Evaluation of Save the Children's Journey of Hope Program in Christchurch, NZ

THE JOURNEY OF HOPE CURRICULA:

BUILDING RESILIENCE AFTER A NATURAL DISASTER

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TABLE OF CONTENTS

Executive Summary

Beginning March 2011, Save the Children New Zealand, in coordination with Save the Children US, initiated the implementation and evaluation of the Journey of Hope (JOH) curricula in Christchurch, NZ. The JOH curricula were developed after hurricane Katrina by Save the Children in response to the unique emotional needs of the children and their caregivers after the disaster. The objective of these curricula is to provide children and their caregivers with the skills to build protective factors and enhance their resilience to cope with disasters. The JOH programs, which have been administered in primary, secondary schools and local community organizations in Christchurch, NZ since 2011, are designed to support children and their caregivers overcome the adversity of a natural disaster. The premise of the curricula is: "to help children and adults cope, build on their natural resiliency and strengthen their network of social support with friends and caring others".[1]

Working in coordination with Save the Children U.S., the University of Texas, and Save the Children New Zealand, this evaluation builds on previous findings from an evaluation conducted in 2009 by the Institute for Child Rights and Development (IICRD) in New Orleans after hurricane Katrina. This report includes a description of the JOH curricula (including the adaptation of the programs), the background and methodology of the evaluation, and a detailed description of the evaluation findings.

The evaluator followed a mixed methods approach to the research, which employed quantitative and qualitative measures to assess the impact of the curricula. Validated scales, in-depth interviews with children and a standardized survey were among the methodologies used in the evaluation.

From a thorough analysis of all evaluation data, the results of the Journey of Hope program clearly indicate: *the adapted JOH curricula have been significantly effective in providing youth and their caregivers the tools necessary to build coping skills, strengthen supports and improve emotional well-being.* The data show that the program had a positive impact on two key populations:

- *For youth,* participation in the curriculum reduced emotional distress and enhanced overall well-being;
- *For caregivers,* the curriculum enhanced knowledge about stressors and coping strategies, and built community support.

In terms of the effect the curricula had on youth, the evaluator measured and found evidence of improvement of well-being in the following areas:

- Reduced Emotional Distress;
- Increased Emotional Regulation and Awareness

In relation to *reduced emotional distress,* both quantitative and qualitative measures supported the hypothesis that the JOH program helped youth reduce emotional distress.

- The Strengths and Difficulties Questionnaire (SDQ) illustrated that after youth

[1] Save the Children Fact Sheet

participated in the program their emotional distress symptoms were significantly ($p<.05$) reduced;
- Written standardized surveys overwhelmingly indicated that youth learned how to make themselves feel better when having difficulties with emotions (mean of 4.7 on 5 point Likert scale);
- Coded qualitative findings revealed the program aided in emotional support after a stressor. One specific response includes:

"I learned a bit more about my feelings. That if when I want to talk about my feelings, I can talk about them—It still makes me feel better now."

In terms of *increased emotional regulation*, all evaluative measures indicated enhanced knowledge and ability to normalize specific emotional associated with the disaster.

- The SDQ indicated a significant ($p<.05$) reduction in inattention and hyperactivity after participating in the curriculum;
- With regards to standardized surveys data shows that the majority of participants answered they learned how to manage their anger (mean of 4.68 on a 5 point Likert scale);
- Thematic qualitative findings revealed emotional regulation was gained from participation in the program. One response included:

"We talked about how you feel and about anger and self-esteem and how we can control our emotions and we read books and talked about feelings and then we wrote them down."

Data also supported the Caregivers Journey of Hope program. Participants expressed increased knowledge and skills about stressors and positive coping mechanisms.

- Standardized surveys distributed pre and post-intervention that significant ($p<.05$) increase in knowledge of: (1) types and sources of stress; (2) how stress affects the body; and (3) positive coping strategies were gained from participating in the program.

In terms of enhanced community supports, participants indicated an increased feeling of social support after the intervention.

- A significant ($p<.05$) increase was illustrated post-intervention on: (1) knowledge of social supports; and (2) a positive outlook for the future.

Considering the significant findings the evaluation illustrated three key recommendations to Save the Children are proposed:

Recommendation #1: *That the program continue to be implemented in cross-cultural settings after a disaster to support youth and their caregivers to help overcome the adversity of the disaster.*

Recommendation #2: *That evaluation protocols are conducted in other settings to identify more comprehensive knowledge of the impacts of the curricula*

Recommendation #3: *That Save the Children plays a role in promoting and advocating psychosocial programs on both local and national levels*

1.0 Introduction

Save the Children Program in New Zealand

On February 22, 2011, a 6.3 magnitude earthquake hit Christchurch, New Zealand. The earthquake caused extensive damage, took numerous lives and has been declared the deadliest quake in New Zealand in 80 years. Thousands of people were displaced, lost their homes and jobs, and the confirmed dead was estimated to be 200 (BBC, 2011). Furthermore, many of those impacted by the quake were children. It was calculated that over 10,000 children attended schools that were so badly damaged they were not able to return.

Natural disasters, including the earthquake in Haiti, Hurricane Katrina in New Orleans, and the tsunamis in Indonesia and Japan have been shown to negatively impact children, families and communities(Garrett et al., 2007; Kataoka et al., 2009; Walsh, 2007). The psychosocial impact on children affected by natural and man-made disasters may result in both short and long-term consequences. Reactions to traumatic events can appear immediately or may surface weeks or months later. The emotional strain on children affected by a traumatic event may be exhibited in a variety of ways, including intrusive thoughts, re-experiencing the trauma, avoidance of similar situations around the trauma, hyper-arousal and anger (Wang et al., 2006). Additionally, internalizing symptoms (anxiety, and depression) and externalizing symptoms (anger and acting out at school and at home) may be mental health consequences for children who have experienced a disaster (Jaycox, 2006). Research has demonstrated symptoms associated with posttraumatic stress also include learning and performance deficiencies, such as decreased IQ and reading ability (Delaney-Black et al., 2003), lower grade-point average (Hurt et al., 2001), higher school absenteeism (Beers and DeBellis, 2002) and decreased rates of high school graduation (Grogger, 1997).

There are a variety of risk factors associated with posttraumatic stress symptoms in youth. Greater exposure to the disaster, witnessing others in life-threatening situations, having family members die, demographic factors (age, gender), parental distress and length of displacement have all been found to negatively impact children affected by disasters (Cohen et al., 2009).

Conversely, research has illustrated protective factors for children such as parental and social support may mitigate post-traumatic stress symptoms (Cohen et al., 2009).

A comprehensive analysis of the Journey of Hope program was delivered in New Orleans following Hurricane Katrina. Qualitative findings of this study illustrated improved social and emotional well-being (forming new relationships and bonds with their peers) and improved knowledge and skills. The research, however, was specific to children in New Orleans who had experienced Hurricane Katrina (Blanchett-Cohen, 2009). By evaluating the curriculum in another setting, researchers and Save the Children are able to gain a better understanding of the programs efficacy. Moreover, this evaluation extends the evidence-base for these promising curricula.

To address issues related to traumatic events and methods to intervene, the following research sought to explore the efficacy of a culturally-adapted psychosocial curriculum entitled Journey of Hope. The Journey of Hope program attempts to moderate the consequences of the disaster experienced by children and their caregivers by enhancing protective factors such as building parental and social support, and providing psycho-educational skills. The purpose of this study was to evaluate the impact of the Journey of Hope curricula on reducing post-trauma symptoms and building resilience through teaching positive coping skills to children and their caregivers who have experienced the devastating earthquake in Christ Church, New Zealand.

2.0 Journey of Hope Program: Background, Adaptation and Overview

2.1 Journey of Hope Programming in Christchurch, NZ

The Journey of Hope programs were first brought to Christchurch in March of 2011, because of the extreme difficulties children and their caregivers were encountering after the earthquake. As aftershocks continued to rock the city, many people were having troubles coping with the uncertainty of their present situation and the future. In response to the distress of the community, Save the Children New Zealand partnered with Save the Children US to provide psychosocial programming that was previously delivered in New Orleans after Katrina. The empirically tested Journey of Hope programs are a package of psychosocial services that work with young children up to adults.

2.2 Cultural Adaptation of the Curriculum

In order to introduce the curricula to the Christchurch community, staff at both Save the Children U.S. (SCUS) and New Zealand worked in alliance to culturally adapt the program. The premise for the adaptation was that while the program addressed the needs of children and their caregivers after a disaster, certain revisions were necessary to make the curriculum culturally appropriate.

The first step to the adaptation of the curricula was to compile a panel of mental health professionals to address the specific emotional needs of children in New Zealand following the earthquake. This consultation consisted of a committee of key local stakeholders who were all host-country nationals, including staff from Save the Children New Zealand, psychologists and social workers to ensure that the curricula was adapted to the Christchurch context, while maintaining the fidelity of the curricula.

The panel then made specific alterations to fit the cultural context of Christchurch including: (1) adapting the books of the Primary Journey of Hope, (2) altering the language of the curricula from U.S. English to New Zealand English, and (3) changing the titles to appropriately reflect the terminology of the education system (i.e. "Elementary Journey of Hope" to "Primary Journey of Hope").

After the Journey of Hope curricula was adapted to fit the needs of the Christchurch community, staff from SCUS implemented a "train the trainer" approach with psychologists and social workers hired by Save the Children, NZ. The following report provides a description of the evaluation findings of the Caregivers, Primary and Teen Journey of Hope that was implemented in Christchurch since May, 2011.

2.3 Overview of Journey of Hope Programs

2.3.1 Caregivers Journey of Hope

After a disaster, caregivers (teachers, administrators, parents) face many challenges, including uncertainty about the future, little time and space to process grief and loss, and anxiety regarding basic necessities such as food or shelter (Norris et al., 2002; (Groome & Soureti, 2004; Walsh, 2007). Unaddressed, their ongoing stress could potentially lead to interpersonal conflicts, or anger and frustration in the classroom or at home. Research indicates the extreme level of burden that parents and caregivers encounter can negatively impact psychological functioning. Moreover, studies have shown that parental mental health and well-being is a protective factor against negative sequela in children (Norris et al., 2002).

The Caregivers Journey of Hope (JOH) provides the opportunity for teachers and parents process the disaster, and develop positive coping strategies to help them move forward and rebuild their lives. The JOH program gathers participants around a circle in order to collectively express their current stressors and process the events of the disaster. Moreover, the Caregivers JOH program uses creative methods including silent storytelling, music and cooperative games adapted for adults, as well as practical knowledge and skills for self-care to help build trust and a sense of community. The workshop facilitates the creation of a safe space for parents and other caregivers to:

- Understand reactions to stress and enhancing skills for coping;
- Collectively process grief and loss;
- Identify and amplify community strengths and assets;
- Collaboratively plan for future community-led action and support; and
- Build trust and community.

2.3.2 Journey of Hope for School Children: Primary & Teen

After a disaster, children continue to endure the everyday stresses of living in a community that is rebuilding, often with limited access to services. Many of these children have witnessed significant changes in their homes, neighborhoods, and schools and continue to process those changes in their everyday lives. The Journey of Hope programs were originally brought to Christchurch in response to the 6.3 magnitude earthquake that hit the city in February, 2011. As

aftershocks continued to rock the city, many children were exhibiting signs of post-traumatic stress and in response, Save the Children New Zealand liaised with Save the Children U.S. to bring these school-based psychosocial interventions to Christchurch.

The *Primary* (PJOH) *and Teen Journey of Hope* (TJOH) are developmentally appropriate interventions that offer children between the ages of 6 and 13 the opportunity to better normalize their emotions and develop positive coping strategies through cooperative play, creative arts and literacy. These programs, which are based in social cognitive theory, teach children social and emotional skill building to promote self-efficacy, problem solving and positive coping so they may have the capacity to overcome current and future traumas (Bandura, 1998).

Learning Objectives

1. To support children in understanding and normalizing emotions associated with trauma or difficult circumstances;
2. To support children in developing positive coping strategies to deal with these emotions;
3. To build on the innate strengths of children, their families, schools and communities to further develop positive coping mechanisms; and
4. To instill a sense of hope, empowering children to feel more in control over stressors.

Program Design

The *Journey of Hope* curricula use a child-centered, strengths-based approach to provide children with positive resources to understand and cope with emotions caused by traumatic situations. Each curricula is organized into eight hour-long sessions that can be implemented within a school term or in a summer camp. The core tenets of the JOH are to help children: 1) understand and normalize key emotions, 2) identify triggers and stressors and 3) develop positive coping strategies to deal with these emotions.

Each session of the *Journey of Hope* curricula follows a similar routine to create a safe place where they feel comfortable participating in activities and sharing their feelings to help normalize emotions. Moreover, the program utilizes developmentally appropriate learning strategies, including:

- Cooperative games to, enhance social skills, encourage teamwork and build awareness of stressors in a non-competitive manner;
- Books and dialogue to enhance emotional intelligence and reinforce messages to help normalize emotions after a trauma;
- Music, Art, journaling and dance and/or movement to give children an opportunity process their emotions through an alternative outlet of expression.

Each curriculum is adapted to use age appropriate activities. The core content and structure and each are as follows:

Session	Topic:
1	Introduction: Creating Safety
2	Fear: Understanding and Coping
3	Anxiety: Understanding and Coping
4	Sadness: Understanding and Coping
5	Anger and Aggression: Understanding and Coping
6	Bullying: Understanding and Coping
7	Self-Esteem and Taking Action: I Believe I can
8	Me, My Emotions and My Community

3.0 Evaluation Objectives, Outcomes and Limitations

This section of the evaluation describes the objectives, outcomes and limitations of the evaluation process including: (1) core objectives of the evaluation, (2) limitations and (3) the intended end users of the evaluation.

3.1 Objectives of the Evaluation

The key objectives of the evaluator were to:

Objective 1: To assess the impact of the Primary, Teen and Caregivers Journey of Hope curricula in Christchurch as delivered by Save the Children staff.
Objective 2: To evaluate the applicability of the JOH program in the New Zealand context.
Objective 3: To provide Save the Children with results from the evaluation, aimed at delivering a more thorough knowledge on the curricula's impact.

In accordance with the objectives, the anticipated outcomes of the evaluation are:

- To provide a more thorough evidence base of the Journey of Hope curricula for Save the Children U.S. and Save the Children New Zealand;
- To deliver a solid understanding of the applicability of the culturally adapted JOH curricula (Primary, Teen and Caregiver);
- To provide information on improvements that could enhance the impact of the curricula.

3.2 Limitations of the Evaluation

The following limitations are noted:

- The absence of a control group was a limitation of the study. Due to fluctuating implementation dates in the schools, and the lack in knowledge of who would be referred to the program, it was impossible for the evaluator to compare the group receiving the program to a control group.
- Due to the small sample size, it was impossible for a complete evaluation of the Strengths and Difficulties (SDQ) for the older youth. Therefore an analysis of the parent report SDQ was only completed with youth between the ages of 5-10.
- Because of the short duration of the evaluation, long-term follow-up was not feasible. Future studies would benefit from a longitudinal study design.

3.3 Intended end users of the evaluation

Following is list of recognized stakeholders who may be end users of the evaluation:

- Save the Children staff (psychologists, social workers and the management team);
- Save the Children Alliance personnel and management;
- Communities impacted by a disaster both in New Zealand and Internationally;
- Agencies and schools within Christchurch who have received the program.

4.0 Evaluation, Methodology, Scope and Results

4.1 JOH for Caregivers

The Journey of Hope for Caregivers program was first implemented in Christchurch in March 2011, one month after the February earthquake devastated the city. To date, the program has been implemented with 166 parents and caregivers who experienced the disaster. The current evaluation was conducted with (*N*=106) parents who participated in the Journey of Hope program from May-October 2011. The study used a pre/post design to examine the knowledge and skills gained in the program. The researcher was then able to conduct statistical analyses to evaluate what the participants gained during the program.

4.1.1 Methodological Tools

In order to assess the outcomes of the Caregivers Journey of Hope, the evaluator adapted a previously used quantitative survey that was implemented in post-Katrina New Orleans. This tool was then piloted with a group of caregivers who participated in the program. By piloting the survey, the evaluator was able to standardize and ensure the clarity of the measure.

The design included a pre and post-test which evaluated the knowledge and skills gained through the Caregivers Journey of Hope program with (*N*=106) parents who participated in the intervention. Participants who were evaluated filled out a survey that asked questions about knowledge before taking part in the program and after completion. The survey instrument was based on a likert scale ranging from 1 (not at all) to 5 (A lot). Questions included (1) knowledge about stress, (2) identifying personal and community supports and (3) understanding coping strategies.[2]

4.1.2 Setting

The setting that was used in the evaluation included schools and community centers around the city of Christchurch where the Journey of Hope was delivered. To be eligible to complete the Caregivers Journey of Hope questionnaire, the participants were required to complete a registration form and attend the three hour workshop. Demographically, the participants were

[2] See appendix 1 for the Caregivers Journey of Hope Survey instrument

83.2% (*N*=89) female and 11.2% (*N*=12) male, and primarily N.Z. European (*N*=84, 78.5%) and college graduates (*N*=60, 56.1%). [3]

4.1.3 Data Analysis and Results

Descriptive statistics were conducted using the statistical software (SPSS) to identify the demographic characteristics of the sample and whether the program met participants expectations and appropriate comfort level. Paired samples T-tests were then completed to indicate whether there were statistically different results from baseline to posttest.

Table 1: Demographic Information

	N	%
N.Z. European	84	78.5%
Latin American	1	0.9%
European Pakeha	6	5.6%
British	4	3.7%
Maori	2	1.8%
Female	89	83.2%
Male	12	11.2%
> H.S.	1	0.9%
H.S. Grad	1	0.9%
Some College	16	15.0%
College Graduate	60	56.1%
Post Graduate	8	7.5%

Table 2: Comfort and Expectations

Expectations		
3 (Somewhat)	20	18.7%
4	55	51.4%
5 (A lot)	31	29.0%
Comfort		
1 (not at all)	1	0.1%
2	2	2.0%
3 (Somewhat)	15	14.0%
4	45	42.1%
5 (A lot)	43	40.2%

The outcomes of the paired *t*-tests yielded significant ($p<.05$) improvements in all of the survey questions. The most significant changes in means were knowledge about breathing exercises to reduce stress (2.84 pretest, 4 post-test) and knowledge of the different types of stress (2.51 pretest, 3.85 post-test). Other significant findings included an increased knowledge of how stress affects the body (3.42 to 4.11), knowledge of supports (2.79 to 3.48), awareness of signs of stress (3.33 to 3.95), ability to positively cope (3.02 to 3.95), a reduction in current stress (3.36 to 3.08), an increased positive outlook for the future (3.22 to 3.66), ability to identify personal strengths (2.91 to 3.67) and knowledge of social supports (3.44 to 4.14).[4] Descriptive statistics also measured the level of comfort participants felt and whether the program met their expectations. Results indicates 80.4% (*N*=86) participants rated a four or five on whether the

[3] See Table 1 for complete demographic information
[4] See table 3 and 4 for complete analysis outcomes

program met their expectations, and 82.3% (*N*=88) scored a 4 or 5 on comfort level while participating in the curriculum[5]. The results from this pre-post-test design for the Caregivers Journey of Hope indicate the program is reaching the goal of building knowledge and coping skills among the participants. These results are incredibly promising given the short duration of the intervention.

Table 3: Caregivers pre/post-test comparisons

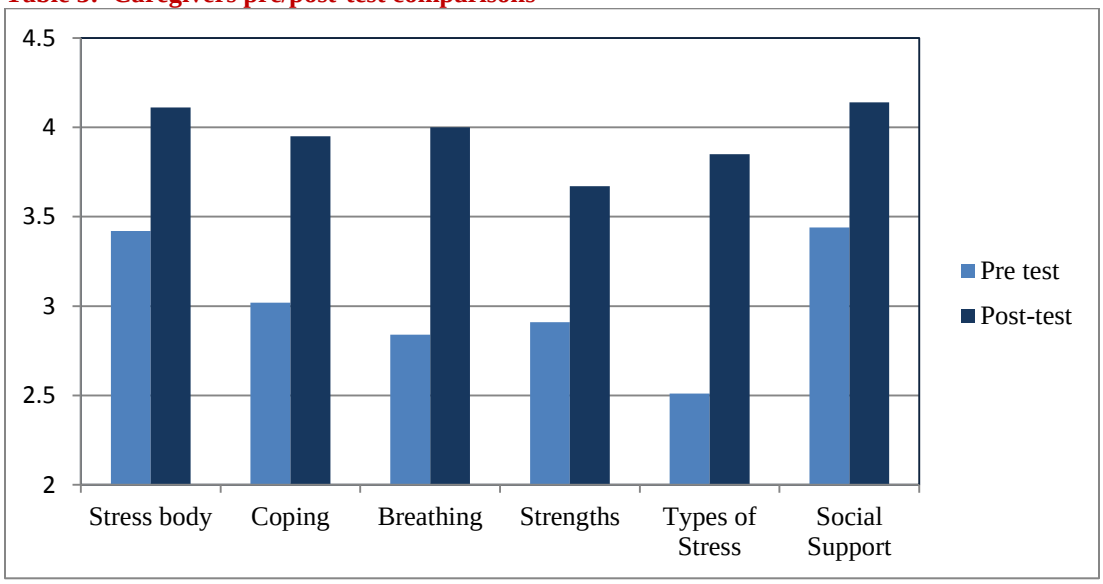

Table 4: Means of survey items

	Mean Pre test	Mean Post-test	N
Support	2.79	3.48	104
Stress affects body	3.42	4.11	104
Signs of stress	3.33	3.95	106
Coping knowledge	3.02	3.95	106
Breathing	2.84	4	105
Current Stress	3.36	3.08	105
Outlook for future	3.22	3.66	104
Personal Strengths	2.91	3.67	104
Type of Stress	2.51	3.81	105
Social Support	3.44	4.14	105

[5] See table 2 for complete scores on comfort and expectations

Table 5: Paired sample T-Test

	Mean difference	Std. Deviation	Sig.(2-tailed
Support	-.692	.871	.000
Knowledge of how stress affects the body	-.689	.773	.000
How to identify stress	-.619	.671	.000
Coping knowledge	-.933	.862	.000
Learned about breathing exercises	-1.162	.942	.000
Amount of current stress	.279	.919	.003
Positive outlook for the future	-.443	.895	.000
Knowledge of individual strengths	-.755	.849	.000
Learned about types and sources of stress	-1.333	.927	.000
Amount of social support	-.702	.880	.000

4.2 Primary and Teen Journey of Hope

The Primary and Teen Journey of Hope curricula were first delivered in May, 2011. To date the program has been implemented with 316 youth in schools and community centers around Christchurch. The current evaluation used three methodological tools which will be described below. Due to the developmental age of the youth and sensitivity of survey instruments, specific consent protocol was used and different scales were distributed based on the age of the participants. The sample includes the following:

- The SDQ was completed at pre and post-test by *N*=44 parents of participants who were between the ages of 5-10.
- Save the Children's written questionnaires were completed by *N*=184 youth who participated in the PJOH and *N*=61 students in the TJOH. These surveys were completed at post-test and measured what the children learned from the program.
- Individual interviews were conducted with *N*=22 students after participation in the program.

4.2.1 Methodological Tools

To attain a comprehensive understanding of the impact of the curricula, specific measures were used. The evaluator used both quantitative and qualitative methodological tools. Validated scales that measured emotional distress of the participants were completed both before and after participation in the intervention. Written questionnaires were also distributed post-intervention to measure knowledge and skills gained through the program. Qualitative interviews were also conducted using open-ended questions about what the participants gained from the program.

The following data collection methodologies were used:

The SDQ

The Strengths and Difficulties Questionnaire (SDQ) is an evidence-based brief 25 item scale which is a behavioral screening questionnaire for children and adolescents from 3-16 year olds (Goodman, 2001). The SDQ consists of five subscales measuring emotional symptoms, conduct problems, inattention/hyperactivity, peer relationship problems, and pro-social behavior. The scale has high internal reliability using Cronbach's Alpha of .73. The internal consistency of SDQ has also been supported across multi-cultural settings including; Dutch (.80), UK (.88), and

Australia (.77). An analysis of SDQ subscales in Australia also illustrated Moderate to strong internal reliability (Hawes & Dadds, 2004).[6]

Written Questionnaires

A second scale created by Save the Children staff in New Orleans and the International Institute of Children's rights was used to measure knowledge and skills the children gained from participating in the program. This five point Likert scale, measured participants': (1) favorite activities; (2) knowledge about anger and aggression; (3) comfort in the group; (4) feelings of safety in the group; and (5) knowledge about the impact of bullying.[7]

Interviews

Qualitative interviews were conducted using an interview guide. This guide asked questions such as: (1) what participants liked about the group; (2) which feeling was most important; (3) what participants didn't like about the group; and (4) the favorite activities of the participants.[8]*These interviews were conducted by the researcher and the lead psychosocial implementer. The interviews adhered to interview guidelines and the guide was developed by IICRD during the pilot evaluation in New Orleans. It was then adapted to fit the needs of the participants in Christchurch.*

4.2.2 Setting

The evaluation followed ethical Institutional Review Board (IRB) guidelines established by the University of Texas at Austin. Each child who participated in the pre and post-test SDQ evaluation and qualitative interviews was provided permission by their parent or guardian through a consent form and assented to participate. The school principals and staff liaised with Save the Children psychologists and social workers to gather the consent forms from the parents. All of the written questionnaires were completely un-identified. Therefore, passive consent was received from the students. Consent to participate in the program was also received from their parents through program registration forms.

4.2.3 Data Analyses and Results

Strengths and Difficulties Questionnaire (SDQ)

The SDQ has a variety of age appropriate scales. For youth between the ages of 4-10 a parent's or teacher's complete the measure. For purposes of data collection in this evaluation, the SDQ

[6] See appendix 2 for Strengths and Difficulties Questionnaire
[7] See appendix 3 & 4 for Save the Children Scales
[8] See appendix 5for qualitative interview guide

measure was delivered to parents and caregivers of students who participated in the Primary Journey of Hope (PJOH).

Measures were delivered before and after participation in the programs to identify the difference in overall stress symptoms. Additionally, subscales that were analyzed included: emotional symptoms, conduct problems, inattention/hyperactivity, peer relationship problems, and pro-social behavior. Following is an analysis of the results of the SDQ for the PJOH.

Primary Journey of Hope

A sample of (N=43) parents completed the pre and post strengths and difficulties questionnaires for participants in the EJOH. The age ranged between 5-10 years of age, and the mean age was 7.5 years old. Gender was almost evenly split with females representing 53.5% and males 46.5% of the sample.

Results indicate a significant ($p<.05$) reduction in overall difficulties from pre-test to post test (11.84 to 8.88). The pre-test parent report score of 11.84 was close to borderline for emotional difficulties for the participants, while a score for 8.88 fell solidly within the normal range. These difference in scores indicated that at post-test the group participants were less likely to show overall difficulties than before they entered the Journey of Hope program.

The emotional symptoms score at pre-test was 3.98, which is a borderline score and at post-test was 3.02, which is close to normal. The significant changes in these scores indicated reduced emotional symptoms in Journey of Hope participants after the intervention. Finally, inattention/hyperactivity sub-scales were reduced from 3.95 at pre-test to 3.12 at post-test. These scores indicated a statistically significant ($p<.05$) change from pre to post-test. While participants were close to borderline at pre-test (3.95), their score at post-test was close to normal.[9][10]

[9] See table 5 for mean scores of the parent reported SDQ
[10] See table 6 for paired differences in means from pre to post-test

Table 5: Mean Scores SDQ

	Mean	Std. Deviation
Stress Pre	11.84	6.42
Stress Post	8.88	5.27
Emo Pre	3.98	2.55
Emo Post	3.02	2.27
Behave Pre	1.98	2.21
Behave Post	1.26	1.71
Atten Pre	3.95	3
Atten Post	3.12	2.74
Along Pre	1.93	2
Along Post	1.53	2
Kind Pre	7.7	2.07
Kind Post	7.79	1.9

Table 6: Paired Differences

Paired Sample T-Test	Mean	Std. Deviation	Sig. (2-tailed)
Stress Pre/Post	2.953	5.296	0.001
EmoPre/Post	0.953	1.99	0.003
AttenPre/Post	0.837	1.87	0.006
Kind Pre/Post	-0.093	1.72	0.724

Written Questionnaires

Written questionnaires were completed post-intervention to assess varying components of the intervention including: favorite activities, knowledge about anger and aggression, comfort in the group, feelings of safety in the group and knowledge about the impact of bullying. Because these questionnaires were completely de-identified and were distributed to all children who participated in the program only at post-test, a much larger sample was obtained. Following are analyses of the findings of the written questionnaires for both the EJOH and TJOH interventions.

PJOH

The sample of written surveys for the PJOH program included (*N*=184) students between the ages of 5-12. The majority of respondents were female (*N*=112, 60.5%), were a mean age of 8.5 years old and attended ten different primary schools and after school programs including; Barnardos, Discovery, Freeville, Mt. Pleasant, Oaklands, Opawa, Prebbleton, Templeton, West Spreydon and Yaldhurst.

Table 7: School

	Frequency	Percent
Barnardos	15	7.8
Discovery	16	8.3
Freeville	38	19.7
Mt Pleasant	27	14.0
Oaklands	28	14.5
Opawa	31	16.1
Prebbleton	7	3.6
Templeton	9	4.7
West Spreydon	10	5.2
Yaldhurst	12	6.2
Total	193	100.0

Table 8: Age of Students

Age	Frequency	Percent
5	17	9.2
6	33	17.9
7	31	16.8
8	52	28.3
9	19	10.3
10	20	10.9
11	10	5.4
12	2	1.1
Total	184	100.0

Results

The post-test questionnaire was completed on a five point Likert scale with a score of 1 indicating "not at all" and a score of 5 equaling "a lot". Findings yielded positive results with students overwhelmingly (4.3-5 on the Likert scale) expressing that they enjoyed the group, learned specific knowledge and skills and liked the activities.[11] Notable findings from the written surveys include that group participants rated: liked going to the group (4.73); learned about bullying; (4.70) and felt they were respected in the group (4.7)-the highest on the 5 point scale.

[11] Table 9 illustrates the mean scores for each of the questions from the written survey

Table 9: Means of Written Surveys

Questions	Mean
Shared Feeling	4.33
Like Activities	4.69
Respected in group	4.7
Rules	4.66
Felt Safe in group	4.6
Wanted to go to group	4.73
Learned about bullying	4.7
Learned how to handle anger	4.64
Like the Books	4.64
Learn about self	4.49
Learned to make self feel better	4.75

TJOH

The sample of written surveys for the TJOH program included (*N*=61) students between the ages of 9-14. The majority of respondents were female (*N*=46, 75.4%), had a mean age of 11.5 years old and attended five different primary or intermediate schools including: Aranui; Freeville; Mt. Pleasant; Oaklands; and Shirley Intermediate.

Table 10: School

School Name	Frequency	Percent
Aranui	6	9.8
Freeville Primary	32	52.5
Mt Pleasant	10	16.4
Oaklands	6	9.8
Shirley Intermediate	7	11.5
Total	61	100.0

Table 11: Age

Age	Frequency	Percent
9	6	9.8
10	17	27.9
11	16	26.2
12	20	32.8
13	1	1.6
14	1	1.6
Total	61	100.0

Results

Descriptive statistics yielded similar results for the TJOH as the PJOH. The majority of respondents expressed between 4.0 and 5.0 on the Likert scale that they learned specific knowledge, enjoyed the activities, and felt at ease with the group and the facilitators. While it is noteworthy that most of the scores fell in the "A lot" category of the written questionnaires, a

few questions were closer to 5.0 than others. These included that the participants: liked the games (4.90); liked the activities (4.80); wanted to go to group (4.77); felt the group was confidential (4.73); and learned how to show their feelings (4.70).[12]

Table 12: Means of Written Surveys

Question	Mean
learned about bullying	4.51
enjoy journaling	4.62
liked the games	4.90
learn how to handle anger	4.68
kept confidential	4.73
shared feelings	4.15
liked activities	4.80
want to go to group	4.77
learn about safe place	4.59
comfort with facilitator	4.68
learn how to feel better	4.67
learn about self	4.60
learn how to show feelings	4.70

Qualitative Interviews

Through purposive selection, the qualitative interviews employed a case study approach, conducting semi-structured individual interviews with students who participated in the Journey of Hope program. This case was bounded by a single case (the group that received the intervention) (Creswell, 2007). These post-intervention interviews explored topics that coalesced around: (1) knowledge gained from the program; (2) coping with feelings such as fear and anger; and (3) activities that were completed in the group. Coding and tallying (Stake, 1995) was used to identify and extract themes and patterns that emerged from the focus group transcriptions.

The individual interviews were conducted with (N=22) students who participated in the PJOH and TJOH. The interviews indicated correlations between the written surveys in terms of what they learned in the group, liked about the group and their comfort level participating in the group. These qualitative findings illustrate that participating in the Journey of Hope curricula

[12] Table 12 illustrates the mean scores for each of the questions from the written survey

taught the youth specific knowledge and coping skills related to their feelings. For example, a young woman who attended the TJOH expressed:

> ***"I learned that sometimes people need to sort things out and that by talking to people it helps. And also I learned about how other people feel and what to do with them when they are feeling sad or angry."***

Processing and learning about feelings was another noteworthy finding of the qualitative interviews. When asked what they learned, specific themes arose such as: dealing with feelings (*N*=12), that it is normal to be scared (*N*=7), how to deal with bullies (*N*=4) and not to take anger out on others (*N*=4). One youth stated:

> ***"I learned about how to handle my feelings when I get angry and stuff like that and that I shouldn't hurt other people. And that it is ok to be angry, but not hurt other people."***

Participants also talked about feelings and coping strategies that were specifically related to the earthquake. A young boy who participated in the PJOH stated:

> ***"We talked about what happened after the earthquake and what it was like to be scared and like not to be afraid and we read books and talked about how to feel better."***

Discussion about feelings and learning self-awareness was a poignant theme because of the importance for children to process emotions after a disaster. Moreover, studies have shown that children who have high levels of self-awareness tend to have a greater ability to cope with stressful life events (Steinhausen & Metzke, 2001).

Bullying was another significant theme that emerged from the qualitative interviews. While the curriculum has a session that focuses on bullying, it is not the core element of the program. This finding is particularly prominent because externalizing behaviors, such as bullying, have been shown to increase after a disaster (Madkour, Johnson, Clum, & Brown, 2011). Learning about how to deal with bullies (*N*=4) and talking about bullying (*N*=10) emerged as a common theme among the participants. When asked about the most important feeling that was discussed in the program, participants stated:

"Bullying because I get bullied a bit more than others and it helped me a bit more than the others"

And,

"***Probably the bullying because I see quite a few people get bullied."***

Building peer relationships is the final theme that emerged from the qualitative interviews. Almost half of the participants (*N*=10) said they liked the people and the relationships they gained from the group. This finding is noteworthy because of the protective role positive peer relationships can have on youth who have been exposed to a traumatic event. For example, one participant expressed:

"My most favorite was when everyone said what they like about people because it was nice hearing about what people liked about me"

While building peer relationships, knowledge about bullying and increasing self-awareness were all noted themes that emerged from the qualitative interviews, youth also revealed other topics relevant to the program. Participants overwhelmingly stated that others should participate in the group (*N*=15) and that they liked everything about the program (*N*=14). Additionally, most stated they still had the folder or notebook (*N*=16), which is an important finding given the artwork and journaling was focused around processing emotions and building coping skills. Finally, students expressed a variety different of activities that were their favorite. Thereby indicating not one, but a range of activities resonated with the participants.[13]

[13] Table 13 illustrates salient qualitative themes

Table 13: Summary of Salient Qualitative Themes

Questions	N
What did you do in the group?	
Played Games	12
Talked about feelings	11
Talked about bullying	10
What did you learn?	
How to deal with feelings	12
That it is normal to be scared	7
Not to take anger out on others	4
How to deal with bullies	4
What did you like about the JOH	
People	10
Games	10
Talking about feelings	6
What was your favorite activity?	
Parachute	3
Discussion of what others liked about group members	2
Bullying game	2
Body guard	2
Drawing about what your scared of and what makes you feel better	3
Which feeling was most important?	
Bullying	4
Confidentiality	1
Worries	1
Fear	3
Anger and Aggression	2
Safety	1
Self-esteem	1
Don't know	2
Sad	1

5.0 Key Findings and Discussion

The relevance of the evaluation is significant on multiple levels. First, the program adds to the evidence base of Save the Children's psychosocial curricula. While the original evaluation conducted by IICRD provided pilot findings, the current research enhances Save the Children's knowledge on the impact of the program. By using validated scales, written questionnaires and individual interviews the data was able to be triangulated and key findings were supported. This research also suggests that after adaptation, the program is appropriate in a cross-cultural setting. This is essential because of the dearth of evidence for globally applicable psychosocial programs after a disaster. Moreover, many evidence-based curricula are treatment oriented, but the Journey of Hope program can be implemented universally with youth because of the strengths-based approach to understanding common feelings and reactions after a disaster situation. In turn, the Journey of Hope curricula provide a unique contribution to addressing the psychosocial needs of youth and their caregivers. The final segment of this report discusses the findings of the evaluation for the Caregivers, Primary and Teen Journey of Hope.

5.1 Caregivers JOH

This evaluation is the first to be conducted on the Caregivers Journey of Hope. Considering the data presented statistically significant findings between pre and post-test on all knowledge based questions, the evaluation indicates that program is clearly reaching its intended audience. Moreover, the importance of providing a program that targets caregivers can have a direct impact on youth. Well-documented studies have found that parental stress after a disaster can adversely impact youth and increase symptoms of PTS including internalizing behaviors (i.e. depression) and externalizing behaviors (i.e. fighting, aggression). By mitigating parental stress, the Caregivers JOH may play a role in enhancing well-being and reducing PTS symptoms in youth.

Enhanced knowledge about stressors and coping strategies was a pivotal finding because parental coping has been directly linked to PTSD symptoms in children. Moreover, research suggests that parental coping and ability to care for their children can predict PTSD symptoms in children (Becker-Blease, Turner, & Finkelhor, 2010; Bokszczanin, 2008).

Increased feelings of support in the community is also a noteworthy outcome of the study. After a disaster, it is common for individuals and families to experience feelings of isolation. The Journey of Hope is a program that can help reduce these feelings and help connect caregivers with community resources.

Future research may inquire about the long-term impacts of the program and whether the caregivers program has an effect (direct or indirect) on children's well-being after a disaster. Moreover, prospective research would enhance the knowledge base of the programs and lend to a more extensive evidence base.

5.2 Primary and Teen JOH

The evaluation of the Primary and Teen JOH is valuable on multiple levels. First, the outcomes of the research provide a more thorough evidence base for the curriculum. Additionally, the evaluation supports a cross-cultural adaptation of the curriculum. Furthermore, the outcomes of the study indicate that the program not only teaches children psycho-educational knowledge, but helps process emotions and build relationships which may enhance coping to future adverse events.

Participation in the curriculum supported children in understanding and normalizing emotions associated with trauma or difficult circumstances;

Data from all sources validated the hypothesis that emotional distress is reduced by participating in the curricula. The statistically significant reductions of the emotional distress scores on the SDQ coupled with the written questionnaires and qualitative interviews indicate youth were learning and internalizing skills to help them process and positively cope with their emotions.

Involvement aided in building peer relationships;

Written surveys and qualitative interviews clearly indicated that students enjoyed participating in the program because they were able to interact and discuss feelings with their peers. This finding is significant considering peer relationships are a protective factor from negative psychological sequela after a disaster.

The curriculum increased psycho-educational knowledge;

The data clearly supported that youth increased their psycho-educational knowledge. The written questionnaires asked direct questions about what was learned in the program, and high scores on the Likert scale (4.0-5.0) indicate that the Journey of Hope is meeting its objectives. Additionally the qualitative interviews illustrated that information learned through the program has resonated within many participants, and has helped youth process knowledge about feelings.

Conclusions and limitations

This study is the second step to evaluating the efficacy of the Journey of Hope program. While results undoubtedly support the evidence for the curriculum some limitations must be noted. As previously stated the study design was a pre and post-test without a control group. Future evaluations would benefit from a control group to compare the program effects. Second, there were only two time points measured in the evaluation. Therefore, the researcher was unable to gauge the longitudinal effects of the program. A follow-up evaluation that measures participants at three time points would help Save the Children understand the longer term impact of the program. The small sample of the TJOH was another limitation. Lack of consent forms hindered the researcher from obtaining a larger sample. While consent forms tend to be an obstacle to gaining participation in pre post-test designs, subsequent research should focus on evaluation of the adolescent group.

While limitations exist to this evaluation, the study lends ample support to the evidence of the Journey of Hope curricula. After natural disasters, there is a great need for evidence-based programs to address the emotional well-being of children and their caregivers. The Journey of Hope helps fill those needs and closes the gap in psychosocial programming after a disaster.

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Appendix 1: Caregivers Journey of Hope Survey

Journey of Hope Questionnaire

Pre-Test

Directions: Please answer the following questions based on how you currently feel. The questions will also be asked after the session. There are no right or wrong answers but are to help Save the Children staff assess the impact of the program. The survey is on a 5 point scale, please indicate your agreement with the statement from 1-5 (1=Not at all, 3=Somewhat, 5=Very).

		Not at all		Somewhat		A lot
		1	2	3	4	5
1	How much awareness do I have about supports in my community?					
2	What level of knowledge do I have about how stress affects my body?					
3	How well can I identify signs of stress?					
4	How well do I understand coping strategies to handle my stress?					
5	What knowledge do I have about breathing and muscle relaxation to lower stress?					
6	How much stress do I currently feel?					
7	How often do I consider a positive future for my community?					
8	How well can I identify my personal strengths in managing stress?					
9	How well do I know the different types of stress?					
10	How important do I consider social supports in improving my well-being?					

Journey of Hope Questionnaire

Post-Test

Directions: Please answer the following questions based on how you currently feel. There are no right or wrong answers but are to help Save the Children staff assess the impact of the program. The survey is on a 5 point scale, please indicate your agreement with the statement from 1-5 (1=Not at all, 3=Somewhat, 5=Very).

		Not at all		Somewhat		A lot
		1	2	3	4	5
1	How much awareness do I have about supports in my community?					
2	What level of knowledge do I have about how stress affects my body?					
3	How well can I identify signs of stress?					
4	How well do I understand coping strategies to handle my stress?					
5	What knowledge do I have about breathing and muscle relaxation to lower stress?					
6	How much stress do I currently feel?					
7	How often do I consider a positive future for my community?					
8	How well can I identify my personal strengths in managing stress?					
9	How well do I know the different types of stress?					
10	How important do I consider social supports in improving my well-being?					
11	How comfortable did you feel participating in the activities?					
12	Did this program meet your expectations?					

1. What did you like best about Journey of Hope?

2. In what ways could we improve Journey of Hope?

Appendix 2: SDQ 4-10

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Childs name_____ Male/Female
Date of Birth_____

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

Signature_____ Date_____

Parent/Teacher/Other (Please specify):

Thank you very much for your help

Appendix 3: Primary Journey of Hope written survey

Primary Journey of Hope Questionnaire

Please let us know what you thought of the program by answering the questions to the best of your ability.

The first part of the form asks you to fill out the answers on a five point scale including: **always, most of the time, a little, never, and I don't know.**

There are no right or wrong answers we just want to see what you thought of the Journey of Hope.

Part I

	Always	***Most of the Time***	***A Little***	***Never***	***I don't know***
1. In this group, I learned to share my feelings	○	○	○	○	○
2. In this group, I liked being part of the activities	○	○	○	○	○
3. In this group, I was respected	○	○	○	○	○
4. I helped make and follow group rules	○	○	○	○	○
5. In this group, I felt I could talk to adults	○	○	○	○	○
6. In this group, I learned about what makes me feel safe	○	○	○	○	○
7. I wanted to go to the group each time	○	○	○	○	○

Part 2

	Yes	*Yes, a little*	*Not Really*	*No*	*I don't know*
1. In this group, I learned about better ways of showing my feelings	○	○	○	○	○
2. In this group, I learned how to deal with bullying	○	○	○	○	○
3. I learned it is bad to worry	○	○	○	○	○
4. In this group, I learned to show my anger without hurting anybody	○	○	○	○	○
5. I did not like the games	○	○	○	○	○
6. I liked the books	○	○	○	○	○
7. After this group, I learned more about me	○	○	○	○	○
8. I know how to make myself feel better when I'm upset	○	○	○	○	○

What did you like BEST in the group (write your answer)

_____
_____
_____

Is there anything you did NOT like? (write your answer)

_____
_____
_____

PLEASE COMPLETE:

How old are you?_____ **Are you a:** Boy Girl

Thank You!!

Appendix 4: Teen Journey of Hope written survey

Teen Journey of Hope Questionnaire

Please let us know what you thought of the program by answering the questions to the best of your ability.

The first part of the form asks you to fill out the answers on a five point scale including: **always, most of the time, a little, never, and I don't know.**

There are no right or wrong answers we just want to see what you thought of the Journey of Hope.

	Always	Most of the time	A little	Never	I don't know
1. In this group I felt comfortable sharing my feelings.	◯	◯	◯	◯	◯
2. In this group I liked the activities.	◯	◯	◯	◯	◯
3. In this group I learned how to identify people and places where I feel safe.	◯	◯	◯	◯	◯
4. I wanted to go to the group each time.	◯	◯	◯	◯	◯
5. I was respected in this group.	◯	◯	◯	◯	◯

*****Part two of the form is the same as part one but it asks you to fill out the form on a five point scale including: **yes, yes a little, not really, no, and I don't know.**

	Yes	Yes a little	Not really	No	I don't know
Part Two					
1. In this group I learned about better ways to show my feelings.	◯	◯	◯	◯	◯
2. In this group I learned how to deal with bullies.	◯	◯	◯	◯	◯

Please Continue to the Next Page…

Part 2 Continued… …..

	Yes	Yes a little	Not really	No	I don't know
3. I enjoyed journaling.	◯	◯	◯	◯	◯
4. I liked the games.	◯	◯	◯	◯	◯
5. During this group I learned more about myself.	◯	◯	◯	◯	◯
6. In this group I learned ways to make myself feel better when I am upset.	◯	◯	◯	◯	◯
7. I learned it is bad to worry.	◯	◯	◯	◯	◯
8. I felt like I could talk to the facilitators.	◯	◯	◯	◯	◯
9. In the group I learned different ways to handle my anger.	◯	◯	◯	◯	◯
10. I felt like what I said was kept confidential.	◯	◯	◯	◯	◯

What did you like best about the group? (Write Answer)_____
_____

Is there anything you did no like about the group? (Write Answer)_____
_____

Please Complete:
How old are you? _____ Are you a: Male Female

Thank you!!

Appendix 5: Qualitative Interview Guide

Interview Guidelines (narrative-style interviews):

A Brief explanation will begin the session that helps them understand what we are asking them about. We will describe that we are asking them to tell us what they think of the program.

1. *What did you do in the group?*

2. *What did you like about the group/program? What's your favorite activity? What's your favorite book?*

3. *What didn't you like about it?*

4. *Do you think anyone else should participate in this group? Do you think any of your friends or family should participate in this program?*

5. *What did you learn? (probe: Did you learn anything about yourself? About others?)*

6. *Which feeling was the most important to you? What's the one (or ones) you still have trouble with?*

7. *For kids that have finished the program: Do you still have your folder? Do you still look at it? Have you shown it to anyone?*