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Utility of positive peer reporting to improve interactions among children in foster care

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Utility of Positive Peer Reporting to Improve Interactions Among Children in Foster

Care

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
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ABSTRACT

This study investigated the utility of positive peer reporting to improve

placement outcomes in foster care settings. Rejected children are likely to exhibit

disruptive behavior problems due to frequent negative interactions with their peers,

augmenting an already unstable environment in foster care. Researchers have

found positive peer reporting to be successful in increasing social status and positive

interactions and reducing negative interactions. Utilizing a multiple baseline with

reversal elements, this study examined the effects of positive peer reporting on the

positive and negative interactions of socially rejected children in foster care settings.

Results supported previous literature with the first participant's positive interactions

increasing from a mean of 16.67% in baseline to 55.63% during treatment; this was

the final phase after a placement change. The second participant's positive

interactions increased from a baseline average of 8.6% to a mean of 52.67% after

positive peer reporting was implemented. Percentages reversed to near-baseline

levels when treatment conditions were removed, averaging 21.5%. Fading

procedures returned positive interactions to 41.39%, and these levels maintained

across the final baseline, averaging 40%.

Chapter One

Literature Review

Aversive experiences in social interactions may result in peer rejection, a situation that is exacerbated when peers fearing similar treatment systematically reject the target child. Once targeted for negative peer interactions, rejection is more conspicuous and the child is excluded from social activities (Buhs & Ladd, 2001). As a child becomes more marginalized, his social interactions inevitably decrease. Social isolation and classroom withdrawal are obvious means to avoid further negative interactions, decreasing potential opportunities to build a social support system (Buhs & Ladd, 2001).

Peer acceptance in a school setting is important not only in a child's social interactions, but in his academic progress as well. Buhs and Ladd (2001) examined this relationship more closely in a longitudinal study of peer rejection in kindergarten students. In the beginning of the school year, children selected those classmates that they were least and most likely to play with, and reported to researchers how often their peers harassed them. Teachers supplemented these data with their own ratings of peer exclusion, and independent observers collected data on children's unsuccessful attempts to engage their peers during free play. These measures, along with classroom participation, school achievement, and emotional adjustment were assessed at the end of the school year to identify the specific variables related to peer rejection and school adjustment. Results correlated peer rejection with subsequent victimization and low classroom participation. As rejected children

distance themselves from classroom activities, the potential for academic and emotional problems increases (Bush & Ladd, 2001).

Many peer- and self-mediated interventions have been implemented to increase appropriate behavior and productivity in a variety of settings. Public posting incorporates elements of each type of intervention; an individual tracks his own progress and recruits peer attention and feedback by posting it in a public area. Wolfe, Heron, & Goddard (2000) found that public posting increased written language performance for four elementary-school boys when paired with other self-monitoring procedures. Public posting has been proven beneficial in increasing on-task behavior during academic and recreational activities (McKenzie & Rushall, 1974; Hall, Cristler, Cranston, & Tucker, 1970), as well as increasing peer feedback on academic successes (Van Houten, Hill, & Parsons, 1975). While these techniques are effective in improving performance, few studies have incorporated these procedures to enhance social interactions.

Positive Peer Reporting (PPR) has been investigated as an intervention to improve the social ratings of isolated children and to increase their positive interactions, ultimately improving their peer relationships and chances for academic success. Given a specified amount of time to observe them, individuals are later rewarded for publicly reporting the positive behaviors of their peers. Many researchers have assessed the effects of positive peer reporting on improving the social interactions of rejected children in classroom and residential care settings.

Ervin, Miller, and Friman (1996) examined the effects of positive peer reporting on increasing the social acceptance of an adolescent girl in a classroom setting. Positive and negative peer interactions were recorded during baseline and

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intervention phases utilizing an ABAB reversal design. During intervention, students were given points using a token economy system for making positive evaluations of the participant at the end of an academic class. Positive interactions and peer acceptance ratings of the participant increased while negative interactions were nearly eliminated during intervention phases. The participant's problem behaviors also decreased when peer attention was solicited for her pro-social behaviors.

Jones, Young, and Friman (2000) contributed to the research regarding the influence of positive peer reports on social acceptance in three adolescents exhibiting delinquent behaviors in a classroom setting. Pro-social behaviors and social status showed increases when participants' peers were rewarded for positively appraising their behaviors in an academic setting. Researchers also assessed the social validity of using PPR to improve peer interactions and found that these procedures were highly acceptable to the classroom teacher and easily implemented (Jones et al., 2000).

After positive peer reporting was established as effective in the classroom setting, researchers extended its utility to residential care. This was an important step considering that negative peer interactions may affect not only academic achievement but overall adjustment and behavioral performances as well (Buhs & Ladd, 2001). Targeting social behaviors in residential care is potentially crucial in promoting a transition to family life.

Bowers, McGinnis, Ervin, and Friman (1999) examined the utility of positive peer reporting in a residential care setting. Data were collected on peer interactions, peer ratings, and problem behaviors of the participant, a fifteen-year-old boy reported as rejected by his peers and exhibiting multiple behavioral problems.

During a set time interval, the participant's peers were rewarded with points that could later be exchanged for privileges for reporting positive remarks about the participant to a staff member. Additionally, the participant could earn points for making positive comments about his own behavior, and all remarks were later relayed to him. Results supported the literature on positive peer reporting in a school setting, with increasing positive interactions, fewer negative interactions, higher peer acceptance ratings, and decreased problem behaviors.

Bowers, Woods, Carlyon, and Friman (2000) attempted to experimentally replicate the findings of Bowers et al. (1999) and further the research on positive peer reporting in residential care. Four participants selected for their antisocial behaviors were targeted for PPR. One child was selected weekly and his peers were given points for positively appraising the target child's behavior. Positive and negative interactions were recorded during free time following this session. Ratings of peer likeability were assessed prior to and following intervention. Overall, positive interactions and peer ratings increased following implementation of positive peer reporting.

One limitation of the previous research is a lack of attention to maintenance and generalization beyond the experimental setting. Researchers have failed to demonstrate that positive peer reporting produces any long-term effect on peer interactions. A second limitation of research on PPR is its consistent application to very structured environments. Positive peer reporting has proven effective in schools and residential treatment centers, but research has failed to extend its utility to the home environment, where peer relations may also affect behavior. Behavioral problems become particularly significant in temporary foster care homes and may

ultimately determine the child's stability in a foster care placement. Since foster care is a likely progression following residential care, it is important to evaluate the efficacy of positive peer reporting in maintaining such a placement.

As Gilverston & Barber (2002) indicate, research conducted in foster care settings is limited; in two studies launched to interview foster children on placement outcomes, non-response rates were 82 and 72.5%, which were attributed to non-cooperation due to social workers' high case loads or separation from research. The less-structured environment and responsibility of foster parents to implement procedures may also contribute to the lack of research in this setting. The transition from consistent to more variable settings may be particularly challenging, especially considering the already present instabilities.

Upper, Lochman, and Aveni (1977) investigated the use of contingency contracting to reduce the disruptive behaviors of foster children. Children signed contracts outlining expected behaviors and their consequences, successfully reducing problem behaviors and subsequently increasing prosocial behaviors identified by their foster parents. The foster parents were responsible for formulating and maintaining the contracts following a training consisting of instruction, modeling, and role-playing of contract negotiations. Interventions were successfully carried out utilizing the natural environment, potentially increasing the probability that their effects could maintain beyond the study's completion. This study, however, focused on individual-based interventions rather than manipulation of the social environment within the home.

Effective peer relations have been shown to be important in classroom and residential care settings where the social environment necessitates interactions.

Researchers have not yet considered the peer relationships also involved in foster care settings, where the introduction of new individuals may be consistently variable. Disruptions in placement become more common when problem behaviors increase, a fact which Moore, Osgood, Larzelere, and Chamberlain (1994) correlated with the number of children within a home. A pooled time series showed evidence that approximately one more behavior problem occurred daily with each additional foster child in the home. The more likely that behavior disruptions are, the higher the chances are that a child will be removed from the foster home to residential or institutional settings (Moore et al., 1994).

The current study shows that a system of positive peer reporting in a foster home greatly improved peer interactions and decreased the problematic interactions responsible for disrupting many foster placements. These findings support previous research of improved social interactions of children in foster care settings using positive peer reporting. Modified PPR procedures were implemented to maintain the intervention effects beyond the study's completion.

Chapter Two

Method

<u>Participants</u>

Participants were selected for this study based on reports of social rejection from a therapeutic foster care agency providing behavior analytic services where the primary investigator was interning. Initial anecdotal observations verified that much of the interaction directed to the participants was negative, including name-calling, yelling, insulting, and occasionally escalating to physical aggression.

The first participant, Jakob, was 14 years old and resided in a foster home with two-parents and four other children. He was recommended for this study by a therapeutic foster care agency based on a poor relationship with his 12-year-old foster sibling.

The second participant was a 12-year-old girl, Jaida, who was recommended for this study by a therapeutic foster care agency based on negative peer interactions with her 10-year-old biological sister. When the study began, she lived in a one-parent foster home with her sister, but she moved during the initial baseline to a therapeutic home due to treatment differences. When it was determined that she would benefit more from therapeutic counseling, she could no longer reside in a home with children receiving behavior analytic services, a policy of the foster care agency.

<u>Setting</u>

The study was conducted in two foster homes. Data collection and intervention implementation typically occurred on either Tuesday or Friday at approximately 5:00 in the evening after participants had returned from school.

In-home data collection for Jakob occurred in a middle class home with two parents, four foster children, and one biological child. The foster mother was Hispanic and the foster father Caucasian. Both were approximately 35 years old. The mother had a part-time job and the father was unemployed through most of the study. Their children were 9, 12, 14, 16, and 17 years and were of Hispanic, Caucasian, and African American ethnicities.

Jaida resided in a lower-middle class home with her foster mother, biological sister, and two other foster siblings between 10 and 16 years of age. The foster mother and children were African American. The participant moved during the initial baseline to a foster home away from her biological sister, but the original home remained the setting for the study. Each week prior to data collection, the participant was transported back to her former foster home for sibling visitation, where baseline data were originally collected.

<u>Dependent Variables and Response Measurement</u>

Data were collected with the form shown in Appendix A. Using 15-second intervals, peer interactions were scored as positive, negative, or no interaction through all conditions once weekly for 30 minutes; beginning in the second baseline, data were collected once weekly for 60 minutes.

Utilizing the scale from Jones et al. (2000), social status was assessed prior to the study's onset, during intervention, and after the study's completion. As shown in Appendix B, participants were asked to rate each of their foster siblings based on

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"how much they would like to spend free time" with him, and to select a number ranging from 1 (not at all) to 7 (very much).

Jakob's participation in the study was discontinued after the initial intervention phase; the targeted relationship was disrupted when his foster sibling was reunified with his biological mother. Therefore, Jakob was able to participate only in baseline and one intervention phase. For Jaida, baseline observations were collected followed by intervention, reversal to baseline, modified PPR procedures, and a final baseline. Data were collected once weekly on peer interactions and were recorded as positive, negative, or none. Beginning in the second baseline, two data points were collected each session. Originally, one data point per session was collected; since sessions could only be scheduled once weekly, sessions were expanded to include two data points per session in order to meet deadlines.

Positive interactions were defined as interactions that observers judged to be pleasant and free of such items as sarcasm, criticism, insult, active and passive social avoidance, negative emotion and aggression (Bowers et al., 1999). Negative interactions were defined as interactions observers judged to be unpleasant because they included those behaviors listed above (Bowers et al., 1999). Intervals devoid of interaction were recorded as no interaction.

Generalization Promotion

Procedures that facilitated generalized responding in this study focused on all three categories described by Stokes and Osnes: exploit current functional contingencies, train diversely, and incorporate functional mediators (1989). Current functional contingencies were exploited as participants come into contact with and learn to recruit the social consequences of positive peer interactions. In addition to expressing interest in the tangible rewards paired with the appraisals, participants

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appeared to be excited to both deliver and listen to compliments. Foster parents
also became involved, providing supportive statements while participants
complimented one another.

Training was diverse as participants learned multiple response exemplars
through the participation of their peers. Participants expressed support of each
other's positive appraisals consistently, offering suggestions and encouragement if
their peer hesitated or struggled with a compliment.

Functional mediators were incorporated through peer and foster parent
involvement, both physically and socially. Particularly for Jaida, her sister and
former foster parent appeared to become discriminative stimuli for positive
appraisals, since observation sessions became their only contact following Jaida's
move. Additionally, charts used to record complimentary statements were kept
consistent through intervention and modified PPR conditions.

Reliability

The research investigator served as the primary observer with a second,
independent observer. Observers simultaneously started and stopped stopwatches
to define intervals. A second observer was present for 50% of the observations and
was trained with the primary observer to 100% interobserver agreement prior to the
study's onset (Jones et al., 2000). Training involved scoring social interactions as
positive or negative for 30 minutes using 15-second intervals. Interobserver
agreement for Jakob averaged 99.17% (range: 98.33 – 100%); the average for Jaida
was 99.04% (range: 97.5 – 100%). As in Jones et al. (2000), interobserver
agreement was calculated by dividing the number of agreements on positive,
negative, and no interactions by the total number of observed intervals and
multiplying by 100.

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<u>Social Validity</u>

Social validity was assessed using the Intervention Rating Profile-15 (Martens, Witt, Elliot, & Darveaux, 1985), as shown in Appendix C. Supplementing the IRP-15 was a second scale assessing the goals and outcomes of the study, displayed in Appendix D. Both measured the acceptability and efficacy of the intervention and were distributed to the foster parents after the study was completed.

<u>Design</u>

Procedures were implemented utilizing a multiple baseline design across participants with reversals and a modified PPR phase. The independent variable was the administration of points contingent on positive peer reporting in the home setting. A chart was used to tally and record the number of positive appraisals made by each participant. Peer interactions were recorded throughout baseline and intervention procedures, and social acceptance rating scales were administered once prior to the onset of the study, once during intervention, and again following the study's completion.

<u>Baseline</u>. Baseline data included social rating scales and percentages of positive and negative interactions throughout observations.

<u>Positive Peer Reporting</u>. On the afternoon of the intervention, the primary investigator stated the following to the participants, adapted from Jones et al. (2000):

> From now on, after school, we will be focusing on peer relations. When I am here, both of you will be given a chance to give a positive compliment to each other. Your compliment should describe something that the other said or did. For each compliment you give, you will receive one point which will be recorded on the chart and will count towards a prize of your choosing. You

must compliment each other every day that I am here for your points to count

toward the prize.

Participants and foster siblings both were given opportunities to earn points to avoid "singling out" the targeted child. During the initial PPR session, positive appraisals were defined as something the peer said or did; examples were given such as "he asked me how I was doing" and "she gave me a hug". For each appraisal statement made, a "smiley face" was recorded on the chart shown in Appendix E, and each smiley face was equivalent to one point. Prizes were identified and point values assigned based on parent and participant preferences, and included candy, small toys, and games. Participants and their peers exchanged their points for prizes immediately, which preceded 30-minute observation sessions.

Second Baseline. Following the intervention, conditions for Jaida reversed back to baseline; the initial intervention phase was the last for Jakob. All experimental variables were withdrawn and positive peer reporting was discontinued. Data were collected on positive and negative peer interactions, and the primary investigator announced the following: "You both did very well complimenting each other, but this week we will not be collecting points."

Modified PPR. After the second baseline, modified PPR procedures were implemented. Points were given for each occurrence of PPR, but could not be turned in for a prize. On the morning following the second baseline, the primary investigator announced the following:

The program we started earlier was done to improve your relationship. From

now on, you will be given a chance to compliment each other and will receive

a point on the chart. Your compliment should describe something your peer

said or did any time during that day.

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Peer interactions during modified PPR procedures were recorded once weekly for Jaida. Social acceptance rating scales were readministered following the completion of the third baseline.

Chapter Three

Results

Levels of positive and negative interactions are displayed across all

conditions in Figure 1. Jakob's positive interactions during baseline averaged

16.67% (range: 9.17-25%). Positive interactions increased to 55.63% (range: 36.67-

72.5%) during treatment. As shown in Table 1, social ratings did not vary, remaining

at 7 or "very much" on the scale from 1 to 7 prior to and following administration of

positive peer reporting.

During baseline, Jaida's positive interactions averaged 8.06% (range, 1.67-

23.33%). Social ratings were at 1 or "not at all" on the social rating scale from 1 to 7

but increased to 7 or "very much" during treatment. Levels increased during PPR to

a mean of 52.67% (range: 37.5-63.33%) but did not maintain across the second

baseline, averaging 21.5% (range: 17.5-30%). These figures increased to 42.83%

(range: 40-43.33%) when modified PPR procedures were administered, but never

reached the levels attained during intervention. Levels maintained across the final

baseline, averaging 52.08% (range: 45.83-57.5%). Results for social rating scales

are displayed in Table 1.

In addition to the qualitative changes noted, total interactions for each

participant varied across conditions, as displayed in Figure 2. During baseline,

Jakob interacted for an average of 36.67% of the intervals; this increased to 60.84%

of the intervals during PPR. Jaida's interactions occurred an average of 41.65% of

baseline intervals and 55.67% of PPR intervals. Total interaction decreased to

43.33% during the second baseline and increased to a mean of 53.54% during

modified PPR. Levels maintained at 53.54% across the final baseline.

Social Validity. Displayed in Appendix C, the IRP-15 (Martens et al., 1985)

was adapted to home settings and administered to foster parents following

completion of the study. Jakob's foster father reported a score of 73 (of a possible

90), indicating 81.11% satisfaction with the procedures. To supplement the

procedural rating scale, a second scale was administered which revealed 100%

satisfaction with goals and outcomes of the study. Jaida's former foster mother

reported a score of 75 (of a possible 90), indicating 83.33% satisfaction with the

procedures. She indicated 100% satisfaction with goals and outcomes of the study.
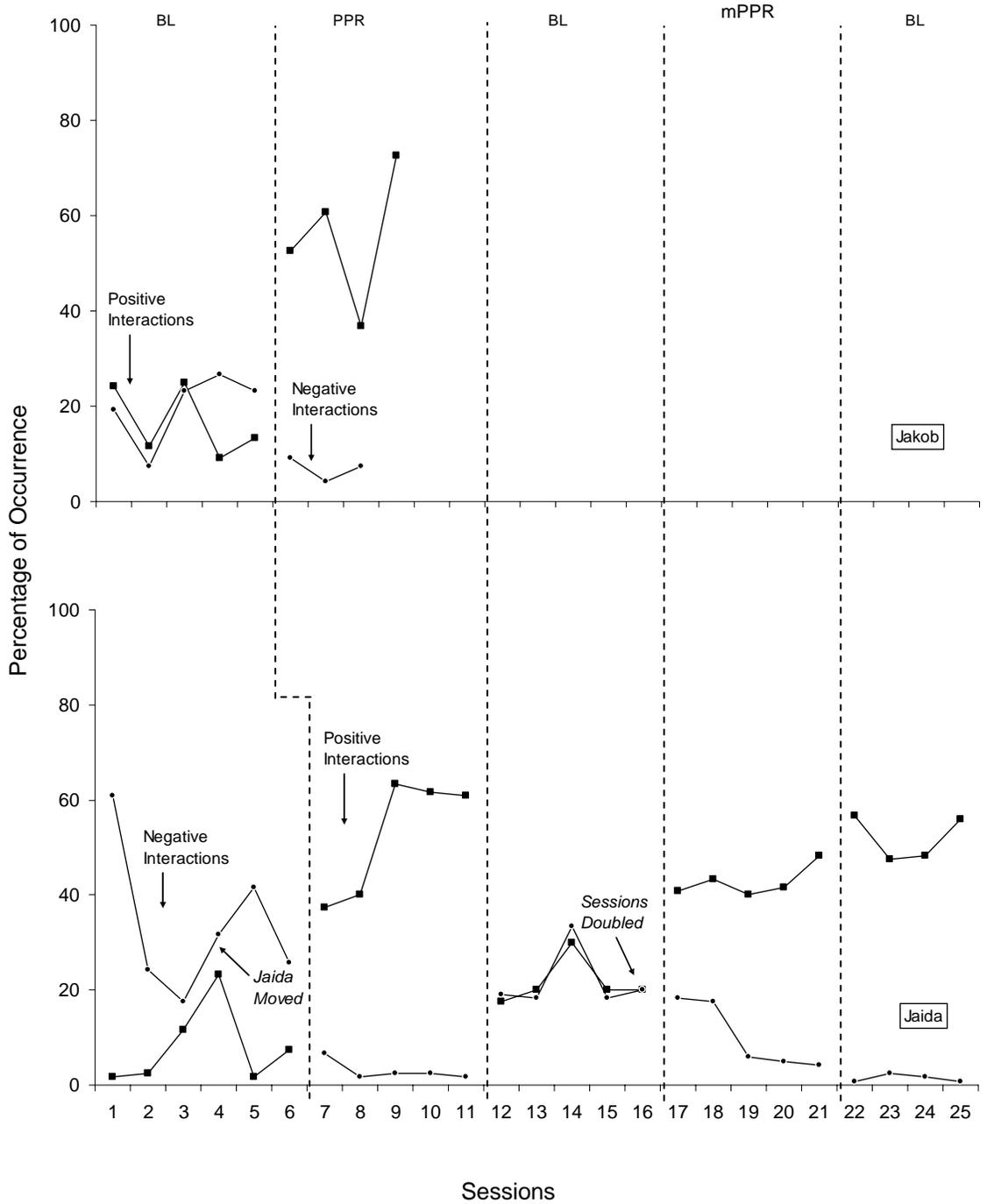
Figure 1. Percentage of Positive and Negative Interactions Across Baseline, Intervention, Second Baseline, Modified PPR, & Final Baseline Conditions.
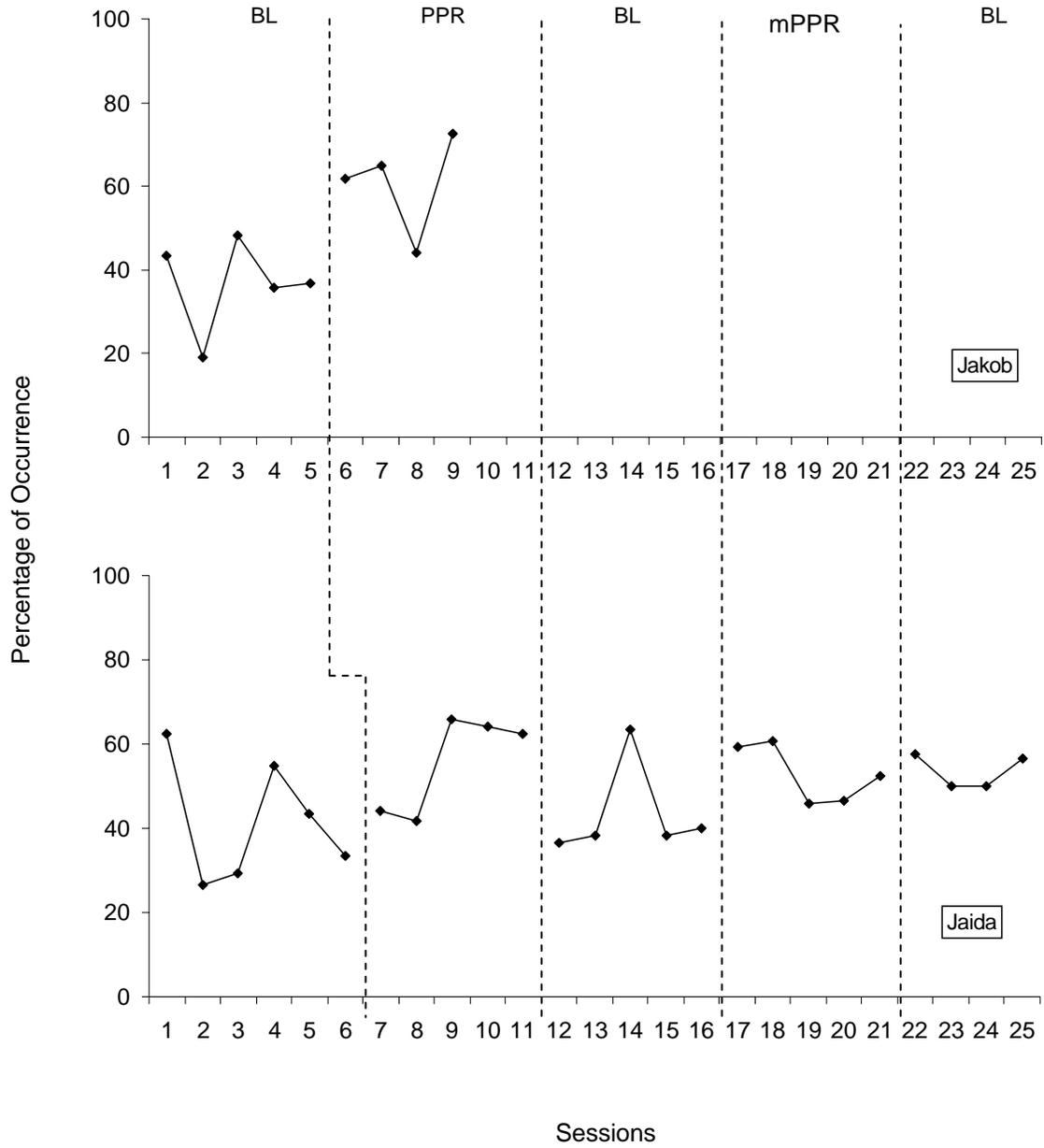
Figure 2. Percentage of Total Interactions across Baseline, Intervention, Second
Baseline, Modified PPR, & Final Baseline Conditions

Chapter Four

Discussion

Results of this study supported previous literature that showed that positive

interactions and social ratings of rejected children increase with implementation of

positive peer reporting. Previously demonstrated in residential (Bowers et al., 1999;

Bowers et al., 2000) and school settings (Ervin, et al., 1996; Jones et al., 2000), the

current study extended these results to foster homes.

Administration of PPR revealed a dramatic increase in positive interactions as

well as a decrease in negative interactions. Though the initial reversal to baseline

revealed a decrease in positive interactions, generalization procedures built into the

study may have contributed to the levels never reaching their initial lows. Even

though all intervention procedures were withdrawn and baseline conditions resumed,

positive interaction levels remained higher and negative interaction levels lower in

the second compared with the initial baseline.

Initial maintenance effects were minimal, however, necessitating the modified

PPR phase. The levels were lower in the modified PPR condition because the

immediate reinforcer present in the initial PPR condition (exchanging points earned

by stating compliments for tangible rewards) was removed. The chart may have

served as a common functional mediator facilitating generalization of the increase in

positive interaction, but may not have been as strong as intervention conditions

because points were no longer exchanged for items. It should also be noted that

fewer appraisal statements were made during modified PPR conditions, a mean of

9.6 during PPR and only 5.6 during modified PPR, which may explain lower levels of positive interaction. Since statements were no longer directly related to external rewards, their natural consequences were comparatively weakened.

The modified PPR condition served to effectively maintain increased levels of positive interaction across the final baseline. During this phase, participants complimented one another without being asked to do so. Eliminating the artificial rewards effectively made the natural consequences of complimenting more desirable. Positive appraisals imply social acceptance, which is particularly rewarding for children whose interactions are primarily negative. Once the focus was removed from the tangible reward, participants seemed to become more interested in the compliments than in their corresponding point values. Future research might investigate whether the exchange of points for rewards must necessarily precede a modified PPR phase to achieve similar results; acknowledgement of the positive appraisal paired with verbal praise might be sufficient.

While social validity results were positive, the questionnaires administered contained some limitations. It is not certain that the foster parents were clear about the specific goals and outcomes of the study, as they had not been directly outlined since prior to its onset. Questions asked were more general and did not directly assess specific elements of the study. Another weakness is that participants were not involved in any assessments outside of social ratings. Scales did, however, indicate that procedures were satisfactory and outcomes notable. Approximately one month following the study's completion, a behavior analyst still working with the family provided anecdotal reports from Jakob's foster parent, indicating that he continued to use PPR procedures in his home.

There are two components of PPR that simultaneously affect interactions: active listening and observing necessary to state a compliment, and hearing the positive compliments being stated. It has not been made clear which of the two have a larger impact on the data. Future research could investigate this by systematically separating and unifying participants when positive appraisals are being made, thus making distinct the working components of PPR.

In addition to improvement in interaction quality, it was also noted that the number of interactions increased following implementation of PPR. These results indicate that positive peer reporting might also be extended to populations where increased interaction would be beneficial.   Similarly, future research could also investigate effects of PPR on interactions with the foster parent; anecdotally, much of the data recorded as "no interaction" actually involved participants interacting with their foster parent, though it cannot be certain that this varied at all across conditions.

Replications of this study with more participants, time, and fewer placement disruptions would strengthen these findings. Given the scheduling conflicts, intervention procedures could only be administered once weekly. Findings may have been greater had the foster parents been able to carry out the procedures daily. Utilizing separate homes for one sibling group, the primary investigator was primarily responsible for implementing PPR; increased foster parent involvement may have also increased generalization as a social and physical mediator.

Social validity results coupled with the anecdotal report indicated that PPR procedures, goals, and outcomes were highly acceptable to foster parents. PPR is effective as a low-effort intervention used to increase positive and decrease negative interactions among foster children. These negative interactions are largely

responsible for escalating behavior problems within a home and resulting in

placement disruption. Findings from this study indicate that PPR may be effective in

promoting a more stable environment within foster homes.

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Appendices

Appendix A

Participant: Jaida   Jakob   Date: _____
Phase: BL PPR BL MPPR BL   Observer: J   A

	15	30	45	60
1				
2				
3				
4				
5				
6				
7				
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24				
25				
26				
27				
28				
29				
30				

+____ positive intervals
   total intervals   ____ % positive intervals

-____ negative intervals
   total intervals   ____ % negative intervals

0____ none intervals
   total intervals   ____ % no intervals

Appendix B

How much do you like to spend free time with _____?

1	2	3	4	5	6	7
Not at all.						Very much.

Appendix C

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by foster parents or children with behavior problems. Please circle the number that best describes your agreement or disagreement with each statement using the scale below.

1=strongly disagree	2=disagree	3=slightly disagree	4=slightly agree	5=agree	6=strongly agree

1.   This would be an acceptable intervention for the child's problem behavior.   1 2 3 4 5 6
2.   Most foster parents would find this intervention appropriate for behavior problems in addition to the one described.   1 2 3 4 5 6
3.   This intervention should prove effective in changing the child's behavior.   1 2 3 4 5 6
4.   I would suggest the use of this intervention to other foster parents.   1 2 3 4 5 6
5.   The child's problem behavior is severe enough to warrant use of this intervention.   1 2 3 4 5 6
6.   Most foster parents would find this intervention suitable for the behavior problem described.   1 2 3 4 5 6
7.   I would be willing to use this intervention in my home.   1 2 3 4 5 6
8.   This intervention would not result in negative side effects for the child.   1 2 3 4 5 6
9.   This intervention would be appropriate for a variety of children.   1 2 3 4 5 6
10.   This intervention is consistent with those I have used in my home.   1 2 3 4 5 6
11.   The intervention was a fair way to handle the child's problem behavior.   1 2 3 4 5 6
12.   This intervention is reasonable for the behavior problem described.   1 2 3 4 5 6
13.   I liked the procedures used in this intervention.   1 2 3 4 5 6
14.   This intervention was a good way to handle this child's behavior problem.   1 2 3 4 5 6
15.   Overall, this intervention would be beneficial for the child. 1 2 3 4 5 6

Appendix D

Goal & Outcome Rating Scale

1. The goals of this study were appropriate for the children asked to participate.

1	2	3	4	5
disagree	disagree somewhat	neither agree nor disagree	agree somewhat	agree

_____

2. I consider the goals of this study to be important.

1	2	3	4	5
disagree	disagree somewhat	neither agree nor disagree	agree somewhat	agree

_____

3. I consider the goals of this study to be practical.

1	2	3	4	5
disagree	disagree somewhat	neither agree nor disagree	agree somewhat	agree

_____

4. The outcome of this study fits with the study's original goals.

1	2	3	4	5
disagree	disagree somewhat	neither agree nor disagree	agree somewhat	agree

_____

5. I noticed improvement in my child's behavior after the study began.

1	2	3	4	5
disagree	disagree somewhat	neither agree nor disagree	agree somewhat	agree

_____

6. The outcome of the study made the procedures worthwhile.

1	2	3	4	5
disagree	disagree somewhat	neither agree nor disagree	agree somewhat	agree

_____

Appendix E

COMPLIMENT CHART!!

DATE	Jaida									Melanie								
10.01	☺	☺	☺	☺	☺	☺				☺	☺	☺	☺	☺				

Table 1

Social Rating Scales from 1 or "Not at All" to 7 or "Very Much" for Each Participant

During the Initial Baseline, Intervention, & Final Baseline Conditions

Participant	BL	PPR	Final BL
Jakob	7	7	N/A
Jaida	1	5	6