the study causes Mrs. Salomone to be concerned about you, she will talk with you more about it.

The possible benefits from this study could be that participants increase their self-awareness, which may allow participants to build their self-esteem and improve their self-concept. The desired goal of the research would be that participants would feel good about themselves, take care of themselves, and make healthy choices in a bullying situation.

Any information that you give in this study remains confidential and will be known only to Mrs. Salomone. The only exception that there could ever be to this, is that if in talking to you, Mrs. Salomone finds that there is something happening in your life that is an immediate and serious danger to your health or physical safety or to the health or physical safety of someone else. In that case, parents or another professional might have to be contacted. Mrs. Salomone would always talk to you about it first. Except for this consent form, all questionnaires will be given a code number and your name will not be on them.

Your participation in this study is completely voluntary. You are free to change your mind or stop being in the study at any time during the process and there will be no penalty.

You are being asked whether you want to participate in this study, which involves working in a group setting. You do not have to participate if you do not want to. If you wish to participate, and you agree with the statement below, please sign in the space provided. Remember, you may change your mind at any point and withdraw from the study. You can refuse to participate even if your parent/guardian gives you permission to participate. These consent forms will be stored in school and will be kept in a locked cabinet.

If you have any questions you may contact:

Primary Researcher:
Kelly O. Salomone, (585) 637-1873

Faculty Advisors Department of Counselor Education,
SUNY College at Brockport:
Dr. Patricia Goodspeed Grant, (585) 395-5493
Dr. Thomas Hernandez, (585) 395-5498

I understand the information provided in this form and agree to participate as a participant in this project.

_____ _____

Signature of Participant Date

_____

Birthdate of Participant

Appendix F

STATEMENT OF INFORMED CONSENT

Dear Parent(s)/Guardian(s) of _____,

This form describes a research study being conducted with adolescents. The main focus of this research is to develop a counseling group for students who have experienced a situation involving harassment of some kind, often referred to as bullying. The purposes of the research project are for the researcher to complete the requirement for a Master's degree in Counselor Education through the State University of New York College at Brockport and to provide an open, safe environment for students to discuss their thoughts and feelings about bullying in an effort to build a stronger sense of self-concept/self-esteem for participants. The research involves assessing whether participation in this study actually increases the students' self-concept/self-esteem.

The study involves a counseling group that is a curriculum-based approach and is designed to be conducted in ten sessions. Each session will focus on a specific content area:

Session 1: Administer pre study questionnaire, Piers-Harris Children's Self-Concept Scale, 2.
Introduction, Group Expectations, and Group Goals. Introductions will take place at the start of the group. Participants will learn group member's names and begin to interact with each other. Group expectations will be established in an effort to have a basic understanding of how members would like to be treated in the group. Goals are to establish mutual working rules for the group, develop an understanding of acceptable behavior in group, and provide a respectful, safe structure for participants. Goals of the group and individuals will be discussed to develop areas of focus and purpose for the group, i.e., communicate better.

Session 2: Circle of Courage. This session will involve group members becoming familiar with sharing and listening in group. A goal for this activity is to encourage members to feel that they are being treated fairly in group.

Session 3: Defining Violence, Abuse, and Bullying. The goals of this session involve helping members understand the terms violence, abuse, and bullying, as well as increasing members' awareness of when bullying happens.

Session 4: Recognizing Signals. Goals of this session will be to help members understand the escalation process, learn to identify the signals that they are becoming increasingly tense, and to disrupt tension before they blow up.

Session 5: What I Know About Myself. This session will focus on group members exploring and understanding what respectful behavior is.

Session 6: Being Assertive. Goals include group members learning what assertiveness is, learning assertive communication skills, and members feeling empowered in challenging situations.

Session 7: Healthy Choices. This session focuses on group members understanding the idea of making choices and developing an increased understanding of how to make healthy choices.

Session 8: A Safe Place. This session allows members to explore, identify, and discuss a place at school or another institution where they feel safe.

Session 9: Accessing Support. The focus in session 9 is to assist members in understanding that support from others is something everybody needs and to identify people or places members can turn to for support.

Session 10: What I Learned. The final session gives members an opportunity to name what they have learned and develop post-group plans.
Administer post study questionnaire, Piers-Harris Children's Self-Concept Scale, 2.
Party

The project is being conducted by Mrs. Kelly Salomone, a school counselor intern. Mrs. Salomone is conducting this project for her Master's thesis in the Counselor Education Program at SUNY Brockport. If your child agrees to participate in this study s/he will be asked questions about their feelings and behavior, family and friends, school and experiences. S/he will also fill out some questionnaires and participate in activities pertaining to the study.

A possible risk of being in this study is feeling that some questions asked of her/him are of a personal nature. There are no other known risks. If any questions make her/him uncomfortable, s/he does not have to answer them. Your child will have a chance to discuss any feelings s/he has about any questions with Mrs. Salomone. If anything s/he says during the study causes Mrs. Salomone to be concerned about her/him, she will talk with her/him more about it.

The possible benefits from this study could be that participants increase their self-awareness, which may allow participants to build their self-esteem and improve their self-concept. The desired goal of the research would be that participants would feel good about themselves, take care of themselves, and make healthy choices in a bullying situation.

Any information that your child gives in this study remains confidential and will be known only to Mrs. Salomone. The only exception that there could ever be to this, is that if in talking to your child, Mrs. Salomone finds that there is something happening in her/his life that is an immediate and serious danger to her/his health or physical safety or to the health or physical safety of someone else. In that case, you, the parents/guardians or another professional might have to be contacted. Mrs. Salomone would always talk to your child about it first. Except for this consent form, all questionnaires will be given a code number and your child's name will not be on them.

Your child's participation in this study is completely voluntary. Your child is free to change her/his mind or stop being in the study at any time during the process and there will be no penalty.

Your child is being asked whether s/he wants to participate in this study, which involves your child working in a group setting. Your child does not have to participate if s/he does not want to. If your child wishes to participate, and you agree with the statement below, please sign in the space provided. Remember, your child may change her/his mind at any point and withdraw from the study. Your child can refuse to participate even if you give your permission to participate. These consent forms will be stored in school and will be kept in a locked cabinet.

If you have any questions you may contact:

Primary Researcher:
Kelly O. Salomone, (585) 637-1873

Faculty Advisors Department of Counselor Education,
SUNY College at Brockport:
Dr. Patricia Goodspeed Grant, (585) 395-5493 Dr. Thomas Hernandez, (585) 395-5498

I understand the information provided in this form and agree to participate as a participant in this project.

_____ _____

Signature of Parent/Guardian Date

Appendix G

1. Introductions

Recommended ages: 10 +

Phase 1

GOALS

- Group members learn other members' names.
- Group members begin to interact with other group members.

DESCRIPTION

Group members introduce themselves and relate various facts about themselves.

MATERIALS NEEDED

None.

DIRECTIONS

Have group members sit in a circle. Explain that it is important for all group members to know each other's name. People are to use first names throughout the time spent together in the group. Ask participants to go around the circle saying their names and one fact about themselves. These facts could include their age, middle name, where they live, or teacher.

When all participants have shared their first names and a fact, ask if any group member can name either all the facts about the other group members or all the first names. You may wish to take the first turn even if you aren't sure you remember all the facts or names. This can be an opportunity to model that adults make mistakes, too. After several group members have tried to recite everyone's name or fact, ask them to say their first names again and name their favorite food. Again, ask for volunteers to repeat the names or favorite foods. You can repeat this process with new categories of facts as many times as you like. Be careful not to do it too many times without changing some specific fact. When this activity is complete, ask each member to say the names of five other people in the group and one fact they know about each of those people.

THINGS TO THINK ABOUT

The first group session and the first few activities can be the most challenging. Whatever you do sets the tone and pace for future sessions. Allow group members chances to pass if they need to at first. However, most students, even the quietest ones, tend to offer something during this exercise. This is particularly true as they feel more a part of the group and hear others contributing things.

MY OBSERVATIONS

_____

_____

Appendix H

2. Group Expectations

Recommended ages: 10 +

Phase 1

GOALS

- Group members establish mutual working rules for the group.
- Group members glean an understanding of acceptable behavior.
- Group members experience a firm, respectful, and safe structure.

DESCRIPTION

Group members create rules for their behavior toward each other, toward you as the facilitator, and for you as the facilitator.

MATERIALS NEEDED

None.

DIRECTIONS

Explain that it is important for all groups to have a basic understanding of how members would like to be treated in the group. This is done by looking at what we expect from others. Ask group members what you can expect will happen if someone pulls a fire alarm in the school. Look for answers such as the alarm will go off, students and teachers will have to leave the building, the fire department will come to check the building, firefighters will put out the fire. Note that all group members deserve to have expectations regarding how others should treat them.

On a chalkboard or newsprint, draw three columns. At the top of the first column, write "What I expect from other group members." Ask group members to start a list of how they would like the members of this group to treat each other. Look for responses such as these: be respectful, give support, let others talk and say what's on their minds, use people's first names, listen, keep what happens in the group confidential, no put-downs, no name-calling or physical threats, no abuse.

Label the second column "What I expect from [the facilitator's name]." Ask participants to list what is expected of you as a facilitator. Look for responses such as: include everyone, help to make the group safe, help it to be a fun group, start and end on time, don't tell parents and teachers everything that comes up in the group. Note that the facilitator should meet the expectations listed in the first column as well.

Label the third column "What [facilitator's name] expects of me." Look for responses such as these: be on time to the group, allow others to talk, be honest, don't interrupt, be respectful, no abusive language or behavior, no derogatory names or references (and for older students, no using drugs or drinking the day of the group). Also ask group members to use the first names of others or appropriate labels such as *mother, uncle, friend*.

THINGS TO THINK ABOUT ▶

Creating expectations is imperative in this first session. Summarize them into three or four rules. Too many rules encourages "wanna-be" lawyer behaviors and confuses group members. The four essential areas to cover are these:

- Be respectful.
- Use your words to talk it out.
- Work together to solve problems.
- Remember that everyone has the right to feel safe in mind, body, and spirit.

As the facilitator, you get to determine when these rules have been violated. There is no need to discuss violations. The participant is less likely to feel shamed or criticized if you are matter-of-fact when you point out some behavior that is inappropriate.

MY OBSERVATIONS ▶

Appendix I

3. Group Goals

Recommended ages: 10 +

Phase 1

GOALS

- Group members develop individual goals.
- Group members develop areas of focus and purpose for the group.

DESCRIPTION

Group members brainstorm what they want to accomplish during the group sessions.

MATERIALS NEEDED

None.

DIRECTIONS

Ask group members to sit in a circle. Lead a discussion of group goals as follows:

- Introduce the idea of goals.
- Ask the group what goals are and why they are useful.
- Ask the group to choose someone they admire and share what goals they think this person might have.
- Identify a sport, the purpose behind the sport, and the short-term goals that serve the purpose of the sport. For instance, a baseball team has a vision of winning the World Series. What smaller goals does the team need in order to accomplish its ultimate goal? What smaller goals do the individual members need in order to accomplish the vision? Explain that, like a sports team, this group can establish goals.

Point out that group members may prefer to be someplace else at this time for the next six or seven weeks (whatever the duration of the program might be), but that their presence is for their individual benefit, so it would be good to make the best use of this time. Point out that you can help them do this if you, as a facilitator, have a good understanding of what they would like to accomplish or work toward during the group sessions.

Next, ask participants for their ideas about the purpose of this group. On a chalkboard or newsprint, write goals for reaching this vision. Suggested goals include the following:

- Complete this group.
- Learn how to express my feelings.
- Communicate better.
- Be more assertive.
- Stay out of trouble.

When the goals are listed, ask the group if there are similarities among them, what they are, and if there are intermediary steps to take in order to reach these goals.

THINGS TO THINK ABOUT ▶

Some students may simply say, "I want to get out of this group." This is an appropriate goal. They can begin to list out loud what steps it would take for this to happen. Participants will probably suggest other goals that you feel are inappropriate. Do not say immediately that the goal is inappropriate. Saying this too quickly can negatively affect the group. Instead, examine what exactly the participant is saying he or she wants from the group by naming that goal. Demonstrate your openness to at least consider whatever they share.

Discussing goals can be somewhat foreign to group members. They may find it a confusing process. The idea of this activity is to expose group members to a goal-setting process.

MY OBSERVATIONS ▶

Appendix J

6. Circle of Courage

Recommended ages: 10 +

Phase 1

GOALS

- Group members become familiar with a process that will be used repeatedly in the group.
- Group members feel they are treated fairly in the group.

DESCRIPTION

Group members learn about and practice the process called "Circle of Courage."

MATERIALS NEEDED

A talking piece.

DIRECTIONS

Prior to the start of the session, choose a talking piece that you will pass around during the session. It will indicate who can speak and who will listen. The talking piece can vary from session to session, but it should hold some meaning for you as the circle keeper.

Have group members sit in a circle. Explain to the group that they will be learning a process called "Circle of Courage" and that this process will be used many times during their sessions together. Explain that there are four rules to be used in the process:

- Work at sharing from the heart.
- Work at listening through the heart.
- Work at being spontaneous in your sharing.
- Work at making your contributions brief.

When people sit in a Circle of Courage, they pass a "talking piece." The talking piece is a symbol of the respect that is accorded each person participating in the circle. The person who is speaking holds the piece. All other members are to listen until they have the talking piece. However, explain that, as the facilitator, you will have to provide input to the group process without having the talking piece. Tell the participants that everyone will get an opportunity to share when the Circle of Courage is used. Everyone will also be given the opportunity not to share. The group members who do not wish to share can simply pass the talking piece on to another person.

The talking piece itself will be something you choose, at least initially. Explain what meaning it has for you. A talking piece could be anything from a rock to a stick to a book—any object that is meaningful to you.

Explain that the Circle of Courage is based in Native American traditions. Circle are symbols of some universal concepts and healing processes. The medicine wheel is directly connected with the circle. Have the group practice using the talking piece. The talking piece will be passed around the circle clockwise. Starting with easy responses and progressing to longer ones, ask them to respon to several statements, such as the following:

- Describe a favorite movie.
- Tell what your favorite subject in school is and why.
- Describe a situation when you had a good time with a parent.
- Talk about a time when you made a good decision.
- Share with the group a situation during which you were successful.

Close the process with some ceremonial gesture. This could be simply saying some final words. You as the facilitator might say, "This group will succeed." Or the group could put their hands in the middle of the circle on top of each other, push down, and then raise their hands as they all shout, "Success Together."

THINGS TO THINK ABOUT ▶

This, no doubt, will be a new type of process for group members. Make sure you provide them several examples and allow the group to try out the process severa times. Circles sometimes need continued practice by all members.

There are a variety of possibilities for making this process fresh and new for group members. The first few times, follow the procedure of passing the talking piece around the circle clockwise. However, when the group members become more familiar with the process, you can have the person with the talking piece decide whom to pass it on to after he or she is done. Feel free to use your own creativity in coming up with alternative ways to pass the talking piece.

You can also use the talking piece to brainstorm ideas or to collect questions group members might have for others in the group. This helps emphasize that this is *their* group.

MY OBSERVATIONS ▶

Appendix K

52. Defining Violence, Abuse, and Bullying

Recommended ages: 10 +

Phase 3

GOALS

- Group members understand the terms *violence*, *abuse*, and *bullying*.
- Group members increase their awareness of when bullying happens.

DESCRIPTION

Group members brainstorm examples of different kinds of violence and draw "definition spirals."

MATERIALS NEEDED

A piece of paper for each group member and pens or pencils.

DIRECTIONS

Ask group members for a definition of *violence*. Explain to the group that violence is words and actions that hurt others, whether intentional or accidental.

Draw four columns on a chalkboard or newsprint. Label the columns "Verbal," "Physical," "Emotional," and "Sexual." Ask group members to brainstorm examples of violence. As they name examples, write them under the appropriate column. When there are at least twenty examples in each column, pass out pieces of paper and pens or pencils to all participants and have them make definition spirals. Ask them to choose one word from a list and write it as small as possible in the middle of the paper. Then, have them select and write a second word from the same list so that it begins to wrap around the first word. They then select a third word to continue the spiral and go on in this fashion until all the words in a list are used. This demonstrates that all of the examples are attached in some form. You may wish to have group members create a definition spiral for all four lists.

Lead a discussion, asking questions such as the following:

- Are there some examples that might fit in more than one list?
- Are there more ideas you can add to the lists and spirals?
- Where does the word *bullying* fit best?
- What types of actions and behaviors could be considered bullying?
- Are there differences between bullying behaviors and the examples already on the lists?
- How are others affected by the behaviors?
- What do other people do when they see bullying behavior?

Explain to group members that, for the purposes of this group, they should understand that *abuse* and *bullying* have the same definition as *violence*: "words or actions that hurt people." Bullying is any behavior that hurts someone else or that intimidates, threatens, or creates fear in the recipient. It is bullying whether the person intended it to be hurtful or not. Explain that group members do not need to agree with this definition, but they do need to understand that this definition is the basis of the work in the group. Ask them what they disagree with or agree with in regard to the definition you presented. Make a note for yourself regarding group members' responses to this definition.

THINGS TO THINK ABOUT ▶

Discussing definitions of *violence, abuse,* or *bullying* can be a touchy subject, especially when group members have been targets of bullying behaviors. You can defuse some of the participants' defensiveness and hesitancy to participate by helping them focus on behaviors rather than judgments of people or themselves. In addition, you can ask them to begin by focusing on violent behavior that has been directed at them. This should help them be more open to sharing the times and ways in which they have been targeted.

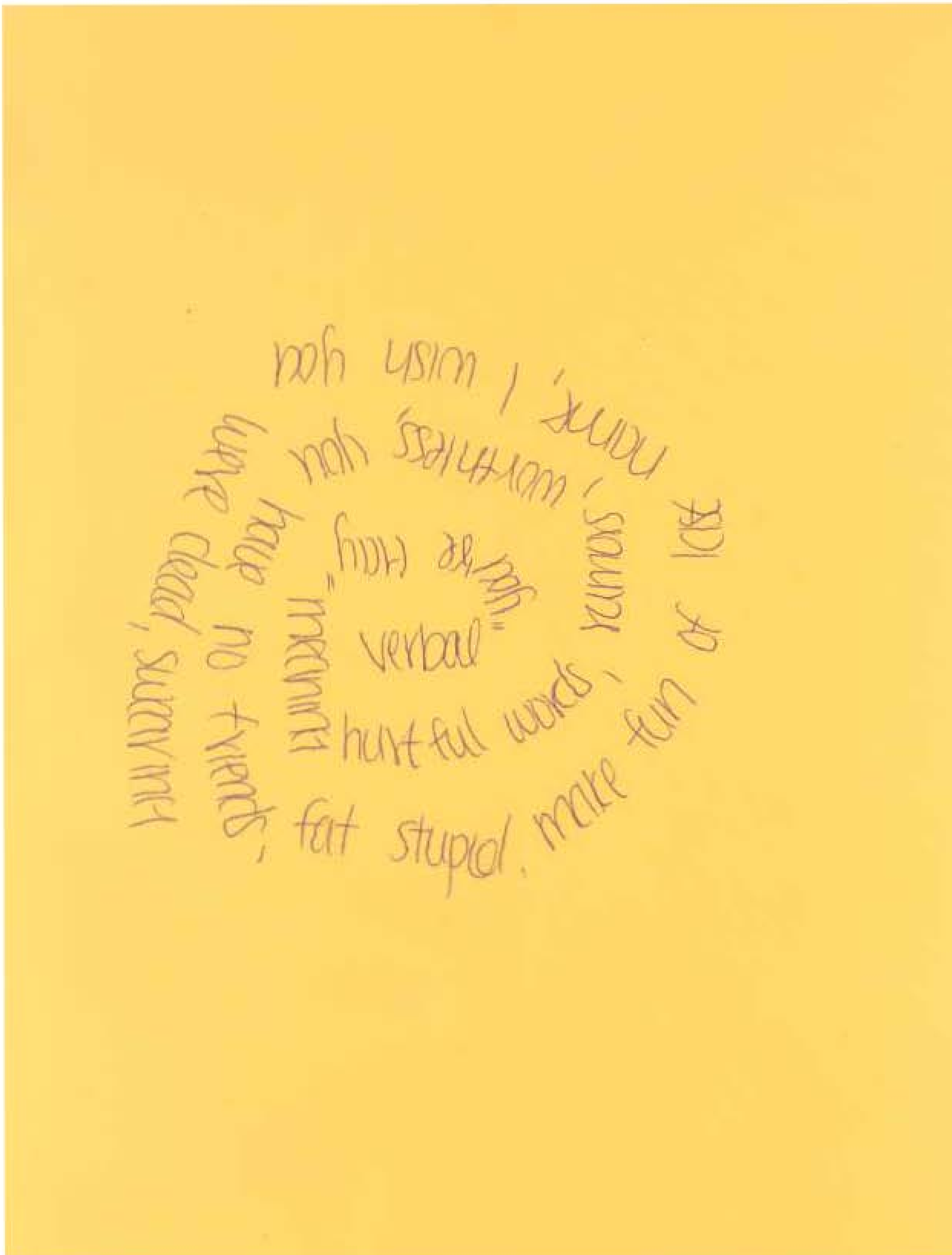
It is helpful to stay concrete in this activity and not to engage in discussions about which type of violent behavior is worse. It helps to establish a common understanding if you approach all types of violence on an equal level. This also may be a good time to ask group members' opinions about the impact that bullying behavior has had on them and to lead into a discussion on how they were able to get through these difficult situations. What kind of messages did they give themselves in order not to retaliate or become more depressed about their situations?

MY OBSERVATIONS ▶

What Is Bullying?

This curriculum is based on the assumption that *bullying* and *abuse* have the same definition as *violence*: "words or actions that hurt people." Bullying is any behavior that hurts someone else or that intimidates, threatens, or creates fear in the recipient. It is bullying whether the person intended it to be hurtful or not.

Appendix L




Be
to
Nice
others
or
Don't say
athing at


Be Nice

Appendix M

53. Recognizing Signals

Recommended ages: 10 +

Phase 3

GOALS

- Group members understand the escalation process.
- Group members learn to identify the signals that they are becoming increasingly tense.
- Group members learn to disrupt tension before they blow up.

DESCRIPTION

Group members draw the Escalation Cycle, identify a variety of signals that indicate they are getting tense, and write their own signals on their drawing.

MATERIALS NEEDED

Five pieces of newsprint or tagboard posted on the wall, each with one of the following words or phrases: "Body," "Feelings," "Thoughts," "Hot Signal Words," "Hot Signal Situations"; paper for each group member; pencils; and crayons, colored pencils, or markers.

DIRECTIONS

Draw the Escalation Cycle (see page 133) on the chalkboard or newsprint, explain it to group members, and discuss the related issues.

Note for the group that the Escalation Cycle usually is repeated many times in a week or even in a day. For those who have experienced this cycle, it brings on many feelings. Ask the group to share the feelings that a person who is stuck in the cycle might have. (It often ends with feelings of guilt and shame for their behaviors.)

Ask group members to think quietly about what signals they recognize that tell them they are starting to get stressed out. While they are doing this, give them each a piece of paper and ask them to copy the Escalation Cycle figure. Under the words "Build Up" on the chalkboard or newsprint, write: "Body," "Feelings," "Thoughts," "Hot Signal Words," "Hot Signal Situations."

Ask the group members to share what their bodies do when they start getting stressed—when tension starts to build up. List their responses on the large piece of paper labeled "Body." You may need to prompt them with questions such as these: Do your muscles get tight? Do you pace? Does your stomach feel crummy? Do you clench your fists? Do you grind your teeth? Do you get quiet? Do you get loud?

Ask group members to share the feelings they experience. Most will share angry, sad, hopeless, trapped, depressed, confused, frustrated, irritated, annoyed. List these responses on the paper labeled "Feelings."

Next, ask them to share the thoughts that run through their heads when they experience stressful situations, then list these responses on the appropriate paper. These may include thoughts such as: "You can't talk to me that way," "Shut up," "You don't know what you're talking about," "I hate you," "Get out of my face," and "You're stupid."

Next, ask group members to share some of their hot signal words. These are words or phrases that really bother them. Again, list responses on the appropriate paper. These could be names or labels, put-downs, swear words, phrases that demean or threaten their families or friends, and so on.

Finally, ask group members to share hot signal situations. These are places or situations in which they get stressed. List responses on the appropriate paper. These may be family gatherings, school events, discussions of sensitive topics such as grades or friends, riding in the car, being in the dining room, and so on.

Refer back to the left-hand side of the circle labeled "Build Up." Point out that all of the things they have just identified are signals that can alert them that they are getting very tense and need to take care of themselves so they will not "blow up." The sooner they can identify the signals, the better they can take care of themselves.

Have the group members write, in the "Build Up" section of their papers, their own signals as they relate to their bodies, feelings, thoughts, hot signal words, and hot signal situations.

Have the group members then add colors and symbols to this circle.

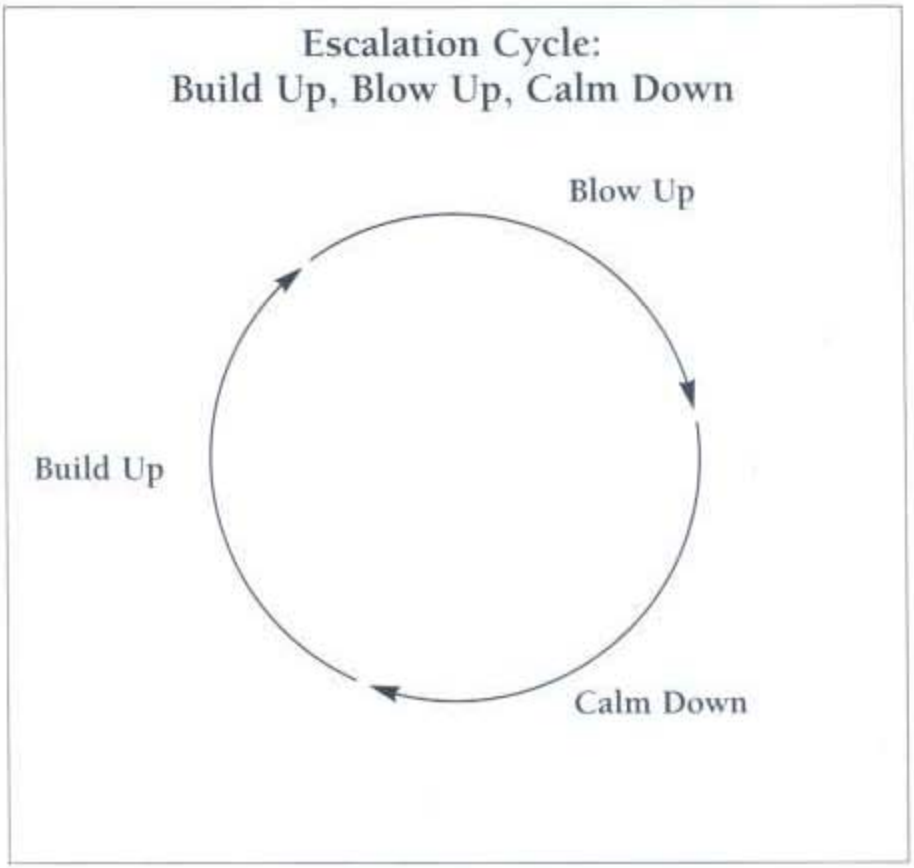
THINGS TO THINK ABOUT ▶

Give this activity plenty of time and monitor the group to find out if they really understand the cycle and the need to intervene for themselves early in difficult situations, not just when the situation becomes tense.

It may be difficult for young people to believe that stepping out of the Escalation Cycle requires courage. Help them reframe the idea of bravery, emphasizing the courage it requires to pay attention to their escalation signals and to walk away from a difficult situation. Discuss with the group the messages they have received about what they are supposed to do when they get in a jam. Have them talk about the struggles and challenges that exist for someone who wants to walk away from a difficult situation.

MY OBSERVATIONS ▶

Appendix N



Escalation Cycle: Build Up, Blow Up, Calm Down

The Escalation Cycle is a vicious circle that people get caught in. They can also learn to disrupt the cycle. It has three phases:

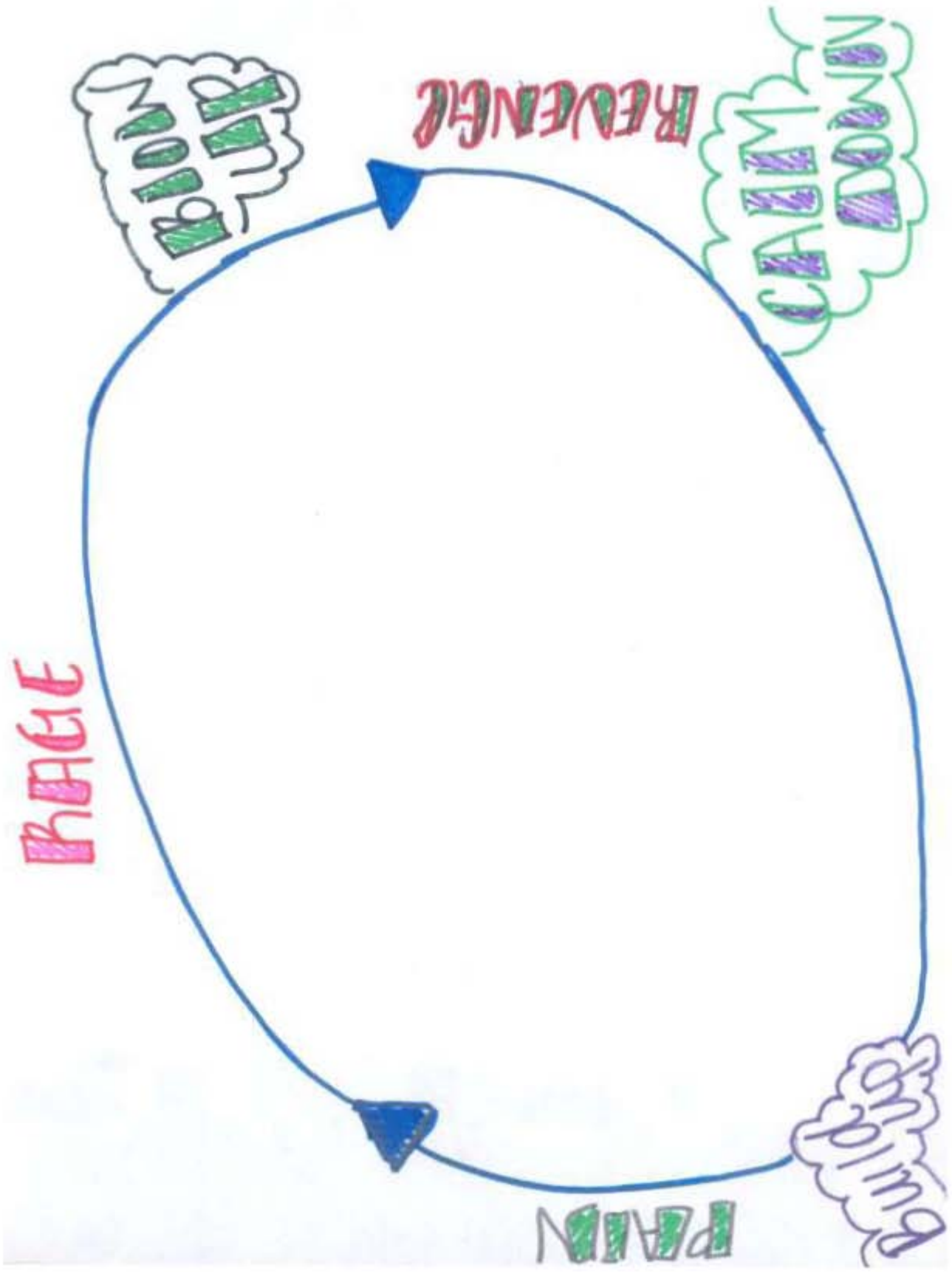
1. Build-up phase. The person feels increasing tension.
2. Blow-up phase. The person lashes out and somebody gets hurt.
3. Calm-down phase. After someone has been hurt, the tension is released, but the person feels guilty, ashamed, or embarrassed.

There are many signals during the build-up phase that can alert you to the fact that you are feeling increasingly tense. Paying attention to these signals can help you avoid hurtful behaviors. The earlier you pay attention, the more quickly you can take care of yourself and avoid the blow-up phase.

There are always options to stop the escalation throughout the process. You can choose to step out of the cycle at any point.

It takes courage to stop the cycle. If you are alert, you can recognize your own signals. If you are brave enough, you can take care of yourself and stop the process. Walking away from a situation takes more bravery than fighting it out.

Appendix O



Appendix P

65. What Is Respect Like?

Recommended ages: 10 +

Phase 3

GOAL

- Group members understand what respectful behavior is.

DESCRIPTION

Group members imagine how respect, violence, and peace look, sound, feel, taste, and smell.

MATERIALS NEEDED

One Respect worksheet (page 161) for each participant and pencils.

DIRECTIONS

Explain to group members that most of us have five senses: sight, hearing, touch, taste, and smell. Hand out the worksheets and ask each group member to complete the sentences. After all group members have completed their sentences, ask them to read some of their sentences. List them on the chalkboard or newsprint. Ask questions such as the following:

- What do you notice about these lists?
- What are the similarities?

Have each group member choose one of the sentences he or she wrote and draw a picture of the statement. After all group members have completed their pictures, ask them to describe their pictures, explaining what was included, what was not included, what colors were used, and so on.

THINGS TO THINK ABOUT

Have group members complete the sentences with as little thought as possible. Too much thinking can get in the way of a meaningful response.

Having them connect with their senses increases their understanding of and reinforces the concept. Senses transmit data to the brain; senses also help people to access memory. Associating the concepts with senses will help to establish the memory.

MY OBSERVATIONS

Appendix Q

Respect

Respect looks like _____

sounds like _____

feels like _____

tastes like _____

smells like _____

Violence looks like _____

sounds like _____

feels like _____

tastes like _____

smells like _____

Peace looks like _____

sounds like _____

feels like _____

tastes like _____

smells like _____

Appendix R

35. What I Know about Myself

Recommended ages: 10 +

Phase 2

GOALS

- Group members increase their self-awareness.
- Group members gain increased self-esteem.

DESCRIPTION

Group members add to each other's list of personal strengths and share them aloud.

MATERIALS NEEDED

Paper for each group member, pencils, and tape.

DIRECTIONS

Ask participants to identify who knows the most about them and list these people on the chalkboard or newsprint. Ask them to identify the kinds of things others know about them. These could include personal information about when they were growing up; their favorite things to do; their favorite music; their strengths. Again, write these categories on the chalkboard. Next, ask participants to list strengths that they or others they know possess, and list these on the chalkboard.

Have participants write three of their personal strengths on a piece of paper and attach these lists to their backs. The group (including the facilitator) then moves around and each participant adds a strength to every group member's list. Next have the group sit in a circle, take the lists from their backs, and read them aloud. Prior to reading each strength, they should read the phrase, "What I know about myself is . . ." After everyone has read his or her list, ask questions such as the following:

- How did it feel to read this list of strengths?
- Are there some on your list that surprise you?
- If so, which ones?
- What surprises you about them?
- What similarities do you notice among each other's lists?

Explain that it is important to remember our strengths. It helps to remind us that we can get through hard times and that we are good people, regardless of negative messages that anyone else might give.

THINGS TO THINK ABOUT ▶

Group members may have difficulty coming up with strengths. Provide some examples and affirm those that are shared.

MY OBSERVATIONS ▶

Appendix S

58. Being Assertive

Recommended ages: 10 +

Phase 3

GOALS

- Group members learn what assertiveness is.
- Group members learn assertive communication skills.
- Group members feel empowered in challenging situations.

DESCRIPTION

Facilitator demonstrates aggressive and passive-aggressive communication techniques, teaches the definition of *aggressive, passive, passive-aggressive,* and *assertive* behavior, and leads discussion on assertiveness guidelines. Group members share times when they have felt listened to.

MATERIALS NEEDED

A copy of Guidelines for Assertive Communication (page 145) for each group member, and a chair (optional).

DIRECTIONS

Ask for a volunteer to stand in the middle of the group circle as you talk about the term *assertiveness.* While speaking, walk closer to the person in the middle until it seems he or she feels uncomfortable with the distance between the two of you. Then have this person sit on the floor or in a chair. Move even closer and raise your voice while asking questions such as these:

- What is your name?
- How old are you?
- Where were you yesterday at 3:30 P.M.?
- Why do you always hang out with that person?

Next, start talking under your breath about this person while you face the other direction. Then turn back to the person and say that you are mad, but laugh while saying it.

Point out that you just demonstrated aggressive and passive-aggressive communication.

Lead a discussion on the definitions of *aggressive, passive, passive-aggressive,* and *assertive behavior* (see "What Is Assertive Behavior?" on page 144).

Pass out the Guidelines for Assertive Communication and lead a discussion on how to use them. Note that using the Guidelines for Assertive Communication can increase group members' chances for getting their points heard by others.

Ask the group to take turns sharing times when they have felt that someone listened to them and actually heard their point. When everyone has had a turn, ask questions such as the following:

- What was happening in these situations?
- How did the other person demonstrate that he or she was listening?
- How did you feel when this person listened to you?
- Did you get what you wanted right away?
- If not, was it helpful for you to know that at least this person listened?

THINGS TO THINK ABOUT ▶

Some members may try to argue that this stuff does not work, that you, the facilitator, must live in a dreamland. Concede for the sake of argument that it may not work, but for this activity they will at least have a chance to try it in the dreamland where you live.

You may also suggest that this focus may be a way to avoid trying new things. Point out that acting aggressively is similar to having a tantrum, that no one would want to be around someone who lay down on the ground and kicked and screamed every time he or she did not get what was wanted, and that people also don't want to be around someone who is violent or aggressive.

You may also challenge group members to come up with situations where assertiveness will not work. You may choose to demonstrate some assertive responses to these situations. Remind group members that the goal of being assertive is to say how you feel and what you want. Once you have done this, you have been successful.

Some group members may say that this type of approach shows that you are a wimp. Ask the members to give you an example of a conflict situation. Ask them to tell you how a wimp might handle that situation. Then help them see the difference between the wimp's reaction (a passive reaction) and an assertive response.

MY OBSERVATIONS ▶

Appendix T

What Is Assertive Behavior?

Aggressive behavior is when you are demanding, are disrespectful, or simply try to take what you want. Aggressive behavior can become violent or abusive. The goal of being aggressive is to get what you want. This aggressive communication style is different than being aggressive in sports. When people act aggressively, they are indirect in expressing their feelings and are usually unclear about what they want.

Passive behavior is when you just go along with what everybody else wants instead of saying what you want or need. Those who predominantly use passive communication appear to be manipulative and to be hiding their feelings. They are rarely direct about what they want. These people have the same goal as the people who are aggressive: to get what they want. This kind of behavior can leave you feeling empty, deprived, and resentful.

Passive-aggressive behavior is when you just go along with what everybody else wants instead of saying what you want or need, but you feel angry or resentful and get back at people later. The way you get back at them isn't necessarily connected to what you're mad about, so it can be pretty confusing to everybody involved.

Assertive behavior is when you say clearly and directly what you want and how you feel but remain respectful of the other person and his or her wishes as well. You may or may not get what you want, but you will be able to feel good about yourself, and you will face less risk of getting hurt or getting into trouble.

Appendix U

Guidelines for Assertive Communication

- Prepare yourself. Ask:
  1. What is my frame of mind?
  2. What is my goal in trying to address this issue?
  3. What is the main thing I want to communicate?
  4. What am I feeling and what do I want to have happen in this situation?
- Use I-statements.
- Use respectful body language.
- Stand or sit at a respectful distance.
- Pay attention to timing. It may be best to address your concerns at another time if the other person is so upset that he or she cannot be open to talking.
- Avoid asking questions.
- If you must ask questions, ask only clarifying questions, like "Could you help me better understand how you are seeing this situation?" or "Would it be helpful for me to try to explain what I'm saying another way?"
- Be aware that it is better to understand than to be understood.

Appendix V

78. Healthy Choices

Recommended ages: 10 +

Phase 3

GOALS

- Group members better understand the idea of making choices.
- Group members develop increased understanding of how to make healthy choices.

DESCRIPTION

Group members list choices people have to make and identify which are healthy and which are unhealthy.

MATERIALS NEEDED

None.

DIRECTIONS

Draw two columns on the chalkboard or newsprint. Ask participants to name significant people in their lives, such as parents, teachers, or other adults. List these in the left-hand column. Ask participants to name the types of choices these adults have to make and list the choices in the right-hand column. The choices might involve things such as getting up from bed, going to work, eating lunch, reading the paper, deciding what to make for supper, scheduling transportation for their children's activities, smoking, drinking, using drugs, and so on. Finally, ask the group to indicate to you which of these choices are healthy choices and which are not.

Next, ask the group to name choices they need to make in their lives right now. These could include things such as when to get up, what cereal to eat for breakfast, whether to listen to directions in school, how to treat certain peers, what activities to get involved in, and so on. Write these on the board or newsprint as they are named.

Have the group members identify which are healthy choices and circle them. Discuss what goes into making a healthy choice, asking questions such as the following:

- How do you decide you will make a healthy choice?
- What kinds of rewards might you get if you make a healthy choice?
- Who influences you when making a healthy choice?
- Do you think about what someone else might do before you choose to do something?
- Do you ever consult with anyone else?

Next, have them list some of the obstacles to making healthy choices. Suggest that messages they have heard from others can affect the way they make choices.

THINGS TO THINK ABOUT ▶

Try to have participants identify choices that they are most familiar with. You may need to emphasize that many of the choices they make seem minor, such as choosing whether or not to put bananas on their cereal or which side of the street to walk on. It may be difficult for them to make the connection between these specific choices and the whole idea of making healthy choices. In fact, thinking about healthy choices may be a new experience for group members. Be patient with the process. This is another activity in which you are simply planting seeds that will surface in the future.

Help group members understand that often the obstacles to making healthy choices are rooted in a person's thoughts, in what they tell themselves. Help them examine these messages and state positive alternatives. Provide group members with high levels of affirmation and encouragement throughout this activity. Find even subtle ways they are making healthy choices and pay significant attention to them, exploring their process in making the choices.

MY OBSERVATIONS ▶

Appendix W

91.
A Safe Place

Recommended ages: 10 +

Phase 3

GOAL ▶

- Group members identify a place at school or another institution where they feel safe.

DESCRIPTION ▶

The group develops a story together about a young person who needs a safe place, then identifies a place at school or another institution where each participant feels safe.

MATERIALS NEEDED ▶

None.

DIRECTIONS ▶

Present two or three situations in which participants might feel unsafe. Ask them where they would go or whom they would talk to in these situations. Note that in many games there are places set aside in which players can stay safe: in tag, there is a free base; in soccer or basketball, the sidelines; and in baseball, the bases. Ask questions such as the following:

- What makes a place safe?
- How does a place become safe?
- How do you know you are safe there?
- Is being safe a feeling or an action?
- Are there different ways of not feeling safe? (Not feeling safe at home alone might feel different than not feeling safe if a gang of people starts pushing you around.)
- When have you felt unsafe?
- What did you do to feel safe again? (Perhaps left the situation.)
- Whom did you talk to or see to help you feel safe?

Ask group members to name safe places they can go to. List these on the chalkboard or newsprint. Ask members to name safe people they can talk to. List these on the chalkboard or newsprint. Ask them to tell what they were thinking during a time when they were in an unsafe place. Finally, ask them to share what they could tell themselves when things seem scary. List the positive self-messages on the chalkboard or newsprint.

Ask group members to help you develop a story about a young person who is the same age as they are. Ask for a name for this person. If the group consists of both boys and girls, ask them what gender this person is. Otherwise, make the young person the same gender as the group. Tell them other young people have teased this person about many things. Ask them to think of some things this person might have gotten teased about. Then state that this young person always had a safe place to go at his home, where he felt protected from everyone who could tease him. He also had a good friend to talk to and an adult to hang out with and talk to, although not necessarily about the teasing.

Continue the story by saying that this young person got teased by the same classmate for a whole week, and soon he felt _____.

Ask the group to develop a list of feelings and thoughts that this person might have. Then ask them to name positive messages he could give himself instead. Write this list on the chalkboard or newsprint. When the story is done, have the group members draw this person and the person or the place he went to to feel safe.

Lead a discussion asking questions such as the following:

- Where in the school (or other institution) could you feel safe?
- Which people in the school (or other institution) could you safely talk with? (Allow participants to struggle with this part. Many of them may not have a safe place at the school, or many of them may minimize the need to feel safe at the school, particularly if they do not feel threatened.)
- Is there a difference between feeling safe at school (or other institution) and feeling safe at home?
- What is the difference?
- What sorts of things would help the school (or other institution) feel more safe?
- What strategies could be undertaken to make the school (or other institution) more safe?
- Can you think of places where you have felt safe in the past that would make you feel safe again just by thinking about them?

This last question is especially important to discuss if participants were unable to identify a real place to go to feel safe. Discuss places where you feel safe or felt safe when you were growing up.

THINGS TO THINK ABOUT ▶

Some group members may feel vulnerable if they admit to ever having been afraid. Guide the discussion so group members do not feel ashamed of having these thoughts and feelings. Limited self-disclosure on the facilitator's part can help in their sharing.

Some group members may genuinely not sense that they have ever been unsafe. It might take a more threatening or higher level of violence for such group members to register a situation as being hurtful. Young people sometimes develop coping mechanisms and even callousness to violence to such an extent that they do not register it as a problem. Try to help them identify those times when they observed or experienced even a small amount of fear for safety for themselves or a friend. Use this as a baseline with them.

MY OBSERVATIONS ▶

Having participants rate the intensity of feelings on a scale of one to ten can help them quantify their feelings. This in turn gives them a way of monitoring their feelings. Affirm their capacity to go to or to think about a safe place.

Appendix X

95. Accessing Support

Recommended ages: 10 +

Phase 3

GOALS

- Group members understand that support from others is something everybody needs.
- Group members identify people or places they can turn to for support.

DESCRIPTION

Group members create "access cards" that list people or places they can get support from and ways to go about getting the support.

MATERIALS NEEDED

A three-by-five-inch index card for each member of the group and pens or pencils.

DIRECTIONS

Discuss the concept of support, asking group members to share words and ideas about what *support* means to them. Ask them for examples. Develop a list, on the chalkboard or newsprint, of all the people who provide some sort of support to them. Develop a list of the types of support they receive from these people. Include money, emotional support, shelter, clothing, other types of gifts, intangible support, and so on. Ask questions such as the following:

- Do you ask certain people for support?
- If so, how do you ask?
- Do you just assume that certain people will give you support?
- When you feel unsafe, what kind of support do you want from others? When you feel scared? When you feel angry?
- Are there ways to get support without having to ask?
- Can you still get what you need this way?
- What are some examples of how this can happen?

Next, ask participants for examples of how they go about getting support. List the examples they offer on the chalkboard or newsprint. Examples might include just spending time with someone, or asking for support from a trusted friend or family member. Have the group members pair up and role-play situations in which they ask each other for some sort of support.

Give each member an index card. Have them write their names on the cards, and under their names list three people or places they feel they can get support. Have them then list the ways they would get this support (for instance, by asking, by visiting, or by calling this person). Have them share two of their options with the rest of the group. Ask questions such as the following:

- Are there similarities among the people group members mentioned?
- Are there similarities among the places group members would go for support?
- Were there any suggestions you could add to your own list?

Explain that they now have a card that can remind them of who to talk to or what to do when they feel they need to get support.

THINGS TO THINK ABOUT ▶

The process of getting support is rarely taught to anyone. However, it appears to be one of the most important processes for young people to learn. There is a great deal of research that indicates that young people who seem to possess the resilience to thrive in life are those who have at least one caring adult in their lives. This is not necessarily a parent (Peter C. Scales and Nancy Leffert, *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development,* Minneapolis, Minn.: Search Institute, 1999).

It may be challenging to convince group members that they need and should get support. Many boys feel considerable pressure to do everything on their own. Even though doing things on their own is frequently extremely hard for them to bear, it is also very hard for them to admit they need support, even to themselves. In addition, young men and women often believe they are invincible. They sometimes don't seem to buy that there is a need for anyone else in their lives and think they don't need to be connected to anyone. Selling the need for support can be a tough job for facilitators. Unfortunately, it often takes some traumatic experiences for young people to become aware that many others have experienced similar situations, and they can benefit by connecting with these people. Still, even the hard-core loner will usually understand, in time, that everybody needs support sometimes. Everybody has someone in their lives who really has provided some stability and support—otherwise, they wouldn't have made it as far as they have.

MY OBSERVATIONS ▶

Appendix Y

98. What I Learned . . .

Recommended ages: 10 +

Phase 4

GOALS

- Group members can name what they have learned.
- Group members develop postgroup plans.

DESCRIPTION

Group members take turns talking in a Circle of Courage about what they have learned.

MATERIALS NEEDED

Circle of Courage talking piece and a chalkboard or newsprint printed with the sentence "One thing I have learned in or from this group is . . ."

DIRECTIONS

Have the group form a Circle of Courage (see page 39) and complete the sentence "One thing I have learned in or from this group is . . ." Have each group member respond as quickly and briefly as possible. Go around the circle as many times as possible within three minutes. Let the group know that most groups reach thirty different things they have learned, although one group was able to reach forty-five. You may want to write their contributions on the board.

After the group has completed the activity, ask them what themes they heard about what was learned during the group process.

Summarize what you have shared and observed.

THINGS TO THINK ABOUT

Closing activities for groups like these can produce some anxiety. Group members often are just beginning to come together, and now you are reminding them that the end is near.

Sometimes group members' behavior gets worse toward the end of the program as they anticipate the loss of contact with people they have grown increasingly comfortable with.

MY OBSERVATIONS