# APPENDIX

## Table of Content

- Child Knowledge & Behaviour Assessment .................................................. Appendix A
- Parent Knowledge & Behaviour Assessment ................................................. Appendix B
- Post Program Acquired FRIENDS Knowledge Measure ................................ Appendix C
- Student Feedback ......................................................................................... Appendix D
- Parent Feedback ......................................................................................... Appendix E
- Participation Information Letters – *Intervention & Control Groups* .............. Appendix F
- My Home Activity Rewards Chart ................................................................. Appendix F-1
- Parent Letter – *to gain information about changes to enhance parent participation* ........................................................................................................ Appendix G
- Intervention Group Questionnaire, Parent Session & FRIENDS Information Letters ........................................................................................................ Appendix H
- Parent Letter – about commencement of FRIENDS program & instructions
  - Regarding the homework activities ............................................................. Appendix I
- Parent Letter – Completion of FRIENDS program ........................................ Appendix J
- Control Group Questionnaire Letters ............................................................ Appendix K
- Information sheets for mainstream teachers ............................................... Appendix L
- Tables of children in the clinical rating for anxiety, depression & Self-concept ...... Appendix M
- Table of the means & Standard deviation of SCAS-P subscales ....................... Appendix N
- Control Group Information Session ............................................................. Appendix O
- Transition Information Questionnaire ......................................................... Appendix O-1
- Demographic Information Questionnaire .................................................... Appendix P
Parent participation encouragement letters for Home Activities ..........Appendix Q
Tables of children in the clinical rating for anxiety, depression & self-concept .....Appendix R
Follow-up study recruitment letters..................................................Appendix S
Cancellation letter for follow-up study .............................................Appendix T
Statistical Data 2005 Study – for ANCOVA........................................Appendix U
Statistical Data 2006 Study – for ANCOVA .......................................Appendix V
Data Disks.........................................................................................Appendix Disk

174
Appendix A

CHILD
KNOWLEDGE & BEHAVIOUR ASSESSMENT

Child’s Name: ___________________________ Date: ____________

How do you relax?

...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

How do you help others to feel good?

...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

How do you problem solve?

...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

What do you think about when you want to feel good about yourself?

...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

Do you have any negative (bad) thoughts about yourself?

...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

If yes, what do you do to change them into positive (good) thoughts?

...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................
How do you prepare yourself to do something which is ‘scary’ or makes you feel nervous?

Can you tell when you feel:

Happy?................................................................................................................................

How – what happens to your body / thoughts?

..............................................................................................................................................

Sad?........................................................................................................................................

How – what happens to your body / thoughts?

..............................................................................................................................................

Angry?....................................................................................................................................

How – what happens to your body / thoughts?

..............................................................................................................................................

Worried?.................................................................................................................................

How – what happens to your body / thoughts?

..............................................................................................................................................

Afraid?....................................................................................................................................

How – what happens to your body / thoughts?

..............................................................................................................................................
Appendix A

Can you tell when somebody feels:

Happy? .................................................................

How?
...........................................................................
...........................................................................
...........................................................................

Sad? .................................................................

How?
...........................................................................
...........................................................................
...........................................................................

Angry? .................................................................

How?
...........................................................................
...........................................................................
...........................................................................

Worried? .................................................................

How?
...........................................................................
...........................................................................
...........................................................................

Afraid? .................................................................

How?
...........................................................................
...........................................................................
...........................................................................
Appendix B

PARENT
KNOWLEDGE & BEHAVIOUR ASSESSMENT

Child’s Name: ________________________________________

Completed by: ______________________________________

What does your child do to:

Relax?
..................................................................................
..................................................................................
..................................................................................
..................................................................................
..................................................................................

Help others feel good?
..................................................................................
..................................................................................
..................................................................................
..................................................................................
..................................................................................

Problem solve?
..................................................................................
..................................................................................
..................................................................................
..................................................................................
..................................................................................

Feel good about him/her self?
..................................................................................
..................................................................................
..................................................................................
..................................................................................
..................................................................................

Change negative thoughts into positive thoughts?
..................................................................................
..................................................................................
..................................................................................
..................................................................................
..................................................................................
Appendix B

What does your child do when he/she feels nervous?

What does your child do to prepare him/her self to do something which is 'scary' or makes him/her feel nervous?

Is your child able to recognise when he/she feels:

Happy
Comments

Sad
Comments

Angry
Comments

Worried
Comments
Appendix B

Is your child able to recognise feelings in other people?

Comments:
Appendix C

What does the following letters stand for?
FRIENDS

Why do we use relaxation?
To cope better
To calm down

When should we reward ourselves?
When we try to cope with worrying situations,
When we climb a small step of our coping step plan
When we do something good.

Can you name an activity that makes you feel good?
Listen to music, read a book, talk on phone, play a game,
Play with a friend etc

How can you tell when you are feeling worried?
Body clues

What are helpful thoughts?
Thoughts that help us to feel better / confident / brave

What are unhelpful thoughts?
Thoughts that make us feel down

What are some plans that we can explore when we are problem solving?
Coping step plan
6 block problem solving plan
Social support from family and friends
Helpful (Green) thoughts
Student Feedback

Name: ___________________________ Date: ___________________________

How much did you enjoy the FRIENDS program?

Not a lot                                                   a lot

How much did you learn about feelings?

Not a lot                                                   a lot

How much did you learn about how to cope with feeling worried or nervous?

Not a lot                                                   a lot

How often do you use the ideas taught in the FRIENDS program?

Not a lot                                                   a lot

How useful did you find the:

a) Relaxation exercise

not useful                                                   extremely useful

b) Helping others to feel good

not useful                                                   extremely useful

c) 6 Block problem solving plan

not useful                                                   extremely useful

1 Student Feedback adapted from Lowry-Webster, Barrett & Lock, 2003
d) Thinking helpful thoughts
   
   not useful | extremely useful

e) Changing unhelpful thoughts into helpful thoughts
   
   not useful | extremely useful

f) Coping Step plan
   
   not useful | extremely useful

g) Recognising feelings in self
   
   not useful | extremely useful

h) Recognising feelings in others
   
   not useful | extremely useful
PARENT FEEDBACK

Child’s Name:_________________________ Parent Name:_________________________

Date: ________________________________

Your feedback would be appreciated. Please circle the relevant rating and make comments where you see fit.

1. How useful did you find the parent sessions

   | not useful | useful | extremely useful |

2. How useful do you find the FRIENDS skills for enhancing your child’s coping skills?

   | not useful | useful | extremely useful |

3. How useful do you think the FRIENDS skills will be in managing

   a) Your child’s big feelings?

       | not useful | useful | extremely useful |

   b) Difficult situations?

       | not useful | useful | extremely useful |

   c) Your child’s transition into mainstream education?

       | not useful | useful | extremely useful |

1 Parent questionnaire adapted from Lowry-Webster, Barrett & Lock, 2003
4. How useful do you think the FRIENDS skills are with
   
a) Helping your child build emotional resilience?
   
   not useful | useful | extremely useful

b) Protecting your child against stress and change?
   
   not useful | useful | extremely useful

c) Developing important coping and problem solving skills your child can apply to daily living?
   
   not useful | useful | extremely useful

5. How important is it for schools to implement programs such as FRIENDS into the curriculum?
   
   Not important | important | very important

6. How much did you learn about enhancing your child's coping skills?
   
   Not a lot | a lot

7. How much do you think your child learnt about coping?
   
   Not a lot | a lot

8. How often does your child use the skills taught?
   
   Not a lot | a lot
9. In comparison with before attending the program, how well do you think you are able to:

a) Encourage your child to recognise his/her feelings

| No more | somewhat more | much more |

Comments

b) Encourage your child to talk about his/her feelings

| No more | somewhat more | much more |

Comments

c) Encourage your child to manage his/her feelings

| No more | somewhat more | much more |

Comments

10. Were you able to help and support your child do the home activities? Yes / No

Comments

11. Any other comments about the program you would like to make?

Thank you for your time
Appendix F

Participation Information Letters
*Intervention & Control Group*
PARTICIPANT LETTER – Parent/Guardian

Dear

Hello, my name is Darralynn Siddall and I am a Master of Applied Psychology student at Murdoch University. I have also had two children attend Carawatha/Caralee and I am a trained teacher. I am working with Caralee Language Development Centre (CLDC), under the supervision of Ms Corinne Reid (Clinical Psychologist & Senior Lecturer), to implement an anxiety intervention/prevention program called FRIENDS For Life, to the children who will be exiting the CLDC at the end of Year three. The intention of the program is to teach the children important problem solving and coping skills to reduce their level of anxiety, which they can apply to daily living. There is some research evidence to suggest that these skills can build emotional resilience which protect individuals against stress and change.

The children involved in the study will participate in the FRIENDS For Life program which will be run in term 2 of 2005. The program will be run on a weekly basis consisting of 1 to 2 hour sessions for 10 weeks and will be incorporated in the Personal Development component of the school curriculum. There will be two booster sessions after one month and three months following the completion of the 10 weekly sessions.

Each child’s adjustment will be measured pre-and post involvement of the FRIENDS program for comparative purposes and will be obtained during a one on one interview with myself so that the questionnaire items (assessing self-concept, anxiety and any signs of depression) can be read aloud to the child. The questionnaires used with your child have been specifically designed for children to ascertain the presence of any symptoms of emotional distress. In addition, the teacher will administer two questionnaires during a one-on-one interview. One to establish the strategies the child uses to cope with anxiety provoking situations. The second questionnaire, to be administered at the end of the program, presents the child with an opportunity to provide feedback on their experience of the program.

The parents will be required to fill in a Child Behaviour Checklist and two questionnaires about their child which takes 10 to 15 minutes to complete at the beginning and again at the end of the FRIENDS program. In addition background information regarding the participating child’s education history, date of birth and type of language disorder will be obtained from the child’s education file, which is held at the CLDC.
As part of the FRIENDS program, two parent sessions are included. It is highly encouraged that the parents take part in the program. There will be two available times for the parent sessions, during school hours and after school hours. The first parent session will be run during the first two weeks of commencement of the FRIENDS program. The second parent session will run at the end of the 10 week program.

All information from the study is confidential and no names or other information that might identify you will be used in any publication arising from the research. If you decide you do not wish for your child to join the program the education that your child receives from CLDC will not be affected in any way. You are free to withdraw from the program at any time, and if you do so the information I have collected from you will not be used in the research unless you expressly give your permission.

Exiting the CLDC at the end of Year three can be an anxiety provoking time for both parents and child. We would like to provide an opportunity to help you child and you develop strategies to reduce the level of anxiety that exiting the CLDC into mainstream schooling can generate.

A summary of the findings from implementing the FRIENDS For Life program will be forwarded to you in December 2005.

If you wish to discuss this further with myself, you can contact me as follows:
Researcher: Darralynn Siddall
Mobile: 0409 109 483

If you have any questions about the research project, you may contact my supervisor, Corinne Reid, at the School of Psychology at Murdoch University on 9360 2712, or leave a message with the School of Psychology Secretary on 9360 2842. If you have any concerns/queries regarding the way this project is conducted you can contact Murdoch University’s Human Research Ethic Committee on 9360 6677.

If you are interested in participating in the FRIENDS program, please complete the details in the permission sheet attached.

Thank you very much for your time. I hope that you will be able to give some of your valuable time to take part in this research study.

Kind regards

Darralynn Siddall
*Clinical Psychologist Trainee*
*B.A., Dip Ed, B.Psych*

*Please keep this letter for future reference*
CONSENT FORM

I, ___________________________ have read the information above. I have been given a participation information sheet and offered the opportunity to have any questions answered. I agree to take part in this program, and also give my permission for __________________________ to take part. I know that I may change my mind and stop at any time without prejudice to this child’s continued education and attendance at the Caralee Language Development Centre.

I agree that the researcher can review my child’s education file to obtain his/her date of birth, academic history and type of language disorder.

I give permission for the researcher can collect the information gained from the questionnaires administered by the teacher, to use as part of the study.

I understand that all information provided is treated as confidential and will not be released by the researcher unless required to do so by law.

I agree that research data gathered for this study may be published provided my name or other information which might identify me and my child is not used.

I understand that I can contact the researcher at any time if I require added information or clarification about the program.

Signed ___________________________ Date ___________________________
(Parent/Guardian)

Signed ___________________________ Date ___________________________
(Researcher, Darralynn Siddall)

PLEASE RETURN THIS FORM TO THE CHILD’S CLASSROOM TEACHER
BY (20 May 2005)

PLEASE TRY TO RETURN THE FORM AS SOON AS POSSIBLE
PARTICIPANT LETTER

Dear Parent

Hello, my name is Darralynn Siddall and I am a Master of Applied Psychology student at Murdoch University. I have also had two children attend Carawatha/Caralee and I am a trained teacher. I am working with Caralee Language Development Centre (CLDC), under the supervision of Ms Corinne Reid (Clinical Psychologist & Senior Lecturer), to learn more about adjustment in children. I am interested in looking at the adjustment of children as they move through the CLDC program, specifically to assess self-esteem and any signs of anxiety and depression.

Involvement in this study will require that you and your child complete some questionnaires at the beginning of term two and the term three of 2005. It is anticipated that the time to complete the parent questionnaires will be no more than 10 to 15 minutes on each occasion. The children’s adjustment will be assessed during a one on one interview with myself so that questionnaire items can be read aloud to the child to assist them in completing the task. The questionnaire will include a measure of depression, anxiety and self-concept specifically designed for children. If you would like to see a copy, you are more than welcome. Background information regarding the participating child’s education history, date of birth and type of language disorder will be obtained from the child’s education file, which is held at the CLDC. In addition, the teacher will administer a questionnaire during a one-on-one interview at the beginning of term two and term three. The purpose of the questionnaire is to establish the strategies the child uses to cope with anxiety provoking situations.

It is anticipated that an information session will be offered to the parents during term three of 2005 to provide them with an opportunity to learn more about adjustment in children and strategies for coping with challenging situations.

All information from the study is confidential and no names or other information that might identify you will be used in any publication arising from the research. If you decide you do not wish for you or your child to join the study, the education that your child receives from CLDC will not be affected in any way. You are free to withdraw from the study at any time, and if you do so the information I have collected from you will not be used in the research unless you expressly give your permission.
A summary of the findings will be forwarded to you in December 2005. If you wish to discuss this further with myself, you can contact me as follows:

   Researcher:   Darralynn Siddall  
               Mobile: 0409 109 483

If you have any questions about the research project, you may contact my supervisor, Corinne Reid, at the School of Psychology at Murdoch University on 9360 2712. If you have any concerns/queries regarding the way this project is conducted you can contact the Murdoch University’s Human Research Ethic Committee on 9360 6677.

If you are interested in participating in this study, please complete the details in the permission sheet attached.

Thank you very much for your time. I hope that you will be able to give some of your valuable time to take part in this research study.

Kind regards

Darralynn Siddall  
*Clinical Psychologist Trainee*  
*B.A., Dip Ed, B.Psych*  
2 May 2005

*Please keep this letter for future reference*
CONSENT FORM

I, __________________________ have read the information above. I have been given a participation information sheet and offered the opportunity to have any questions answered. I agree to take part in this program, and also give my permission for __________________________ to take part. I know that I may change my mind and stop at any time without prejudice to this child’s continued education and attendance at the Caralee Language Development Centre.

I agree that the researcher can review my child’s education file to obtain his/her date of birth, academic history and type of language disorder.

I give permission for the researcher can collect the information gained from the questionnaires administered by the teacher, to use as part of the study.

I understand that all information provided is treated as confidential and will not be released by the researcher unless required to do so by law.

I agree that research data gathered for this study may be published provided my name or other information which might identify me and my child is not used.

I understand that I can contact the researcher at any time if I require added information or clarification about the program.

Signed __________________________ Date __________________________
(Parent/Guardian)

Signed __________________________ Date __________________________
(Researcher, Darralynn Siddall)

PLEASE RETURN THIS FORM TO THE CHILD’S CLASSROOM TEACHER
(27 MAY 2005)

PLEASE TRY TO RETURN THE FORM AS SOON AS POSSIBLE
My Home Activity Rewards Chart

**Instructions:** Every time you complete your home activity, you will receive a sticker and a reward. Keep up the good work! 😊

<table>
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<tr>
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<th>Home Activity 2A + 2B</th>
<th>Home Activity 3</th>
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<th>Home Activity 5</th>
<th>Home Activity 6A, 6B + 6C</th>
<th>Home Activity 7A + 7B</th>
<th>Home Activity 8A + 8B</th>
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<th>Home Activity 10</th>
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Appendix F - 1
Dear Parents

As you know the FRIENDS program has come to an end. We now need to evaluate how successful it has been. One of the things found while running the program was that very few parents were able to attend the parent sessions, and therefore had difficulty following the home activities. Children's progress has reflected this as they need their parent's help to practice their new skills.

What the children learn in the program needs to be consolidated at home to develop effective resilience coping skills for real life situations.

What I am really interested to know is: What obstacles would need to be removed so that parents involved in future programs might attend the parent session?

Many thanks for your help. Please complete this form and return it in the envelope provided to your child's classroom teacher by Wednesday 31 August 2005. Thank you again for your time.

Darryl Siddall
Researcher/Facilitator
25 August 2005

*NOTE: The parents program has been rescheduled to:
FRIENDS for Life
Parent Session
Tuesday 6 September 2005
9am to 12.30 pm (morning tea provided)
Hope you can make it.
Appendix H

Intervention Group Questionnaire,
Parent Session and FRIENDS Information Letters
Dear Parents,

REMINDER – FRIENDS for Life Program

As you are all aware the Language Development Centres cater for students from Kindergarten to year 3. Therefore at the end of this year your child will be exiting to their mainstream school. At the LDC we implement a very comprehensive transition program to support our students as they make the move back to their own school, however this move can still be an anxious time for the children.

We have the opportunity to take part in a program of parent information and children’s activities that focus specifically on these anxieties. This program is called "Friends for Life" and will be implemented in the school from week 3 of term 2. This program focuses on developing skills and behaviours that can be used to face and hopefully overcome the concerns that the children have about changing schools, meeting new people and dealing with new situations.

I am asking for your support to allow us to take part in this program as I believe the ability of dealing with any concerns and anxieties will be of enormous benefit to your child as they prepare to leave the Language Centre.

If you would like your child to participate in the program, please review the attached letter and complete the attached consent form. If you do not wish for child to participate in the FRIENDS for Life program, can you please complete the attached slip and return to the school.

It is important to note that only the children who have returned the consent slip can participate in the FRIENDS for Life program.

If you have any queries or concerns, please do not hesitate to contact Darralynn Siddall on 0409 109 483 or alternatively you can leave a message at the school and Darralynn can contact you.

Yours sincerely

Mary Bishop
Principal

I do not wish for my child (__________________________) to participate in the FRIENDS for Life program.

Signed:_____________________ Date:_____________________
Parent Sessions

There will be two information parent sessions.
- One at the beginning of the FRIENDS program.
- The second session will be at the end of the FRIENDS program (possibly at the beginning of term three).

The parent information sessions will run for three hours, including tea break.
The aim of the Parent information session is to:
- Provide a support network for parents
- Provide handouts
- Develop useful skills
- Develop a comprehensive understanding about:
  - Anxiety
  - Depression
  - FRIENDS for Life program

Thank you
Darralynn Siddall

Please complete the following:

Child’s Name: ______________________________

I __________________________ will / will not be able to attend the Parent Information Session.

It is anticipated that two session times will be available. Please state whether you would prefer a daytime session or an evening session (Circle choice):

I would prefer a DAY session

I would prefer an EVENING session

Thank you for your time.
Dear Parent

Thank you for taking the time to participate in this study. Please find enclosed three questionnaires for you to complete:

- SDQ -- Strengths and Difficulties Questionnaire
- Spence Children's Anxiety Scale (Parent Report)
- Parent Knowledge & Behaviour Assessment Questionnaire

Once you have completed the questionnaires, please enclose them in the envelope provided and return it to your child's classroom teacher by Friday 27 May 2005.

If you have any queries or concerns, please do not hesitate to contact me (0409 109 483) or alternatively leave a message with the school and I will contact you.

Regards

Darralynn Siddall
Researcher
Clinical Psychologist Trainee
B.A., Dip Ed, B.Psych

19 May 2005
Dear Parent

Parent Workshop for FRIENDS for Life

The second Parent Session for the FRIENDS for Life program will be run on Tuesday, 30 August. It is a 3 ½ hour session with morning tea provided.

It is highly recommended that the parents take part in the program as this improves the chances of your child learning effective resilience coping skills for real life situations.

The session is the second component of the parent session, however parents who were unable to attend the first session will still find the session valuable. In addition all resources and handouts will be provided to you.

The workshop will provide you with:
- Information about the FRIENDS for Life program.
- Information about the early signs of emotional distress in children.
- Skills that you can employ to help your child cope with difficult or stressful situations.
- Information about Anxiety and Depression.
- Skills to teach your child to relax and feel comfortable when they are anxious or distressed.
- Skills to identify and challenge negative and/or unhelpful thoughts that can cause and maintain emotional distress in everyday life situations.
- A FRIENDS for Life folder with Information sheets.

The workshop session will be held at Caralee Community School on:

Tuesday
30 August 2005
9am to 12.30pm (Morning tea provided)

Please complete the attached slip and hand it in to your child’s classroom teacher by Tuesday 12 August 2005.

Thank you

Darralynn Siddall
Facilitator
1 August 2005

I will / will not be able to attend the session on Tuesday 30 August 2005 at 9 am – 12.30pm.

I would like to attend the parent session, however that date and time does not suit me.
The times I am available are: ____________________________
Dear Parents

We have commenced the first of the FRIENDS for Life sessions. Each week your child will bring home a ‘home activity’ which relates to the FRIENDS session for that day. Your child will benefit greatly if these activities involve you and the family.

Your child has a week to complete the activity. They can either write down their ideas or draw a picture to illustrate their ideas. The activity will need to be returned for each Tuesday’s session. Your child will receive a sticker for each returned completed home activity, as they will be working towards a class reward at the end of the ten sessions to celebrate their success.

The first parent session will explain in detail about the program, your involvement and the home activities. It is anticipated that the session will be held on Wednesday 1 June, I will confirm this date and time by the end of the week.

Thank you for your support.

Regards

Darralynn Siddall
Liz Moore
18 May 2005
Dear Parents

We have completed five of the 10 sessions for the FRIENDS for Life program.

Please remember that each week your child will bring home a ‘home activity’ which relates to the FRIENDS session for that day. Your child will benefit greatly if these activities involve you and the family.

Your child has a week to complete the activity. He/she can either write down his/her ideas or draw a picture to illustrate their ideas (If needed, you can write down their answers for them).

The activity will need to be returned for each Tuesday’s session. Your child will receive a sticker and a treat for his/her returned completed home activity. Your child will be working towards a class reward at the end of the ten sessions to celebrate their own and the group’s success.

Thank you for your support.

Regards

Darralynn Siddall
28 June 2005
Dear Parents

We have just completed the last session of the FRIENDS for Life program, this has included 10 session and two booster session. The program’s theme centred on the acronym FRIENDS:

F: Feelings
R: Relax
I: I can do it
E: Explore solutions and coping step plans
D: Don’t forget to practice
S: Smile, Stay calm for life.

The symbolism drawn from the word ‘FRIENDS’ is based on the following principles:

- Word FRIENDS helps children to remember each of the skills taught throughout the program.
- Our body is our FRIEND and tells us when we are feeling worried or nervous by giving us clues.
- It is important to learn to be our own FRIENDS, and reward ourselves when we try hard.
- It is important to make FRIENDS, so that we can build our social support and feel happier.
- FRIENDS can help us to cope with difficult situations more effectively.

The aim and intention of the program is to assist children to learn important skills and techniques to cope with anxiety and manage challenging situations. This is an important ongoing life skill and one which would benefit from ongoing support from family members.
Appendix J

The children’s workbook is set out session by session, not all activities were completed in the workbook as the children benefited from group participation and working together in small groups.

The FRIENDS for Life workbook is intended as a resource book. Provide time to go thorough the book with your child and ask him/her to show you activities which they enjoyed doing.

I wish you all the best.
Regards

Darralynn Siddall
Clinical Psychologist Trainee
B.A., Dip Ed, B.Psych

MURDOCH
UNIVERSITY
PERTH, W.A.
Appendix K

Control Group Questionnaire Letters
Dear Parents,

As you are all aware the Language Development Centres cater for students from Kindergarten to year 3. Therefore at the end of this year your child will be exiting to their mainstream school. At the LDC we implement a very comprehensive transition program to support our students as they make the move back to their own school, however this move can still be an anxious time for the children.

We have the opportunity to take part in a study that will focus specifically on these adjustments. This study will provide us with the opportunity to learn more about the effect the transition has on the children. This in turn will provide us with information to determine what program we can implement for the children to help them with this adjustment.

I am asking for your support to allow us to take part in this study as I believe the ability of dealing with any concerns and anxieties will be of enormous benefit to your child as they prepare to leave the Language Centre.

To enable you to learn more about this study and its benefits you are invited to a meeting.

Presenter: Mrs Darralynn Siddall  
Date: Friday XX  
Time: 2.30 – 3:00pm  
Location: XXXX

I would encourage you to attend this meeting to learn more about the benefits of this study and to meet with the presenter. If however, you cannot attend, Darralynn can provide you with the appropriate consent forms and information.

Yours Sincerely

Mary Bishop  
Principal FLDC  
XX

I will/will not be attending the meeting at the XX on Friday XX 2005.

Name: ___________________________ Child:

_______________________________

Sign: ___________________________
Dear Parent

Adjustment of children as they move through the CLDC Program, specifically to assess self-esteem and any signs of anxiety and depression

Thank you for taking the time to participate in this study. Please find enclosed three questionnaires for you to complete:

- SDQ – Strengths and Difficulties Questionnaire
- Spence Children’s Anxiety Scale (Parent Report)
- Parent Knowledge & Behaviour Assessment Questionnaire

Once you have completed the questionnaires, please enclose them in the envelope provided and return the questionnaires to your child’s teacher by Friday XX.

If you have any queries or concerns, please do not hesitate to contact me (0409 109 483) or alternatively leave a message with the school and I will contact you.

Regards

Darrylynn Siddall
Researcher
Clinical Psychologist Trainee
B.A., Dip Ed, B.Psych
Dear Parent

**Adjustment of children as they move through the CLDC Program, Specifically to assess self-esteem and any signs of anxiety and depression**

Thank you for taking the time to participate in this study. The follow up assessment is underway; please find enclosed three questionnaires for you to complete:

- SDQ – Strengths and Difficulties Questionnaire
- Spence Children’s Anxiety Scale (Parent Report)
- Parent Knowledge & Behaviour Assessment Questionnaire

Once you have completed the questionnaires, please enclose them in the envelope provided and return it to your child’s classroom teacher by **Friday XX**.

If you have any queries or concerns, please do not hesitate to contact me (0409 109 483) or alternatively leave a message with the school and I will contact you.

Regards

**Darralynn Siddall**
Researcher
*Clinical Psychologist Trainee*
*B.A., Dip Ed, B.Psych*
FRIENDS for Life

F = Feelings
   Identifying 'worry', 'anxious' feelings

R = Remember to Relax

I = I can do it! I can try my best!

E = Explore solutions
   Coping Step Plans (Each step small enough to be achievable)
   Role Models
   Support Teams

N = Now reward yourself!
   You've done your best

D = Don't forget to practise

S = Smile! Stay calm for life

Remember!

Helpful (Green) thoughts -> helps you to be:
   Strong,
   Confident and
   Brave!

Information obtained from the Anxiety, Depression Intervention/Prevention program – FRIENDS for Life (Barrett, 2004)
FRIENDS Plan
APPENDIX M

Children with clinical ratings for anxiety, depression and self-concept extracted from the universal group.

| SCAS - Anxiety | | |
|---|---|---|---|---|---|---|
| ID | Intervention | | | Control | | |
| | ID | pre | post | | | pre | post |
| 8 | 83 | 56 | | 16 | 56 | 42 | |
| 9 | 53 | 60 | | 18 | 69 | 18 | |
| 12 | 43 | 28 | | 19 | 46 | 78 | |
| 15 | 70 | 68 | | 20 | 58 | 75 | |
| 3 | 32 | 58 | | 27 | 61 | 33 | |
| | 32 | 49 | 49 | 22 | 9 | 93 | |
| | 31 | 19 | 72 | | | | |

NB: Clinical range - Score of 42 and above
: Scores in italics are not in the clinical range

| CDI - Depression | | |
|---|---|---|---|---|---|---|
| ID | Intervention | | | Control | | |
| | ID | pre | post | | | pre | post |
| 4 | 19 | 15 | | 16 | 19 | 12 | |
| 7 | 21 | 20 | | 19 | 18 | 28 | |
| 15 | 20 | 19 | | 20 | 19 | 24 | |
| | 22 | 23 | 14 | | | | |
| | 29 | 20 | 15 | | | | |

NB: Clinical range - Score above 17
: Scores in italics are not in the clinical range

| Piers-Harris - Self-concept | | |
|---|---|---|---|---|---|---|
| ID | Intervention | | | Control | | |
| | ID | pre | post | | | pre | post |
| 4 | 47 | 51 | | 19 | 43 | 35 | |
| 15 | 40 | 37 | | 20 | 42 | 38 | |
| 6 | 54 | 32 | | 22 | 48 | 57 | |
| 8 | 50 | 48 | | 28 | 48 | 51 | |

NB: Clinical range - Score below 50 indicator of low self-concept.
: Scores in italics are not in the clinical range
Appendix N

Means and standard deviation of SCAS-P subscales, separate for gender - comparing Nauta et al (2003) results with the means and standard deviation from this study.

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Core Childhood Needs

Safety

‘Stable Base’ Predictability

Love, Nurturing & Attention

Acceptance & Praise

Empathy

Guidance & Protection

Validation of Feelings & Needs
Enhancing emotional resilience

- Research indicates that children who can identify with their own emotions are more able to identify with other people's emotions and therefore become more socially competent.
- Resilience skills have been found to be effective with dealing with difficulties.

"Resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity"

(Edith Grathenberg Ph.D, 1995 The International Resilience Project)

What can I do as a parent??

- Build emotional resilience
- Develop anxiety management skills
- Prepare your child for transition
  - With each transition brings:
    - Increased responsibility
    - Expectations
    - Opportunities for success & failure for both children and their families

Main factors that make up resilience

- Safety
- 'Stable Base' - Predictability
- Love, Nurturing & Attention
- Acceptance & Praise
- Empathy
- Guidance & Protection
- Validation of Feelings & Needs

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Anxiety Management Skills - Building Resilience

- Model appropriate behaviour
- Ignore anxious behaviour - catch your child being brave (reward appropriate behaviour)
- Praise for trying - not for perfection
- Identify role models
- Identify positive aspects of a situation
- Watch how other people cope with difficult situations (sporting hero!)
- Help them develop peer social relationships
- Identify feelings/emotions (attached is sheet with lots of different emotions to help identify emotions - great to put on the fridge!)

(Source, Barrett, 2004)

- Use appropriate rewards -
  - Watching favourite video
  - Playing a board game with family
  - Having a friend over to play
- Relaxation - calming down techniques (when you are calm it is easier to think in more positive ways)
  - Quiet time
  - Drink of water
  - Relaxation - attached are some relaxation scripts!
  - Going for a walk
  - Extra sleep
- Coping plan - break things down into small achievable steps
- Plan ahead - be more pro-active and less reactive!
- Stay calm

Transition preparation

- Plan ahead
- Make time
- Develop routine
  - Try to keep other appointments outside of school
  - Time slots for planned activities etc
- Support person for you and your child
- Team meetings - with the people involved with your child’s learning development

Transition planning resource guide 1999

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APPENDIX O

TRANSITION

- Rights of passage
  - Transition into school
  - Transition into high school
  - Transition into puberty
  - Transition into work / higher education
  - Transition into adulthood, parenthood etc

- With each transition brings:
  - Increased responsibility
  - Expectations
  - Opportunities for success & failure for both children and their families

SUCCESSFUL TRANSITION TO SCHOOL

- Is influenced by a number of factors - these include their level of competence in the following:
  - Academic
  - Social ability
  - Emotional ability
  - Behavioural
  - Cognitive

- Other important factors included:
  - Family factors, such as:
    - Stress & coping mechanisms

- As children enter into school they are expected to:
  - Adapt to classroom and teacher demands
  - Navigate peer interaction
  - Develop autonomy (identities of their own)

- Important factors for positive adjustment are influenced by:
  - Positive communication relationship with teachers and peers.
  - Social status

TYPICAL PROFILE OF THE CHILD WITH SPEECH & LANGUAGE IMPAIRMENT

- Students with SLI generally do not demonstrate strengths in understanding auditory information.
May only be accurately interpreting fragments of a communicated message.

- Often display a lack of co-operation and independence (as a result of not fully understanding their immediate environment or what is going to happen and/or what has happened).
- Difficulty with:
  - Language
  - Social integration
  - Emotional/behavioural

(Eggins, 2003; McIntyre et al 2006)

POSSIBLE LONG TERM IMPLICATION OF SPEECH & LANGUAGE IMPAIRMENT

More likely to be (extremely)
- Socially withdrawn
- Anxious
- Inhibited or depressed than their peers
- Disruptive behaviours

(Speech Pathology Australia, 2006)

ANXIETY & THE SPEECH & LANGUAGE CHILD

- A strong relationship between language impairment and social, emotional and behavioural problems.

- Children recognised with language impairment have been identified with emotional and behavioural problems:
  - Anxiety
  - Low self-esteem
  - Depression
  - Difficulty integrating with their peers
  - Socially isolated
  - Disruptive Behaviours
  - Experience internalised and externalised behaviours
  - Communication problems
  - Substance abuse
ANXIETY

- In general:
  - Anxiety disorders are the most common form of psychological distress reported by children and adolescents.
  - Approximately 1 in 6 children suffer from anxiety severe enough to interfere with their family life, school work or social functioning.
  - Research shows that left untreated, children who suffer from high anxiety are likely to become anxious adults.
  - Recent research emerging from the US shows that anxiety in children precedes depression.
- Research indicates that early intervention programs prevent anxiety difficulties and the associated suffering for individuals and their families.

What is Anxiety?
- At some stage in our lives we will feel anxious when faced with a difficult situation.
- We have to remember that all children experience anxiety as part of their normal development.
- Many fears such as fear of the dark, fear of separation from parents, and fear of strangers are a normal and common aspect of child development.
- However, what may be considered a normal fear at an early developmental stage, for instance a fear of going to school in Year 1, may be considered less appropriate when a child reaches adolescence.
- Anxiety becomes a problem when it prevents children from enjoying normal life experiences for a long period of time
  - (e.g. schooling, peer relationships and family interaction).

We must remember that certain levels of anxiety are adaptable and healthy
- (e.g. feeling slightly anxious before a test or speech encourages us to prepare for it)

- Children experience different levels of anxiety, and cope with that anxiety in more effective or less effective ways.
Transition Information

The following questions request information about your experience with the transition into mainstream schooling for your child who exited the Fremantle Language Development Centre at the end of 2005. As with all the questionnaires, this information is strictly confidential.

What school did your child attend in 2006?

If your child attended a new school, had he/she attended that school previously? YES / NO

Does your child have other siblings at the school? YES / NO

What Year level was your child placed in for the 2006 school year?

What was the transition experience like for your child?

What was the transition experience like for yourself?

Has your child used the FRIENDS plan at any time during this year? YES / NO

Comments:

Is there anything else you would like to comment about regarding your child’s transition into mainstream education?

Comments:
Demographic Information

The following questions request some background information. As with all the questionnaires, this information is strictly confidential.

1. Number of children in your family.

2. Number of children in your family with special learning needs.

3. Number of children with health needs


5. Mother – Name: ..........................................................
   a. What is your age range?
      ___ 20 – 25                       ___ 26 – 30
      ___ 31 – 35                       ___ 36 – 40
      ___ 41 – 45                       ___ 46 – 50
      ___ 51 – 55                       ___ 56 – 60
      ___ 61 – up
   b. What is the highest level of education you have completed?

   c. What is your occupation?

6. Father – Name: ..........................................................
   a. What is your age range?
      ___ 20 – 25                       ___ 26 – 30
      ___ 31 – 35                       ___ 36 – 40
      ___ 41 – 45                       ___ 46 – 50
      ___ 51 – 55                       ___ 56 – 60
      ___ 61 – up
   b. What is the highest level of education you have completed?

   c. What is your occupation?
Dear Year 3 Parents

We have commenced the first of the FRIENDS for Life sessions. Each week your child will bring home a ‘home activity’ which relates to the FRIENDS session for that day. Your child will benefit greatly if these activities involve you and the family.

Your child has a week to complete the activity. They can either write down their ideas or draw a picture to illustrate their ideas. The activity will need to be returned for each Tuesday’s session. Your child will receive a sticker for each returned completed home activity, as they will be working towards a class reward at the end of the ten sessions to celebrate their success.

The first parent session will explain in detail about the program, your involvement and the home activities. I will confirm the date of the parent session by the end of the week.

Thank you for your support.

Regards

Darralynn Siddall
Georgie Sounness
Facilitators

Vivienne Doig
Shane Hall
Year 3 Teachers

DATE
Dear Parents (Year Three)

FRIENDS for Life

Thank you for taking the time to work with your child with their FRIENDS for Life home activities. I understand from several parents comments that some found the activity last week (Coping Step Plan) difficult to do at home.

In response to the concerns, it has been decided that the children will practise the new skill of the Coping Step Plan at school as they prepare to present a book review to the class.

It is important to note that the children are learning new skills and will experience difficulty with these skills. They bring home FRIENDS home activities to:
- re-familiarise themselves with the new skills
- Familiarise the family of these new skills

The children will benefit from prompting and hearing about your own ideas as this will enhance their leaning. If they are unable to draw from their own experience they will benefit from thinking/talking about someone else’s experience.

The children are doing very well with the program, their enthusiasm, input, small group discussions and completion of individual work is testimony to their ongoing leaning of the FRIENDS program.

A letter will be sent to you next week regarding the second of the parent workshop session. Thank you for your support, if you have any queries or problems please do not hesitate to contact me on XXXXXX or leave a message at the school and I will contact you.

Thank you
Regards

Darralynn Siddall
Facilitator/Researcher
MURDOCH UNIVERSITY

DATE
APPENDIX R

Children with clinical ratings for anxiety, depression and self-concept extracted from the universal group.

### SCAS - Anxiety

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NB: Clinical range - Score of 42 and above
: Scores in italics are not in the clinical range

### CDI - Depression

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NB: Clinical range - Score above 17
: Scores in italics are not in the clinical range

### Piers-Harris - Self-concept

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</table>

NB: Clinical range - Score below 50 indicator of low self-concept.
: Scores in italics are not in the clinical range
Dear Parents/Caregivers

As you know, during 2005 you and your child participated in my study which aimed to look at the adjustment of children as they move through the Fremantle Language Development Centre program (FLDC), specifically to assess self-esteem and any signs of anxiety and depression.

The reason for the interest in studying the adjustments of children with speech and language difficulties is that there is research evidence to suggest a relationship between language impairment, social isolation and emotion/behaviour problems. Furthermore, the research recommends that a comprehensive program for speech/language impaired children needs to include:

- speech and language skill development
- socialisation/behaviour skill development
- anxiety management skill development

As part of my research I am conducting a one year follow-up as I am interested in how your child adjusted to the transition into mainstream schooling. This information will provide myself and Fremantle Language Development Centre with valuable information regarding transition, adjustment ability and initiate more tailored transition strategies.

Involvement in the one year follow up will require that you and your child complete some questionnaires. It is anticipated that the time to complete the parent questionnaires will be no more than 15 to 20 minutes. The questionnaires will include:

- SDQ – Strengths and Difficulties Questionnaire
- Spence Children’s Anxiety Scale (Parent Report)
- Parent Knowledge & Behaviour Assessment Questionnaire
- Demographic Information Questionnaire
- Transition Information

As with the previous component of the study, your questionnaires will be sent out to you. Your child’s adjustment will be assessed during a one on one interview with myself so that questionnaire items can be read aloud to the child to assist them in completing the task. The questionnaire will include a measure of depression, anxiety and self-concept specifically designed for children.

If you would like to participate in the one year follow up study, which would enable an analysis of the adjustment of the children to the transition into mainstream schooling, can you please complete the following consent forms and
APPENDIX S

return them to me by XXXX. Please return the forms even if you do not wish to participate.

If you require any further information, you can contact me on 0409 109 483, or alternatively you can leave a message at Fremantle Language Development Centre (XX) and I will contact you.

If you have any questions about the research project, you may contact my supervisor, Corinne Reid, at the School of Psychology at Murdoch University on XX. If you have any concerns/queries regarding the way this project is conducted you can contact the Murdoch University’s Human Research Ethic Committee on XX.

If you are interested in participating in this study, please complete the details in the permission sheet attached.

Once again, I would like to thank you for participating in my study, your support and response has provided me with invaluable information to develop a comprehensive anxiety/depression management program for children with specific speech and/or language difficulties.

Regards

Darralynn Siddall
Researcher/Facilitator
Clinical Psychologist Trainee
B.A., Dip Ed, B.Psych
XX
CONSENT FORM

I, __________________________ have read the information above. I have been given a participation information sheet and offered the opportunity to have any questions answered.

Please tick your choice:

a) _____ I agree to take part in this study, and also give my permission for ______________________________ to take part.

(Child's name)

OR

b) _____ I do not wish to take part, HOWEVER, I wish for my child ______________________________ to take part in the follow-up study.

(Child's name)

OR

c) _____ I and my child ______________________________ do not wish to take part in the follow-up study.

(Child's name)

I know that I may change my mind and stop at any time without prejudice to my child’s continued support of Fremantle Language Development Centre.

- I give permission for the researcher to collect and use the information gained from the questionnaires administered by the teacher, to use as part of the study.
- I give permission for the researcher to send out the above mentioned questionnaires for me to complete.
- I give permission for the researcher to visit my child’s school to assess my child.
- I understand that all information provided is treated as confidential and will not be released by the researcher unless required to do so by law.
- I agree that research data gathered for this study may be published provided my name or other information which might identify me and my child is not used.
- I understand that I can contact the researcher at any time if I require added information or
- I can withdraw at any time without needing to give a reason. If I choose to withdraw none of my data will be used for this study.

Signed __________________________  Signed __________________________
(Parent/Guardian)  (Researcher, Darralynn Siddall)

Date __________________________  Date __________________________

If you and your child consent to participate in this study and you would like for your child to have the opportunity to give his/her consent, your child can sign the following:

I would like to take part in the project and know that I am part of a research project to help us know how children cope in mainstream schools.

Signed: __________________________
(Child’s signature)
APPENDIX S

PLEASE RETURN THE CONSENT FORM BY 3 APRIL 2007

To whom it may concern.

I ___________________________ hereby give permission to Darralynn Siddall, Clinical Psychologist (Trainee) to visit my child's ___________________________ (Child's name)

school ___________________________ of ___________________________ (Name of school) (Address of School)

to assess my child.

Signed ___________________________ Date ___________________________

(Parent/Guardian)

Signed ___________________________ Date ___________________________

(Researcher, Darralynn Siddall)

___________________________________________________________

ALTERNATIVELY

I would like my child ___________________________ to be assessed by Darralynn Siddall Clinical Psychologist Trainee for the purpose of this study, however I would prefer for the assessment to be outside of school hours. Please contact me on ___________________________ to arrange a suitable time and day.

___________________________________________________________

Signed – Parent/Guardian

Print name.
Dear Parents/Caregivers

FRIENDS for Life
One Year Follow-up

As you know, during 2005 you and your child participated in my study which included participation in the FRIENDS for Life program. This program aimed to teach your child important problem solving and coping skills and strategies to reduce and/or manage feelings of anxiety, stress and worry. An important component of the FRIENDS program was to prepare your child for mainstream classroom integration.

As part of my research I am conducting a one year follow-up as I am interested in how your child adjusted to the transition into mainstream schooling. This information will provide myself and Fremantle Language Development Centre with valuable information regarding transition and adjustment ability. It will allow us to initiate more tailored transition strategies and further assess the effectiveness of the FRIENDS program.

Involvement in the one year follow up will require that you and your child complete some questionnaires similar to some that you completed last year. It is anticipated that the time to complete the parent questionnaires will be no more than 15 to 20 minutes. The questionnaires will include:

- SDQ – Strengths and Difficulties Questionnaire
- Spence Children’s Anxiety Scale (Parent Report)
- Parent Knowledge & Behaviour Assessment Questionnaire
- Demographic Information Questionnaire
- Transition Information

As with the previous component of the study, your questionnaires will be sent out to you. Your child’s adjustment will be assessed during a one on one interview with myself so that questionnaire items can be read aloud to the child to assist them in completing the task. The questionnaire will include a measure of depression, anxiety and self-concept specifically designed for children.

If you feel able to lend your support to the FRIENDS program by participating in the one year follow up study, can you please complete the following consent forms and return them to me by XX. Please return the forms even if you do not wish to participate.
APPENDIX S

If you require any further information, you can contact me on XX, or alternatively you can leave a message at Fremantle Language Development Centre (XX) and I will contact you.

If you have any questions about the research project, you may contact my supervisor, Corinne Reid, at the School of Psychology at Murdoch University on XX. If you have any concerns/queries regarding the way this project is conducted you can contact the Murdoch University’s Human Research Ethic Committee on XX.

If you are interested in participating in this study, please complete the details in the permission sheet attached.

Once again, I would like to thank you for participating in my study, your support and response has provided me with invaluable information to develop a comprehensive anxiety/depression management program for children with specific speech and/or language difficulties.

Regards
**Darralynn Siddall**
Researcher/Facilitator
Clinical Psychologist Trainee
*B.A., Dip Ed, B.Psych*
DATE
CONSENT FORM

I, _____________________ have read the information above. I have been given a participation information sheet and offered the opportunity to have any questions answered.

Please tick your choice:

a) _____ I agree to take part in this study, and also give my permission for my child _______________ to take part.

(Child’s name)

OR

b) _____ I do not wish to take part, HOWEVER, I wish for my child _______________ to take part in the follow-up study.

(Child’s name)

OR

c) _____ I and my child _______________ do not wish to take part in the follow-up study.

(Child’s name)

I know that I may change my mind and stop at any time without prejudice to my child’s continued support of Fremantle Language Development Centre.

- I give permission for the researcher to collect and use the information gained from the questionnaires administered by the teacher, to use as part of the study.
- I give permission for the researcher to send out the above mentioned questionnaires for me to complete.
- I give permission for the researcher to visit my child’s school to assess my child.
- I understand that all information provided is treated as confidential and will not be released by the researcher unless required to do so by law.
- I agree that research data gathered for this study may be published provided my name or other information which might identify me and my child is not used.
- I understand that I can contact the researcher at any time if I require added information or clarification about the program.
- I can withdraw at any time without needing to give a reason. If I choose to withdraw none of my data will be used for this study.

Signed ___________________________  Signed ___________________________
(Parent/Guardian)  (Researcher, Darrylynn Siddall)

Date ___________________________  Date ___________________________

If you and your child consent to participate in this study and you would like for your child to have the opportunity to give his/her consent, your child can sign the following:

I would like to take part in the project and know that I am part of a research project to help us know if the FRIENDS program works.

Signed: ___________________________
(Child’s signature)
To whom it may concern,

I __________________________ hereby give permission to Darralynn Siddall, Clinical Psychologist (Trainee) to visit my child's ________________ (Child's name) school ______________________________ of ________________________________ (Name of school) (Address of School) to assess my child.

Signed ___________________ Date ___________________
(Parent/Guardian)

Signed ___________________ Date ___________________
(Researcher, Darralynn Siddall)

--------------------------------------

ALTERNATIVELY

I would like my child __________________________ to be assessed by Darralynn Siddall Clinical Psychologist Trainee for the purpose of this study, however I would prefer for the assessment to be outside of school hours. Please contact me on ________________ to arrange a suitable time and day.

__________________________________________
Signed – Parent/Guardian

__________________________________________
Print name.
Dear xx

FRIENDS for Life
One Year Follow-up

Thank you for your consent to participate in the 2007 follow-up study for the FRIENDS for Life program. Unfortunately I am unable to carry out the follow-up study as the majority of families opted not to participate.

I would like to take this opportunity to thank you for your support and willingness to participate in the 2007 follow-up study for the FRIENDS for Life program. If you have any queries or concerns please do not hesitate to contact me (mobile: XXX or alternatively leave a message with the Fremantle Language Development Centre and I will contact you.

Once again, I would like to thank you for participating in my study, your support and response has provided me with invaluable information to develop a comprehensive anxiety/depression management program for children with specific speech and/or language difficulties.

Regards

Darralynn Siddall
Researcher
Doctor of Psychology Candidate
B.A., Dip Ed, B.Psych

xxx
Dear Parents/Caregivers

As you know, during 2005 you and your child participated in my study which aimed to look at the adjustment of children as they move through the Fremantle Language Development Centre program (FLDC), specifically to assess self-esteem and any signs of anxiety and depression.

The reason for the interest in studying the adjustments of children with speech and language difficulties is that there is research evidence to suggest a relationship between language impairment, social isolation and emotion/behaviour problems. Furthermore, the research recommends that a comprehensive program for speech/language impaired children needs to include:

- speech and language skill development
- socialisation/behaviour skill development
- anxiety management skill development

As part of my research I am conducting a one year follow-up as I am interested in how your child adjusted to the transition into mainstream schooling. This information will provide myself and Fremantle Language Development Centre with valuable information regarding transition, adjustment ability and initiate more tailored transition strategies.

Involvement in the one year follow up will require that you and your child complete some questionnaires. It is anticipated that the time to complete the parent questionnaires will be no more than 15 to 20 minutes. The questionnaires will include:

- SDQ – Strengths and Difficulties Questionnaire
- Spence Children’s Anxiety Scale (Parent Report)
- Parent Knowledge & Behaviour Assessment Questionnaire
- Demographic Information Questionnaire
- Transition Information

As with the previous component of the study, your questionnaires will be sent out to you. Your child’s adjustment will be assessed during a one on one interview with myself so that questionnaire items can be read aloud to the child to assist them in completing the task. The questionnaire will include a measure of depression, anxiety and self-concept specifically designed for children.

If you would like to participate in the one year follow up study, which would enable an analysis of the adjustment of the children to the transition into mainstream schooling, can you please complete the following consent forms and
APPENDIX T

return them to me by XXXX. Please return the forms even if you do not wish to participate.

If you require any further information, you can contact me on 0409 109 483, or alternatively you can leave a message at Fremantle Language Development Centre (XX) and I will contact you.

If you have any questions about the research project, you may contact my supervisor, Corinne Reid, at the School of Psychology at Murdoch University on XX. If you have any concerns/queries regarding the way this project is conducted you can contact the Murdoch University’s Human Research Ethics Committee on XX.

If you are interested in participating in this study, please complete the details in the permission sheet attached.

Once again, I would like to thank you for participating in my study, your support and response has provided me with invaluable information to develop a comprehensive anxiety/depression management program for children with specific speech and/or language difficulties.

Regards

Darralynn Siddall
Researcher/Facilitator
Clinical Psychologist Trainee
B.A., Dip Ed, B.Psych
XX
CONSENT FORM

I, __________________________ have read the information above. I have been given a participation information sheet and offered the opportunity to have any questions answered.

Please tick your choice:

a) _____ I agree to take part in this study, and also give my permission for __________________________ to take part.

   (Child's name)

   OR

b) _____ I do not wish to take part, HOWEVER, I wish for my child __________________________ to take part in the follow-up study.

   (Child's name)

   OR

c) _____ I and my child __________________________ do not wish to take part in the follow-up study.

   (Child's name)

I know that I may change my mind and stop at any time without prejudice to my child's continued support of Fremantle Language Development Centre.

- I give permission for the researcher to collect and use the information gained from the questionnaires administered by the teacher, to use as part of the study.
- I give permission for the researcher to send out the above mentioned questionnaires for me to complete.
- I give permission for the researcher to visit my child's school to assess my child.
- I understand that all information provided is treated as confidential and will not be released by the researcher unless required to do so by law.
- I agree that research data gathered for this study may be published provided my name or other information which might identify me and my child is not used.
- I understand that I can contact the researcher at any time if I require added information or 
- I can withdraw at any time without needing to give a reason. If I choose to withdraw none of my data will be used for this study.

Signed __________________________   Signed __________________________

   (Parent/Guardian)               (Researcher, Darralynn Siddall)

Date __________________________   Date __________________________

If you and your child consent to participate in this study and you would like for your child to have the opportunity to give his/her consent, your child can sign the following:

I would like to take part in the project and know that I am part of a research project to help us know how children cope in mainstream schools.

Signed: __________________________

   Child's signature
APPENDIX T

PLEASE RETURN THE CONSENT FORM BY 3 APRIL 2007

To whom it may concern.

I __________________________ hereby give permission to Darralynn Siddall, Clinical Psychologist (Trainee) to visit my child’s __________________________
(Child’s name)
school __________________________ of __________________________
(Name of school) (Address of School)
to assess my child.

Signed __________________________ Date __________________________
(Parent/Guardian)

Signed __________________________ Date __________________________
(Researcher, Darralynn Siddall)

______________________________________________________________

ALTERNATIVELY

I would like my child __________________________ to be assessed by Darralynn Siddall Clinical Psychologist Trainee for the purpose of this study, however I would prefer for the assessment to be outside of school hours. Please contact me on __________________________ to arrange a suitable time and day.

______________________________________________________________
Signed – Parent/Guardian Print name.
Appendix U
Statistical Data for ANCOVA

FRIENDS 2005 Study
Saved as: In syntax file: Univariate Analysis of Variance changes syntax

Transformed
Compute
    only one is computed with + as the changes wanted are an increase in score (=higher self concept)

COMPUTE cdichang = cdit - cdit2 .
EXECUTE.
COMPUTE phtchang = pht + pht2 .
EXECUTE .
COMPUTE stchang = st - st2 .
EXECUTE .
COMPUTE pstchang = pst - pst2 .
EXECUTE .
COMPUTE psdqtch = psdq - psdq2 .
EXECUTE .
COMPUTE tsdqtch = tsdq - tsdq2 .
EXECUTE .

Analysze
General Linea Model
Univariate
For:
    CDI; PiersHarris; Spence (child); Spence (parent); SDQ (parent);
    SDQ (teacher)

UNIANOVA
cdichang  BY group WITH cdit
/METHOD = SSTYPE(3)
/INTERCEPT = INCLUDE
/PRINT = DESCRIPTIVE HOMOGENEITY
/PLOT = SPREADLEVEL
/CRITERIA = ALPHA(.05)
/DESIGN = cdit group .

UNIANOVA
phtchang  BY group WITH pht
/METHOD = SSTYPE(3)
/INTERCEPT = INCLUDE
/PRINT = DESCRIPTIVE HOMOGENEITY
/PLOT = SPREADLEVEL
/CRITERIA = ALPHA(.05)
/DESIGN = pht group .

UNIANOVA
stchang  BY group WITH st
/METHOD = SSTYPE(3)
/INTERCEPT = INCLUDE
/PRINT = DESCRIPTIVE HOMOGENEITY
/PLOT = SPREADLEVEL
/CRITERIA = ALPHA(.05)
/DESIGN = st group .

UNIANOVA
psdqtch  BY group WITH pst
/METHOD = SSTYPE(3)
/INTERCEPT = INCLUDE
/PRINT = DESCRIPTIVE HOMOGENEITY
/PLOT = SPREADLEVEL
/CRITERIA = ALPHA(.05)
/DESIGN = pst group.
UNIANOVA  
   psdqch BY group WITH psdq
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
   /PLOT = SPREADLEVEL
   /CRITERIA = ALPHA(.05)
   /DESIGN = psdq group.
UNIANOVA  
   tsdqch BY group WITH tsdq
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
   /PLOT = SPREADLEVEL
   /CRITERIA = ALPHA(.05)
   /DESIGN = tsdq group.
Univariate Analysis of Variance - CDI

Between-Subjects Factors

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<thead>
<tr>
<th>GROUP</th>
<th>Value Label</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intervention pre</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>control pre</td>
<td>17</td>
</tr>
</tbody>
</table>

Descriptive Statistics

Dependent Variable: CDICHANG

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>intervention pre</td>
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<td>4.00000</td>
<td>15</td>
</tr>
<tr>
<td>control pre</td>
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Levene's Test of Equality of Error Variances

Dependent Variable: CDICHANG

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<th>Sig.</th>
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</thead>
<tbody>
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<td>.038</td>
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</table>

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+CDIT+GROUP

Tests of Between-Subjects Effects

Dependent Variable: CDICHANG

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
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<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
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</thead>
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</tr>
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<tr>
<td>Corrected Total</td>
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</tr>
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</table>

a. R Squared = .220 (Adjusted R Squared = .166)

Spread-versus-Level Plots
Spread vs. Level Plot of CDICHANG

Level (Mean)
Groups: GROUP

Spread vs. Level Plot of CDICHANG

Level (Mean)
Groups: GROUP

Univariate Analysis of Variance - Piers-Harris
Between-Subjects Factors

<table>
<thead>
<tr>
<th>Value Label</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
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</tr>
<tr>
<td>intervention pre</td>
<td>15</td>
</tr>
<tr>
<td>control pre</td>
<td>17</td>
</tr>
</tbody>
</table>

Descriptive Statistics

Dependent Variable: PHTCHANG

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>intervention pre</td>
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<td>15</td>
</tr>
<tr>
<td>control pre</td>
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<tr>
<td>Total</td>
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Levene's Test of Equality of Error Variances

Dependent Variable: PHTCHANG

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<tr>
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<th>Sig.</th>
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</thead>
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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+PHT+GROUP

Tests of Between-Subjects Effects

Dependent Variable: PHTCHANG

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<thead>
<tr>
<th>Source</th>
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<th>F</th>
<th>Sig.</th>
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<tbody>
<tr>
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a. R Squared = .878 (Adjusted R Squared = .870)

Spread-versus-Level Plots
Spread vs. Level Plot of PHTCHANG

Level (Mean)
Groups: GROUP

Spread vs. Level Plot of PHTCHANG

Level (Mean)
Groups: GROUP

Univariate Analysis of Variance - Spence (child)
Between-Subjects Factors

<table>
<thead>
<tr>
<th>Value Label</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>intervention pre</td>
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<tr>
<td>control pre</td>
<td>17</td>
</tr>
</tbody>
</table>

Descriptive Statistics

Dependent Variable: STCHANG

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Mean</th>
<th>Std. Deviation</th>
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<tr>
<td>intervention pre</td>
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Levene’s Test of Equality of Error Variances

Dependent Variable: STCHANG

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<tr>
<th>F</th>
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<tbody>
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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+ST+GROUP

Tests of Between-Subjects Effects

Dependent Variable: STCHANG

<table>
<thead>
<tr>
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a. R Squared = .820 (Adjusted R Squared = .807)

Spread-versus-Level Plots
Spread vs. Level Plot of STCHANG

Level (Mean)
Groups: GROUP

Spread vs. Level Plot of STCHANG

Level (Mean)
Groups: GROUP

Univariate Analysis of Variance - Spence (Parent)
### Between-Subjects Factors

<table>
<thead>
<tr>
<th>GROUP</th>
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<tbody>
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<td>control pre</td>
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### Descriptive Statistics

**Dependent Variable: PSTCHANG**

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#### Levene's Test of Equality of Error Variances

**Dependent Variable: PSTCHANG**

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

- a. Design: Intercept+PST+GROUP

### Tests of Between-Subjects Effects

**Dependent Variable: PSTCHANG**

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<tr>
<th>Source</th>
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<tr>
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</table>

- a. R Squared = .723 (Adjusted R Squared = .697)

### Spread-versus-Level Plots
Spread vs. Level Plot of PSTCHANG

Level (Mean)

Groups: GROUP

Spread vs. Level Plot of PSTCHANG

Level (Mean)

Groups: GROUP

Univariate Analysis of Variance - SDQ (parent)
Between-Subjects Factors

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Value Label</th>
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</tr>
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<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>control pre</td>
<td>14</td>
</tr>
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</table>

Descriptive Statistics

Dependent Variable: PSDQTC

<table>
<thead>
<tr>
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<th>Mean</th>
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</tr>
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<tbody>
<tr>
<td>intervention pre</td>
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<tr>
<td>Total</td>
<td>6.2963</td>
<td>9.00775</td>
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Levene's Test of Equality of Error Variances

Dependent Variable: PSDQTC

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+PSDQT+GROUP

Tests of Between-Subjects Effects

Dependent Variable: PSDQTC

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a. R Squared = .717 (Adjusted R Squared = .693)

Spread-versus-Level Plots
Univariate Analysis of Variance - SDQ (Teacher)
### Between-Subjects Factors

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<tr>
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<th>Value</th>
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### Descriptive Statistics

**Dependent Variable: TSDQTCH**

<table>
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<tr>
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#### Levene's Test of Equality of Error Variances

**Dependent Variable: TSDQTCH**

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+TSDQT+GROUP

### Tests of Between-Subjects Effects

**Dependent Variable: TSDQTCH**

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<th>Sig.</th>
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a. R Squared = .902 (Adjusted R Squared = .894)

### Spread-versus-Level Plots
Appendix V
Statistical Data for ANCOVA

FRIENDS 2006 Study
FRIENDS 2006

Transformation of: CDI, PHT, ST, PST, PSDQ, TSDQ

Executed ANCOVA after transformation of: CDI, PHT, ST, PST, PSDQ, TSDQ

COMPUTE changcdi = cdit - cdit2 .
EXECUTE .
UNIANOVA
   changcdi  BY group  WITH cdit
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
   /PLOT = SPREADLEVEL
   /CRITERIA = ALPHA(.05)
   /DESIGN = cdit group .
COMPUTE changpht = pht + pht2 .
EXECUTE .
COMPUTE changst = st - st2 .
EXECUTE .
COMPUTE changpst = pst - pst2 .
EXECUTE .
COMPUTE chpsdq = psdq - psdq2 .
EXECUTE .
COMPUTE chtsdq = tsdq - tsdq2 .
EXECUTE .
UNIANOVA
   changpht  BY group  WITH pht
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
   /PLOT = SPREADLEVEL
   /CRITERIA = ALPHA(.05)
   /DESIGN = pht group .
UNIANOVA
   changst  BY group  WITH st
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
   /PLOT = SPREADLEVEL
   /CRITERIA = ALPHA(.05)
   /DESIGN = st group .
UNIANOVA
   changpst  BY group  WITH pst
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
   /PLOT = SPREADLEVEL
   /CRITERIA = ALPHA(.05)
   /DESIGN = pst group .
UNIANOVA
   chpsdq  BY group  WITH psdq
   /METHOD = SSTYPE(3)
   /INTERCEPT = INCLUDE
   /PRINT = DESCRIPTIVE HOMOGENEITY
/PLOT = SPREADLEVEL
/CRITERIA = ALPHA(.05)
/DESIGN = psdqg group .
UNIANOVA
chtsdqt BY group WITH tsdqt
/METHOD = SSTYPE(3)
/INTERCEPT = INCLUDE
/PRINT = DESCRIPTIVE HOMOGENEITY
/PLOT = SPREADLEVEL
/CRITERIA = ALPHA(.05)
/DESIGN = tsdqg group .
Univariate Analysis of Variance - CDI

Between-Subjects Factors

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<th>Value Label</th>
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<tr>
<td>1</td>
<td>intervention pre</td>
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<tr>
<td>2</td>
<td>control pre</td>
<td>11</td>
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Descriptive Statistics

Dependent Variable: CHANGCDI

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
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</thead>
<tbody>
<tr>
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Levene's Test of Equality of Error Variances

Dependent Variable: CHANGCDI

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+CDIT+GROUP

Tests of Between-Subjects Effects

Dependent Variable: CHANGCDI

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<th>Sig.</th>
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<tr>
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a. R Squared = .184 (Adjusted R Squared = .123)

Spread-versus-Level Plots
Spread vs. Level Plot of CHANGCDI

Level (Mean)
Groups: GROUP

Spread vs. Level Plot of CHANGCDI

Level (Mean)
Groups: GROUP

Univariate Analysis of Variance - PHT

Between-Subjects Factors

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<td>control pre</td>
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</table>
Descriptive Statistics

Dependent Variable: CHANGPHT

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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Levene's Test of Equality of Error Variances

Dependent Variable: CHANGPHT

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<th>Sig.</th>
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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+PHT+GROUP

Tests of Between-Subjects Effects

Dependent Variable: CHANGPHT

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<th>Sig.</th>
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a. R Squared = .871 (Adjusted R Squared = .862)

Spread-versus-Level Plots

Spread vs. Level Plot of CHANGPHT
Univariate Analysis of Variance -ST

Between-Subjects Factors

<table>
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<td>2</td>
<td>control pre</td>
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Descriptive Statistics

Dependent Variable: CHANGST

<table>
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<th>N</th>
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<tr>
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Levene's Test of Equality of Error Variances

Dependent Variable: CHANGST

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+ST+GROUP
### Tests of Between-Subjects Effects

**Dependent Variable: CHANGST**

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<tr>
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a. R Squared = .405 (Adjusted R Squared = .361)

### Spread-versus-Level Plots

**Spread vs. Level Plot of CHANGST**

![Spread vs. Level Plot](image-url)  

**Level (Mean):**

- Groups: GROUP
Spread vs. Level Plot of CHANGST

Level (Mean)
Groups: GROUP

Univariate Analysis of Variance - PST

Between-Subjects Factors

<table>
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<tr>
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<tr>
<td>2</td>
<td>control pre</td>
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Descriptive Statistics

Dependent Variable: CHANGPST

<table>
<thead>
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<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
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<tr>
<td>control pre</td>
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Levene's Test of Equality of Error Variances\(^a\)

Dependent Variable: CHANGPST

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Tests the null hypothesis that the error variance of the dependent variable is equal across groups.
\(a\). Design: Intercept+PST+GROUP
### Tests of Between-Subjects Effects

Dependent Variable: CHANGPST

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<tr>
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<th>Sig.</th>
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</table>

a. R Squared = .115 (Adjusted R Squared = .016)

### Spread-versus-Level Plots

![Spread vs. Level Plot of CHANGPST](image)

Spread (Standard Deviation) vs. Level (Mean)

Groups: GROUP
Univariate Analysis of Variance - PSDQT

Between-Subjects Factors

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Value Label</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>intervention pre</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>control pre</td>
<td>9</td>
</tr>
</tbody>
</table>

Descriptive Statistics

Dependent Variable: CHPSDQT

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>intervention pre</td>
<td>2.2143</td>
<td>3.70402</td>
<td>14</td>
</tr>
<tr>
<td>control pre</td>
<td>-1.0000</td>
<td>4.15331</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>.9565</td>
<td>4.11736</td>
<td>23</td>
</tr>
</tbody>
</table>

Levene's Test of Equality of Error Variances

Dependent Variable: CHPSDQT

<table>
<thead>
<tr>
<th>F</th>
<th>df1</th>
<th>df2</th>
<th>S Ig.</th>
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</thead>
<tbody>
<tr>
<td>2.010</td>
<td>1</td>
<td>21</td>
<td>.171</td>
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</tbody>
</table>

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept+PSDQT+GROUP
Tests of Between-Subjects Effects

Dependent Variable: CHPSDQT

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>81.280³</td>
<td>2</td>
<td>40.630</td>
<td>2.786</td>
<td>.086</td>
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<tr>
<td>Intercept</td>
<td>10.635</td>
<td>1</td>
<td>10.635</td>
<td>.729</td>
<td>.403</td>
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<tr>
<td>PSDQT</td>
<td>24.661</td>
<td>1</td>
<td>24.661</td>
<td>1.691</td>
<td>.208</td>
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<tr>
<td>GROUP</td>
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<td>1</td>
<td>44.791</td>
<td>3.071</td>
<td>.095</td>
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<tr>
<td>Error</td>
<td>291.696</td>
<td>20</td>
<td>14.585</td>
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</tr>
<tr>
<td>Total</td>
<td>394.000</td>
<td>23</td>
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<tr>
<td>Corrected Total</td>
<td>372.957</td>
<td>22</td>
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</tr>
</tbody>
</table>

a. R Squared = .218 (Adjusted R Squared = .140)

Spread-versus-Level Plots

Spread vs. Level Plot of CHPSDQT

Level (Mean)
Groups: GROUP

Page 9
Univariate Analysis of Variance

Warnings

No valid cases were found.
This command is not executed.