3b2 Version Number : 7.51c/W (Jun 11 2001)
File path : P:/Santype/Journals/Taylor&Francis/USGW/v33n1/usgw247548/usgw247548.3d
Date and Time : 18/12/07 and 19:36

Group Work with Preschool Children: Effect on Emotional Awareness and Behavior

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Aggression and defiant behavior in preschool children have been linked to lower self-esteem (Scott, 1998), and a lack of core social and emotional competencies (Giles & Heyman, 2004). This study concerned the implementation and evaluation of an educational/guidance group with one preschool class. The intervention focused on self esteem, emotional awareness, and appropriate social skills. Effects were measured using the Emotional Identification Measure (EIM), and the Achenbach Child Behavior Checklist: Caregiver-Teacher Report Form for Ages 2–5 (CBC). Results indicated that emotional awareness and positive coping behaviors were increased from pre-intervention to post-intervention and generally maintained through follow-up evaluation.

Keywords: *group; preschool children; self-esteem; social skills*

Increased defiance and aggression of children and adolescents have become the focus of several research studies over the past few decades. These high risk behaviors cause complications in the teaching and learning processes. Through increased adoption of zero tolerance for violence policies, defiant and aggressive students are being progressively excluded from school (Giroux, 2003; Scott, 1998; Zirkel, 1999). Some contend that such policies are needed to uphold school policies and protect the welfare of others (Burke & Herbert, 1996; Litke, 1996; Schreiner, 1996). Contrary to this response is the premise that the best course of action for children with such behavior problems is to keep them in school where they can be encouraged to develop

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THE JOURNAL FOR SPECIALISTS IN GROUP WORK, Vol. 33 No. 1, December 2008, 1–19
DOI: 10.1080/01933920701476714

needed skills, maintain positive influences, and prevent involvement with other students that encourage disruptive behaviors (Casella, 2003; Giroux, 2003; Walker et al., 1996; Werner & Crick, 2004). Interventions for aggressive behaviors and prevention then become crucial to meeting the needs of those students who display aggressive and defiant behaviors within the school setting.

Children and adolescents that display aggression may be experiencing depression and low self-esteem. Scott (1998) found that children with conduct disorders typically have low self-esteem, are often unhappy, and are not well-adjusted. Greenspan (2000) noted that while some children are predominately depressed, they may fluctuate between symptoms of depression and displays of aggression. When children are sad and do not feel good about themselves they may lash out toward others (Quayle & Holsworth, 1997). Poor interpersonal skills in turn may cause isolation or limited social interactions. The ability to establish and maintain positive friendships in preschool has a direct influence upon social advantage later in life (Sebane, 2003). Wentzel and Wigfield (1998) reported that young people at risk for behavior problems often lack the core social and emotional competencies necessary to succeed in the school setting. Children's success or failure in being accepted by peers is determined in part by their skill in social problem solving (Burks, Laird, Dodge, Pettit, & Bates, 1999; Dodge & Price, 1994; Mayeux & Cillessen, 2003). Social and emotional skills can be taught and competencies in these areas reduce aggressive behaviors in youth (DeRosier, 2004; Frey, Hirschstein, & Guzzo, 2000; Muris, Meesters, Vincken, & Eijkelenboom, 2005).

Early childhood behaviors have become a primary interest to many researchers concerned with predicting social/emotional difficulties in later years. Fraser (1996) explained how violent behaviors rarely develop spontaneously and often have roots in early childhood. Even as early as preschool, children assimilate with peer groupings that are homogenous in temperament. For example, aggressive children tend to connect with other aggressive children, while those with positive pro-social behaviors tend to connect with the same (Sebane, 2003). Furthermore, because aggression in preschool children is more inherent and stable than behavior such as withdrawal, preschoolers are less apt to understand the possibility of changing their own aggressive behavior or that of their peers (Giles & Heyman, 2004).

Aggressive behaviors may be signs of other issues being experienced by the child, such as family instability (Crespi, Gustafson, & Borges, 2005), sexual abuse, neglect, or physical abuse, all of which can be effectively addressed through such interventions as group therapy and play therapy (Jones, 2002). Early childhood aggression has been linked to adult depression (Greenspan, 2000), increased risk of

delinquency, substance abuse, school dropout, and early parenthood (Cairns, Cairns, Neckerman, Ferguson, & Gariepy, 1989). Poor development of self-concept and interpersonal skills put students at risk of using aggressive responses to get their needs met (DeRosier, 2004; Ladd & Burgess, 2001), and in order to fully understand and address aggressive behavior in primary school children one must recognize social and personal reinforcements for such behavior (Tapper & Boulton, 2005). Without providing interventions to decrease aggression and increase age appropriate social interactions, children are at risk of future social and emotional difficulties (Ladd & Burgess, 2001; Sebane, 2003; Werner & Crick, 2004).

An examination of efficacious intervention for such preschoolers leads to the consideration of group work (Shechtman, 2002). Hoag and Burlingame (1997) conducted a meta-analytic study of research regarding the use of group work with children and adolescents and found that the most common issues addressed were behavior problems, social skills, and divorce adjustment. Relevant to this particular study is the efficacy of group work amid children struggling with poor social skills and behavior problems. Social competence and appropriate behavior within the milieu of public education are inextricably intertwined, and improvement in one typically denotes improvement in the other (Larkin & Thyer, 1999; Muris et al., 2005; Quayle & Holsworth, 1997; Schechtman, 2001). In their meta-analysis of studies regarding group work with children and adolescents, Hoag and Berlingame found that group interventions were effective in improving cognitive performance, self-esteem, anxiety, social skills, and disruptive behavior.

A 2004 meta-analysis by Kulic, Dagley, and Horne investigated more than 1,500 articles and presented a comprehensive account of concepts and methods salient for research regarding group work with children and adolescents. These salient concepts include treatment manualization, length of treatment, leader training and expertise, and assessment methods. Existent literature further indicates that common and effective types of group intervention used with children are psycho-educational (Akos, 2000), cognitive-behavioral (Alvord & Grados, 2005; Larkin & Thyer, 1999), and social or relational-based (Davey & Neff, 2001; DeRosier, 2004; Muris et al., 2005; Quayle & Holsworth, 1997; Shechtman & Gluk, 2005). The content and structure of the intervention employed in this study included characteristics of all of the above and due to the preventive and inclusive nature of the group is most appropriately classified as an "educational/guidance group," although this particular guidance group was uncharacteristically led by a licensed professional counselor, not the preschool teacher (Shechtman, 2002).

Research, as outlined in the above section, indicates that group work is a particularly appropriate intervention with children (Hoag & Burlingame, 1997; Kulic et al., 2004). The classroom/group intervention under study addressed issues of self-esteem and age-appropriate social interaction with 15 children enrolled in a local Pre-K classroom. By offering interventions in the school setting, at the early stages of peer development, students were presented the tools to assist them in learning age appropriate social skills. There were two primary research questions addressed with this research:

1. What effect did the classroom/group intervention have on the ability of preschool age children to correctly identify expressed emotion?
2. What effect did the classroom/group intervention have on the behavior of the preschool children as perceived by their teacher?

Effects of the intervention were empirically measured to add to the outcome research base regarding group work with preschool children.

METHOD

Participants

Participants consisted of 15 pre-school children, ages 4 and 5. At the time that the study commenced, 10 children were 4 years old and 5 children were 5 years old. The children represented the only preschool class within the local public school district. No formal recruitment, screening, or sampling was used; therefore, the participants represented a convenience population (Ritchie & Norris-Huss, 2001). It is this characteristic that suggests that this study is best considered a pilot study with potential utility, yet limited generalizability. Of the 15 participants, 10 were female and 5 were male. Further, 4 were currently receiving special education services and 11 were not. The ethnic makeup of the participants was diverse including 6 White, 4 African American, 1 Hispanic, 1 Pacific Islander, and 1 Native American. Parents were fully informed of the extent and nature of the study and completed a permission form to allow their children to participate; such protocol is important in the ethical implementation of group work with minors (DeLucia-Waack, 2001; Rapin & Keel, 1998, sec. A.7; Ritchie & Norris-Huss, 2000).

Measures

Emotional identification measure (EIM). Increase in emotional awareness was measured through the use of a researcher-developed

tool consisting of pictures representing various common emotions. Six pictures representing happy, sad, angry, scared, surprised, and dislike were presented to all participants one week prior to the intervention, immediately following the intervention, and four weeks following the intervention. Responses were considered correct if they represented the emotion expressed by the individual in the picture. For example, the correct response for the picture of the smiling child was "happy" or "glad" and the picture of the young girl opening a gift was "surprised" or "excited."

Participant responses considered "correct" for each picture presented were assigned a score of "1" and participant responses considered "incorrect" for each picture presented were assigned a score of "0." Each participant was given a score ranging from 0 to 6 based on how many correct responses were given for the six pictures. If a preschooler could identify all of the pictures correctly, a score of six was recorded. Scores for each participant were recorded at each of the three administrations. Group scores for each of the three administrations were then calculated by summing all participant scores and these scores were utilized for analysis informing research question 1. It is important to note that since this was a researcher-developed instrument, there are no accompanying reliability and validity data and results should be considered with that limitation in mind.

Child behavior checklist: caregiver-teacher report form for ages 2–5 (CBC). Changes in student behavior were measured through repeated administrations of the Child Behavior Checklist: Caregiver-Teacher Report Form for Ages 2–5 (CBC). The CBC is an empirically based assessment, normed on a U.S. national sample of 1,113 referred and non-referred children ages 2–5, from 40 U.S. states. The normative sample included African-American, Caucasian, and Hispanic/Latino children from low to high socio-economic status (Achenbach, 1997; Flanagan & Watson, in press). Characteristics of the normative sample support the use of this instrument in the current study.

The CBC obtains ratings by daycare providers and preschool teachers on 100 problem items. The resulting profile includes seven syndromes in addition to internalizing, externalizing, and total problem scales. Syndrome scales for internalizing include anxious/obsessive (10 items), depressed/withdrawn (18 items), and fears (6 items); externalizing syndromes include attention problems (17 items) and aggressive behavior (23 items); and the three generalized syndromes are somatic problems (6 items), immature (10 items), and other (10 items). All scales and syndromes were discerned through rigorous factor analytic techniques during instrument development (Flanagan & Watson, in press).

Test-retest reliability coefficients for the CBC are reported to range from 0.64 to 0.91 and internal consistency coefficients range from 0.52 to 0.97 (Achenbach, 1997). According to more recent reliability data, the mean stability for the CBC at 2 months is .65; the test-retest reliability ranged from .85–.90 for 8- or 16-day intervals; and mean cross-informant agreement for this particular instrument has been measured at .65 (Flanagan & Watson, in press).

Criterion and construct validity are extensively examined and supported through multiple regression analyses (2–25% of variance predicted by referral status), and correlation with similar instruments such as the Conners' Rating Scales-Revised, the DSM-IV, and the BASC—yielding moderate to substantial correlation values (Flanagan & Watson, in press). For the current study, the CBC was administered one week prior to the intervention, immediately following the intervention, and 8 weeks post-intervention. To minimize maturation effects and more carefully measure true effects due to the intervention, the pre and post administrations were carried out 5 weeks apart. A greater period of time was employed for the follow-up measure to adhere to standards set by the test developer that indicate a minimum test-retest window of 8 weeks to mitigate carry-over bias from the reporter (Achenbach, 1997).

Interventions

Group development. In a collaborative effort, one elementary school and a mental health professional from the Early Childhood Center of the local mental health facility developed an educational/guidance group curriculum that was implemented in the only preschool class in the local school district. Most preschool programs are housed outside of public schools, and that makes this program unique. The teacher of the preschool class was aware of group work being carried out with preschool children in other settings within the community and wanted a similar intervention for her students. She then contacted the doctorate level, licensed professional counselor delivering those services, and together they set the framework for a group intervention that would meet both the needs of the preschool teacher in the public school and the mission of the mental health facility for which the counselor worked.

Group facilitation and teacher role. Appropriate training and experience in group work with children is a critical factor in implementation of such intervention (VanVelsor, 2004). In this study, a licensed professional counselor with formal Ph.D. level training in

group counseling and three years of professional experience counseling preschool children designed and facilitated the group intervention. The facilitator worked with the participants to use body cues to identify feeling. Pictures of emotions and a mirror were often used to assist in this process. As a method to keep other students involved, the facilitator would often encourage them to help others identify emotions as well.

The classroom teacher served as a participant, observer, and assistant in the project. Specifically, the preschool teacher's role was to be an active participant in group activities and to complete the measurement instruments for each child. As a participant, the teacher was encouraged to share her experiences and feelings with the group. Because of her active participation, the teacher was able to observe the counselor role modeling appropriate communication skills, the use of encouragement, and self-esteem building techniques.

Group structure. The four week group consisted of eight sessions held two times a week for 75 minutes each. Four goals for the structured group intervention were to help preschool students (a) increase their ability to identify their own emotions, (b) increase verbal expression of emotions felt, (c) increase the ability to identify emotions expressed by others, (d) and use the three previous skills to decrease aggressive responses in peer interactions. Group sessions were designed to encourage understanding, identification, and expression of emotions that are frequently experienced in social situations. The lessons for each of the four weeks focused on specific themes: self-esteem, identifying feelings, expressing feelings, and sharing. The curriculum was designed to be flexible and flowing, even within a session, in order to adapt to the needs of preschool children.

Each of the eight 75 minute sessions consisted of five components, each component lasting 5–25 minutes. First, the topic of each session was introduced and participants were allowed to freely discuss thoughts concerning the day's topic. During the second component a book (bibliotherapy) that supported the lesson was read and discussed. This activity has been supported in group work with diverse children (Molina, Brigman, & Rhone, 2003). Third, a structured group activity provided reinforcement of material presented regarding the day's topic.

During the fourth component, participants were assigned homework to talk to friends and family about the group and the day's lesson. To support this activity, participants were given a sticker that represented the day's topic. For example, if the topic was concerning feeling happy, the child was offered a sticker with a smiling clown.

The sticker was then worn home to remind the child to discuss with family and friends what it means and looks like to be happy. Parents were previously informed of this group protocol and were encouraged to be involved in helping their child learn to express feelings learned in group. This technique also encouraged parents to inquire about the child's experience in group.

The final component of the session was to process the day's group. During the last five to ten minutes of the group session, each participant was encouraged to discuss their thoughts and feelings concerning the day's topic. Processing included identification of the day's topic, a discussion regarding aspects about the book used for bibliotherapy, and description of the activities used. The facilitator used probing techniques to assist the children in describing the group topic and encourage them to share their thoughts and feelings about the session.

Group process. Although each group consisted of 75 minutes, the amount of time spent on each component varied depending on the responses of the group and the activities. Children in particular tend to be open to interaction and cathartic expression even very early on in the group (Shechtman, 2002). Several examples of activities and processes follow. During the group session addressing "anxiety," the bibliotherapy component used a book describing anxiety, and the discussion was about how one's body feels when anxious and options for relaxation. The activity accompanying this topic was to complete a handout of a full body self portrait that the child cut out and made into a classroom mobile. As children completed the activity they were encouraged to participate in cooperative play in the classroom. In this example, the children were given options in classroom areas that encouraged relaxation and activities to decrease anxiety such as the rest area, library area, music area, and house keeping area.

During the group session exploring the feeling "happy," a book was chosen to describe what it feels like to be happy, and the activity was to look through magazines and make a class collage of people the children identified as being happy. During cooperative play the entire classroom was used, and the children were allowed to choose an area of play by describing how playing in this area makes him or her feel happy.

The counselor integrated current events, issues in the class, and disclosures from the students into the sessions. For example, if a participant reported that grandma had visited over the weekend, the counselor would encourage the group to discuss grandparents and events that may involve grandparents. Each example a child would offer was processed and group members were encouraged to describe

how the event would make them feel. This technique offered the participants an opportunity to experience universality between group members as well as gain knowledge of how people and families are different. It also supports Shechtman's (2002) finding that "children show a high need for self-expressiveness, cathartic experiencing, social acceptance and support, and guidance and training in areas of social deficit" (p. 296). In all sessions, the entire classroom and classroom resources would be integrated into the session. Often activities that included movement and physical activity were incorporated through music, dance, and exercise. All of this was carried out with the intent of approaching group topics in a multi-faceted manner.

Following is just one example of an issue that emerged during the group and how that issue was addressed in a multi-faceted manner. The group always began by allowing each child to talk about something that happened since the last session and how the child felt about the experience. At the beginning of one session a child mentioned how he was mad at his mom for giving him a spanking. Many children in the group talked about how it made them feel sad, angry, mad, and scared when their parents got upset with them. The group processed that words are how to best express feelings, that rules keep us safe and help us get along with our friends and family, and that we don't hit our friends or pets when we get mad. Along with processing this issue in class, the counselor and teacher solicited the school to provide a parent education session. All parents were urged to attend, and parents who used spanking were particularly urged to attend. The counselor worked with the parents to understand the incongruent messages that spanking often gives the child, educated the parents on other behavioral modification techniques, and gave them resource information regarding specific issues that they expressed they were facing.

RESULTS

Analyses were conducted on the results of the pre- post- and follow-up administration of the EIM and the CBC to examine the effects of the classroom/group intervention on student emotional awareness and behavior. Specifically, the research questions were:

1. What effect did the classroom/group intervention have on the ability of preschool age children to correctly identify expressed emotion (emotional awareness)?
2. What effect did the classroom/group intervention have on the behavior of the preschool children as perceived by their teacher?

Examination of Group Effect on Emotional Awareness

Differences in group scores across administrations of the EIM were analyzed using t-tests for paired samples. An alpha level of .05 was adopted for significance in all inferential analyses. To account for the multiple analyses and to reduce Type I error, a Bonferonni correction was applied to the alpha level (.05/2 for two t-tests), yielding a corrected value of .025. Two participants were not present for the pre-intervention administration of the EIM, so although they did participate in the group they were not included in the analyses involving the EIM. Group ($N = 13$) means with standard deviations in parenthesis, for the three administrations were 3.46 (1.71) for the pre-intervention administration, 4.77 (1.16) for the post-intervention administration, and 5.0 (.91) for the follow-up administration. Skewness and kurtosis statistics yielded non-significant results, indicating normal distribution of the data and the appropriateness of parametric statistics.

Two paired sample *t*-tests were executed for this portion of the study. The first examined the difference in group means on the EIM prior to and after the classroom/group intervention. The second test examined differences in group means from post-intervention administration to follow-up administration to determine whether gains were maintained. The first *t*-test revealed a significant difference between mean levels of emotional awareness between the pre ($M = 3.46$) and post-intervention ($M = 4.77$) administrations, $t(12) = -3.045$; $p = .01$. Furthermore, this analysis yielded a large effect size of $d = .845$ (Cohen, 1988). This result suggests that participants were more able to correctly identify feeling pictures after the group intervention than prior to intervention.

The second paired *t*-test compared mean group scores on the post-intervention administration to mean group scores on the follow-up administration. This analysis revealed no significant difference between mean levels of recognition in the two administrations, $t(12) = -.674$, $p = .513$. This result indicates that the significant gains achieved from pre-intervention administration to post-intervention administration were maintained from post intervention through follow-up.

Examination of Group Effect on Emotional Behavior

Child behavior checklist. Multivariate analyses of variance (MANOVA) with repeated measures were conducted to assess if there were differences between participant scores pre-intervention, post-intervention, and follow-up on the CBC. Time (administration $\times$ 2) served as the independent categorical variable whose effects were measured

upon the continuous dependent variables of the CBC scales and subscales. The use of the MANOVA in studies such as this is supported by several educational statisticians (Hatcher & Stepanski, 1994; Stevens, 1996; Weinfurt, 1995) in that such analyses help to control for Type I error in the overall test when multiple independent variables are related, as it takes into account the relationships between the dependent variables. A correlation matrix for the dependent scales is provided in Table 1. Davidson (1972) recommends that the MANOVA be used over the univariate ANOVA with repeated measures designs because although one loses "power" through the use of MANOVA, the MANOVA does not require the assumption of sphericity and the test to determine if this assumption is met is not very powerful with a small n. The Bonferonni adjustment was made for alpha levels within each separate analysis to safeguard against "family-wise" Type I error.

The first analysis involved an initial full model MANOVA to determine possible "effects" of the intervention on participant "internalized" and "externalized" behavior. The Bonferonni adjustment for this analysis yielded $\alpha = .05/2 = .025$. The analysis yielded a significant effect for time $F\,(2, 13) = 13.885$, $p = .001$, meaning that participant behavior, as measured by the CBC, differed significantly from pre to post-intervention. The magnitude of the effect size (eta = .825) is very large (Cohen, 1988). Further examination of the two outcome variables indicated significant change pre to post intervention for internalizing behaviors $F\,(1,14) = 6.664$, $p = .022$, and for externalizing behaviors $F\,(1, 14) = 22.709$, $p < .001$. Effect sizes for these results yielded eta's of .567 (large) and .786 (very large) respectively.

Tertiary analyses were conducted to further explore the nature of these overall effects regarding internalizing and externalizing

Table 1 Intercorrelations between Internalizing and Externalizing Subscales by Administration

Measure	*1*	*2*	*3*	*4*	*5*	*6*
1. Internalizing Pre		–				
2. Externalizing Pre	.295	–				
3. Internalizing Post	.795**	.413	–			
4. Externalizing Post	.351	.926**	.478	–		
5. Internalizing Follow-up	.761**	.484	.934**	.558*	–	
6. Externalizing Follow-up	.430	.910**	.561*	.921*	.634*	–

Note. $N = 15$.
*$p < .05$, two tailed.
**$p < .01$, two tailed.

Q3 Table 2 Means and Standard Deviations for All CBC Scales and Subscales Across All Administrations

	Pre-intervention		*Post-intervention*		*Follow-up*	
Scale	*M*	*SD*	*M*	*SD*	*M*	*SD*
Internalizing	45.20	8.970	41.40	9.530	40.53	7.855
Anxiety	51.53	4.882	51.20	3.610	50.67	2.582
Depression	51.67	3.848	51.27	3.369	50.80	2.597
Fear	54.67	6.976	52.27	5.483	51.93	3.788
Somatic complaints	51.60	4.485	50.53	2.066	50.53	2.066
Immaturity	52.53	3.852	51.73	3.973	51.20	2.597
Externalizing	48.80	8.695	44.73	8.353	44.93	9.277
Attention problems	53.20	5.441	52.13	4.068	52.47	4.998
Aggression	53.27	3.807	51.60	2.613	52.40	3.979

Note. $N = 15$.

behavior. The CBC identifies anxiety, depression, fear, somatic complaints and immaturity as internalized behavior, and attention problems and aggression as externalized behavior. Multivariate analyses for the five independent internalizing subscales ($\alpha = .05/5 = .01$) yielded no significant effects from pre-intervention to post-intervention. However, multivariate analyses for the two independent externalizing subscales ($\alpha = .05/2 = .025$) did yield significant results for aggression $F\ (1,\ 14) = 8.533$, $p = .004$ (eta = .676), but not for attention problems $F(1,\ 14) = 4.883$, $p = .044$. These results suggest that aggressive behaviors as indicated by the teacher on the CBC decreased for participants from pre-intervention to post-intervention.

A second full model MANOVA was run to determine possible maintenance of participant "internalized" and "externalized" behavior from post-intervention to follow-up. The analysis yielded a non-significant effect for time $F\ (2,\ 13) = .439$, $p = .654$. Because of the non-significance, no further analyses were conducted regarding the differences between post-intervention and follow-up for the independent subscales. The results indicate that any gains in student behavior from pre-intervention to post-intervention were maintained through the follow-up administration of the CBC.

DISCUSSION

Group Work as an Intervention

Results of this study supported findings in the meta-analysis conducted by Hoag and Burlingame (1997). The use of group work as

an intervention with children appears to be an effective method to improve social skills. This study indicated that overall effects were found for the internalizing and externalizing behaviors but not for each subscale. The two independent externalizing subscales indicated significant results for aggression and not attention problems. This result could be because the group session agenda focused on communicating, respecting and empathizing with others. Although role modeling and redirecting were used to improve attention problems in the classroom, it was not a topic for a group session. Appropriate problem solving and peer relations were a priority.

No significant change was identified for the internalizing subscales anxiety, depression, fear, and somatic complaints. No significant effect on the subscales could indicate that the group intervention did not have an impact on specific issues that were not addressed in session. For example, in 8 sessions the group discussed sadness, anger, fear, and several other emotions. One session on each topic may not have been enough to decrease an issue. However, 8 sessions may have been enough to teach basic empathy skills, problem solving techniques, and methods of improving communication which would decrease aggression and show a significant change in overall scores.

Because there are limited instruments designed to determine the social and emotional skills of preschoolers, the EIM was developed. Although there is no previous evidence of validity and reliability, this instrument did indicate that a significant gain was achieved from pre-intervention administration to post-intervention administration, and these gains were maintained through follow-up. This indicates that preschoolers are capable of learning how to identify emotions and that this skill can be maintained. In addition to the results found from using the EIM, improvements in the preschoolers ability to identify emotions and act appropriately in social settings was observed by the researcher and teacher.

Students began to identify emotions and discuss life events, as well as how these events made them feel. Teaching preschool children social and emotional skills in a group setting offers them the opportunity to practice new skills and encourages them to acknowledge personal thoughts and feelings about daily experiences.

One or more of the preschoolers would always talk about the group activities and how the topic related to his or her life. As participants began to share their experiences, it role modeled to other students how to identify feelings and discuss them in the group. As the group progressed, children learned to identify and describe emotions in the context of life events. Participants' levels of comfort and understanding evolved, and the topics advanced to more in-depth discussions. During more than one session, participants brought up for discussion

how they felt about being "spanked" and how they felt when their parents "yelled."

Improved Social Skills and Emotional Awareness

Results of this study suggest that group intervention with preschool children leads to changes in both internalizing and externalizing behavior as measured by the CBC. In spite of limitations regarding reliability and validity data on the EIM, the study also suggests that such a group intervention increases student awareness of emotions as measured by the EIM. With both of these measures, student increases were maintained through follow-up administrations. Although the small sample size increases the possibility of undetected change from post test to follow-up, the results from this study are consistent with prior research (Hoag & Burlingame, 1997; Kulic, Dagley, & Horne, 2004), and informal observations by the teacher and researcher indicate that gains from the intervention were sufficiently maintained.

Overall, this study suggests a decrease of negative behavior identified by the teacher and increase in the ability of preschool participants to identify emotions. Scott (1998) and Greenspan (2000) explain how disruptive and aggressive behaviors can indicate depression and low self-esteem, while Quayle and Holsworth (1997) note that children who do not feel good about themselves often take it out on others. This educational/guidance group, facilitated by a licensed professional counselor, encouraged self exploration, positive social interaction, and reinforced appropriate behaviors. In addition, these preschool participants were taught the skills to identify and share emotions, to appropriately express likes and dislikes to others, and to problem solve solutions for disagreements. It is possible that with this intervention, these children learned to express aggressive feelings in appropriate ways and gain confidence in self and in one's own ability. Although this study did not assess for improvements in self-esteem, it is possible that this intervention did help in improving self-esteem. Additional measures to evaluate this possibility should be considered for future studies.

Possibility of Long-term Effects

Numerous studies have indicated that increasing social and emotional skills decrease aggressive behaviors in youth, and Sebane (2003) explained that the ability to maintain friendships has an impact upon social advantages later in life. If it is true that aggressive children tend to socialize with other aggressive children (Sabane) and

that adult aggression often begins during early childhood (Fraser, 1996), the significance of developing early social and emotional competencies becomes of great importance. If our society concludes that excluding defiant and aggressive children from school is not acceptable, solutions to decrease these behaviors and meet the educational needs of all children will have to be developed. Educators and mental health professionals will be challenged with conducting the research needed to determine the possible benefits supporting the early development of social skills and emotional awareness in decreasing violence, aggression, and oppositional defiance in children and adolescents.

Possibility of the Early Identification of Abuse

Using group work to educate preschoolers about appropriate social and emotional skills offers an opportunity for the early identification of abuse and neglect. As previously stated, aggressive responses by children may be signs of family dysfunction (Crespi, Gustafson, & Borges, 2005) and abuse (Jones, 2002). Offering preschool children a structured group setting that gives them the tools to better express feelings about their daily lives may assist in the early identification of abuse and neglect. As children feel safe and are encouraged to express themselves, reports and signs of maltreatment may become more apparent. Earlier identification provides an opportunity to assist both perpetrators and victims. By providing early identification and referral for assistance, the prevention of life-long traumatic consequences may be possible.

Implications for Counselors and Educators

Increasing numbers of young children are being identified with social/emotional disturbances. Mental health professionals, teachers, and administrators are faced with the challenge of providing a learning environment that promotes educational success in spite of these disturbances. For preschool age children, early identification of mental health issues and in-class prevention strategies may prove to be valuable in the prevention of significant behavioral problems in schools. Using group techniques to assist preschoolers in understanding and identifying emotions is one possible strategy for decreasing disruptive behavior. Although further investigation is needed, this study indicates that educational/guidance group work is a viable intervention for preschool age children.

Results of this study have implications for both mental health counselors and school counselors. With increasing numbers of school based

mental health professionals working in educational systems, this type of group intervention provided by a licensed professional is more feasible than in past years. For those school counselors given the time to develop and facilitate small groups, this group intervention may be effective for children identified with behavior problems and aggressive tendencies.

A final implication for counselors and educators is the issue of guidance counseling for preschool age children. Preschool age children are often not considered as a high priority for elementary school counselors, and mental health counselors do not receive adequate training in mental health issues of children between the ages of 3 to 5. As increased research is being conducted on the needs of the preschool population, so should there be an increase in training for those providing services for this age group.

Limitations of the Study

Caution must always be exercised regarding the generalization of results from one intervention to a larger population. There are inevitably unique characteristics existent in such practice-based research that limits generalizability. Indeed, such studies tend to provide insight for other professionals considering the implementation of similar interventions and are therefore best considered in light of "transferability." One weakness of this study is the lack of a control group, introducing threats to design validity; although these threats were minimally addressed through the use of multiple dependent measures (Gliner & Morgan, 2000). This study outlines the measured results of one particular intervention with one particular group of preschool children. Limitations of the researcher-developed EIM call for further study using formerly utilized measures such as the *Group Counseling Helpful Impacts Scale* (Kivlighan, Multon, & Brossat, 1996). There continues to be a need for further practice-based studies that empirically examine the efficacy of group work with preschool children. Counselors, social workers, and teachers are encouraged to consider collaborative efforts and the use of group work as a valued technique when providing prevention strategies to combat negative behaviors and poor social skills demonstrated by preschool children.

CONCLUSION

Benefits of the use of group work with preschool age children are coming to the attention of researchers and mental health providers. Researchers are identifying the importance of social skills and positive

self esteem for young children. As society is being challenged with the need to decrease violent behaviors in families, in schools, and in other social settings, the need for early intervention becomes even more apparent. This study adds to the growing research supporting educational group experiences for preschool children addressing social skills and emotional awareness.

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