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Student Attitudes and Shame Dynamics Before and After a Bullying Prevention Program

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Student Attitudes and Shame Dynamics Before and After a Bullying Prevention Program

by

Anne M. Manees

Presented to the Faculty of the
Graduate School of Clinical Psychology
George Fox University
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of the requirements for the degree of
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in Clinical Psychology

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Student attitudes and shame dynamics before and after a bullying prevention program

by

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has been approved

at the

Graduate School of Clinical Psychology

George Fox University

as a Dissertation for the Psy.D. degree

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In light of school violence, bullying has been exposed as an important factor in student well-being and safety. This study investigated changes in shame dynamics and student attitudes related to bullying before and after students participated in a bullying prevention program offered at an elementary school. Students from four, third-grade classrooms \((n = 118)\) participated in curriculum from *Steps to Respect*, a bullying prevention program. Students were administered questionnaires measuring perceptions and attitudes related to bullying at school and cards from the Thurston-Cradock Test of Shame (TCT), a projective test designed to assess shame dynamics, and rated by teachers as bullies, victims, or bystanders.

As expected, in students identified by teachers as victims, perceptions of adult and bystander responsibility and likelihood of using assertiveness in response to bullying scenarios increased, while acceptance of bullying behaviors decreased, after participating in *Steps to Respect* curriculum. In the entire sample, perceived assertiveness increased, acceptance of bullying decreased, and perceptions of adult and bystander responsibility did not change significantly following the intervention. Interestingly, students’ projective stories included more
themes of inflation and more references to bullying following the intervention. Students identified as bullies received higher maladaptive resolution scores following the intervention, demonstrating decreased coping abilities to resolve issues of shame and conflicts after they become aware of the presence of bullying around them. Bullying prevention programs need to continue reaching out to students identified as victims and bystanders by providing training in community responsibility, definitions of bullying behaviors, and assertiveness training. These programs should also address the need for empathy and mental health intervention for both victims and bullies while paying attention to shame dynamics throughout the process.
# Table of Contents

Approval Page.................................................................................. ii

Abstract.......................................................................................... iii

List of Tables...................................................................................... vii

Acknowledgements......................................................................... viii

Chapter I: Introduction.................................................................. 1
  Defining Bullying........................................................................... 1
  Time and Location of Bullying....................................................... 2
  Prevalence .................................................................................... 3
  Characteristics ............................................................................. 4
  Bullying and Shame ..................................................................... 5
  Prevention .................................................................................... 6
  Steps to Respect.......................................................................... 7
  Goals of the Study......................................................................... 8

Chapter II: Methods..................................................................... 10
  Participants .................................................................................. 10
  Materials .................................................................................... 10
  Steps to Respect .......................................................................... 10
  Student Experience Survey ......................................................... 11
  Teacher Ratings of Social Interactions ....................................... 11
  Thurston-Cradock Test of Shame.................................................. 12
  Procedures .................................................................................. 13

Chapter III: Results..................................................................... 15
List of Tables

Table 1  Student Perceptions and Attitudes Before and After Bullying-prevention................16
Table 2  Student Perceptions and Attitudes of Bullies, Victims, and Bystanders..................18
Table 3  Sample responses to card 6 on the Thurston-Cradock Test of Shame......................23
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Chapter 1
Introduction

Many adults tell stories of being bullied or bullying in their younger years. Until recently, this type of behavior was viewed as a rite of passage, just a part of growing up. Then stories of horrible, repeated harassment and violent behavior began to surface. The issue of peer victimization has become a hot topic in the United States in the last few years. Incidents of school violence in the media have shed a light on the seriousness of this problem in our nation’s schools. While reviewing 37 school shooting incidents, the U.S. Secret Service learned that “almost three-quarters of the attackers felt persecuted, bullied, threatened, attacked or injured by others prior to the incident” (U.S. Secret Service National Threat Assessment Center, 2000, p. 30). In the recent massacre at Virginia Tech, fellow students reported that the shooter had experienced a long history of teasing and bullying. Researchers have responded to the task of learning as much as possible about peer victimization and bullying, in a race to prevent the next school shooting or child suicide.

Defining bullying

Bullying is a type of conflict between peers that has been defined through research over the years. After groundbreaking studies in the area of aggression, Dan Olweus has provided a definition of bullying that is widely agreed upon in the literature. Bullying is defined as repeated
exposure over time to negative actions, where there is an intention to harm and an imbalance of power between those involved (Olweus, 1995).

Bullying can be physical or psychological. Physical bullying includes pushing, hitting, and aggressive actions. It can also include damaging someone’s property (Sullivan, 2000). Psychological bullying comes in the form of taunting, spreading rumors, name-calling and intimidation (Bullock, 2002). Some of this harassment may include inappropriate sexual comments or gestures. Although hazing and sexual harassment are against the law, other types of bullying are not (Stein, 2001). Direct bullying is obvious and observable behavior such as hitting, making rude gestures or loud name calling. Indirect bullying is harder to observe. Indirect actions include manipulating relationships, using social status to alienate another or discreetly spreading rumors about an individual (Olweus, 1993).

**Time and Location of Bullying**

School-aged bullying takes place in four main places: the playground, the classroom, on the way home from school, and on the way to school (Sullivan, 2000). Researchers in Germany found that 60% of bullying occurs on the playground, 17% going to and from school, 10% in school hallways, and 9% in the classroom (Losel & Bliesener, 1999).

With the spread of technology, children have found new ways to communicate. These communication methods include e-mail, text-messaging, and internet chat rooms. Bullying behavior has reportedly evolved into a new branch of problems known as cyber-bullying. One study revealed that 16% of children surveyed between the ages of 11 and 19 were harassed by text messaging, 7% were harassed in internet chat rooms and 4% were harassed through e-mail (Smith & Williams, 2004). In another cross-sectional, nationally representative telephone survey of young regular internet users in the United States, 19% reported involvement in online
aggression. Of this percentage, 3% identified themselves as aggressor/targets, 4% reported being targets, and 12% called themselves online aggressors (Ybarra & Mitchell, 2004a). Clinicians have begun to present cases of bullying via internet web pages and web cams (Jerome & Segal, 2003). Research has found that although these bullies are using high tech means of harassment, many of their individual characteristics parallel those presented in the literature on traditional bullies (Ybarra & Mitchell, 2004b). Prevention and assessment of bullying will soon need to encompass these new developments in technology.

Prevalence

 Estimates of the prevalence of bullying in schools vary internationally. In an effort to standardize prevalence estimation techniques, researchers have provided assessment instruments to operationally define and measure the frequency of bullying. Assessment of bullying may be carried out through observations, interviews, sociometric measures, surveys, questionnaires, teacher rating scales, and self-report measures. A nice review of bullying assessment tools available and their psychometric properties has been written by Crothers and Levinson (2004). In a study using one such instrument, researchers found the total number of bullies was 6.5% of all students tested (Solberg & Olweus, 2003). Another study found that 14% of elementary students in their U.S. sample had bullied other students (Pellegrini, Bartini, & Brooks, 2001). Prevalence of victimization in elementary schools has varied across research from 11% of students in Finland to 49% of a nationwide sample in Ireland (Dake, Price, & Telljohan, 2003). These mixed results illustrate the variability in bullying behavior across cultures and communities.
Characteristics

What are the common characteristics of the students who are bullying others? Research shows that children who bully are impulsive, dominate others, and show little empathy (Bullock, 2002). Bullies have also been found to be aggressive, have positive attitudes towards violence, have little anxiety, are average to slightly below average in popularity, and do not suffer from low self-esteem (Swearer & Doll, 2001). Results of one study indicated that peers saw many of the bullies in their classroom as both popular and powerful with leadership qualities, competencies and assets (Vaillancourt, 2003). When interviewed about their feelings in relation to the task of putting themselves in the role of the bully in a bullying scenario, bullies, as compared to victims and outsiders, showed a higher level of disengagement emotions and motives (Menesini et al., 2003).

Alarming research has followed the behavior of childhood bullies into adulthood. One study found that 60% of boys identified as having serious bullying problems in their youth had at least one criminal conviction by the time they turned 24 (Olweus, 1991). Bullies have been found to be more likely involved in problem behaviors such as drinking alcohol and smoking (Nansel et al., 2001). Many bullies report depression, suicidal ideation, and suicidal behavior (Swearer & Doll, 2001). Bullying has also been found to be correlated with weapon carrying, cheating on tests, stealing, vandalism, having trouble with the police, and skipping school (Baldry & Farrington, 2004). This research illustrates the importance of identifying bullies, assessing risk, and applying early interventions to prevent future conduct problems.

Not only do bullies have characteristics of poor psychosocial skills, but their victims do as well. Victims of bullying tend to show higher levels of insecurity, anxiety, depression, loneliness, unhappiness, physical and mental symptoms, and low self-esteem (Nansel et al.,
Most studies have simply found a correlation between these characteristics and victimization, however one study assessed victims at two different points in time to look for causation. The study reported that "poor self-concept may play a central role in a vicious cycle that perpetuates and solidifies a child's status as a victim of peer abuse" (Egan & Perry, 1998). Unfortunately, this pattern can lead to further peer rejection by others who judge the victim as weak, and blame them for being victims (Committee for Children, 2001). They receive little empathy from their peers and become more isolated. Victims show increased risk of developing depression and having academic difficulties (Olweus, 2003). This sad cycle of abuse which causes poor self-concept, which leads to more abuse, could be related to research on shame dynamics.

**Bullying and Shame**

Kathy Meier is one of the few researchers who has linked adolescent bullying and peer victimization to shame dynamics. She defines shame as “an affective experience that involves viewing the self as inadequate, incompetent, worthless, or the like” (Meier, 2003). This stable negative self-concept can be seen in many victims of bullying. Meier also found shame in subjects who were considered bullies. Using the projective Thurston-Cradock Test of Shame, Meier found that bullies had less of an ability to adaptively resolve shame-evoking stories when compared to peers rated as victims or neutral.

The theoretical underpinnings of shame say that when a person is shamed, they use anger as a defense against shame. In a study where subjects were given false feedback, those given shame-inducing feedback were more likely to show indirect aggression to a neutral target (Covert, 2004). If applied to bullying, one could understand bullies coming from negative, shame-inducing environments, feeling the need to defend themselves against shame by bullying
their peers. In a study examining the relation of shame and guilt to anger and aggression, researchers found that “Shame-proneness was consistently correlated with anger arousal, suspiciousness, resentment, irritability, a tendency to blame others for negative events, and indirect (but not direct) expressions of hostility” (Parrott, 1992, p. 669). Therefore, those who carry around significant amounts of shame already have the qualities that predispose one to bullying. On the other hand, hostile individuals may act in ways that result in later feelings of shame. Due to the mere finding of correlation between these variables, further research must be done before causation is established. There are many unanswered questions about the relationship of adolescent aggression, bullying and shame dynamics.

**Prevention**

While some research seeks to fill in the holes of characteristics of bullies and victims, other efforts are underway to prevent bullying from happening in the first place. The first program of this nature was a nationwide effort in Norway, which was developed after three young boys experiencing chronic victimization by their peers committed suicide (Olweus, 1993). This program began the trend of the whole-school approach in bullying prevention. In this type of program, all members of the school community are involved, including students, teachers, parents, and staff. Clear, consistent policies are developed to implement consequences of bullying behavior. Curriculum teaching students proactive behavior on how to treat others respectfully, respond to bullying, and help other victims is taught throughout the school. A recent article attempted to evaluate the effectiveness of 14 different whole-school approaches to bullying prevention. The results of this attempt were inconclusive, with the authors saying, “In conclusion, only a cautious recommendation can be made that whole-school antibullying interventions be continued until they are evaluated further” (Smith, Schneider, Smith, &
Ananiadou, 2004, p. 556). At the same time, the authors admitted that “there is no evidence that other forms of intervention are superior to the whole-school approach in dealing with bully-victim problems” (Smith et al., 2004, p. 557). This article displays the need for effective evaluation of anti-bullying interventions using standardized methods and a strong set of data.

Steps to Respect

In lieu of the existing research on bullying prevention, the Committee for Children has created a program called *Steps to Respect: A Bullying Prevention Program*. This program is designed to assist students in developing relationships with each other and decrease bullying behaviors at school. The program focuses on social skills such as respectful behavior, joining a group and building communication skills. It also teaches students how to recognize bullying, how to refuse bullying using assertive behaviors, and the importance of reporting bullying to adults. Students learn the importance of bystander involvement in the prevention and refusal of bullying (Jeffrey, Miller, & Linn, 2001). The program also trains teachers, parents and staff how to respond to student reports of bullying (Committee for Children, 2001).

Research has demonstrated that there is limited empirical support for the effectiveness of anti-bullying programs. Researchers have called psychologists to the task of “proactively promoting carefully evaluated interventions” (Smith et al., 2004, p. 557). Studies have also shown that student self-reports of bullying behaviors need to be supplemented with reports from teachers, parents, or staff as well as other data (Pellegrini & Bartini, 2000). This collection of data encourages schools to effectively implement programs such as *Steps to Respect*. It also gives school systems helpful feedback on the behaviors and attitudes of their students, teachers and staff. Schools that are taking the time to implement such programs should attract families who want their children to learn in a respectful, safe environment.
Goals of the Study

The current study had two primary goals. The first goal was to evaluate the effectiveness of the Steps to Respect program in raising awareness and reducing bullying behaviors. The second goal of the study was to investigate the relationship between this bullying prevention program and shame dynamics among students. In theory, if students are given the opportunity to feel a sense of self-worth and positive moral responsibility, students involved in bullying behavior may become more aware of the shame-induced motivations of their own behavior. This self-awareness could lead to more adaptive resolutions to possible bullying situations. This data could be useful to professionals in psychology and education, who deal with peer victimization on a daily basis.

In order to objectively measure the goals listed above, the hypotheses were as follows:

1. The scores in the intervention group were expected to show significant pre- and post-test differences when compared to scores of the control group not receiving the intervention.
   a) Student Experience Survey (SES) scores would increase on the perceived assertiveness, perceived adult responsiveness, and bystander responsibility scales in the group receiving the intervention.
   b) SES scores on the acceptance of bullying/aggression scale would decrease in the group receiving the intervention.

2. Thurston-Cradock Test of Shame (TCT) scores of individuals would show significant pre- and post- differences.
   a) TCT story-resolution scores would decrease after receiving the intervention, indicating more adaptive resolutions to situations.
3. TCT results were tentatively explored to investigate the relationship between bullying or victim behaviors and the type of shame present in stories.

a) Individuals given teacher ratings of category one behaviors (identified as bullies) would show higher inflation/contempt and/or higher aggression scores.

b) Individuals with category two behaviors (identified as victims) would have more deflation type shame in their stories, producing a higher score. Longstanding victims of these behaviors may also show aggressive shame in their stories, related to a fantasy of seeking revenge.
Participants

Students from four classrooms (n = 118) at an elementary school in the Pacific Northwest were asked to participate in the study. All students were included in the study pending parent/guardian permission. Parents were given an informed consent form with a consent to participate or a decline to participate option. Those children agreeing to participate received a small gift certificate to a local fast food restaurant.

Students were assigned to classrooms for the following year at the end of the previous school year. Students were generally randomly placed, although students with special needs may have been placed with a specific teacher. School officials attempt to distribute students with special needs evenly among the teachers in each grade.

Materials

Steps to Respect: A Bullying Prevention Program. Participants in two experimental classrooms participated in ten sessions of a bullying prevention curriculum taught in their classroom during school hours. This program is designed to assist students in developing relationships with each other and decrease bullying behaviors at school. The program focuses on social skills such as respectful behavior, joining a group, and building communication skills. It also teaches students how to recognize bullying, how to refuse bullying using assertive
behaviors, and the importance of reporting bullying to adults. Students learn the importance of bystander involvement in the prevention and refusal of bullying (Jeffrey, Miller & Linn, 2001). The program also trains teachers, parents and staff how to respond to student reports of bullying (Committee for Children, 2001).

*Student Experience Survey: What School is Like for Me (Attitude Scales).* This is a 21 item instrument designed to assess perceptions and attitudes related to bullying for third through sixth graders (Committee for Children, 2004). Questions measure attitudes related to perceived assertiveness, perceived adult responsiveness, bystander responsibility, and acceptance of bullying/ aggression. The survey is administered in classrooms and takes 15-20 minutes to complete. This survey was created by the Committee for Children for pre- and post- evaluation of the *Steps to Respect* Program. Seven of the eight scales yielded during factor analysis of the survey demonstrated adequate to high internal consistency. Test-retest reliability correlations ranged from .54 to .72 (Edstrom, Broderick, & MacKenzie, 2004).

*Teacher Ratings of Social Interactions.* Teachers were asked to rate each student in their classroom with respect to the manner in which they relate to others in their class. Teachers placed each student in one of three groups according to their behaviors. The first category included behaviors such as hitting, pushing, damaging property of others, aggressive actions toward others, teasing others, and spreading rumors. Research has shown that actions qualifying as bullying are performed with an intention to harm and there is usually an imbalance of power between the students involved. The second category included students who are often picked on, including being hit, pushed, teased, or talked about negatively by those who have more power than them. The third category included students that do not fit into the first two categories.
Thurston-Cradock Test of Shame (TCT). Participants were administered three cards from the TCT, a projective test designed to assess shame dynamics. The TCT measures direct and indirect shame, defenses against shame, and adaptive or maladaptive resolution to shame. Participants are shown a card and told, “This test is just a series of pictures that I’ll show you. I want you to tell me a story that has a beginning, a middle, and an end. Tell me what the characters are thinking and feeling.” Answers are recorded verbatim by the examiner, who writes quietly on a clipboard. Participants in this study were shown cards 2, 4, and 6 that display a classroom scene, boys on a bus, and an overweight boy being spanked over a woman’s knee with bystanders present. Cards two and six are “explicitly shame-themed” cards, while card four is an “ambiguous” card (Thurston & Cradock, In press).

The standardized form of the TCT contains 10 cards with an additional revised optional card. Participants’ answers are scored using a structured system which measures the affect of the participant, the resolution of their stories, the type of shame present, and their response style to the testing. Shame-based themes present in a story were rated on a 1-5 scale with lower scores representing an adaptive resolution to the story and higher scores indicating a maladaptive resolution. Inter-rater reliability rates on the TCT ranged from .83 to .95 in a pilot study investigating the identification of shame. (Cradock, 1997). Research on the construct validity of the instrument found moderate to significant correlations between three TCT shame defense factors and scores on the 16PF Adolescent Personality Questionnaire, a well-established personality measure (Rote, 2002). Another study exploring the validity of the TCT also found evidence supporting the construct validity of the test (Cradock, 1999). To strengthen validity, the TCT was scored by a trained scoring team double blind to the hypotheses of the study.
**Procedures**

In the first meeting, a short introduction explaining the study, limits of confidentiality, and the commitments involved was presented to participants. Informed consent forms were sent to the parent/guardian of each participant, explaining the elements of the study. Upon returning with parental/guardian consent, participants in all groups were given a pre-test using the Student Experience Survey (SES). Those declining to participate in the outcome evaluation were still permitted to participate in the *Steps to Respect* program, as it is part of the required classroom curriculum.

Teacher ratings of student interactions were collected. Participants were placed in one of three groups according to the results of behavior ratings: categories 1, 2, and 3 respectively. Randomly selected participants in these groups were given the Thurston-Cradock Test of Shame (TCT). This pre-test data was collected at the beginning of the school year to allow adequate time for the intervention and post-testing of participants.

The *Steps to Respect* curriculum was taught by a trained presenter in the two experimental classrooms for ten weekly sessions lasting 30-45 minutes per session. Extra weeks were allotted for school holidays. After the ten sessions were completed in the experimental group, the SES was re-administered to all participants. The TCT was re-administered to those participants who were randomly selected in the pre-testing phase. After this second phase of testing was completed, the comparison group received the *Steps to Respect* program. Both groups received a third phase of testing after the comparison group received the treatment and the experimental group had a no treatment period following the intervention. Participants in the study had a chance to debrief as a group and were given their rewards for participating after post-evaluation was completed.
This research design is based on an interrupted time-series with nonequivalent control group design (Shaughnessy, Zechmeister, & Zechmeister, 2000). Since students were not randomly assigned to classrooms, a nonequivalent control group design was not used (Campbell & Stanley, 1966). In an interrupted time-series design, changes in a dependent variable are observed for some period of time both before and after a treatment is introduced (Cook & Campbell, 1979). The interrupted time-series with nonequivalent control group design can be illustrated by the following:

\[
\begin{array}{c}
O_1 \\ \hline
O_1 \ X \ O_2 \ \ \ \ O_3
\end{array}
\]

where \( O_1 \) refers to the first series of tests, \( X \) indicates that the group receives the \textit{Steps to Respect} curriculum, \( O_2 \) refers to the second series of tests, and \( O_3 \) refers to the third series of tests. The TCT was administered at three points during the school year, while the SES was given at the beginning and end of the school year. The dotted line between the two groups indicates that the groups were not formed by assigning participants randomly to conditions.
Chapter 3

Results

*Description of Participants*

Students from four, third-grade classrooms \((n = 118)\) participated in Steps to Respect curriculum during the school year. From this number, 46 students did not participate in evaluation procedures due to lack of parental consent. Ages of participants ranged from 8 to 10 years old. The group was predominantly female (53%).

Teachers were asked to identify children in their classrooms who exhibited bullying or victim behaviors. Of 105 students rated by teachers, 19 students (18%) were identified as exhibiting bullying behaviors and 7 (7%) students were identified as exhibiting victim behaviors. Nine students who were rated as exhibiting bully behaviors and one student rated as exhibiting victim behaviors did not return consent forms to allow participation in evaluation procedures of the study. In addition, students’ survey data was not used if they were absent or out of the classroom during collection of student attitude data before or after the intervention.

Analyses indicated no significant differences in age, gender, or teacher rating between classrooms. There was a difference between those students given parental permission and those not permitted to participate in the study, \(F(1, 89) = 9.95, p = .002\). A higher percentage of students in the “no permission” group were rated by teachers as bullies (21%) compared to students given parental permission to participate who were rated as bullies (14%).
Student Self-Report of Attitudes Toward Bullying

Paired Samples $t$-tests were used to compare mean values for student responses to the Student Experience Survey before and after the intervention (see Table 1). As predicted, post-test responses demonstrate that students reported more perceived assertiveness when responding to bullying scenarios after the receiving the Steps to Respect curriculum compared to pre-test responses, $t(88) = 3.80, p < .001$. Students also were less accepting of bullying behaviors after the intervention, $t(87) = 2.49, p < .02$. Contrary to our expectations, perceived adult responsibility and bystander responsibility did not change significantly after the intervention, although students reported that it was “pretty true” to “very true” that adults at their school would respond to bullying and that bystanders have a responsibility to intervene in bullying incidents at their school (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Before Intervention ($n = 90$)</th>
<th>After Intervention ($n = 90$)</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Responsibility</td>
<td>2.42 (0.46)</td>
<td>2.38 (0.52)</td>
<td>0.62</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>Bystander Responsibility</td>
<td>2.56 (0.57)</td>
<td>2.54 (0.55)</td>
<td>0.35</td>
<td>&gt; .05</td>
</tr>
<tr>
<td>Acceptance of Bullying</td>
<td>0.70 (0.67)</td>
<td>0.54 (0.70)</td>
<td>2.5</td>
<td>0.02</td>
</tr>
<tr>
<td>Perceived Assertiveness</td>
<td>1.59 (0.80)</td>
<td>1.24 (0.75)</td>
<td>3.8</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>
Teacher Rating of Student Behaviors and Student Attitudes Toward Bullying

A one-way ANOVA was used to assess differences in student attitudes between groups rated by teachers as bully, victim, or bystander. Student attitudes differed among groups in regard to perceived adult responsibility, with students rated as victims reporting less adult responsiveness to bullying ($M = 1.67, SD = 0.38$) than other groups, $F(3, 89) = 5.59, p < .001$. Following the intervention, victims reported the highest perceived adult responsibility of all groups ($M = 2.83, SD = 0.14$), while bullies perceived less responsibility (see Table 2).

Student attitudes regarding bystander responsibility were not significantly different between groups before the intervention. Post-test analysis revealed that victims increased their attitudes that bystanders have a responsibility to intervene in bullying events after receiving the intervention, making the change which occurred in victims significantly different than the other groups, $F(3, 89) = 2.77, p < .05$.

Groups differed significantly in their attitudes toward acceptance of bullying before the intervention, with victims reporting the most acceptance ($M = 1.05, SD = 1.45$) compared to the other groups ($M = 0.70, SD = 0.66$); $F(3, 88) = 2.73, p < .05$. Victims reported decreased acceptance of bullying behaviors after the intervention ($M = 0.67, SD = 0.81$), with victim attitudes becoming more similar to attitudes of other groups (see Table 2).

Groups of bullies, victims, and bystanders responded differently regarding perceived assertiveness before the intervention, $F(3, 88) = 2.38, p = 0.75$. Victims reported finding it more difficult to respond assertively in bullying scenarios when compared to other groups (see Table 2). Following the intervention, all groups reported increased perceived assertiveness, with no significant difference between groups, $F(3, 89) = 2.36, p = .87$. 
### Table 2

**Student Perceptions and Attitudes of Bullies, Victims, and Bystanders**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Bully ($n = 14$) Mean (SD)</th>
<th>Victim ($n = 3$) Mean (SD)</th>
<th>Bystander ($n = 66$) Mean (SD)</th>
<th>Not Rated ($n = 7$) Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Responsibility</td>
<td>2.45 (.42) 2.18 (.49)</td>
<td>1.67 (.38) 2.83 (.14)</td>
<td>2.49 (.43) 2.43 (.5)</td>
<td>2.04 (.47) 2.14 (.66)</td>
</tr>
<tr>
<td>Bystander Responsibility</td>
<td>2.34 (.77) 2.20 (.78)</td>
<td>2.27 (.81) 3.00 (0)</td>
<td>2.62 (.48) 2.58 (.48)</td>
<td>2.51 (.87) 2.54 (.59)</td>
</tr>
<tr>
<td>Acceptance</td>
<td>.88 (.54)</td>
<td>1.05 (1.05)</td>
<td>.67 (.81)</td>
<td>.59 (.46)</td>
</tr>
</tbody>
</table>
Bullying Prevention and Shame 19

<table>
<thead>
<tr>
<th>Perceived Assertiveness</th>
<th>(.89)</th>
<th>(.88)</th>
<th>(.31)</th>
<th>(1.5)</th>
<th>(.74)</th>
<th>(.68)</th>
<th>(1.02)</th>
<th>(.83)</th>
</tr>
</thead>
</table>

**Bully, Victim, and Bystander Group Differences in Shame Dynamics:**

Thurston-Cradock Test of Shame (TCT) scores were evaluated using a repeated-measures analysis of variance (ANOVA). Categorization of students into groups of bully, victim, or bystander according to teacher ratings did not significantly predict the presence of references to bullying in TCT stories, $F(2, 28) = .98, p = .39, \eta_p^2 = .07$. The main effect of teacher ratings for maladaptive resolution of stories was not significant $F(1, 27) = .27, p = .77, \eta_p^2 = .02$. Prediction of aggression scores using teacher ratings was not significant $F(4, 54) = .38, p = .86, \eta_p^2 = .03$. The main effect of teacher ratings was not significant on inflation $F(2, 27) = .97, p = .39, \eta_p^2 = .06$. Deflation was not significantly predicted by teacher ratings $F(2, 27) = .58, p = .57, \eta_p^2 = .04$. The lack of significant differences among groups could be related to the small sample size of the "victim" group.

**Shame Dynamics Before and After Receiving Steps to Respect Curriculum**

Results demonstrate that themes of grandiose and contemptuous behavior such as laughing at others' expense and teasing, indicated by a significant increase in inflation scores on the TCT, increased in student responses after the intervention, $F(1, 28) = 4.8, p < .04, \eta_p^2 = .15$. Themes of deflation including hiding, withdrawal, and hurt feelings as the result of shame did not change significantly after the intervention, $F(2, 54) = .68, p = .51, \eta_p^2 = .02$. Students from all groups demonstrated significantly different resolution scores after receiving the intervention, $F(2,54) = 4.37, p < .05, \eta_p^2 = .14$. Results may demonstrate a trend toward significance.
indicating that references to bullying in TCT stories increased after receiving the intervention, $F(1, 28) = 3.68, p = .07, \eta^2_p = 12$. The presence of aggressive thinking or actions in student responses did not change significantly after the intervention $F(2, 54) = .56, p = .58, \eta^2_p = .02$.

**Group Differences Before and After Receiving Steps to Respect:**

Students rated by their teachers as bystanders had more adaptive resolution to stories on the TCT after receiving *Steps to Respect*, while students identified as exhibiting bully or victim behaviors responded with stories displaying more maladaptive resolution of shame after receiving the intervention, $F(4, 54) = 4.91, p < .002$. There was not evidence of a significant difference in inflation scores between bully, victim, and bystander groups before and after the intervention, $F(2, 28) = .29, p = .75$. The interaction between time and groups of bully, victim, and bystander was not significant for deflation, $F(4, 54) = .863, p = .49$. References to bullying in TCT stories demonstrate a trend toward significance, with the mean reference to bullying increasing from 0.56 to 1.78 after the intervention, $F(2, 28) = 2.65, p = .09$. References to bullying did not change significantly after the intervention in the victim and bystander groups. Teacher ratings did not demonstrate significant effects of the intervention on aggression scores, $F(2, 27) = .33, p > .05$. 
Chapter 4

Discussion

Although six students were rated as victims, given parental permission to participate, and were administered the TCT, only three students from the victim group were present for pre- and post-testing using the SES during school hours. This finding supports research illustrating that students who experience maltreatment have poorer attendance than their peers (Leiter, 2007). In addition, victims of bullying tend to show higher levels of insecurity, anxiety, depression, loneliness, unhappiness, physical and mental symptoms, and low self-esteem (Nansel et al., 2001), which could lead to increased need for remedial services requiring time out of the classroom.

Despite the small number of victims who participated in the Student Experience Survey, means indicate that victims consistently showed the most change in attitudes and perceptions of bullying after the intervention in the group (see Table 2). Before receiving the intervention, victims reported decreased perceptions of adult responsibility, decreased perceived assertiveness, and increased acceptance of bullying behaviors. After the intervention, victims reported that they believed adults and bystanders could play a larger role in preventing bullying. Following the intervention, students rated as victims also reported decreased acceptance of bullying and reported that it was more likely that they would be able to use assertive behaviors in response to bullying scenarios.
In the entire sample, student responses on the Student Experience Survey after participating in *Steps to Respect* curriculum demonstrated increased perceived assertiveness when responding to bullying and decreased acceptance of bullying behaviors. Students indicated that it was "pretty true" to "very true" that adults at their school would respond to bullying and that bystanders have a responsibility to intervene in bullying incidents at school both before and after receiving the interventions.

As mentioned above, the Thurston-Cradock Test of Shame (TCT) identifies possible ways that shame may be expressed including inflation, deflation, and aggression. Contrary to our expectations, there was not a significant difference in deflation or aggression in student stories after the intervention. Surprisingly, responses demonstrated a significant increase in the frequency of inflation present in student stories after receiving the intervention. *Steps to Respect* is designed to increase awareness of bullying behaviors. There was a trend in increased references to bullying in student stories following the intervention. Perhaps the increased inflation scores coupled with a rise in references to bullying represent increased bystander sensitivity to psychological bullying, where students have a greater awareness of scenarios including teasing, laughing at others' expense, and gossiping. The intervention was also shown to increase perceived assertiveness toward bullying. Perhaps a concrete understanding of assertiveness does not differentiate from aggressive and contemptuous behavior in response to bullying. Examples of student stories to the TCT are listed in the table below (see Table 3).

It was discovered that students identified as bullies or victims had higher maladaptive story resolution scores as opposed to bystanders whose stories became more adaptive after
Table 3

Sample pre-test responses to card 6 on the Thurston-Cradock Test of Shame (TCT)

**Student rated as exhibiting victim behaviors:**

“This one is feeling really hurt bc he is getting spanked. This one is tired and sad. The one that is mad that he is getting spanked. This one is thinking that they are going to kill everybody, I mean hurt everybody but he shouldn’t. This one’s smiling and he’s thinking what the heck? This one is making shadows and stuff with his finger. He is thinking I wonder if I could make that with my finger. (Examinee doing finger tricks) The mom is mad and she said this boy has been too naughty and he needs a spanking. She is thinking she will put him in time out after.”

**Student rated as bystander:**

“One day a skinny boy, a skinny girl and a fat boy were playing. The fat boy was really mean, trying to break a spoon on their head. Help me babysitter. He kept chasing us and chasing us every day for an hour. One day the babysitter got the spoon and whacked him on the butt. And she sent him up to his room cause that was his mom. He said maybe I was being too mean. Maybe I should be nicer. He said Sorry mom I am going to be nicer. So he was nice.”

**Student rated as bully:**

“He’s probably feeling pain right now bc he’s getting spanked for being mean to other kids. They are trying to get back at him for hurting kids. He’s probably thinking why did I do that, now I’m getting punished.”
receiving the intervention. This score could suggest that students demonstrate decreased coping abilities to resolve issues of shame and conflicts after they become aware of the presence of bullying around them. Previous research which found that bullies had fewer coping resources to resolve issues of shame and conflicts than non-bullies, predicted that interventions designed to help adolescents develop prosocial behaviors could guard against unhealthy responses to shame (Meier, 2003). Perhaps programs such as Steps to Respect need to include some empathy for the bullies as well as the victims, explaining possible motivations for bullying and ways to overcome these potentially shame-based reactions.

Statistical analysis demonstrated no significant differences between TCT responses of students identified by teachers as bullies, victims, or bystanders. This finding has several possible explanations. When asked to complete the task rating each student in their classroom with respect to the manner in which they relate to others in their class, teachers identified this task as difficult. Teachers indicated that they rated students based on knowing them for a short time (3 weeks). Also, students may not exhibit bullying behaviors when teachers are present, as research indicates most bullying occurs in less structured environments such as on the school bus or during recess.

Assuming that teacher ratings are accurate in categorizing bullies, victims, and bystanders, results demonstrate that all students are affected by bullying, regardless of their role. Perhaps bystanders experience vicarious shame as they watch classmates become bullies or victims. Previous research has also found that many victims of bullying act out aggressively, bullying others in response to their own victimization (Covert, 2004). This finding may demonstrate that most children have been victims of an act of bullying, have participated in bullying, and have witnessed bullying behaviors at different points in their lifetime.
The findings of this study should be interpreted in light of some limitations. While this study provides some insight into the relationship between student attitudes toward bullying, a bullying prevention program, and shame-dynamics, this research should be conducted using a larger sample including several school districts. The sample in this study was based in one elementary school which resulted in a more heterogeneous sample which is not necessarily representative of the general population. Additionally, initial attempts to strengthen the data set by collecting reports of playground behaviors were not reliable due to variability of playground supervisors and lack of consistent reporting. This piece of data collection could be improved by more specific training and monitoring of playground supervisors and more consistent expectations and communication regarding reporting of bullying to school administrators and teachers.

Future research could investigate the effectiveness of providing bullying prevention training for individuals supervising children in less structured environments such as playground supervisors and school bus drivers. The findings of this study suggest that victims and bullies may have greater difficulties applying coping skills to shame-based scenarios after they have received an intervention such as Steps to Respect. There may be an aspect of healing necessary for individuals who may first become aware of their bully or victim status when receiving such psychoeducation. Follow-up research could be helpful in identifying whether individuals who become aware of their own bullying behaviors can not only decrease these behaviors, but to also view themselves in a different role when interacting with peers.
References


Bullying Prevention and Shame 27


*Developmental Psychology, 34*, 299-309.


Appendix A

Informed Consent and Assent
Dear Parent/Guardian,

My name is Anne Manees, a student in the graduate school of clinical psychology at George Fox University, and the former practicum student with Dr. Hannah Stere, Child Development Specialist at Archer Glen elementary. For my dissertation project, I am evaluating the bullying prevention curriculum taught in grades 3 and 4. Your child has been given the chance to participate in the research project being conducted here at this school.

Children being taught the Steps to Respect program may be asked to complete some testing before and after the program. The results will give the school information on attitudes toward bullying and the effectiveness of the current prevention program. All children participating in the study will fill out the Student Experience Survey: What School is Like for Me (Attitude Scales). This is a 21-item, 15-20 minute, instrument designed by the Committee for Children to assess perceptions and attitudes related to bullying for third through sixth graders. Questions measure attitudes related to perceived assertiveness, perceived adult responsiveness, bystander responsibility, and acceptance of bullying/aggression.

Teachers will be asked to rate each student in their classroom with respect to the manner in which they relate to others in their class. Teachers will place each student in one of three groups according to their behaviors. All other testing results will be identified by participant numbers. The researchers will be the only ones with access to the identities matched to these numbers.

Some students will be randomly selected to complete the TCT. In this test, children are shown three drawings of children in different situations and are asked to tell a story about them. The pictures include a potentially embarrassing situation on a school bus, a scene in which a child is having academic difficulties in front of a classroom of students, and a situation where a child is getting a spanking after picking on other children. All test results will be used strictly for research purposes and will be kept confidential.

At the end of the experience, students will participate in a session where they can talk about their feelings about the research experience. They will receive a small certificate to a local fast food restaurant in appreciation of their participation.

I am happy to answer any questions you or your child may have at any point in this process. Your child may withdraw from the study at any time. Participation in testing is not required to be a part of the Steps to Respect program. Results of the study will be available to you along with the implications of the results for this school. My email is anbusse@georgefox.edu.

Thank you for taking the time to consider this request.

I would like my child to participate in this opportunity Yes______ No______

By signing below you are endorsing that you have read and understand the above statements and agree to the conditions of the statement:

Parent/Guardian of student: _______________________________ Date: __________

Student: _______________________________ Date: __________
Appendix B

Teacher Rating Instructions
Hi Teachers,

Here is the teacher rating piece of the study. Please print out a list of your students and place a 1, 2, or 3 next to each student’s name according to their behaviors. A student doesn’t need to exhibit every behavior on the list to fit into a category. If they have exhibited any of these behaviors repeatedly, please include them in the list. For example, a student in category one could spread rumors about others without being physically aggressive, etc. When you are finished, please place the list in Hannah Stere’s mailbox. Thank you so much! If you have any questions, please email me: anmanees@georgefox.edu. Have a great day!

Anne Manees

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<tbody>
<tr>
<td><strong>1</strong></td>
<td>The student has exhibited behaviors such as hitting, pushing, damaging property of others, aggressive actions toward others, teasing others, or spreading rumors. These actions are performed with an intention to harm and an imbalance of power between the students involved.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>The student includes is often picked on, including being hit, pushed, teased, or talked about negatively by those who have more power than them.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>This student has not exhibited behaviors listed in the first two boxes. They have either witnessed the behaviors but haven’t actively participated or have not been involved at all.</td>
</tr>
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Appendix C

Curriculum Vita
Curriculum Vitae
Anne M. Manees
5843 Arrowleaf Lane, Carmel, IN 46033
(317) 587-1883
amanees@butler.edu

EDUCATION

2003-2008  Doctor of Psychology: George Fox University Graduate School of Clinical Psychology (APA Accredited), Newberg, OR. Anticipated completion July 11, 2008.

2003-2005  Master of Arts, Clinical Psychology: George Fox Graduate School of Clinical Psychology (APA Accredited), Newberg, OR.

1998-2002  Bachelor of Arts, Psychology: Hope College, Holland, MI.

HONORS AND AWARDS

2007  BehaviorCorp Carmel Outpatient Star Performer Award: Selected by co-workers at BehaviorCorp, Carmel, IN

2007  Faculty Commendation for Exemplary Performance: George Fox University Graduate Department of Clinical Psychology

2002  Graduated Cum Laude: Hope College, Holland, MI

1999-2002  Dean’s List: Hope College, Holland, MI

1999-2002  Member, Pi Delta Phi: Undergraduate Honor Society, Hope College, Holland MI

CLINICAL EXPERIENCE

July 2007- July 2008  Pre-doctoral Psychology Intern: Butler University Counseling and Consultation Services and Behaviorcorp, Indianapolis, IN. Supervisors: Keith Magnus, PhD, Jeff Davis, PhD, Barbara Wightman, PhD, Allen Ferreira, PhD

- Receive training from an APA-accredited consortium program providing experiences at a university counseling center and a community mental health center.
- Provide individual and group therapy to university students and CMH consumers ages 5 to 49.
- Complete intake evaluations, functional behavioral analysis, and psychological assessments in accordance with agency standards
- Develop and present psycho-educational outreach programs on various topics
- Supervise masters-level interns and lead an outreach team of trainees
- Participate in on-call crisis rotation and consultation with students, parents, and multi-disciplinary staff
Pre-Intern: Kaiser Permanente Medical Center, Salem, OR, Supervisors: Catherine deCampos, Psy.D. CFNP, Robert Schiff, Ph.D.
- Provided outpatient psychological services to a diverse population of children, adolescents and adults in a medical clinic setting
- Conducted intake assessments/ psycho-diagnostic interviews
- Provided psychotherapy to individuals, groups and families
- Consulted with primary care physicians and other medical staff about mental health related issues and shared cases
- Performed monthly comprehensive neuropsychological evaluations and provided feedback to patients
- Worked as part of a multidisciplinary team, attending weekly meetings to present cases and receive training on various topics

Practicum II: MacLaren Youth Correctional Facility, Woodburn, OR, Supervisor: Laura Zorich, Psy.D.
- Conducted suicide risk assessments and intake evaluations to assist in treatment planning and placement for youth recently admitted to the facility
- Co-lead family of origin issues group for male adolescent violent offenders and Dialectical Behavioral Therapy skills group for adolescent sexual offenders.
- Provided short-term individual therapy to diverse juvenile offenders
- Completed psychological evaluations using personality and cognitive/intellectual assessment
- Generated comprehensive psychological reports
- Presented client cases and recommendations to the multidisciplinary Safety Review Committee on a weekly basis
- Consulted with treatment managers, providing information on mental health issues and empirically validated interventions

Practicum I: Archer Glen Elementary School, Sherwood, OR, Supervisor: Hannah Stere, Psy.D.
- Provided individual therapy to children in grades K-5
- Conducted psychoeducational groups on social skills, coping skills, adjustment to family changes, and ADHD/impulsivity
- Completed behavioral observations and biopsychosocial assessments of students
- Presented preventative curriculum on bullying to third graders
- Assisted teachers in implementing behavioral interventions of disruptive students
- Attended multidisciplinary Student Assistance Team meetings to present information regarding client progress and recommendations
Jan. 2004-May 2004  Prepracticum: University Counseling Center, George Fox University, Newberg, OR, Supervisor: Clark Campbell, Ph.D.
- Provided individual psychotherapy to volunteer undergraduates
- Conducted intake interviews
- Formulated diagnostic impressions, treatment plans, and case formulations

RELEVANT TEACHING/ WORK EXPERIENCE
Aug. 2006-May 2007  Teaching Assistant: Clinical Foundations to Treatment, George Fox Graduate School of Clinical Psychology, Newberg, OR.
- Supervised the clinical work of first year graduate students.
- Assisted in the instruction of interpersonal communication and empathy skills using role-play techniques and audio and video feedback
- Helped students become familiar with practical issues of assessment, psychotherapy, case management, and record keeping in clinical settings.

Nov. 2002-Aug. 2003  Case Coordinator, Developmental Disabilities: Riverwood Community Mental Health, Niles, MI, Supervisor: Greg Barney
- Worked with individuals with developmental disabilities including mild to profound mental retardation and autism-spectrum disorders
- Assessed needs of consumers using a biopsychosocial model
- Developed person centered treatment plans
- Coordinated services in the community including mental health services, training and assistance in ADLs, vocational rehabilitation, disability benefits, and insurance authorization

RELEVANT FIELD EXPERIENCE/ VOLUNTEER WORK
Feb 2006- Mar 2007  Interviewer: George Fox University, Newberg, OR
- Chosen by faculty to interview applicants for the clinical psychology program

July 2004- May 2007  Peer Mentor: George Fox University, Newberg, OR
- Assist first year student in adjusting to graduate school by providing academic and professional guidance and support.

Feb 2002- May 2002  Drug Prevention Educator: Project Charlie, Holland, MI
- Educated a classroom of fifth graders about drug prevention.

Jan. 2002- May 2002  Counseling Department Undergraduate Intern: East Middle School, Holland, MI, Supervisor: Roberto Medellin, M.A.
- Observed and conducted student counseling sessions, assisted with student records, and attended IEP meetings.
Aug. 2000 - May 2002  **Volunteer Mentor:** Special Education Ministries, Holland, MI
- Provided one-on-one companionship to individuals with developmental disabilities.

Aug. 2001 - Dec. 2001  **Teaching Assistant:** Bavolek Nurturing Program, Holland, MI
- Taught self-protection skills to children in at-risk homes.

Oct 1999 - Jan. 2001  **Crisis Counselor:** Helpline, Holland, MI
- Assisted callers through crisis situations using empathy, problem solving techniques and making appropriate referrals.

Jan. 2000 - May 2000  **Teaching Assistant:** Holland Day Care Center, Holland, MI
- Implemented activities for children ages 3-5 in a classroom setting.

**MEMBERSHIPS AND PROFESSIONAL AFFILIATIONS**

<table>
<thead>
<tr>
<th>Period</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Oct. 2007 - Present</td>
<td><strong>Member,</strong> Society of Pediatric Psychology</td>
</tr>
<tr>
<td>Sep. 2006 - May 2007</td>
<td><strong>Admissions Committee Member,</strong> Graduate School of Clinical Psychology, George Fox University</td>
</tr>
<tr>
<td>Oct. 2005 - May 2007</td>
<td><strong>Events and Speakers Committee Member,</strong> Graduate School of Clinical Psychology, George Fox University</td>
</tr>
<tr>
<td>Oct. 2005 - Sep. 2006</td>
<td><strong>Curriculum Committee Member,</strong> Graduate School of Clinical Psychology, George Fox University</td>
</tr>
<tr>
<td>Sep. 2005 - May 2007</td>
<td><strong>Student Council Representative,</strong> Graduate School of Clinical Psychology, George Fox University</td>
</tr>
<tr>
<td>Jan. 2004 - Present</td>
<td><strong>Student Affiliate,</strong> American Psychological Association</td>
</tr>
</tbody>
</table>

**PUBLICATIONS, PRESENTATIONS & MANUSCRIPTS**


**Manees, A.M.** & Mours, J. (2006). *Various Response Types in Psychotherapy*. Guest lecture, Clinical Foundations to Treatment, George Fox Graduate School of Clinical Psychology, Newberg, OR.


RESEARCH EXPERIENCE

Sep. 2006- June 2007  **Research Assistant:** Pediatric Pain Management Center, Doernbecher Children’s Hospital, Oregon Health and Sciences University, Portland, OR.
Principal investigator: Tonya M. Palermo, Ph.D.
- Volunteer position assisting in the grant-funded development and evaluation of web-based Cognitive-Behavioral Therapy for Chronic Pain in Children and Adolescents
- Assisted with study coordination, including website-content development, subject recruitment, data collection, data management, and manuscript preparation. Attended laboratory meetings and didactic seminars.

Dec. 2004- May 2007  **Doctoral Dissertation:** George Fox University, Newberg, OR.
Committee Members: Nancy Thurston, Psy.D., Kathleen Gathercoal, Ph.D., Hannah Stere, Psy.D.
- *Student attitudes and shame dynamics before and after a bullying prevention program*
- An empirical investigation of the bullying prevention program *Steps to Respect*, using student surveys, teacher ratings, and student responses to the Thurston-Cradock Test of Shame, a projective test designed to assess shame dynamics.
- Final defense passed May 10, 2007.

Sep. 2004- May 2007  **Research Team Member:** George Fox University, Newberg, OR.
Chair: Nancy Thurston, Psy.D.
Met bi-monthly to discuss and evaluate progress, methodology, and design of group and individual research projects.
- Assisted team members in data collection and analysis.
- Area of team focus: study of internalized shame with research in body image, adolescent sexuality, fire-setting and bullying.

Jan. 2001- May 2001  **Research Assistant:** Smell and Taste Treatment and Research Foundation, Chicago, IL, Supervisor: Alan R. Hirsch, M.D. FACP
- Assisted in design and implementation of study examining the effects of odor on weight perception
- Recruited and interviewed subjects
- Entered and organized data
- Conducted literature review
- Assisted in manuscript/poster preparation
- Observed neurological examinations
- Attended grand rounds at Rush University Medical Center