

Technical Report
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The MDR Approach to Improve Behavioural and Academic Performance in “At-Risk” Children

Acknowledgement

Sincere appreciation is extended to Clarkson Community High School, and in particular to Ms Pamela Armstrong, who was responsible not only for making this trial possible, but also for the considerable task of gathering and collating the array of information generated, both quantitative and qualitative.

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The MDR Approach to Improve Behavioural and Academic Performance in "At-Risk" Children

Abstract

The efficacy of a brief, 5-week MDR therapy intervention with a group of "at risk" adolescents attending a 3-hour group program, followed by 4 1-hour weekly group meetings, was investigated. Ten students took part in the program, and a further 12 students formed the control group with no exposure to training. Post-treatment results indicated a clinically and statistically significant increase in academic and behavioural performance of students taking part in the program, and a small reduction in academic and behavioural performance in the control group.

Of far greater significance were the reported qualitative effects of the program, as recorded by students, teachers and parents. Some of these are included in Appendix A at the end of this report.

Introduction

Clarkson Community High School is a feeder high school for families which are primarily of low socio-economic status. As an indication of the level of violence which was a fact of daily life at this school, teachers were armed with walkie-talkies to advise each other of trouble spots during break times. Stabbing and brutal beatings were common-place. We deliberately sought out such a school in order to demonstrate the effectiveness of our methods even with students with significant behavioural and academic dysfunction.

We were fortunate that despite the difficulties faced by the school population, Clarkson High has a strong ethic of care in the school community and continues to work hard to promote that amongst the student body and this formed a supportive basis for our work.

Schools have in general become a cause for concern in the community, and are trying to deal with issues of conflict, vandalism, drug use and violence, and the subsequent effect of that upon the children's academic performance, child and teacher safety, and the integration of leavers into the community¹. Youth suicide overlaps these issues and is of particular concern to us all.

As part of an integrated approach to prevention of youth suicide, and the building of resilience and resourcefulness within youth and within the community in general, Lifeworks trialled a brief school program utilising MDR therapy approaches.

This program was given an initial 5-week trial at Clarkson Community High School.

Hypothesis

There will be a clinically and statistically significant increase in academic and behavioural performance in children taking part in the trial, with no increase, or a decrease, in the control group.

Because of the very brief nature of the trial and extremely short exposure of children to these methods, it is expected that qualitative behavioural evidence may precede quantitative evidence.

Teachers will be asked to re-evaluate students' academic performance and behaviour at 6 and 12-month follow-up and this will be reported separately.

Method

Ten children took part in the trial, and 12 were in a control group which had no contact with the program.

Rather than "treating" the children or their problems, the children were taught to self-treat, and this is in line with research by Gomes ² and Sutherland ³ which demonstrates clinical efficacy of treatment selected and run by the client, rather than being "prescribed" by the "therapist".

Instruments

The measuring instrument which the children were taught to use for themselves was the Subject Units of Discomfort Scale ⁴.

Subjective Units of Discomfort Scale (SUDS)

The SUDS (adapted from Wolpe as described in Shapiro, 1989) measures intensity of subjective distress in response to a particular stimulus, including a recalled memory. It has been shown to correlate with other physiological stress measures ⁵. This 11 point scale uses 10 as the highest level of discomfort and 0 as the lowest level, or absence of distress. An absence of emotional reactivity to a traumatic memory is considered an indicator of recovery ⁶.

A further scale was developed by Clarkson Community High School in conjunction with Lifeworks. This scale was developed in some haste, and can obviously be improved, but provides a basic measure of various behavioural and academic scores.

Behavioural and Academic Score System

This is an 11-point list of behavioural and academic scores with an intended positive focus:

Satisfactory academic performance
Works independently
Works as a team member
Completes classwork tasks
Completes homework tasks
No parental report of difficulties
Demonstrates self resilience
Satisfactory organisational skills
No student reporting of home issues
No reports of being bullied
No reports of bullying other students

Each category was rated 2, 4, 6, 8 or 10 points depending whether the item was assessed as never, sometimes, unable to comment, often, consistently.

Please see discussion section for further comment on this instrument.

Procedure

On the first day of the trial, the study group of students attended a 3-hour workshop where they were briefly exposed to the theory and practice of MDR methodology. The control group of students did not attend.

Since we normally take 4 days to teach the basics of these techniques to adults, it can be understood that this was a cursory treatment of the information and skills required. In addition, the group was highly disruptive.

Following this visit, we attended the school 4 times, for 1 hour each time, over the next 4 weeks. During these visits we re-taught and refined the techniques, getting students to choose which issues they wished to work on.

Problems which the children chose to work on were: hatred/dislike of particular people or races, school subjects, situations at school or home, anger, trauma.

In the course of this work, attention was also given to the development of social skills and issues in family dynamics. These topics were not taught separately, but were background topics, addressed as appropriate.

Results

At the end of this 5-week period 70% of the study group, compared to 42% of the control group, had held or improved their results according to school monitored data (See Table 1 below).

Please see Table 2 overleaf for detailed category results.

Table 1
Percentage of improved overall results in school-monitored data
over 5 week period from 12/3/01 to 12/4/01

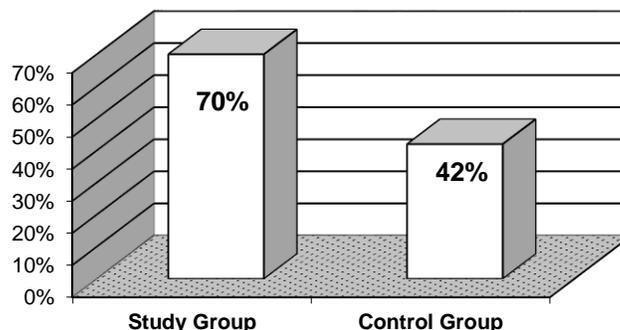
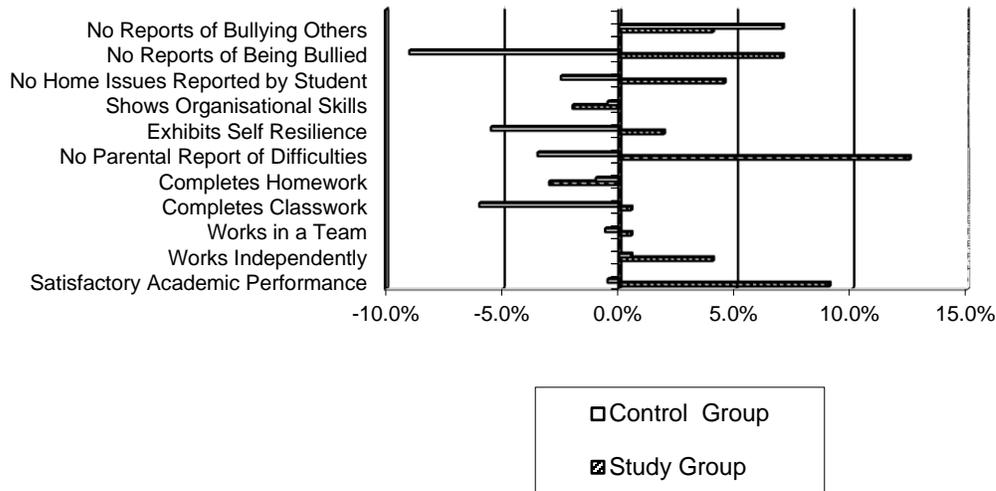


Table 2
Changes in category ratings in school-monitored data
over 5-week period from 12/3/01 to 12/4/01



Positive correlates in Table 2 indicate improvement from baseline score from 12/3/01. Negative correlates indicate deterioration in baseline score from 12/3/01.

As can be seen from Table 2, the study group had significant gains in academic performance, reduced parental reporting (phone calls to school) and reduced incidents of being bullied. Interestingly, both groups had reduced incidents of bullying others.

Although these results are statistically significant, the behavioural reports of students, teachers and parents are dramatic and compelling evidence for the effectiveness of the techniques taught for dealing with explosive anger and all sorts of emotional distress. These reports are included in Appendix A.

Discussion

Preliminary findings indicate that the training program was associated with a clinically and statistically significant increase in academic performance and behavioural competence, as indexed by the Behavioural and Academic Score System instigated by the school.

We believe that an important part of the success of this work is the presence of teachers/support staff trained in these methods. This provides a valuable back-up to the classroom training given, as well as opportunity for students to gain private mentoring for more sensitive issues.

It is also possible that the “positive” slant on the Behavioural and Academic Score System may have been partly responsible for some score increases. Typically schools economise on time and other stretched resources by operating a “reporting by exception” data recording system in relation to troubled children. Rather than asking teachers to record problems, we were actually asking them to record absence of problems. We expect that this alone has provided a different filter through which situations have been experienced and through which inferences have been made both by teachers and by students.

It is of interest that shortly after the commencement of the program, the work became a “hot topic” right through the school, with parents discussing and noting changes in children and wishing for their children to take part.

The Task Ahead

There is a huge task at hand in our schools right now. Many children have to face violence or the threat of violence every day of their school lives, not just bullying, but actual physical assault, often racially motivated. Many children do not have demonstrations of competent adult behaviour in their homes, do not have the luxury of being parented, and even find themselves in the role of parent to their own parents and siblings.

It is estimated that 1 in 3 children see or experience violence in their homes and the effect of violence upon children is well documented ^{7,8}. The most distressing effect to the whole community is youth suicide. In 1995 WA had more than 870 youth suicide attempts resulting in hospitalisation, and 50 adolescents who died due to suicide ⁹. Depression has been identified as a large factor ^{9,10}.

Plainly, we cannot quickly educate and train existing parents into being better parents. We cannot overnight solve the terrible financial and social situations many people find themselves in. We can, however, give our children and teachers the strong resilience to not only minimise the effects of these painful situations, but to rise above them and experience themselves as powerful individuals in a world of their own creation. This type of resilience has been identified as a key factor in suicide prevention by the Government of WA Office of Youth Affairs ¹⁰.

For the first time, we are able to literally strip away the painful emotions of negative experiences, freeing up the resources of the child to build competence and take his or her place in the world. This is dramatically illustrated in the stories included in Appendix A.

References

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Appendix A

Written Reports on Behavioural and Attitudinal Change over 5-week Period From 12/3/01 to 12/4/01 (As written by the authors)

"I have seen the biggest change in C and C as far as attitude goes. They are listening and not flying off the handle so readily." Teacher

"Dear Ms Armstrong, if possible could C please attend Lifeworks. The form that was sent home went walking and I only found out through the other mums. I think it is important for C to attend." Parent

"Me being in this course has given me the knowledge to deal with the problems I may have that is bothering me. I have used it to deal with problems that I had and it worked and I felt like it had never happened. On Sunday at my football match at half time I did the tequinice because I was getting picked on so when I when on I felt it didn't mater and they tried to start a fight and I walked away." Student

"I was invited to the Life Works Group because I didn't interact with others too well. I didn't have very high expectancies of this group and only came because it got me out of school lessons. I was rather surprised with what we learned there. It was a small group of kids who each had there difficulties and together as a group we'd work on the problem until it gradually disappeared. No one was isolated or made a deal out of with there problem and we were each treated fairly and equally with the support of others. It wasn't always serious and many times the teacher complained about our noise as we chattered and played around with one another, paying no attention to others around us. Despite the level of noise, the teacher taught us some very useful tips on how to rid ourselves of unwanted emotions. I was rather surprised when I tried these techniques and discovered that they actually worked. I now get along with others better, even if I still prefer to be by myself. I wish that it had continued on for longer. It was a lot of fun and I discovered that I wasn't alone after all." Student

"I learnt to control my anger better and how to cool down if I do get really angry. I know that I can use what we have done in the lesons because I used it about 5 times thru the weeks." Student

"I used to always felt negative but now I feel a bit more positive. When I have fights with my parents, I used the technique, and I felt better then I made up with my parents." Student

"I didn't achieve what I wanted but now I do know how to control myself in a distressful situation by using the technique and just having time to myself." Student

"Not much except some help." Student

"I have learnt 2 follow peoples problems and I have kind of changed!" Student

"I learnt how to calm myself down by using the program. I also learnt how to relax myself from the anger that I couldn't get rid of but when I done this program, I felt so happy after I had done this course." Student

"I changed a lot and I achieved what I wanted." Student

"I got a lot out of it but I can't describe it." Student

"I have learnt how to follow people when there talking and how to solve my problems."
Student