Asian American Children's Response To A Social Coping Skills Program

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Asian American Children's Response To A Social Coping Skills Program

Abstract
The purpose of this study was to examine the effects of a treatment program called Later 'Gator, which was designed to encourage the use of social coping skills characteristic of Asian American Youth. Later 'Gator was implemented with a small group of Asian American children in an elementary school in southeast Portland, Oregon. The program was originally designed as a modification to the empirically tested New Beginnings 11 Program (NBP; Lustig, Wolchik, & Weiss, 1999; Weiss & Wolchik, 1998) by attempting to incorporate coping skills that would make it more applicable to Asian American children (Chang, 2005). Specifically, Later 'Gator was intended to augment the children's coping skills repertoire to include avoidance, distancing, and restraint coping techniques. This study examined the program's impact on a group of 3 elementary school boys who identified themselves as being Vietnamese-American. This study examined their reactions along the Kirkpatrick (1994) Model of Learning and monitored how they changed their coping skill usage, changed their sense of optimism and pessimism, and how they changed the quality of their social relationships. End results showed that overall, the children enjoyed the program, and one in particular showed changes in his coping skill usage. Changes in optimism and pessimism were not consistent across the group. All children seemed to improve the quality of their social relationships with parents and with peers through the program. Although the results were mixed that showed Later 'Gator to have potential as a viable treatment program and begin to address the relative dearth of literature regarding Asian American children.

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ASIAN AMERICAN CHILDREN'S RESPONSE TO A SOCIAL COPING SKILLS PROGRAM

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

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ABSTRACT

The purpose of this study was to examine the effects of a treatment program called Later ‘Gator, which was designed to encourage the use of social coping skills characteristic of Asian American Youth. Later ‘Gator was implemented with a small group of Asian American children in an elementary school in southeast Portland, Oregon. The program was originally designed as a modification to the empirically tested New Beginnings Program (NBP; Lustig, Wolchik, & Weiss, 1999; Weiss & Wolchik, 1998) by attempting to incorporate coping skills that would make it more applicable to Asian American children (Chang, 2005). Specifically, Later ‘Gator was intended to augment the children’s coping skills repertoire to include avoidance, distancing, and restraint coping techniques. This study examined the program’s impact on a group of 3 elementary school boys who identified themselves as being Vietnamese-American. This study examined their reactions along the Kirkpatrick (1994) Model of Learning and monitored how they changed their coping skill usage, changed their sense of optimism and pessimism, and how they changed the quality of their social relationships. End results showed that overall, the children enjoyed the program, and one in particular showed changes in his coping skill usage. Changes in optimism and pessimism were not consistent across the group. All children seemed to improve the quality of their social relationships with parents and with peers through the program. Although the results were mixed that showed Later ‘Gator to have potential as a viable treatment program and begin to address the relative dearth of literature regarding Asian American children.
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INTRODUCTION

Virtually no culture exists in which its members are immune to interpersonal stresses. How people deal with interpersonal stress; however, can vary greatly, as coping behaviors are often shaped by social dynamics. Factors such as social structure, family dynamics, and the role and organization of social hierarchies can all affect interpersonal coping styles. Children in Asian American society face a unique dilemma in that they not only experience the typical social stressors, but they are also exposed to unique stressors resulting from multiple cultural conflicts as well as stress related to developmental issues.

The precise coping skills that individuals use can vary according to various factors. Literature has identified factors such as age (e.g., Curry & Russ, 1985; Hess & Richards, 1999) and ethnicity (e.g., D’Anastasi & Frydenberg, 2005) that have been shown to have an effect on the coping methods an individual uses. For individuals of minority culture, aspects of both the mainstream culture and their own native culture have an effect on their cultural identity (e.g., Sue, Mak, & Sue, 1998). Thus, examining the impact of culture offers the dual impact of not only ethnic identity but also level of acculturation. However, relatively few studies have identified the characteristic coping patterns of Asian American children.

This paper first presents a review of literature concerning Asian American children’s characteristic coping strategies. Specifically, it reviews existing literature that identifies coping styles characteristic of Asian American children and examines how these coping styles compare and contrast from those of the dominant Caucasian culture in the United States. The review will also examine how coping strategies may vary within the Asian American subculture. The paper then examines the implementation of a
treatment program designed to increase the use of these characteristic coping strategies. The treatment program was intended to teach and augment Asian American children's coping skills based on acculturative and developmental influences. Specifically, the program attempted to encourage the use of coping skills identified as characteristic and adaptive of Asian American youth. The examination and evaluation of the program primarily focuses on the group members' individual reactions to the program.

Asian American Children's Coping Strategies

Before the evaluating the treatment program, it is important to gain an understanding of coping behaviors characteristic to Asian American youth. Asian American children's coping strategies have largely been addressed in empirical literature in one of two ways. Some studies compare and contrast the coping patterns of different cultural groups (e.g., Asian vs. Caucasian). These between-group studies typically attempt to identify coping patterns characteristic or unique to the Asian American community. Other within-group studies focus on the Asian American culture and instead compare coping patterns according to acculturation status.

In regards to the coping literature as a whole, there has been a relative dearth of studies concerning Asian American children's and young adolescent's coping behaviors. This scarcity of research is supplemented by literature concerning older adolescents and adults in the Asian American community in order to provide a more comprehensive picture of the coping patterns of Asian youth.
Group comparisons

Between-group comparisons

Most empirical research has revealed that Asian American children and adults utilize emotional distancing strategies for coping. For example, literature has commonly the use of distraction and avoidance as occurring prominently within Asian American communities. Much literature has examined coping behavior in terms of locus of control (primary vs. secondary) as well as method (overt vs. covert). Primary control typically involves the individual changing the environment to suit the individual, whereas secondary control involves changing the individual to adapt to the environment. Overt methods have included outwardly visible strategies such as running away or taking active problem-solving steps, whereas covert methods included techniques such as cognitive reframing or “doing nothing”.

Several studies such as Lam and Zane (2004), McCarty et al. (1999), and Vaughn and Roesch (2003) have looked at coping with the primary/secondary and covert/overt distinctions comparing different cultural groups. Lam and Zane compared the coping strategies between Asian and American college students and attempted to determine whether differences in coping tended to underlie perceived locus of control (i.e., primary versus secondary) via mode of self-construal, or perceived place within society (i.e., independent versus interdependent). Through a mediational analysis, the investigators found that Asian American students were oriented more towards secondary control, whereas the Caucasian students were oriented more towards primary control. Primary control strategies resembled changing the environment to fit the individual’s needs, whereas secondary control strategies involved changing the individual’s feelings and
thoughts to fit the environment. The investigators also theorized that the difference in locus of control may be due to barriers in the social environment, such as perceived views of privilege and power.

McCarty and her colleagues (1999) sought to differentiate not only the locus of control, but also the use of overt and covert coping strategies. In their study, they compared the stressors and coping strategies of Thai children versus Caucasian (native to the United States) children. They found that overall, the Thai children tended to use more covert and indirect methods of coping, whereas the Caucasian children tended to use more overt and direct coping methods. The nature of where these children placed the locus of control varied depending on the stressor. In the case of more socially based stressors (e.g., conflicts with peers or with family members), Thai children were more likely to use covert methods towards secondary control goals. This combination of covert methods and secondary control goals tends to resemble passive and avoidant coping.

Vaughan and Roesch (2003) compared and contrasted the coping strategies of Asian American adolescents not only to their Caucasian counterparts, but also to Mexican American and African American cultures, thus providing a broader comparison. These researchers sought to differentiate coping strategies according to approach and component of health. They used the COPE (Carver, Scheier, & Weintraub, 1989) to differentiate between problem-focused, emotion-focused coping, and avoidance strategies. Symptom checklists and questionnaires were used to assess mental and emotional health, physical health, and quality of life. Within their ethnic-specific regressions, they found that in comparison to the other ethnic groups, Asian American
adolescents used a large degree of passive and avoidant coping, and that this tended to lead towards positive physical and psychological health.

Moving to other age groups, the difference in coping styles between cultures has been seen among children, adolescents, and adults. An exploratory study by Chang (2001) sought to compare coping strategies between Asian American and Caucasian college students. In this study, the Coping Strategies Inventory (CSI; Tobin, Holroyd, Reynolds, & Wigal, 1989) was used to measure coping between these two groups. This study revealed that the primary difference in coping skill use was in the areas of problem avoidance and social withdrawal. In general, Asian American students were found to use both of these coping strategies significantly more than their Caucasian counterparts. Chang stressed that although these strategies are often thought of as being maladaptive, the context of the stressor and population must be considered, and therefore, the frame of being an adaptive or maladaptive coping stressor must be reconsidered. "What 'works' for Asians relative to Caucasian Americans simply might be different, not necessarily more ineffective." (Chang, 2001, p. 226)

Each of these studies suggested that Asian American youth tend to display coping behaviors that focus on secondary control and are more likely to use covert methods. As indicated in these studies, this constellation of coping strategies tends to resemble avoidance and/or emotional distancing strategies. Older literature (e.g., Tomkins, 1984) tended to regard these strategies as problematic and maladaptive, often leading to increased problems. More recent literature, however, has shown otherwise (e.g., Hobfall, Dunahoo, BenPorath, & Monnier, 1994; Skinner, Altwood, & Skinner, 2003). This portion of literature will be addressed in more detail later in this review.
Although the between-group studies tended to differentiate the coping patterns of Asian Americans from other cultural groups, within-group studies looked at how coping patterns varied within the Asian American community. Specifically, within-group studies examined whether these coping methods were affected by acculturation status.

**Within-group acculturation studies**

Given the notion that Westerners are more likely to use coping styles more akin to direct problem-solving, and Asian Americans typically use more emotionally-distancing coping styles, many researchers suspected that acculturation would also affect coping styles. Researchers often predicted that as individuals became more acculturated to mainstream Western society they would decrease their use of avoidance and emotional distancing strategies and increase their use of direct problem-solving. As models of acculturation have evolved and coping research has progressed, these hypotheses have not always proven to be true.

Karen Huang, in her dissertation (Huang, 1986) and a follow-up study (Huang Leong, & Wagner, 1994) attempted to identify coping behaviors in Chinese American children as related to both acculturation status and stressor type. In her 1986 study, Huang found that in response to parental demands, children who were more acculturated to Western values tended to use emotional distancing coping and in some cases, emotional suppression. Children who were less acculturated to Western values tended to acquiesce to parental demands. Both of these coping styles were hypothesized to occur because of the strict hierarchical structure Chinese families tend to emphasize.

In a 1994 study, Huang and her colleagues investigated coping in response to peer stressors. The researchers found that regardless of acculturation status, the most
commonly used coping strategy among Chinese American children was diversion (i.e., diverting attention away from the problem) followed by suppression (i.e., not showing disappointment or distress), problem solving (i.e., make active attempts to reduce the stressor), minimization (i.e., positively reframe the role of the stressor), and finally, retaliation (i.e., try to hurt the person inflicting the stressor).

In both of these studies, the researchers found that regardless of acculturation status, Chinese children tended to use diversion tactics to cope with stress when faced with social stressors. In some cases, particularly among Chinese American females, emotional suppression was a popular response (Huang, 1986). These studies have helped identify specific characteristic categories of coping strategies of Asian American youth.

Coping Styles of Interest

Although both between-group studies and within-group studies identified emotional distancing and avoidance strategies as being characteristic of Asian American children, the coping literature tends to make subtle differentiations between the specific coping strategies. In order to differentiate and specify coping styles for this study, three types of coping will be considered: distraction coping, avoidance coping, and restraint coping. These three coping styles tend to be slightly related, yet have subtle differences.

Avoidance coping

Ayers, Sandler, West, and Roosa (1996) stated that avoidance can be through physical or cognitive action. It tends to be a method of emotional regulation in that it allows the child or adolescent to avoid or stop thinking about the stressor. In contrast to the other coping patterns listed here, avoidance implies that the individual never directly or indirectly addresses the stressor, whereas both distraction and restraint coping
implicate at least recognition of a stressor and a delayed response towards addressing the stressor. In contrast, avoidance may even include denial of the stressor.

**Distraction coping**

According to Ayers et al. (1996), distraction coping involves both a physical release of emotions and distracting actions. With this coping strategy, a child or adolescent primarily uses another activity or stimulus to distract themselves from the stressor. Thus, the child or adolescent does not immediately address or think about the problem situation. Distraction coping primarily serves to help the individual self-regulate emotions so that he/she can later act on the stressor. As the name implies, the individual distracts himself/herself from the stressor, thus when he/she finally acts on the stressor, he/she may or may not have a plan for action.

**Restraint coping**

The Carver et al. (1989) definition of restraint coping implies a component of awareness and action. These researchers defined this coping strategy as waiting for an appropriate moment to address a stressor, holding oneself back, and avoiding premature action. Thus, this definition implies having cognitive awareness of appropriate time and opportunity along with possibly having a plan of action. Whereas distraction coping merely suggested self-regulation, restraint coping also suggests a cognitive component of having a plan for action.

These three forms of coping all encompass some form of delay or avoidance. Older literature (e.g., Tomkins, 1984), however, tends to regard these coping strategies as being maladaptive. More recent literature, however, tends to dispute these claims. This bed of literature points towards evidence that avoidance, distraction, and restraint coping
may serve to reduce stress as well as honor many of the social customs of Asian Americans.

Avoidance as Adaptive Coping

In a recent review of coping, Skinner, Altwood, and Sherwood (2003) contend that older literature tends to make a distinction between approach and avoidance coping. In the past, approach coping has been labeled as a more adaptive strategy, while avoidance has typically been viewed as a maladaptive strategy. Skinner and his colleagues, however, argued that both types of coping have their adaptive and effective roles in coping with stress. They stated that:

Both modes of coping can be considered adaptive in that they each support effective action and the integration of traumatic experience...discussions point out that approach and avoidance are complementary coping processes and that, over the course of dealing with taxing situations, people can and usually do cycle repeatedly between them. (Skinner et al., 2003, p. 228)

Thus, both approach and avoidant coping may be important coping methods that work in tandem to provide children with a flexible and useful repertoire of coping responses. Thus, Asian American children's use of avoidance may indeed be viewed as adaptive coping.

While investigating gender differences in coping, Hobfall, Dunahoo, BenPorath, and Monnier (1994) proposed that avoidance coping may have culturally-related functions. They suggested that avoidance could serve as an alternative form of problem-solving, offering a non-confrontational coping method that allows for respect for hierarchical and social standards typical of Asian American communities.
In addition to reconceptualizing avoidance in positive terms, a few different roles of avoidance coping have been proposed in literature. Functions of avoidant coping can range from problem resolution, stress reduction, to problem avoidance. According to the following studies, avoidance offers methods of moderating and mediating stress levels experienced by individuals. In other words, the use of avoidance and distancing coping strategies can have an effect on the amount of stress an individual experiences given a certain stressor. In other cases, the use of these strategies helps explain the statistical relationship between two events, such as optimism and adjustment. These models will be explained in more detail with the next few studies.

**Stress Moderation**

Bar-Tal and Spitzer (1994) evaluated the use and effectiveness of various coping strategies. Based on a review by Lazarus and Folkman (1984) and the Coping Strategies Inventory (CSI), the investigators identified four types of coping strategies: problem-focused coping, avoidance coping, positive appraisal, and emotional discharge. The investigators hypothesized that each of these coping behaviors would moderate the relationship between specific stressors and the level of stress experienced. With a sample of spouses of hospitalized adult patients, they found that all coping styles seemed to have a positive effect for the individual in moderating stress. Thus, avoidance coping was shown to be effective in moderating stress levels in this context, helping to reduce the amount of stress the spouses would have normally experienced, had they not utilized this coping strategy. The authors stated that these findings supported the notion that there is "no...right or wrong coping pattern (p. 97)" for healthy adjustment. This indicates that
avoidant coping may exert a positive effect, helping to ameliorate the negative effects of stress.

At the same time, Rasmussen, Wrosch, Scheier, and Carver (2006), suggest that confidence, in the form of optimism can greatly affect how adults perceive a stressful situation, thus affecting how they may react to particular stressors, particularly when the stressors may relate to their own medical health. The subjective perception of the stressor contributes to mental planning, thus confidence and optimism play a direct role in the choices of coping behavior (Taylor, Pham, Rivkin, & Armor, 1998). With the combination of the above studies, there is likely a bidirectional relationship between coping and optimism, thus affecting psychological adjustment.

**Stress Mediation**

Zhu (2003) hypothesized that different coping behaviors would instead mediate the relationship between optimism/pessimism and psychological well-being for Caucasian college students in the US and for Chinese college students in China. In his study, Zhu found two notable differences between the two ethnic groups. First, Zhu (2003) found that Chinese students utilized a range of coping strategies, including both problem-focused and emotion-focused strategies, more frequently than did Americans, suggesting that Chinese tend to use a greater variety of coping techniques. Second, Zhu found that emotion-focused coping strategies such as avoidance did not show a mediating role in American students’ well-being. In contrast, the Chinese sample showed these same emotion-focused strategies to have a mediating role, helping to explain how optimism may affect adjustment. Optimism may be linked to increased avoidant coping and better adjustment. This suggests that Chinese students tend to use emotion-focused
strategies such as avoidance differently than do their American counterparts; the Chinese students used these strategies relatively effectively as emotional regulation strategies. Thus, avoidant coping may have distinctive adaptive functions for Asian individuals. Within this model, the use of emotion-focused coping seemed to help link optimism/pessimism with psychological adjustment. Thus, an intervention addressing and augmenting these coping strategies would likely help improve optimism on a wider scale. This matched findings by Frydenburg et al. (2004) that coping strategies, particularly ones supported by programmatic and system-wide intervention programs can help increase an adolescent's sense of optimism and sense of success.

We have seen within this section that Asian American children tend to utilize avoidance coping and emotional suppression more than do Caucasian children (Chiang, 2001; McCarty, et al., 1999; Zhu 2003); these coping styles tend to be used regardless of acculturation status (Huang, 1986; Huang, et al., 1994). Avoidance and suppression can help to moderate stress levels by decreasing the effect of the stressor on the amount of stress reported (Bar-Tal & Spitzer, 1994). These types of coping (e.g., emotional avoidance) may also mediate the relationship between optimism/pessimism and adjustment such that increased optimism leads to better coping and subsequent adjustment (Zhu, 2003). Zhu's (2003) findings supported the notion that these coping strategies can have adaptive functions in this population. This tended to dispute older literature that considered avoidance and emotional distancing strategies largely as maladaptive coping strategies. Some researchers (e.g., Hobfall et al., 1994) offered the perspective that avoidance and emotional distancing serve as an alternative form of problem-solving that respects social standards and hierarchies common to Asian
American communities. Thus, the use of avoidance and distancing strategies can not only help address stressors, but also do so in a way that may improve the quality of social relationships.

Social relationships take a fairly unique role within Asian and Asian American communities. As various researchers (e.g., Sue et al., 1994; Zhu, 2003) have pointed out, Asian cultures tend to value collectivism above individualism. The needs of the society are often considered to outweigh the needs of the individual. As a microcosm of this ideal, filial piety (i.e. loyalty and obligation to family) is a highly prized attribute in most Asian cultures (e.g., Ho, 1992; Huang, Ying, & Arganza, 1998). In addition to collectivistic customs, most Asian cultures dictate that respect is given to elders. The Hobfall et al. (1994) perspective of coping allows for a method for children to address stress in a combination of two ways. First, the child finds ways to address the stressor within the self without disrupting others. Second, the child minimizes the need to directly confront people of older generations, thus showing their respect for elders. In summary, utilizing avoidance and emotional distancing strategies in response to stress may have a positive effect on interpersonal and familial relationships for Asian youth. Unfortunately, there is no research that has tested these relationships in Asian youth.

The findings from the research regarding coping in Asian American children has revealed significant differences in the adaptive coping strategies across populations. A survey of the literature, however, uncovered no treatment programs that incorporate these coping strategies. Thus, there was a need to develop culturally sensitive and relevant coping interventions for Asian American youth. Chang (2005) developed a single-session
entitled “Later ‘Gator” to teach Asian American children to better manage their stress levels through adaptive avoidance and distraction techniques.

Development of Later ‘Gator

Later ‘Gator was originally designed as a modification to the New Beginnings Program (NBP) for youth (Lustig, Wolchik, & Weiss, 1999; Weiss & Wolchik, 1998). NBP is a theory-driven, empirically-derived treatment model aimed at treating children and custodial parents (typically the mothers) through and following the divorce transition. It is composed of two subprograms, a mother subprogram and child subprogram, both of which use a combination of group therapy and individual therapy modalities. The goals of the mother subprogram are for the mother to be able to set and maintain appropriate structure and limits for the child while encouraging a negotiative and empathetic communication style between mother and child. The mother subprogram also encourages mothers to shield the children from conflict between parents. The child subprogram aims at developing constructive problem-solving techniques for coping with stress, self-monitoring for stress, and communicating effectively with the parent.

NBP has been empirically found to be efficacious (Wolchik et al., 1993) and effective at 6-month (Wolchik et al., 2000) and 6-year (Wolchik et al., 2002) follow-ups; in each study, the clients saw reduced symptomatology and improved adjustment. One of the chief criticisms, however, is that each of these studies used populations that were overwhelmingly Caucasian. Thus, Later ‘Gator was developed as a way of adapting NBP for Asian American families.

Later ‘Gator was an attempt at augmenting the child subprogram of NBP by addressing coping skills identified as characteristic to Asian American youth (Chang,
2005). It incorporated the notion that emotional distancing coping strategies have adaptive functions among Asian American children. Most relevant to this study, it encouraged the children to use emotional distancing strategies as an alternative form of problem-solving in a way that is non-confrontational and respectful of hierarchical and social standards typical of Asian American communities (Hobfall, et al., 1994).

Description and Design of Later ‘Gator

The Later ‘Gator sessions make use of techniques that children learn in other parts of NBP and combine these techniques into a new more complex skill (i.e., coping strategy). Throughout the NBP child subprogram, participants were taught to monitor their own stress level via a Feelings Thermometer. In a later session, the client is asked to come up with a list of activities to reduce his/her Feelings Thermometer rating from red (unbearable stress) to green (very little to no stress). The child is also instructed to use the Stop and Calm Down strategy, taught earlier in the program, to remove him/herself from the stressful situation and begin self-monitoring stress and anxiety levels. The client is then instructed to use the Thought-busting technique to cognitively reframe the stressor, helping the child determine whether the stressor really requires immediate action. The client would ask himself/herself, “does this problem really affect me?” This self-questioning approach served to re-emphasize that many children feel that problems are their own responsibility, but some problems actually have nothing to do with them and are simply not their “jobs” to fix. Given the context of the stressor, the Later ‘Gator session also instructed children to reframe their approach to the problem and to adopt a less emotionally laden stance.
In the group therapy format, Lator 'Gator sessions were designed to help children come up with a list of activities they could realistically engage in to reduce the intensity of their Feelings Thermometer. The group leader was instructed to use sample vignettes to demonstrate situations in which Later 'Gator may be used. Through group discussions, the group leader helped the participants learn how avoidance and emotional distancing behaviors such as Later 'Gator can help diffuse stress levels and can be a respectful way to observe Asian American social expectations and hierarchies. The group leader would also model how to effectively use Later 'Gator. For homework, the children would come up with their own list of activities to delay immediate action. They also would keep a log of when and where they have used the Later 'Gator technique and how effective they felt the usage was. In subsequent sessions, the group leader would help the children refine their technique towards more effective usage. (A more detailed account of the Later 'Gator components and how they were designed to be delivered are included in Appendix A.)

The first session primarily utilized icebreaker games to help the participants get to know one another and to learn the rules, structure, and purpose of the group. The second session introduced the Feelings Thermometer and Stop and Calm Down strategies to help them monitor and regulate their emotions. The third session saw the introduction of Thought-busting to introduce cognitive strategies of reframing their stressors. During the fourth session, the children were encouraged to combine the strategies they learned in previous sessions into the Later 'Gator coping method. Through discussions of their use of Later 'Gator, the group leader helped the children individualize and customize their
use of the strategy during the fifth session. Finally, the sixth session focused primarily on the termination of the group.

Hypotheses

Given that Later 'Gator has been recently developed, it has yet to be implemented and evaluated. This study attempted to begin to remedy this by doing a small-scale implementation of the Lator 'Gator program including an assessment of children's reactions to the program and an evaluation of any potential beneficial effects. Given the presented literature, three hypotheses were proposed.

Research Design and Hypotheses: Multiple baseline model

The hypotheses generally addressed expected changes that would occur throughout the treatment program. The study was designed to evaluate the Lator 'Gator program using a multiple baseline model in which participants provide their own baseline from which to evaluate change. This meant that although data would be taken from the individual group members, certain group and individual trends were expected. Coping skills, optimism, and social relationship qualities were expected to remain stable from pre-test to the second group session (first and second measurement time points). They were not expected to change significantly by the second session because the first session primarily focused on group formation and did not introduce any new coping skills. However, by the fourth and sixth group sessions, some changes were expected, particularly in the participants' use of certain coping skills, sense of optimism and pessimism, and quality of social relationships. The nature and the timing of these changes are detailed in their respective hypotheses.
Hypothesis 1: Change in coping

Change in avoidance, distraction, and restraint coping was expected to occur at the fourth or fifth measurement time points (i.e. at the beginning of the sixth group session and at post treatment). It was hypothesized that there would be an increase in the group members use of avoidance, distraction, and restraint coping behaviors, as measured by a coping skills checklist (detailed descriptions of each measure used follow later), by the last session and after the treatment is completed. Change was hypothesized to occur at these time points because by the 6th session, Later ‘Gator has been introduced, and a session has been devoted to customizing Later ‘Gator towards the group members’ individual circumstances.

Hypothesis 2: Change in optimism

Change in optimism was expected to occur by the third measurement time point (i.e. beginning of session 4). Since general coping skills have been correlated with optimism (Zhu, 2003), measures were expected to reflect an increase in optimism and a corresponding decrease in pessimism prior to change in avoidance and distraction coping. Participants were expected to show increases in optimism and decreases in pessimism by the fourth session, as by this time, major coping interventions, with the exception of avoidance and distraction, had been introduced. At subsequent time points, optimism and pessimism would either maintain the same levels or increase (i.e., optimism will continue to rise and pessimism will continue to decrease). In addition, non-specific aspects of the intervention such as group and therapist support were expected to increase optimism prior to change in a specific set of coping skills (i.e. avoidance and distraction coping).
Hypothesis 3: Change in social relationships

Similar to optimism, the same pattern of effects was expected for social relationship quality. Social relationship skills with parents and peers were expected to increase in response to the Later 'Gator program. Specifically, it was expected that the social relationship quality measure would show increases in the quality of social relations by the beginning of the fourth session and would continue to maintain or increase at subsequent measurement points.

METHOD

This study was organized in two phases. The first phase was aimed at determining the context in which Later 'Gator would occur. This would answer a broad question of whether or not there was a need for Later 'Gator and if it had necessary structural supports. The second phase evaluated the program in terms of children's reactions to session content, participant knowledge and use of skills demonstrated in the program, and subsequent changes in key constructs such as optimism and coping. This addressed a general question of how children would respond to Later 'Gator.

Phase 1: Contextual evaluation

Before examining the effects of Later 'Gator, it was important to understand the context in which it was presented. The children included in this study were treated within the structure of the Asian Family Center (AFC), located in Portland, Oregon. In order to understand the structure and treatment model of the AFC, the investigator conducted informal interviews with employees, collected agency literature (e.g., brochures), as well as administered a needs assessment to the agency. This needs assessment took the form of a survey handed out to the agency employees. These surveys were placed in each
employee's mailbox; the employees were encouraged to complete and return the surveys to the main receptionist within two weeks. The survey was structured to elicit both quantitative and qualitative responses regarding AFC's child and family services. Quantitative items included listing services and rating their perceived effectiveness on a Likert scale, while qualitative items included open questions asking for respondents' opinions of the structure, mission, and effectiveness of services. A full copy of the survey is included in Appendix B.

**AFC Child & Family Services**

At the time of the study, the AFC employed 32 people (not including volunteers). The employees consisted mostly of people with bachelor's level education. A few staff (approximately 6 people) had Master's in Social Work degrees, and there was one doctoral level psychologist on staff as a part-time employee. Of the 32 surveys distributed, 5 were returned and completed (1 was partially completed). Thus, the needs assessment survey elicited a 19% participation rate.

At the time of the survey, the AFC delivered a variety of community services to Asian American children and families in the Portland area. According to survey responses, these families and children typically came to the AFC after being referred by their schools or by local social service agencies, such as the Department of Human Services (DHS). A few clients learned of AFC services through word of mouth. The child services were divided into 2 primary branches: children with academic difficulties and children identified as being at-risk for delinquent behavior (e.g., gang and/or criminal behavior). The AFC provided various services for these two sets of children, and service delivery often overlapped for the two client groups. Some of the services included after-
school tutoring, mentorship programs, health education, English as a Second Language (ESL) classes, and parenting classes. From the needs assessment, employees identified services that have been strengths of the AFC as well as services that needed more development.

**AFC Service Strengths**

On the needs assessment survey, respondents were asked to list three AFC service areas that they perceived as being effective and then to rank these services' effectiveness on a 10-point Likert scale (1 = not at all effective, 10 = extremely effective). The areas that respondents most commonly listed (i.e., this area was listed by at least 2 respondents) as being effective were anti-poverty services ($M = 8.67, SD = 0.58$), general youth programs ($M = 8, SD = 1$), and a Parent Child Development Series (PCDS; $M = 7.5, SD = 0.71$). Anti-poverty services included general community education and advocacy towards empowering families through teaching them to make use of various services in the community. PCDS is a family-parent training service delivered to families who have children ages 0 – 5. This service includes a skills trainer coming to the family's home and delivering parent education in the family's native language. General youth programs included tutoring services and after-school activities, such as community-building and recreational activities.

**AFC Service Weaknesses**

On the survey, respondents were also asked to list three AFC services that they perceived to be fairly ineffective. They were asked to rank these services on the same 10-point Likert scale used earlier. The areas most commonly listed (i.e., listed by 2 or more respondents) were parent-skills classes ($M = 4.50, SD = 2.12$), youth-gang outreach ($M =
5.00, SD = 4.24), and health education (M = 6.50, SD = 2.12). Presumably, the mention of parent-skills classes alluded to a more general application than just PCDS. The health education component targeted various areas of concern, including personal hygiene, substance abuse, and HIV/AIDS and other sexually transmitted diseases. Youth-gang outreach included programs intended to educate young gang members and encourage them to break away from the gang lifestyle through education and community support.

**AFC Psychological Service Needs**

The needs assessment survey included items about services and activities employees would like to see added to AFC’s curriculum. Respondents indicated a want for cultural education activities, including activities revolving around Asian American art and spiritual practices.

More pertinent to this study, respondents also indicated a need for more psychological services for children. At the time of the study, the AFC offered groups and classes directed towards skill-building, but it did not directly offer many psychotherapy services. This was very much reflected in the survey responses. Most of the respondents said that they would like to see the children be able to receive direct psychotherapy services as well as an increase in the availability of therapy groups to address developing social and coping skill building. The addition of the Later ‘Gator program to the services provided by AFC was an attempt to address this need within the AFC structure.

**Phase 2: Experimental Design**

The second phase of the study, following the needs assessment, was designed to implement the Later ‘Gator program and assess how successfully the program taught the intended skills and to gauge how well the participants connected with the material.
Sample and Research Design

This study drew its child sample from the AFC client population. Through the referral process, and structure of operations, this study's sample came from an elementary school in southeast Portland, OR, and operated within the structure of the school's after-school programs. The director of the after-school program selected the participants. Participants were selected through referrals from school teachers and identified as students who were experiencing academic and/or social difficulties due to continued conflict with other peers. The director initially selected 6 students for the program, however, through contacts with students and the parents, only 4 chose to participate in the treatment program. Consent forms were sent to each of the children's parents. Although the sample originally intended to draw children of various different Asian cultures, the final sample consisted of 4 boys ranging in age from 8 to 9 and in the 3rd and 4th grades who identified themselves as being of Vietnamese descent. During the course of the treatment program, one of the boys decided to drop out of the treatment program following the second week, bringing the final sample size to 3. Additionally, one of the students was absent for one of the sessions (week 6), and was unable to provide data for this session.

Implementation of Later 'Gator, Procedure, and Measurement

As indicated in its description, Later 'Gator was implemented as a therapeutic group in which children learned skills towards addressing social difficulties as well as learned coping skills. Participants were encouraged to reflect on their own social experiences and share with the group. The group leader took the role of facilitating discussion and introducing the desired social coping skills.
**Session Description**

Later 'Gator occurred over the course of 6 group therapy sessions and primarily followed the structure set forth by NBP with a few modifications. Each of the coping and monitoring strategies were introduced via games and discussions through various vignettes, as detailed in the NBP manual. As suggested in the NBP manual, the children were awarded stickers for their participation in the group; these stickers could later be redeemed for prizes. The children also documented their use of the various coping strategies through homework assignments to be completed between each group session.

The sessions for the Later 'Gator treatment program were held at the same elementary school in southeast Portland, Oregon, that the participants attended. The program was held as one of the children’s after-school programs. It ran once a week for 6 weeks, and each session lasted 1 hour. Before the first session, the participants were asked to complete a packet of measures. At the beginning of the sessions on weeks 2, 4, and 6, the participants completed a similar set of measures. The participants also completed the same set of measures at a 1-month follow-up time point. Consistent with the original implementation of NBP, the participants were rewarded during the course of the program with stickers for their participation. The stickers could later be redeemed for prizes. The treatment program and data collection occurred between April 12, 2006, and June 14, 2006.

The research followed a single-subject/small group multiple baseline design. This involved participants filling out several measures at various time points within and after the course of the treatment curriculum. Description of the measures is followed by details of the research design and evaluation model, hypotheses, and analytic plan.
Variables and Measures

Acculturation

In anticipation of potential variability due to acculturation status, a modified version of the Vancouver Index of Acculturation (VIA; Ryder, Alden, & Palhus, 2000) was administered to participants. This modified version of the VIA consisted of 16 items; 8 of the items asked the participants how much they endorsed customs of their native culture, and 8 items asked how much they endorsed customs of the mainstream dominant culture. The items were modified from the original VIA to account for the children’s developmental language level. (A copy of this modified version of the VIA is included in Appendix C.)

Coping

Since one of the primary goals of Later ‘Gator is to augment coping skills, a coping checklist was used. The Children’s Coping Skills Checklist, 2nd Revision (CCSC-R2; Ayers, Sandler, West, & Roosa, 1996; Program for Prevention Research, 2000) is a self-report coping checklist. It has a four-factor structure allowing flexibility for use with multi-ethnic child populations (Ayers et al., 1996). Within this model, coping is categorized into four types: (a) active, (b) avoidant, (c) distraction, and (d) support-seeking. Transformed scale scores yield a number ranging from 0 to 4, where higher numbers indicate higher frequency of usage of the coping skill associated with the scale. Portions of another coping skills checklist, the COPE (Carver et al., 1989), were used as well, specifically the items relating to the restraint coping skills subscale. These items were selected in order to theoretically provide distinction between internal and external
restraint and complete problem avoidance. A copy of the coping skills checklist used in this study is included in Appendix D.

Psychological measures are usually evaluated for their reliability and validity. The reliability of a measure denotes the stability and consistency of the items within the measure. This is often assessed through comparing test items to each other and/or having a sample of individuals re-take the test after a designated period of time. In contrast, validity concerns the degree to which the testing instrument measures what it purports to measure. This is evaluated in a variety of ways, including comparing and contrasting the instrument to other established instruments and conducting a factor analysis to identify different facets of the broader concept that the measurement instrument is actually measuring.

The Program for Prevention Research (2000) found that the CCSC-R2 had internal reliability ratings within each of the coping domains (i.e., active coping, distraction strategies, avoidance strategies, and support-seeking strategies) with Cronbach alpha ratings ranging from .72 to .88, indicating that each of the items within the coping domains were moderately consistent with each other. Ayers et al. (1996) ran correlations between the coping checklist with an earlier version of the checklist, the How I Coped Under Pressure Scale (HICUPS) to establish convergent validity, and r values for the subscales ranged from .42 to .62 (p < .001), suggesting that the subscales had fair to moderate validity towards measuring the different domains of coping and confirming their 4-factor model of coping within the CCSC.
Optimism

With the second hypothesis addressing the levels of optimism and pessimism a child-appropriate measure of optimism and pessimism was used. The Youth Life Orientation Test (YLOT; Ey et al., 2005) is a self-report measure of child optimism and pessimism. It is a 19-item measure and was adapted from the Life Orientation Test-Revised (LOT-R; Scheier, Carver, & Bridges 1994) for use with children. The YLOT measures children’s attitudes of both optimism and pessimism. A copy of the YLOT is included in Appendix E.

The YLOT's reliability was assessed through measuring intraclass correlations (within its sample group) and Pearson correlations through test-retest reliabilities. Intraclass correlations yielded Cronbach's alpha equal to .65 for both optimism and pessimism and an alpha of .75 for total optimism. At 1-month and 7-month test-retest conditions, optimism correlated between the two measurement points $r = .68$ and .46 ($p < .0001$), respectively. Pessimism correlated between the two measurement points $r = .70$ and $r = .45$ ($p < .0001$), respectively. These measurements suggested that the YLOT provides a relatively reliable measurement of optimism and pessimism, and that it tends to provide a more state-dependent measure of optimism and pessimism rather than a trait-dependent measure of the two (Ey et al., 2005).

The YLOT’s validity was assessed through measures of convergent validity and divergent validity. Convergent validity was assessed through comparing the YLOT to purportedly similar measures such as the Children’s Hope Scale and the Harter Self-Perception Profile for Children. As expected, the Spearman’s Rho correlations between YLOT Optimism scale correlated positively and moderately with both of these measures.
and ranged from .35 to .54. The YLOT Pessimism scale had moderate negative correlations with these measures ranging from -.47 to -.48. This suggested that the YLOT scales were related in expected ways to other measures of optimism and pessimism (Ey et al., 2005).

**Social skills**

The Assessment of Interpersonal Relations (AIR; Bracken, 1993) is a self-report questionnaire that assesses social skills and was used to address the third hypothesis’ predictions about the children’s social relationships. It consists of 5 subscales, and each subscale pertains to a figure in the individual’s life (i.e., mother, father, male peer, female peer, and teacher); each subscale consists of 18 items. This measure was designed to assess the quality of relationships children have with various people in their lives, including parents, teachers, and peers of either gender. Standard scores on the AIR can range from 65 to 135, and individual items are rated on a 4-point Likert scale.

Bracken (1993) reported reliability by reporting internal consistency and test–retest reliability. Internal consistency analyses among the person subscales (i.e., differentiating relationship levels between mother, father, male peers, female peers, and teachers) yielded Cronbach’s alphas ranging from .93 to .96, indicating that the items showed excellent consistency with each other. To measure test-retest stability, a 2-week gap between testing time points was used. The stability coefficients for the different person scales ranged from .94 to .98, indicating high stability over the 2-week period.

The AIR’s content validity was assessed by measuring the extent to which over 60 personality scales assessed adjustment in one or more of the AIR domains (i.e., academic functioning, family adjustment, social adjustment, etc.). These personality
scales are addressed in the AIR's literature review and are listed in the instrument’s manual (Bracken, 1993). Discriminant and convergent validity were measured through contrasting the AIR to the Multidimensional Self Concept Scale (MSCS; Bracken, 1992). The MSCS measures self-concept across different domains: social, competence, affect, academic, family, and physical. Correlations between subscales of these two instruments ranged from .07 to .67. As expected, the MSCS Social self-concept subscale correlated with the AIR male and female peer subscales (.36 and .78, respectively). The MSCS Family self-concept correlated with the AIR mother and father subscales (.67 and .57, respectively). Finally, the MSCS academic self-concept subscale showed a weak, yet significant correlation with the AIR teacher subscale (.32). The remaining correlations were relatively weak (less than .32), indicating a degree of discriminant validity. (Bracken, 1993)

Measurements for coping, social skills, and optimism were administered pre-treatment, at the beginning of every other session (sessions 2, 4, and 6), and 2 weeks post-treatment. Thus, there were a total of 5 measurement time points. The number and timing of measurements was meant to reduce the risk of potentially contaminating the subjects with concrete expectations of the treatment program, yet still provide meaningful data.

Other measures

In order to assess how well each child adhered to the treatment protocol, they were given homework assignments. Each of the homework assignments are included in Appendix F. Children had a minimum of 4 homework assignments (corresponding to sessions 2, 3, 4, 5). These assignments primarily consisted of the children demonstrating
an understanding of the Later 'Gator components and journaling the child's use of each coping skill taught through the lessons and how effective they perceived the coping skills to be. During sessions, the group leader discussed the children's use of the interventions and helped them tailor each strategy to their unique circumstances. Table 1 summarizes all of the measures used, including their reporter, measured construct, and corresponding Learning Evaluation Model (Kirkpatrick, 1994) component.
Table 1
List of Measures, Reporters, Construct, LEM\textsuperscript{a} Model Components, and Time of assessment

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reporter/Level of Analysis</th>
<th>Construct</th>
<th>LEM Model Component</th>
<th>Frequency of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homework</td>
<td>Self-report/Individual Level</td>
<td>Knowledge and use of skills</td>
<td>Learning and Behavior</td>
<td>4 times (sessions 2, 3, 4, 5)</td>
</tr>
<tr>
<td>Homework Compliance Measure</td>
<td>Clinician report/Individual Level</td>
<td>Knowledge and use of skills</td>
<td>Learning and Behavior</td>
<td>4 times (1 for each homework assigned)</td>
</tr>
<tr>
<td>Session rating</td>
<td>Self-report/Individual Level</td>
<td>Likeability</td>
<td>Reaction</td>
<td>End of every session (n=6)</td>
</tr>
<tr>
<td>Children's Coping Skills Checklist</td>
<td>Self-report/Individual and Group Level</td>
<td>Coping</td>
<td>Behavior</td>
<td>5 times (pre-test, session 2, session 4, session 6, post-test)</td>
</tr>
<tr>
<td>Assessment of Interpersonal Relations</td>
<td>Self-report/Individual and Group Level</td>
<td>Social Skills</td>
<td>Behavior</td>
<td>5 times (pre-test, session 2, session 4, session 6, post-test)</td>
</tr>
<tr>
<td>Youth Life Orientation Test</td>
<td>Self-report/Individual and Group Level</td>
<td>Optimism</td>
<td>Behavior</td>
<td>5 times (pre-test, session 2, session 4, session 6, post-test)</td>
</tr>
<tr>
<td>Vancouver Index of Acculturation</td>
<td>Self-report/Individual Level</td>
<td>Acculturation</td>
<td>None</td>
<td>Pre-test</td>
</tr>
</tbody>
</table>

\textsuperscript{a}LEM = Learning Evaluation Model (Kirkpatrick, 1994)
Evaluation Model, Research Design and Analytic Plan

Evaluation Model: The Learning Evaluation Model

The conceptualization of the evaluation of Later 'Gator utilized Donald Kirkpatrick's (1994) Learning Evaluation Model. This model evaluated how well the children accepted the Later 'Gator program along four levels: reaction, learning, behavior, and results. The reaction level pertained to what the children thought and how they felt about the program. The learning level assessed whether or not the children gained knowledge from the program. The behavior level evaluated how well the children implemented the interventions learned during the program. Finally, the results level pertained to clinical outcomes, such as change in clinical symptoms (e.g., change in depressive symptoms). Unfortunately, the results level of the learning evaluation model will not be considered in this study as the design will not address change in clinical outcome (i.e., change in the symptomatology for which the child was originally referred for treatment).

Within this study, the reaction level drew more from the children's subjective feelings about Later 'Gator. This information can help further develop Later 'Gator towards more developmentally enjoyable content. Information from the learning and behavior levels was more relevant for evaluating the effects of Later 'Gator on the children. The learning level assessed whether or not the children were in fact learning the lessons of the program. This was evaluated through the homework assignments. Homework assignments had the children put into their own words descriptions of each of the interventions to assess their learning and knowledge of the constructs and skills (i.e.
learning level) presented in the treatment sessions. Homework also involved the children journaling their use of each of the individual interventions and self-evaluation of how well these strategies work. This latter component of the homework addressed the behavior level, as it documented implementation of the components in the real world. Finally, the behavior level evaluation was further addressed by using a multiple baseline design model to view change in optimism, social relationships, and coping through the course of treatment. As indicated earlier, the results level was not directly addressed through the current implementation of Later 'Gator.

RESULTS

Analyses primarily involved descriptive statistics to plot both individual and group change over time. Within-individual comparisons addressed each participant’s change in scores from baseline or pre-test levels, and examined at which measurement time point change occurred. Group comparisons addressed pre-test to post-test change in scores across all participants.

Reaction Level

The students’ reaction or enjoyment of the Later ‘Gator program was evaluated primarily through informal verbal feedback. The behavioral rewards (i.e., stickers and prizes) provided seemed to enhance enjoyment and provide motivation towards participation in the program. All of the participants noted that they enjoyed earning stickers to earn further prizes towards the end of the sessions. The participation rewards seemed to be a significant motivation for most of the children. Often towards the beginning of the sessions, the participants asked to see what potential prizes they could earn with their stickers.
During the final session, the clinician dedicated a portion of the session towards issues around group termination. Part of this included direct feedback about what they enjoyed and what they did not enjoy. One participant admitted that he felt "impatient" during portions of the program, particularly portions in which he was asked to think of incidents in his personal life when he attempted implementing some of the coping strategies. One participant noted that he enjoyed the sessions because he "learned how to solve problems," thus linking his enjoyment to the content of the sessions and pointing towards possible behavioral change.

Learning Level

Potential Effects of Acculturation

A preliminary analysis was done to account for potential bias in response styles according to acculturation level. These correlations are shown in Table 2. A Pearson correlation was run between the participants' level of endorsement of mainstream values (VIA-Dominant) and each of the initial coping skill use measurements, as various studies (e.g., Chang, 2001) have suggested that Asian populations are more likely to use more avoidant strategies.

The mean level of endorsement of mainstream values was 5.25, and the scores ranged from 2.13 to 6.88. This indicated that overall, the participants moderately endorsed holding values of mainstream Caucasian values in terms of language usage, entertainment, and social customs. The range meant that one participant held onto the mainstream values at a relatively low level (2.13), however another participant (6.88) held onto these values at a moderate level. In contrast, the range of values for endorsement of native customs was slightly smaller (from 3.63 to 6.25) with a mean of
5.17. This meant that the participants were more consistent with each other in endorsing a moderate level of native Vietnamese values (e.g., language usage, social customs, entertainment, etc.).

The correlation between acculturation and initial coping skill use yielded \( r \) values ranging from -.98 to .93 but no significant correlation at the \( p < .05 \) level. Similarly, another Pearson correlation was run between the participants' level of endorsement of their native cultural values (VIA-Native) against each of the initial coping skill use measurements. The correlations (\( r \) values) ranged from -.92 to .99, but were not statistically significant at the \( p < .05 \) level. This means that despite each participant reporting a different level to which they endorsed mainstream and/or native cultural values, these levels of acculturation had no impact on how they answered the different questionnaires. Each participant reportedly began the Later 'Gator with a different level of acculturation.
Table 2

Pearson Correlations between Acculturation (Native and Mainstream) and Initial Survey Responses

<table>
<thead>
<tr>
<th></th>
<th>r</th>
<th>p</th>
<th></th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native X Distraction Coping</td>
<td>.94</td>
<td>.23</td>
<td>Mainstream X Distraction Coping</td>
<td>.99</td>
<td>.10</td>
</tr>
<tr>
<td>Native X Avoidance Coping</td>
<td>-.41</td>
<td>.73</td>
<td>Mainstream X Avoidance Coping</td>
<td>-.21</td>
<td>.86</td>
</tr>
<tr>
<td>Native X Restraint Coping</td>
<td>-.98</td>
<td>.13</td>
<td>Mainstream X Restraint Coping</td>
<td>-.92</td>
<td>.26</td>
</tr>
<tr>
<td>Native X Optimism</td>
<td>.80</td>
<td>.41</td>
<td>Mainstream X Optimism</td>
<td>.91</td>
<td>.28</td>
</tr>
<tr>
<td>Native X Pessimism</td>
<td>.33</td>
<td>.78</td>
<td>Mainstream X Pessimism</td>
<td>.14</td>
<td>.91</td>
</tr>
<tr>
<td>Native X Mother Relationship</td>
<td>.50</td>
<td>.67</td>
<td>Mainstream X Mother Relationship</td>
<td>.67</td>
<td>.54</td>
</tr>
<tr>
<td>Native X Father Relationship</td>
<td>.42</td>
<td>.72</td>
<td>Mainstream X Father Relationship</td>
<td>.60</td>
<td>.59</td>
</tr>
<tr>
<td>Native X Male Peer Relationship</td>
<td>.29</td>
<td>.81</td>
<td>Mainstream X Male Peer Relationship</td>
<td>.48</td>
<td>.68</td>
</tr>
<tr>
<td>Native X Female Peer Relationship*</td>
<td>-</td>
<td>-</td>
<td>Mainstream X Female Peer Relationship*</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: n =3; *there were insufficient ratings of female peer relationship to perform an analysis
Individual Progressions

Given the small size of the treatment group \( n = 3 \), it was relatively easy to monitor each individual's progression through the treatment period, as well as at 1 month post-treatment. Analyses of each individual's progressions through coping skill usage, levels of optimism/pessimism, and quality of social relationships were conducted through two methods.

First, Kendall's Tau was calculated for each subscale. Kendall's Tau assesses whether or not the different measures at each of the time points progressed in an optimal manner. For all of the subscales except the YLOT Pessimism subscale, the optimal progression would have resembled a gradual increase in successive measurements. For the YLOT Pessimism subscale, the optimal progression would have resembled a gradual decrease in successive measurements. A high value of Tau (i.e., close to 1) meant that the data was close to the optimal order. A low value of Tau (i.e., close to zero) meant that the data was far from the optimal order.

The second analysis involved calculating the Spearman rank-order correlation (Rho) to compare the change in scores to baseline measurements. This analysis was also done to determine whether or not significant change occurred at the hypothesized time points. In order to perform the analyses, coding was used to determine whether or not the change occurred at the hypothesized time points. Since each of the coping subscales were expected to show significant increases by the fourth time point, a coding of 11122 was used for these Spearman rank-order analyses. Pessimism was expected to show significant decreases by the third time point and maintain these changes; thus, a coding of 22111 was used for these analyses. All other measures (i.e., optimism, and all AIR
subscales) were expected to increase by the third time point and maintain their changes, so a coding of 11222 was used for these analyses.

From a traditional significance testing perspective, there were not many low probability events, primarily due to the relatively low number of data collection points. Thus, significance (p) values appeared larger than would typically be expected. For many of these analyses, the lowest possible significance value was $p = 0.17$. Thus, this should be considered when reviewing the analysis:

**Hypothesis 1**

*First participant.* A record of each individual’s progression in terms of coping skills use can be seen Figures 1, 2, and 3. Figure 1 shows that the first participant’s use of avoidant and distraction coping skills decreased from baseline levels, suggesting that he used fewer avoidant and distraction coping strategies following treatment than he did prior to treatment. This individual’s use of restraint coping techniques, however, remained relatively stable throughout the treatment period.

Table 3 shows the calculated values of Kendall’s Tau and Spearman’s Rank-Order Rho correlation for the first participant’s progressions with his coping strategies. Unfortunately, there was insufficient data to perform the analysis on his use of restraint coping. In contrast, however, this participant seemed to show some decreases in his use of avoidance coping, as $\text{Tau} = -0.67$ ($p = 0.83$) and $\text{Rho} = -0.77$ ($p = 0.25$). His change in distancing strategies also showed an overall decrease, however the change at the 6th session was not significant ($\text{Tau} = -0.33$, $p = 0.63$; $\text{Rho} = -0.26$, $p = 0.50$).

*Second participant.* According to Figure 2, the second participant decreased his use of avoidant and restraint coping methods over the course of the treatment period. His
use of distraction coping strategies, seemed to stay relatively stable both over the course of treatment and at post-treatment measurement points. The measurement of distraction coping use at post-treatment showed a small decrease in the rating. Thus, although his use of distraction coping did not change significantly, he may have shown slight decreases in the use of this coping strategy.

Table 4 illustrates the significance of these changes in more detail. He significantly decreased his use of restraint coping strategies \( (\text{Tau} = -0.90, \ p = 0.98; \ \text{Rho} = -0.89, \ p = 0.10) \) and avoidance coping strategies \( (\text{Tau} = -0.60, \ p = 0.88; \ \text{Rho} = -0.58, \ p = 0.20) \). This participant's change in distancing strategies was relatively small and insignificant \( (\text{Tau} = -0.10, \ p = 0.50; \ \text{Rho} = 0.00, \ p = 0.60) \). Based on the Rho values, this individual's changes in restraint and avoidance coping strategies by the 6th session were significant, however, his changes in distancing strategies by this time point were not significant.

Third participant. As shown in Figure 3 and Table 5, the third participant showed relative increases in his use of avoidant and distraction coping skills, as compared to baseline levels. His use of restraint coping techniques, decreased dramatically particularly between the time treatment ended and at the post-treatment measurement point. Even during the treatment period, he showed relatively small decreases in his use of restraint coping. Thus, although this participant was able to increase his use of avoidant and distraction skills, he significantly decreased his use of restraint coping skills.

According to Table 5, the most dramatic change in the third participant's coping skill usage was his use of distancing skills, as evidenced by the relatively high Kendall's \( \text{Tau} \) value of 0.80 \( (p = 0.04) \) and Spearman's \( \text{Rho} \) value of 0.87 \( (p = 0.17) \). His use of
avoidance skills seemed to show significant increase, evidenced by the relatively high \( Rho \) value of 0.87 \((p = 0.10)\), but the strength of the change was relatively small \((\ Tau = 0.40, \ p = 0.24)\). In contrast, this participant decreased his use of restraint coping \((\ Tau = -0.30, \ p = 0.68; \ Rho = -0.59, \ p = 0.20)\) to a lesser degree. The third participant showed significant changes in his coping strategies by the sixth group session.

Summary of Hypothesis 1 findings. Based on the analyses, Hypothesis 1 did not hold true for all participants. For the first two participants, Hypothesis 1 was shown to be false. For the third participant, however, Hypothesis 1 seemed to hold true at least for both avoidance and distancing coping strategies. His changes in restraint coping, however, seemed to contradict Hypothesis 1. Thus, Hypothesis 1’s veracity was shown to be inconsistent across the three participants.
Figure 1: Participant 01 - Changes in Coping
as measured by the Children's Coping Skills Checklist, Revision 2 (CCSC-R2; Ayers et al., 1996; Program for Prevention Research, 2000)
Table 3
Participant 01 – Significance of changes in coping skill usage

<table>
<thead>
<tr>
<th></th>
<th>Kendall’s Tau</th>
<th>Kendall’s Tau significance</th>
<th>Spearman Rank Order correlation (Rho)</th>
<th>Spearman Rank Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distancing Coping</td>
<td>-0.33</td>
<td><em>p = 0.63</em></td>
<td>-0.26</td>
<td><em>p = 0.50</em></td>
</tr>
<tr>
<td>Avoidance Coping</td>
<td>-0.67</td>
<td><em>p = 0.83</em></td>
<td>-0.77</td>
<td><em>p = 0.25</em></td>
</tr>
<tr>
<td>Restraint Coping</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

* there was insufficient data to perform these analyses on Participant 1’s restraint coping use
Figure 2: Participant 02 - Changes in Coping
as measured by the Children's Coping Skills Checklist, revision 2 (CCSC-R2; Ayers et al., 1996; Program for Prevention Research, 2000)
Table 4

Participant 02 – Significance of changes in coping skill usage

<table>
<thead>
<tr>
<th></th>
<th>Kendall’s Tau</th>
<th>Kendall’s Tau significance</th>
<th>Spearman Rank Order correlation (Rho)</th>
<th>Spearman Rank Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distancing Coping</td>
<td>-0.10</td>
<td>$p = 0.50$</td>
<td>0.00</td>
<td>$p = 0.60$</td>
</tr>
<tr>
<td>Avoidance Coping</td>
<td>-0.60</td>
<td>$p = 0.88$</td>
<td>-0.58</td>
<td>$p = 0.20$</td>
</tr>
<tr>
<td>Restraint Coping</td>
<td>-0.90</td>
<td>$p = 0.98$</td>
<td>-0.89</td>
<td>$p = 0.10$</td>
</tr>
</tbody>
</table>
Table 5

Participant 03 – Significance of changes in coping skill usage

<table>
<thead>
<tr>
<th></th>
<th>Kendall’s Tau</th>
<th>Kendall’s Tau significance</th>
<th>Spearman Rank Order correlation (Rho)</th>
<th>Spearman Rank Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distancing Coping</td>
<td>0.80</td>
<td>$p = 0.04$</td>
<td>0.87</td>
<td>$p = 0.10$</td>
</tr>
<tr>
<td>Avoidance Coping</td>
<td>0.40</td>
<td>$p = 0.24$</td>
<td>0.87</td>
<td>$p = 0.10$</td>
</tr>
<tr>
<td>Restraint Coping</td>
<td>-0.30</td>
<td>$p = 0.68$</td>
<td>-0.59</td>
<td>$p = 0.20$</td>
</tr>
</tbody>
</table>
Hypothesis 2

Hypothesis 2 concerned the levels of optimism and pessimism that each individual endorsed at different measurement points. Figures 4, 5, and 6 also give graphic representations of the participants' changes in optimism and pessimism, while Tables 6, 7, and 8 describe these changes in terms of their significance.

First participant. As indicated in Figure 4, the first participant showed an increase in optimism and a decrease in pessimism. Although optimism seemed to peak at week 4 of the treatment, post-treatment levels of optimism seemed higher than baseline levels. Similarly, this participant's sense of pessimism reached a nadir at week 4, and his post-treatment levels of pessimism were still lower than baseline levels.

Table 6 examines the significance of these changes. Both optimism and pessimism showed significant changes, as evidenced by their relatively high Spearman Rho values, however, neither optimism nor pessimism seemed to make consistent changes through the treatment period, as evidenced by their rather inconsistent Kendall's Tau values. For the first participant, his optimism levels were mixed at best (\( Tau = 0.50, p = 0.25 \)), however the overall increase in his optimism by the fourth group session was significant compared to baseline levels (\( Rho = 0.94, p = 0.17 \)). This participant's pessimism measures seemed to show more optimal trends (\( Tau = -0.67, p = 0.17 \)), and also significant decreases by the fourth session (\( Rho = -0.89, p = 0.17 \)). This suggested that although participant 1's optimism and pessimism levels fluctuated during the treatment period, his final sense optimism was significantly higher than baseline levels, and his final sense of pessimism was significantly lower than baseline levels.
Second participant. As shown in Figure 5, the second participant seemed to show an increase in both optimism and pessimism. While his optimism levels seemed to show a steady increase from baseline levels both during treatment and post-treatment, his sense of pessimism seemed to stay stable during the treatment period, but increased dramatically at the 1-month follow-up measurement point.

In examining the significance of these changes in Table 7, both Tau and Rho values revealed that there seemed to be fluctuating and less-than-consistent trends for both optimism ($\tau = 0.60$, $p = 0.12$), and pessimism ($\tau = 0.50$, $p = 0.83$). These analyses also revealed that levels of optimism ($\rho = 0.58$, $p = 0.20$) and pessimism ($\rho = 0.15$, $p = 0.50$) did not show significant changes from their baseline levels. These analyses suggested that the second participant did not experience substantial changes in his sense of optimism and pessimism by the fourth group session.

Third participant. The third participant showed mixed levels of optimism and pessimism during and following the treatment, as indicated in Figure 6. His optimism levels seemed to decrease somewhat during the treatment period. Although his optimism level increased between the end of the treatment period and at the follow-up measurement point, it was still below baseline levels. This participant’s pessimism levels seemed to fluctuate over the course of measurement. Although his level of pessimism seemed to show an initial drop, it seemed to increase by week 4, but by week 6 there were significant decreases in pessimism levels. At the follow-up, this participant’s pessimism seemed to increase, this time beyond baseline levels.

Similar to the analyses for the second participant, the analyses for the third participant showed that the overall changes in optimism and pessimism did not appear to
be significant, as seen in Table 8. Within these analyses, Kendall's Tau values were relatively small for both optimism ($\tau = -0.10, p = 0.50$) and pessimism ($\tau = 0.20, p = 0.59$). The significance of these changes also did not to be great. Spearman Rank-Order analyses yielded relatively small Rho values for optimism ($\rho = -0.32, p = 0.40$) and pessimism ($\rho = 0.29, p = 0.40$). These analyses suggest that this participant did not experience significant changes in optimism or pessimism by the fourth group session, and whatever changes he did experience did not follow any consistent trend of increasing or decreasing.

**Summary of Hypothesis 2 findings.** Similar to Hypothesis 1, Hypothesis 2 did not hold consistently true across all participants. It seemed to hold true for the first participant, but analyses revealed that Hypothesis 2 did not hold true for the other two participants. Only participant 1 showed consistent increases in his optimism and decreases in his pessimism.
Figure 4: Participant 01 - Changes in Optimism/Pessimism as measured by the Youth Life Orientation Test (YLOT; Ey et al., 2005)
<table>
<thead>
<tr>
<th></th>
<th>Kendall's Tau</th>
<th>Kendall's Tau</th>
<th>Spearman Rank-Order</th>
<th>Spearman Rank-Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>significance</td>
<td>significance</td>
<td>correlation (Rho)</td>
<td>significance</td>
</tr>
<tr>
<td>Optimism</td>
<td>0.50</td>
<td><em>p</em> = 0.25</td>
<td>0.94</td>
<td><em>p</em> = 0.17</td>
</tr>
<tr>
<td>Pessimism</td>
<td>-0.67</td>
<td><em>p</em> = 0.17</td>
<td>-0.89</td>
<td><em>p</em> = 0.17</td>
</tr>
</tbody>
</table>
Figure 5: Participant 02 - Changes in Optimism/Pessimism as measured by the Youth Life Orientation Test (YLOT; Ey et al., 2005)
### Table 7

Participant 02 – Significance of changes in optimism and pessimism

<table>
<thead>
<tr>
<th></th>
<th>Kendall’s Tau</th>
<th>Kendall’s Tau significance</th>
<th>Spearman Rank-Order correlation (Rho)</th>
<th>Spearman Rank-Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimism</td>
<td>0.60</td>
<td>$p = 0.12$</td>
<td>0.58</td>
<td>$p = 0.20$</td>
</tr>
<tr>
<td>Pessimism</td>
<td>0.50</td>
<td>$p = 0.83$</td>
<td>0.15</td>
<td>$p = 0.50$</td>
</tr>
</tbody>
</table>
Figure 6: Participant 03 - Changes in Optimism/Pessimism as measured by the Youth Life Orientation Test (YLOT; Ey et al., 2005)
Table 8

Participant 03 – Significance of changes in optimism and pessimism

<table>
<thead>
<tr>
<th></th>
<th>Kendall’s Tau</th>
<th>Kendall’s Tau significance</th>
<th>Spearman Rank-Order correlation (Rho)</th>
<th>Spearman Rank-Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimism</td>
<td>-0.10</td>
<td>$p = 0.50$</td>
<td>-0.32</td>
<td>$p = 0.40$.</td>
</tr>
<tr>
<td>Pessimism</td>
<td>0.20</td>
<td>$p = 0.59$</td>
<td>0.29</td>
<td>$p = 0.40$.</td>
</tr>
</tbody>
</table>
Hypothesis 3

This hypothesis concerned the individuals' relationships with both parents and with both male and female peers. During the course of the measurements, only one participant consistently rated his relationships with female peers, while the other participants generally refused to rate these relationships. Therefore, for these purposes, the quality of female relationships will not be further addressed in this discussion. Figures 7, 8, and 9 provide graphic representations of the changes in the social relationships. Tables 9, 10, and 11 describe the significance of these changes.

First participant. As indicated in Figure 7, the first participant's ratings of his parent-child relationships remained relatively stable throughout the treatment and at post-treatment. Post-treatment measurements showed relatively small increases in ratings of these relationships. His ratings of his relationships with male peers seemed to increase significantly over the course of treatment and at post-treatment measurements. This means that this individual maintained fairly good relationships between himself and his parents throughout the treatment, and his interactions with male peers tended to show improvements following treatment.

Table 9 shows the significance of the changes in the first participant's social relationships. Although the graphical representation seemed to suggest relatively stable changes in both parent-child relationships, the analyses revealed otherwise. For Kendall's Tau, the AIR-Mom values progressed at a far from optimal manner, as evidenced by the Kendall's Tau value of 0.00 (p = .38). The Spearman's Rank-Order analysis yielded a Rho value of -.45 (p = .33). This suggested that this participant's relationship with his
mother did not change dramatically. His relationship with his father, on the other hand, seemed to fare slightly better. A Kendall's Tau analysis yielded a value of 0.67 ($p = 0.17$), suggesting that AIR-Father values tended to show an increasing trend. A Spearman Rank-Order correlation yielded a $Rho$ value of 1.00 ($p = 0.17$), suggesting that the increase in AIR-Father values was indeed significant, particularly by the hypothesized time point (fourth group session). Thus, this participant experienced a substantial improvement in his relationship with his father. This participant's relationships with male peers also seemed to show some improvements. Kendall's analysis of AIR-Male Peer measurements yielded a $Tau$ value of 0.33 ($p = 0.38$), and Spearman's analyses yielded a $Rho$ value of 0.89 ($p = 0.17$), suggesting that although the quality of his relationship with male peers may have fluctuated during the treatment period, he overall improved the quality of his relationship with these peers. Significant improvement occurred by the fourth group session, as expected.

Second participant. The second participant, as shown in Figure 8, showed improvement in his relationship quality with both parents. Although his AIR-Mother and AIR-Father ratings seemed to fluctuate at different measurement points, post-treatment measurements showed ratings higher than baseline levels. AIR-Male Peer ratings seemed to fluctuate a little during the treatment period, and his final rating seemed slightly above baseline level. This means that this individual seemed to improve the quality of the relationship between himself and both parents as well as with male peers.

Table 10 examined the significance of the second participant's changes in social relationships. With his mother, $Tau = 0.60$ ($p = 0.11$) and $Rho = 0.58$ ($p = 0.20$). This meant that for the most part, his relationship with his mother seemed to steadily improve.
throughout the treatment period. As expected, his relationship with his mother improved significantly by the fourth group session. For his father, Tau values were smaller \((\text{Tau} = 0.10, p = 0.50)\), as were Rho values \((\text{Rho} = 0.15, p = 0.50)\), suggesting that his overall relationship with his father did not experience substantial nor consistent changes, particularly not by the hypothesized time point (fourth group session). Similarly, AIR-Male peer values seemed to fluctuate to some degree \((\text{Tau} = 0.30, p = 0.32)\) and final changes were not significant \((\text{Rho} = 0.30, p = 0.40)\). This meant that although the quality of his relationship with male peers showed a general trend of improvement, this change was not consistent and did not produce a significant change in these relationships.

*Third participant.* Figure 9 shows the third participant's AIR ratings of social relationships. Similar to the second participant, the third participant showed a little fluctuation in his AIR ratings of his mother and father. Post-treatment AIR-Mother and AIR-Father ratings fell above the baseline level. This participant also showed AIR-Male Peer ratings that had some fluctuation but ended at a level slightly higher than baseline. This suggests that this participant was able to improve the relationship between himself and his parents as well as improve his relationship with male peers.

In examining the significance of these changes in Table 11, it is revealed that although this third participant did tend to fluctuate on his AIR values throughout the treatment period, he did experience significant improvements in his relationships. The changes in his relationships with his mother and father were identical, with \(\text{Tau} = 0.50 (p = 0.15)\) and \(\text{Rho} = 0.97 (p = 0.10)\). This suggested that by the fourth session, he significantly improved his relationship with both of his parents. His relationships with
male peers also showed significant improvements by the fourth session, as $\tau = 0.60 \ (p = 0.12)$ and $\rho = 0.87 \ (p = 0.10)$.

*Summary of Hypothesis 3 findings.* Although for the most part, all three participants showed general improvements in their social relationships, analyses revealed that these improvements were not consistent across all realms of their relationships. More precisely, the hypothesized improvements did not necessarily occur by the fourth session, as expected. Among the three participants, there was no singular figure classification (i.e., mother, father or male peer) who consistently pulled for significant relationship improvement. Nevertheless, analyses showed that relationships generally either remained stable or improved; there were no reported degradation in the social relationships. Thus, Hypothesis 3 seemed to be only held partially true for the participants.
Figure 7: Participant 01 - Changes in Social Relationships as measured by the Assessment of Interpersonal Relationships (AIR; Bracken, 1993)
Table 9

Participant 01 – Significance of the changes in Social Relationships

<table>
<thead>
<tr>
<th></th>
<th>Kendall's Tau</th>
<th>Kendall's Tau significance</th>
<th>Spearman Rank-Order correlation (Rho)</th>
<th>Spearman Rank-Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0.00</td>
<td>( p = 0.38 )</td>
<td>-0.45</td>
<td>( p = 0.33 )</td>
</tr>
<tr>
<td>Father</td>
<td>0.67</td>
<td>( p = 0.17 )</td>
<td>1.00</td>
<td>( p = 0.17 )</td>
</tr>
<tr>
<td>Male Peer</td>
<td>0.33</td>
<td>( p = 0.38 )</td>
<td>0.89</td>
<td>( p = 0.17 )</td>
</tr>
</tbody>
</table>
Figure 8: Participant 02 - Changes in Social Relationships
as measured by the Assessment of Interpersonal Relationships (AIR; Bracken, 1993)
<table>
<thead>
<tr>
<th></th>
<th>Kendall's Tau</th>
<th>Kendall's Tau significance</th>
<th>Spearman Rank-Order correlation (Rho)</th>
<th>Spearman Rank-Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0.60</td>
<td>$p = 0.11$</td>
<td>0.58</td>
<td>$p = 0.20$</td>
</tr>
<tr>
<td>Father</td>
<td>0.10</td>
<td>$p = 0.50$</td>
<td>0.15</td>
<td>$p = 0.50$</td>
</tr>
<tr>
<td>Male Peer</td>
<td>0.30</td>
<td>$p = 0.32$</td>
<td>0.30</td>
<td>$p = 0.40$</td>
</tr>
</tbody>
</table>
Figure 9: Participant 03 - Changes in Social Relationship
as measured by the Assessment of Interpersonal Relationships (AIR; Bracken 1993)
### Table 11
Participant 03 – Significance of the changes in Social Relationships

<table>
<thead>
<tr>
<th></th>
<th>Kendall’s Tau</th>
<th>Kendall’s Tau significance</th>
<th>Spearman Rank-Order correlation (Rho)</th>
<th>Spearman Rank-Order significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>0.50</td>
<td>$p = 0.15$</td>
<td>0.97</td>
<td>$p = 0.10$</td>
</tr>
<tr>
<td>Father</td>
<td>0.50</td>
<td>$p = 0.15$</td>
<td>0.97</td>
<td>$p = 0.10$</td>
</tr>
<tr>
<td>Male Peer</td>
<td>0.60</td>
<td>$p = 0.12$</td>
<td>0.87</td>
<td>$p = 0.10$</td>
</tr>
</tbody>
</table>
Summary/Discussion of Individual Progressions

An examination of each individual's ratings showed a lot of variation. No one hypothesis held completely true for all three participants. Each changed their use of coping strategies in different ways, and any changes in optimism/pessimism did not stay constant across all three participants.

One area in which the participants seemed to show slight similarities in was their changes in relationship quality, particularly with their parents. Thus, the findings seem suggestive that Later Gator may have some effect of improving social relationships, at least among the sample used. Although changes in AIR ratings were more dramatic for some participants than others, they each showed at least some degree of increase in their AIR-Mother and AIR-Father scores. Thus, each participant was able to improve the relationship quality to some degree between themselves and each parent.

In the area of male peer relationships, two of the participants showed increases in their AIR-Male Peer ratings, while the other participant seemed to show a more stable level in his AIR-Male Peer ratings. Thus, two of the participants showed improvements in their social relationships with other male peers, while the other seemed to maintain the same relative quality with his male classmates.

Limitations of the Data Analysis

It should be noted that there were some limitations in interpreting the data on an individual basis. As already mentioned, one participant neglected to fill out AIR ratings for male and female peers at the post-treatment measurement point, so it is unclear if the treatment group had any lasting effects on his relationships with peers.
Second, another participant was absent on one of the days (at week 6), so he was unable to provide data for this period. It is unclear if his ratings would have remained steady in their change during this measurement period.

Third, it has been mentioned that two of the three participants neglected to fill out the AIR for female peers on a consistent basis, thus an analysis of their relationships with female peers was not possible. The one participant who did consistently mark AIR-Female Peer ratings showed initial increases in the ratings. However, by the post-treatment measurement, his AIR-Female Peer ratings fell below baseline. This means that the quality of his relationships with female peers showed initial improvements, but his relationship with female peers deteriorated a bit following the treatment period. It should be noted, however, that this participant commented that he had started a romantic relationship with a female classmate towards the beginning of the treatment period, and also commented that he had ended the romantic relationship with this peer shortly after the treatment period ended. Therefore, it is highly likely that this participant was gauging his relationship with female peers by his success in romantic relationships.

Behavior Level

The children’s behavior change was recorded primarily through their homework assignments. Homework assignments (shown in Appendix B) were designed so that the participants would journal their use of the coping strategies learned within the treatment program. The assignments were given out following weeks 2, 3, 4, and 5. The first assignment concentrated on the use of the *Feelings Thermometer* self-monitoring strategy and relaxing strategies through *Stop and Calm Down*. The second assignment continued with the theme of using both strategies, and added the use of *Thought-Busting* to
cognitively reframe stressors. The third and fourth assignments added journaling the combination of all three strategies into the *Later 'Gator* strategy. This assignment was repeated because the focus of Week 5's content was refining the use of *Later 'Gator* to more individualized uses.

*Homework Compliance*

As alluded to, the children were rewarded with stickers for participation in the treatment program, and these stickers could later be redeemed for prizes. Homework completion was one of the components for which they were rewarded. Regardless, of the 3 regular participants, there was one participant who did not consistently turn in homework assignments. The two remaining participants consistently turned in homework, although one was absent for the final session and did not turn in his final homework assignment.

*Homework Content*

Within the assignments that were turned in, most contained between 1 and 4 journal entries of the use of the respective coping strategy. All 3 participants turned in the homework assigned at Week 2's session. Participant 1's assignment contained 2 instances of using both *Feelings Thermometer* and *Stop and Calm Down*. Participant 2's assignment contained 1 instance of using these strategies. Participant 3's assignment contained 4 journal entries of using *Feelings Thermometer* and *Stop and Calm Down* together.

From Week 3's homework assignment onward, Participant 2 stopped turning in homework assignments. For Week 3's homework assignment, both Participants 1 and 2
turned in assignments that each contained 3 journal entries detailing their respective uses of the *Feelings Thermometer* and *Thought-Busting* strategies together.

As indicated, the homework assignments from both Week 4 and Week 5 concerned the use of combining the *Feelings Thermometer, Stop and Calm Down, and Thought-Busting* strategies into the *Later 'Gator* strategy to reframe the social stressor into one that the participant did not feel he had to deal with immediately or at all. Both participant 1 and 3 turned in the Week 4 assignment; the first participant had 1 entry about using *Later 'Gator*, while the third participant had 2 entries about using *Later 'Gator*. The first participant was absent at the final session, so he never turned in his homework for Week 5. The third participant, however, turned in his assignment containing one documented instance of using the *Later 'Gator* strategy.

Through examination of the homework assignments, two of the three participants seemed to make reasonable attempts at implementing the different coping strategies; the third participant did not regularly turn in homework. The two respondents who regularly completed homework indicated that they had become rather adept at monitoring their emotions through the use of the *Feelings Thermometer*. They were also able to come up with several strategies towards helping themselves calm down. Most of these strategies involved distraction, such as playing video games or watching television. One participant noted that he had used deep breathing exercises on occasion to help him regulate his emotions. The same participant noted that he was able to use Thought-busting strategies to cognitively reframe stressors to decrease the perceived severity of the incident. For example, he noted that although he was initially upset that a peer had lied to him, he was able to reframe the incident that the lie was "no big thing."
It should be noted that the participant who did not consistently turn in homework showed the largest decreases in distraction, avoidance, and restraint coping use. Relative to the other participants, the same participant showed the largest increases in pessimism, and the quality of social relationships across all domains of social interaction showed the smallest increases. This suggested that there may have been some correlation (albeit a weak one) between the behavior level (i.e., homework compliance) and the reaction level (i.e., outcome levels). In contrast, for the other two participants, homework completion seemed to at least marginally enhance their ability to use the skills taught in the program and correlate with improved social relationships.

DISCUSSION

Summary of Findings

Asians represent an important and growing segment of the United States population. Unfortunately, the coping patterns of Asian American youth have received relatively little attention in the research literature. There is evidence that the coping patterns of these children may differ from those of dominant culture youth. For example, distraction and avoidant coping, which have historically been considered maladaptive patterns of coping may have protective effects in this population.

The purpose of the present study was to further investigate the role of avoidant and distraction coping among Asian youth. The study involved a trial implementation of a treatment program called Later ‘Gator intended to increase the use of certain coping skills (i.e., avoidant, distraction, and restraint coping) as well as improve levels of optimism/pessimism and the quality of social relationships. The purpose of this study was to do a small-scale evaluation of the children’s reactions to the Later ‘Gator program.
This study was not intended to do a formal efficacy or effectiveness evaluation of the treatment program. Prior to carrying out the treatment program, a needs analysis was conducted with cooperation with AFC staff and volunteers as an effort to understand the context in which Later 'Gator was being delivered.

Needs Analysis

This needs assessment was done to identify strengths and weaknesses with AFC services and to identify a role for Later 'Gator. Although survey respondents tended to regard their services aimed at educating families of local resources as one of their stronger services, the respondents almost overwhelmingly identified the availability of psychological services for youth and families as lacking. Specifically, most of the respondents identified a need for therapeutic groups for Asian American youth. Later 'Gator was an attempt towards addressing this need by serving as a therapy group where children would learn adaptive coping skills. Given the relative hesitancy that Asian Americans have towards engaging in mental health services (Ho, 1992; Huang et al., 1998; Root, 1998; Sandhu, 1997; Tsai & Uemara, 1988; U.S. Department of Health and Human Services, 2001), the trust between the AFC and their client population was crucial towards encouraging the families and children to utilize a therapy group such as Later 'Gator.

With the assistance of AFC, participants were found and contacted. AFC and participating school staff facilitated not only identifying potential participants for the treatment group, but also facilitated in delivering consent forms and measures so that analyses could be done.
Responses from Treatment Participants

As was apparent from the results of the analyses, each of the participants involved responded to the program by altering some of their coping habits, changing their sense of optimism or pessimism, or changing the quality of their relationships with people around them. However, these changes were not uniform. Furthermore, changes did not appear to be explained by acculturation level, as there was no consistent trend or correlation between the observed changes in behavior and attitude with acculturation. Thus, regardless if the child claimed to be in touch with either his native or mainstream culture's customs, this did not appear to affect his response on the questionnaires. The only effect acculturation may have potentially played was that the 2 participants who moderately endorsed affiliation with the mainstream American culture tended to complete and turn in their homework more regularly. With the small sample, however, it is difficult to say if their acculturation level definitively had a role in this. However, previous literature has linked levels of acculturation with self-esteem and academic confidence (e.g., Ying, 1995). Additionally, the individual responses from the children seemed to vary on each level of Kirkpatrick's (1994) Learning Evaluation Model.

Reaction Level

As indicated, enjoyment of the program varied from one participant to another. The most consistent motivator for each of the participants was the possibility of earning prizes through participating in the treatment program. This is somewhat to be expected, considering the developmental level of the children. One participant seemed to indicate genuine enjoyment of the program, as he linked the content of the program with "learning how to solve problems." Although direct traditional problem-solving methods were not
the focus of the treatment program, this particular participant seemed to view some of the lessons as giving him additional problem-solving methods. This was consistent with the Hobfoll et al. (1994) notion that avoidance coping can offer a non-confrontational alternative problem-solving method that respects various social hierarchies.

Learning Level Changes

Coping behaviors. Although group analysis indicated certain trends in how the participants altered their coping behaviors, an examination of the individual participants' coping behaviors showed that there was a fairly large degree of inconsistency of these changes. For example, as hypothesized, the group as a whole tended to increase their use of distraction coping techniques, albeit to a fairly small extent. However, only one participant seemed to make dramatic improvements in his avoidance coping behavior. Other participants maintained relatively stable levels of their use of this coping skill. Similarly, for avoidance and restraint coping skill use, group trends indicated that the participants tended to decrease their use of these skills. Individual analysis, however, revealed that the magnitude and direction of change in coping skill use varied considerably.

Group trends showed that at the final session, the participants seemed to show slight increase in each of the coping skills presented. A month following the treatment program, however, the children as a group seemed to dramatically decrease their use of avoidance and restraint coping. This suggests, that although lessons in the program, such as the introduction and refinement of the Later 'Gator coping skills, may have had some initial effect in helping the children utilize these skills, continued work was necessary to help the children use these skills on a regular basis.
As Carver et al. (1989) suggested, restraint coping involves combining avoidance strategies with a cognitive level of awareness and a plan for action. The participants' overall inconsistent and/or decreased usage of restraint coping may indicate that age and developmental level may be factors that affect the success of the Later 'Gator program. The level of cognitive development required to effectively utilize this coping style may not yet have been present among these participants. Thus, this portion of the treatment program may be more suitable for older children.

**Optimism and pessimism.** In keeping with findings from Frydenburg et al. (2004), it was expected that with the introduction and support of various coping strategies, optimism would increase, and pessimism would decrease among the group. Group analysis showed general trends of the participants increasing their sense of both optimism and pessimism throughout the group. While the increase in optimism followed the hypothesis, the increase in pessimism did not. A look at the individual participants' responses revealed some variation; two of the participants reported a general increase in pessimism, whereas the third participant reported a general decrease in pessimism. Similarly, in comparison to baseline levels, two participants reported a general increase in optimism, while the other reported final optimism levels about equal to, if not slightly less than baseline level.

It was also hypothesized that the group would show increases in optimism and decreases in pessimism by the fourth group session due to various group dynamics (e.g., rapport with the clinician, rapport with the rest of the group, lessons from the group treatment program, etc.). The group trends tended to confirm this hypothesis both for optimism and pessimism, however, individual responses seemed to vary in regard to
which group session had the most dramatic effect on optimism/pessimism. Two of the
participants seemed to report optimism/pessimism levels consistent with this hypothesis,
whereas the final participant showed his biggest change in optimism/pessimism at the
beginning of the sixth group session. The direction of optimism and pessimism change
varied considerably following the initial changes, suggesting that various factors both
internal and external to Later ‘Gator may have had an effect on the children’s sense of
optimism and pessimism. Internal factors may have included (yet are not exclusive to)
connection to the lessons and material provided, the applicability of the lessons, rapport
with the clinician, and rapport with the other group members. External factors include
(yet are not exclusive to) academic performance, rapport with other peers, and family
dynamics.

Social Relationships. As indicated earlier, the area of social relationship
improvement was the area in which the participants showed more consistency. It was
originally hypothesized that the participants would show improvements in each their
social relationships (i.e. with parents and with peers) starting at the fourth group session,
and that the relationship quality would either stabilize or continue to improve. In general,
the group seemed to show steady improvements in their relationships with parents and
with peers throughout the treatment session consistent with the hypothesis. Individual
analysis seemed to generally support this hypothesis, albeit with varying magnitudes of
improvement and varying degrees of significance. With only a few exceptions, the
individuals improved their social relationships, and none of the analyses revealed
negative trends or degradation in social relationships. This suggests that early rapport-
building and basic skills, such as identifying emotions and stopping to calm down, helped
contribute to some of the relationship improvement. The participants seemed to have also been able to use these skills to at least some degree of success in maintaining healthy relationships. Furthermore, the effects of these skills seemed to be maintained post-treatment.

Although a direct causal relationship cannot be determined, as predicted by Hobfall, et al. (1994), some of the improvements in social relationship, particularly with parents seemed to coincide with the introduction of Later 'Gator techniques. This suggested that some of these indirect problem-solving methods may have had a function in maintaining or improving relationships between child and parent.

**Behavior Level**

A review of the homework assignments showed two out of three participants documenting their use of emotional regulation and coping strategies; the third participant did not regularly turn in homework, so his implementation of coping strategies outside of the group cannot be adequately assessed. The two respondents who regularly completed homework showed evidence that they fairly effectively used the *Feelings Thermometer* strategy to monitor emotions as well as come up with several methods to regulate their emotions through the *Stop and Calm Down, Thought-busting,* and *Later 'Gator* strategies. As expected, given their ethnicity, most of these strategies involved distraction strategies, such as playing video games or watching television. More sophisticated examples of their use of coping included at least one documented cognitive reframe (*Thought-bust*) of a peer stressor to, "no big thing." Regardless of the precise coping strategy used, the strategies seemed to reinforce the Bar-Tal and Spitzer (1994) notion that avoidance and distancing strategies can be used to ameliorate the effects of stress.
Summary of Findings

The participants' homework compliance may have also been a reflection of their individual investment in the Later 'Gator program. Although there was no formal measurement of the participants' actual investment in the treatment program, it may be inferred that those who felt more invested in the program (as evidenced by more regular homework compliance and regular attendance at group sessions) seemed to benefit most from the program. The participant who attended all group sessions and completed all homework assignments showed significant increases in both avoidance and distancing coping strategies as well as improvements in his relationships with his parents and male peers. It is difficult to say whether the changes in coping were directly responsible for the improvements in social relationships or vice versa. Regardless, the program seemed to have a positive effect on this particular participant.

Some researchers have suggested that readiness for change and personal investment are crucial pieces of successful treatment (e.g., Prochaska, 2000). Consistent with theories regarding stages of therapeutic change, this participant's investment towards the treatment program and personal motivation for change likely contributed to his progression through the treatment program.

Success as a Program Modification

Although the behavioral change was only evident in a fraction of the treatment group, this study points towards potential for the treatment program. Each of the participants experienced some form of improvement across one or more of the measured outcomes, be it improvement of social relationships, decreased pessimism, increased optimism, and/or added coping skills.
The preliminary success of this treatment program reinforces the notion that avoidance and distancing coping strategies, previously thought to be maladaptive, may be a culturally-supported form of problem solving (e.g., Hobfall et al., 1994; Skinner et al., 2003). To date, a very limited number of manualized treatments are available that pertain specifically to Asian American populations, much less Asian American youth (Root, 1998). Later 'Gator utilized a group format that Ho (1992) believed to be conducive to effective treatment as well as emphasized culturally-supported coping strategies. To some degree, this treatment program successfully achieved goals of teaching Asian American youth alternative methods of coping, improving levels of optimism/pessimism, and improving social relationships.

Limitations and Future Directions

Despite its successes, however, the program was not without its limitations. This study contained various limitations that affect the interpretation of Later 'Gator's effect on Asian American children. These limitations include sampling limitations and evaluations of feedback. Contained within this discussion are suggestions of how these limitations may be addressed in the future.

One of the primary limitations of this study was its sample. The study was originally intended to examine the effects of Later 'Gator on a set of Asian American children. However, sampling limitations produced a very selective group. All participants in the study identified themselves as being male, of Vietnamese descent, between the ages of 8 and 9, and in either the 3rd or 4th grade. Additionally, there were only three participants in the study. The generalizability of the results is affected by the homogeneity of the sample and may be limited to young Vietnamese males.
Sampling limitations were due in part to limited regional availability. The sample was obtained through the AFC, which serves primarily Asian families in low SES areas in the eastern metropolitan area of Portland, Oregon. Mr. Lee Po Cha, director of the AFC said that Vietnamese families make up the largest portion of their client base (personal communication, August 18, 2005). Furthermore, 2000 Census figures show that the largest Asian subpopulation in the Portland area identifies as being Vietnamese (areaConnect, 2006). Future implementations of Later 'Gator should attempt to outreach towards other Asian subpopulations, possibly by implementing Later 'Gator in other metropolitan areas that have larger and more varied Asian American populations.

Although this study did not directly measure other coping behaviors, such as active problem-solving or the use of religious coping, it is possible that the use of Later 'Gator may have indirectly affected the use of these other coping behaviors. The change in the use of these other coping behaviors may account for some of the changes seen in optimism and pessimism as well as social relationships. Therefore, the children’s improvements may not be wholly attributable to changes in avoidant and distraction coping.

Another limitation of the study was how it evaluated feedback. The children’s progress was primarily monitored through their completion of homework assignments and self-report measures. The structure of the Later ‘Gator sessions rewarded participants with stickers for their participation, including their completion of these assignments and the questionnaires. Over the course of the Later ‘Gator program, some suspicion was raised as to whether or not at least one participant was making a concerted effort towards completing these assignments and questionnaires as honestly as possible or only putting
forth sufficient effort to receive rewards and prizes. In future implementations, larger sample sizes may help offset the effects of similar individuals. Regardless, increased monitoring of the children’s adherence to written assignments and measures is advised.

Another similar limitation was how the study incorporated feedback from collateral sources, such as from teachers, parents, and other adults. There was no standardized way to incorporate this feedback, yet both after-school activity leaders and teachers provided verbal feedback throughout the program. The teacher of two of the participants indicated that one of them in particular had, “shown improvement” about midway through the program. This teacher indicated that the individual had shown decreases in impulsivity and seemed to be getting along better with peers. One of the after-school activity leaders indicated that another individual had “mellowed out.” A semi-structured questionnaire directed towards relevant adults could help incorporate this feedback and help evaluate the progress of the child participants. The timing of these questionnaires (i.e., eliciting periodic feedback to coincide with the timing of certain group sessions) could also help give a clue which portions of Later ‘Gator contribute to the social and behavioral progress of the children. This may also better address Kirkpatrick’s (1994) results level of measurement, which was not adequately addressed within the structure of this study.

SUMMARY

The purpose of this study was to examine how a small group of Asian American children reacted to the Later ‘Gator program, a program designed to help the children efficiently and effectively use coping strategies found to have adaptive functions in reducing stress and/or mediating the relationship between stressor and experienced stress.
Specifically, Later 'Gator attempted to have the children utilize avoidance, distraction, and restraint coping methods.

Increased usage of avoidance, restraint, and distancing coping strategies was not necessarily evident among all participants; however, the program seemed to help benefit the participants in other ways. Each of the participants showed some sort of improvement in the forms of increased optimism, decreased pessimism, and/or improved social relationships. Although Later 'Gator specifically emphasized the use of these alternative coping strategies, it is conceivable that the participants may have indirectly learned strategies more commonly and traditionally thought to be effective at reducing stress (e.g., active problem-solving). These other coping strategies may have affected the success of the treatment program. Regardless, this treatment program modification had some degree of success with its intended target population.

The relative, if incremental, success of the Later 'Gator modification to the original NBP program points towards possibilities of modifying other existing treatment programs towards the needs and unique characteristics of Asian American youth. Currently, literature regarding mental health treatment programs specifically for Asian American children and adolescents is relatively sparse. The relative scarcity of treatment programs for Asian American children was mirrored somewhat in the AFC’s program evaluation phase, in which many members of the AFC staff stated one of the AFC’s weaknesses was that it offered relatively few psychological treatment options outside of case management services. Later 'Gator can potentially serve as a springboard upon which AFC (along with several other community agencies devoted to Asian American services) can begin delivering mental and behavioral health services.
The study also had further reaching goals of helping to fill the relative dearth of literature concerning Asian American children. It did so by providing information about how this population utilizes different coping styles, general effects on optimism/pessimism, and how they relate to other individuals. Psychological literature can hopefully expand its bed of clinical knowledge on a population that has commonly been overlooked. Increasing the scope of this study towards future research can provide a deeper understanding of Asian American youth and attempt to increase the breadth of appropriate treatment options for Asian Americans.
REFERENCES


Appendix A: Group Sessions for Later 'Gator

Session 1: Introduction

The emphasis of the session is for the group to begin building rapport. This is done through ice-breaking games. The group leader also introduces the idea of different coping behaviors. They then encourage the children to discuss different coping methods they have used. Group leader then introduces the idea that during the course of the group, the children may learn new coping behaviors.

Session 2: Self-Monitoring through Feelings Thermometer and Stop and Calm Down

The children are introduced to the idea of self-monitoring their stress levels. The Feelings Thermometer is introduced as one way they can monitor their stress. In its simplest form, the Feelings Thermometer is divided into three zones: green, yellow, and red. The green zone (or lowest temperature range) symbolizes overall good moods in which emotion does not cloud judgment. The yellow zone (or middle temperature range) signifies that the subject is experiencing moderate levels of stress in which there might be a slight impact in judgment. The red zone (or highest temperature range) indicates extreme levels of stress such that judgment is very much impaired. In this session, children list different situations that may lead them to the different temperature zones.

When children feel in the yellow to red zones, group leader introduces the idea of Stop and Calm Down in order to lower their stress levels to more manageable levels. Stop and Calm Down involves the client removing him/herself from the stressful situation and then performing various activities to calm down. This can include relaxation techniques such as diaphragmatic breathing techniques or distraction techniques such as watching TV.
Homework for the children is to list incidents that have happened during the course of the week that put them in the three different temperature zones. For each situation in the red zone, children indicate whether or not they used Stop and Calm Down. If so, they indicate how it was implemented, and if it was successful.

Session 3: Cognitive Re-framing through Thought-busting

The session begins with a quick review of the Feelings Thermometer and Stop and Calm Down. If any of the children were able to use Stop and Calm Down successfully, they are encouraged to share this with the group.

Thought-busting is then introduced as a way of thinking through what initially made the child distressed. Thought-busting helps the child cognitively reframe the stressor and helps the child evaluate how he/she can properly respond and whether or not the stressor requires immediate action.

Session 4: Integrating the three strategies into Later ‘Gator

Leader: This next activity is a little like Stop and Calm Down, except it builds on it. Sometimes even your mom or dad may do this. Let’s imagine the following:

Your mother gets really mad at someone at work, and she feels really angry, almost like she’s going to yell at this person and let ‘em have it. But then, your mom stops herself, she says to herself, “Later, ‘gator,” and she walks away. Later on, she talks to this person again, and she’s able to talk a little more calmly so that the person understands her better.

Leader: Now, let’s try this. Let’s imagine you just had an argument with a friend, and this argument made you really angry. What are a few things you could do?
Leader takes suggestions from the group members eventually guiding the discussion towards using Stop and Calm Down, then doing something to help reduce the Feelings Thermometer to a more manageable level.

Leader: Let's think of some things we can do to Stop and Calm Down and lower our Feelings Thermometer.

Leader lists these suggestions on the board. These activities can range from relaxation techniques such as diaphragmatic breathing to distraction techniques such as playing video games.

Leader: Now that we've calmed ourselves down, let's think about what first got us so worked up. Remember our Thought-busting strategy from last time? Let's see if we can use that here. What got us so upset? Was it really that big of a deal? Do we really even need to do anything about it? If so, how can we talk about it more calmly with our friend?

Leader lets children continue discussion eventually guiding them to discuss potential consequences of these actions.

Leader: Okay, now that we've done this, let's this whole thing "Later 'Gator," since we're basically telling the problem, "Later!" So remember: First, we used Stop and Calm Down. We took a look at our Feelings Thermometer, and did several things to lower this to a more manageable level (refer to list of activities). Once we were a lot calmer, we used Thought-busting to think about how we can better deal with the problem.

Leader then assigns homework of children using Later 'Gator. The homework should include journaling the event, including writing down the antecedent, how Later 'Gator was implemented, and a rating of how successful the intervention was.
Session 5: Customizing Later 'Gator

In this session, the children share their homework with the group. Group leader helps the children evaluate whether or not Later 'Gator was successful. Group leader helps the children tailor Later 'Gator to their individual circumstances. Group leader also helps the children determine situations in which Later 'Gator may be appropriate for and what situations in which it may be less appropriate.

Session 6: Termination

Group leader and the children summarize what they have learned throughout the therapy sessions. The group leader also help the children discuss and process any feelings they have regarding ending the group.
Appendix B: Asian Family Center Child & Family Services Needs Assessment Survey

The following is a needs assessment survey designed to assess the state at which the Asian Family Center (AFC) delivers child and family services. This survey will hopefully help determine what areas are AFC's strengths as well as identify areas within AFC that could use improvement. Your participation is greatly appreciated.

1.) Of the services currently offered, list 3 services that you feel are among the AFC's strengths.
   a. Of the services listed, please rate on a 1 – 10 scale of how effective you perceive the service to be (1 = not at all effective; 10 = extremely effective)
   b. About what percentage of the child and family clients use these services?

2.) Of the services currently offered, list 3 services that you feel are in need of improvement.
   a. Of the services listed, please rate on a 1 – 10 scale of how effective you perceive the service to be (1 = not at all effective; 10 = extremely effective)
   b. About what percentage of the child and family clients use these services?
   c. How would you suggest improving these services?

3.) What skills do you think are needed for the children? Check all that apply
   - Language Skills
   - Social Skills
   - Psychotherapy/Coping Skills
   - Cultural Knowledge Acquisition
   - Other:

4.) What kinds of therapy services would you like to see offered?
5.) What do you see as the positive aspects of AFC overall? Negative aspects?

6.) How are your programs fitting with the community? What are community reactions? What amount of behavior change has been noted?

7.) How does the AFC get clients, i.e., what are the referral sources?
   a. For each referral source, estimate what percentage of the clients come from this referral source.

8.) What, if any, cultural aspects, would you like to see instilled?

9.) What services would you like to see added to the AFC Child & Family Services program?

10.) Any other comments or suggestions?
Appendix C: Vancouver Index of Acculturation (VIA)

Please answer each question as carefully as possible by circling one of the numbers to the right of each question.

Many of these questions will refer to your background or culture, meaning the culture that has influenced you most (other than American culture). It may be the culture in which you have been raised, or another culture that is part of your background. If there are several such cultures, pick the one that has influenced you most (for example, Chinese or Vietnamese). If you do not feel that you have been influenced by any other culture, please try to identify a culture that may have had an impact on you or your family.

Please write your heritage culture in the space provided: ________________________
(example: Chinese, Vietnamese, Japanese, etc.)

Use the following key to help guide your answers:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral/Depends</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I often participate in my group’s cultural traditions.  
2. I often participate in American cultural traditions.
3. I enjoy hanging out with people from the same culture as myself.
4. I enjoy hanging out with typical American people.
5. I am comfortable going to school with people of the same culture as myself.
6. I am comfortable going to school with typical American people.

1 2 3 4 5 6 7 8 9
Use the following key to help guide your answers:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral/Depends</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. I enjoy movies and music from my culture | 1 2 3 4 5 6 7 8 9 |
8. I enjoy American movies and music | 1 2 3 4 5 6 7 8 9 |
9. I often behave in ways that are typical of my culture | 1 2 3 4 5 6 7 8 9 |
10. I often behave in ways that are typically American | 1 2 3 4 5 6 7 8 9 |
11. I believe in the lessons of my culture | 1 2 3 4 5 6 7 8 9 |
12. I believe in American lessons | 1 2 3 4 5 6 7 8 9 |
13. I enjoy the jokes of my culture | 1 2 3 4 5 6 7 8 9 |
14. I enjoy typical American jokes | 1 2 3 4 5 6 7 8 9 |
15. I am interested in having friends from my culture | 1 2 3 4 5 6 7 8 9 |
16. I am interested in having American friends | 1 2 3 4 5 6 7 8 9 |
Appendix D: Children’s Coping Skills Checklist

We are interested in what children do when they are feeling stressed. There are lots of ways to try to deal with stress. This survey asks you to indicate what you generally do and feel, when you are angry, nervous, worried, or sad.

Then respond to each of the following items by circling one number for each coping statement. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU—not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most of the time</th>
<th>Don’t Know/Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When you had problems, you thought about what you could do before you did something.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. You told yourself that you could handle this problem.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. You went bicycle riding.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. You daydreamed that everything was okay.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. You asked your parent for help in figuring out what to do.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. You did something to make things better.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. When you had problems since [marker event] you sought God’s help.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. You told yourself that things would get better.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. You tried to ignore it.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Use the following key to help guide your answers:

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most of the time</th>
<th>Don’t Know/Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

10. You told your parent how you felt about the problem. 1 2 3 4 5
11. You thought about why it happened. 1 2 3 4 5
12. You tried to notice or think about only the good things in your life. 1 2 3 4 5
13. You tried to listen to music. 1 2 3 4 5
14. You tried to stay away from the problem. 1 2 3 4 5
15. You told adults (other than your parent) what you wanted them to do. 1 2 3 4 5
16. When you had problems since [marker event], you thought about what would happen before you decided what to do. 1 2 3 4 5
17. You told yourself you have taken care of things like this before. 1 2 3 4 5
18. You put your trust in God. 1 2 3 4 5
19. You played sports. 1 2 3 4 5
20. You talked about your feelings to an adult other than your parent. 1 2 3 4 5
21. You imagined how you’d like things to be. 1 2 3 4 5
22. You told your parent how you would like to solve the problem. 1 2 3 4 5
23. When you had problems since [marker event], you tried to make things better by changing what you did. 1 2 3 4 5
24. You told yourself that it would be OK. 1 2 3 4 5
Use the following key to help guide your answers:

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most of the time</th>
<th>Don’t Know/Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

25. You went for a walk. 1 2 3 4 5
26. You tried to put it out of your mind. 1 2 3 4 5
27. You told your friends about what made you feel the way you did. 1 2 3 4 5
28. You tried to understand it better by thinking more about it. 1 2 3 4 5
29. You reminded yourself that you are better off than a lot of other kids. 1 2 3 4 5
30. You went skateboard riding, roller skating, or roller blading. 1 2 3 4 5
31. When you had problems since [marker event], you tried to stay away from things that made you feel upset. 1 2 3 4 5
32. You talked with friends about what you would like to happen. 1 2 3 4 5
33. You tried to find comfort in your religion. 1 2 3 4 5
34. You thought about things that are best to do to handle the problem. 1 2 3 4 5
35. You told yourself you could handle whatever happens. 1 2 3 4 5
36. You read a book or magazine. 1 2 3 4 5
37. You wished that bad things wouldn’t happen. 1 2 3 4 5
38. You told your parent how you felt. 1 2 3 4 5
39. When you had problems since [marker event], you did something to solve the problem. 1 2 3 4 5
Use the following key to help guide your answers:

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<td>5</td>
</tr>
</tbody>
</table>

40. You told yourself that in the long run, things would work out for the best. 1 2 3 4 5
41. You did some exercise. 1 2 3 4 5
42. You didn’t think about it. 1 2 3 4 5
43. You talked to another adult, other than your parent, who could help you solve the problem. 1 2 3 4 5
44. You thought about what you could learn from the problem. 1 2 3 4 5
45. You reminded yourself that overall things are pretty good for you. 1 2 3 4 5
46. You watched TV. 1 2 3 4 5
47. When you had problems since [marker event], you avoided the people who made you feel bad. 1 2 3 4 5
48. You told an adult, other than your parent, how you felt. 1 2 3 4 5
49. You thought about what you needed to know so you could solve the problem. 1 2 3 4 5
50. You reminded yourself that you knew what to do. 1 2 3 4 5
51. You prayed more than usual. 1 2 3 4 5
52. You did something like video games or a hobby. 1 2 3 4 5
53. You wished that things were better. 1 2 3 4 5
54. You figured out what you could do by talking with one of your friends. 1 2 3 4 5
Use the following key to help guide your answers:

<table>
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<tr>
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<td>5</td>
</tr>
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</table>

55. When you had problems since [marker event], you did something in order to get the most you could out of the situation. 1 2 3 4 5
56. You told yourself that it would work itself out. 1 2 3 4 5
57. You just forgot about it. 1 2 3 4 5
58. You talked with your brother or sister about your feelings. 1 2 3 4 5
59. You tried to figure out why things like this happen. 1 2 3 4 5
60. You reminded yourself about all the things you have going for you. 1 2 3 4 5
61. You talked with your friends about your feelings. 1 2 3 4 5
62. You avoided it by going to your room. 1 2 3 4 5
63. You went for a run. 1 2 3 4 5
64. You talked about your brother or sister about how to make things better. 1 2 3 4 5
65. I restrain myself from doing anything too quickly. 1 2 3 4 5
66. I hold off doing anything about it until the situation permits. 1 2 3 4 5
67. I make sure not to make matters worse by acting too soon. 1 2 3 4 5
68. I force myself to wait for the right time to do something. 1 2 3 4 5
Appendix E: Youth Life Orientation Test (YLOT)

Please answer the following questions about yourself by putting how true or not true each statement is for you. Please COLOR IN the oval that seems to describe you the best. There are no right or wrong answers. Just describe yourself as best as you can.

1. It's easy for me to have fun.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

2. I like to be active.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

3. I'm always hopeful about my future.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

4. Things usually go wrong for me.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

5. When I am not sure what will happen next, I usually expect it to be something good.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

6. Usually, I don't expect things to go my way.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

7. Usually, I don't expect good things to happen to me.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me

8. I am a lucky person.

   - True for me
   - Sort of true for me
   - Sort of not true for me
   - Not true for me
9. If something nice happens, chances are it won't be to me.

true for me sort of true sort of not true not true for me

10. Each day I look forward to having a lot of fun.

true for me sort of true sort of not true not true for me

11. When things are good, I expect something to go wrong.

true for me sort of true sort of not true not true for me

12. I usually expect to have a good day.

true for me sort of true sort of not true not true for me

13. No matter what I try, I do not believe anything is going to work.

true for me sort of true sort of not true not true for me

14. Overall, I expect more good things to happen to me than bad things.

true for me sort of true sort of not true not true for me

15. Each day I expect bad things to happen.

true for me sort of true sort of not true not true for me

16. When things are bad, I expect them to get better.

true for me sort of true sort of not true not true for me

17. Even when people around me are sick, I expect to be healthy.

true for me sort of true sort of not true not true for me
18. If some illness is going around, I am sure to get it.

<table>
<thead>
<tr>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>true for me</td>
<td>sort of true for me</td>
<td>sort of not true for me</td>
<td>not true for me</td>
</tr>
</tbody>
</table>

19. When I do not feel well, I expect that I will feel better soon.

<table>
<thead>
<tr>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>true for me</td>
<td>sort of true for me</td>
<td>sort of not true for me</td>
<td>not true for me</td>
</tr>
</tbody>
</table>
## Temperature Thermometer & Stop and Calm Down

<table>
<thead>
<tr>
<th>Day</th>
<th>How did I feel? (green, yellow, or red)</th>
<th>What was happening to make me feel this way?</th>
<th>(If red or yellow) Did I use Stop and Calm Down? How?</th>
<th>How did I feel after? (green, yellow, or red)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example)</td>
<td>Yellow</td>
<td>I was a little annoyed I was supposed to meet my friend after school, and he didn't show up.</td>
<td>Yes - deep breathing</td>
<td>Green</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Yellow</td>
<td></td>
<td></td>
<td></td>
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**Week 2**
# Thought-Busting

<table>
<thead>
<tr>
<th>Day</th>
<th>How did I feel? (green, yellow, or red)</th>
<th>What was happening to make me feel this way?</th>
<th>Thought-Busting turned the problem into...</th>
<th>How did I feel after? (green, yellow, or red)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Monday</td>
<td>Yellow</td>
<td>I was mad because I was supposed to meet my friend after school, and he didn't show up</td>
<td>Maybe he had to do extra work</td>
<td>Green</td>
</tr>
</tbody>
</table>

Week 3
<table>
<thead>
<tr>
<th>Day</th>
<th>How did I feel? (green, yellow, or red?)</th>
<th>What was happening to make me feel this way?</th>
<th>How I Stopped and Calmed Down</th>
<th>How did I feel after? (green, yellow, or red?)</th>
<th>Thought-busting turned the problem into...</th>
<th>How to deal with problem? (e.g., not my problem, do something later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example)</td>
<td>Yellow</td>
<td>I was a little mad that I was supposed to meet my friend after school, and he didn’t show up.</td>
<td>Did some deep breathing</td>
<td>Green</td>
<td>Maybe he had to do some work after school.</td>
<td>It’s not a huge problem. Maybe I’ll talk to him later about it.</td>
</tr>
<tr>
<td>Friday</td>
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