Using the Principle Based Model to Improve Well-being in School: A Mixed Methods Pilot Study

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Abstract

Background: The contemporary academic environment in England has been identified as stressful for both staff and pupils. School-based interventions aimed at improving well-being and mental health have shown mixed results. The Principle Based Model (PBM) of Mind, Consciousness, and Thought is an untried intervention and as a working model there is a paucity of research into the potential of PBM. Objective: The aim of this study was to investigate the effectiveness of the PBM as a means of increasing the psychological well-being of staff and pupils. Methods: This was a sixteen-week pre, post and follow-up study using the Friedman Well-Being Scale (FWBS) as a measure of psychological well-being, and analysed using matched sample t-tests and repeated measures ANOVA. The study was carried out in a high school in the east of England with 10 staff and 9 pupils. The staff and pupils involved received the PBM as a psycho-educational programme. During the follow-up period, six members of staff and one pupil were interviewed and the transcripts analysed using Thematic Analysis.

Results: The pre to post total FWBS scores showed an increase in psychological wellbeing for both staff and pupils but only the change for pupils was statistically significant. Post to follow-up total FWBS scores for both staff and pupils showed no significant change.

Conclusions: This study provides some initial evidence to suggest that the PBM may be a useful tool for schools to utilise in attempting to increase psychological wellbeing.

Keywords: Principle-based; England; Follow-Up Studies; Pupil; Schools

School-based interventions aimed at improving staff and, mainly, pupil mental health, self-esteem, and well-being have become a feature of the English education system as they intuitively have considerable reach into the adolescent population. The heavy cost to the system of stress, depression, and anxiety has been highlighted by Troman (2000). The Association of Teachers and Lecturers has also shown concerns over the increasing number of youth committing or attempting to commit suicide, suggesting that academic demands placed on pupils alongside peer pressure is contributing towards this dramatic incline (Kelley, 2004).

A recent classroom-based, depression prevention, CBT programme for pupils in England was rigorously assessed using a RCT design and found that the intervention did not reduce depressive symptoms in adolescents at high-risk for depression compared to usual school provision (Stallard et al., 2013; Stallard et al., 2012). The authors caution that further classroom-based interventions should not be undertaken without further research. A qualitative evaluation of the same programme indicated that although the programme had some good features such as relevance of material, especially for younger pupils, there were issues with the lack of flexibility and consistency of quality (Taylor et al., 2014). An earlier geographically broader review concluded that targeted interventions, as opposed to universal ones, had great efficacy, that most school-based interventions used a CBT structure, and overall the results were mixed with only half the studies reporting improvements at post-test or follow up (Calear & Christensen, 2010). Regardless of these findings, the case for supporting adolescents during school had generally been made and most of the discussions are about how to provide such services and if teachers are the most appropriate ones to deliver such programmes (Dewhirst et al., 2014; Kidger, Donovan, Biddle, Campbell, & Gunnell, 2009; Kidger, Gunnell, Biddle, Campbell, & Donovan,

2010). However, the current government has reduced the emphasis on pupils' emotional well-being in the English education system (Salter-Jones, 2012).

Teachers' occupational stress has been the subject of much research with wellestablished factors (Salter-Jones, 2012; Travers & Cooper, 1996; Troman, 2000) and UK teachers have been shown to have worse psychological well-being than their European counterparts (Griva & Joekes, 2003). Despite the amount of empirical evidence on teachers' stress and psychological well-being they have not been the subject of interventions designed to help with some small-scale exceptions (Annan & Moore, 2012; Troman, 2003)

From the perspective of the Principle Based Model (PBM) the negative behaviours and symptoms displayed within academic environments could be alleviated if people were given the opportunity to understand their own part in the psychological construction of their feelings. Pransky and McMillen (2013) explain that at the core of the PBM the focus is not on what we think about, but the power of thought through which we all experience life.

The Principle Based Model

The three principles in the PBM are: Mind, the source of all intelligence; Consciousness, which allows us to be aware of our existence; and Thought, which guides us through the world we live in as free-thinking agents. Banks (1998, p. 52) explains it this way '[w]hen you start to see the power of Thought and its relationship to your way of observing life, you will better understand yourself and the world in which you live'. The PBM has been known by a number of names: Psychology of Mind, Innate Health, but mostly as Health Realization since about 1998. A new period for the PBM emerged around 2005 where it became simply known as 'Principle-Based' but Health Realization is still the dominant point of reference despite proponents of the model advocating otherwise. R. C. Mills (1995) proposes how the PBM could be administered by looking towards the health in clients rather than illness and that once an individual begins to understand what role thought plays in the creation of their lives, they have more of a tendency to use thinking more efficiently.

The small amount of previous research on the PBM appears to show interesting results from mainly community-based, qualitative studies. However, there has been very little empirical data to back up the enormous volume of anecdotal information collected by facilitators working in many different fields with some exceptions such as Banerjee, Howard, Mansheim, and Beattie (2007). In this study we hypothesise that the PBM intervention will result in increased well-being for both staff and pupils.

Material and Methods

This study was a quantitative/qualitative (QUANT + qual) (Morgan, 1998), singlegroup, pre, post, and follow-up design study (see Figure 1), collecting primary data using the Friedman Well-Being Scale (FWBS). Post study in-depth interviews were carried out at the conclusion of the project, transcribed, entered into Max QDA 2, coded, and examined for themes using Thematic Analysis (Bryman, 2004). Written consent was obtained from all participants, including parental consent for the pupils. The school head teacher gave permission for the study and the University of Essex granted research ethics approval.

Setting/Location

The study was carried out at a high school in the east of England with an average Ofsted report record. The school was in a central town setting with a wide

catchment area taking children from both rural and urban homes. The school also had a relatively high proportion of ethnic minority group pupils in comparison with other local schools. Additionally, a proportion of children came from socially deprived backgrounds as the town has three of the top thirteen most deprived council wards in the England.

Sample

Upon recruitment, there were 10 staff and 9 pupils who volunteered to participate in the study. The sample of both staff and pupils was self-selected following open recruitment messages at the school. Two staff members did not complete the follow up data collection and one pupil withdrew from the study during the intervention phase; leaving 8 staff members and 8 pupils who completed all stages. At recruitment, the 10 staff consisted of 6 males and 4 females with an average age of 46 years. The pupil sample consisted of 6 males and 3 females and all pupils were either 14 or 15 years of age.

Intervention

The PBM was facilitated by xxx (one of the authors) and a colleague (xx) over an eight-week period with both groups. The pupils' intervention took place over two extended evenings at the school and for the staff, the study began with a two-day intervention at an offsite location. During the first two days both the pupils and staff were introduced to philosophy of the Three Principles, especially focusing on the idea of Thought, as a principle, creating individual reality.

The staff and pupil sessions had a similar loose structure, and much of the same material was covered in both. However, with the pupils more of an emphasis was placed on understanding self-esteem, via the power of Thought. Additionally, it was explained to both groups how the feelings of empowerment or disempowerment are usually a direct result of how we view the world and how we view the situations that we find ourselves in, via the power of Thought.

One important aspect of the training for the pupils was the examination of seeing past the impersonal nature of interactions with other people i.e. beginning to recognise that the mood level of teachers, parents, siblings or peers was simply a result of the other persons thinking, and nothing personal to them, despite the fact that it appeared that way sometimes.

Both groups were encouraged to see this understanding of the power of Thought as a generalisation, i.e. that this recognition of how Thought plays a contingent part of what we can potentially take for granted as coming from the outside (i.e. objective pressure). Contrasted with seeing pressure as coming from within, from Thought, and therefore each person has some control over this process when they become aware of it.



Figure 1: Study Design

Friedman Well-Being Scale (FWBS)

The FWBS (Friedman, 1994) contains twenty bi-polar adjectives, and is a simple questionnaire that is easy to score. We used it as a general measure of wellbeing, using all 20 items in the 'Friedman Well-Being Composite' (FWBC) and five subscales: emotional stability (FES); self-esteem/self-confidence (FSES); joviality (FJOV); sociability (FSOC); and happiness (FHAPP) all using the raw to standard score conversion table. The FWBS was used in two previous PBM studies (Department of Alcohol and Drugs Services, 2003; A. C. Mills, 2005). Participants completed the FWBS either in school time in a separate classroom (pupils) or at the intervention location (staff). In this study, the FWBC had good internal reliability with Cronbach's alpha values of 0.83 (pre), 0.87 (post), and 0.91 (follow-up) for the combined sample.

Data Analysis

This study looked at related samples comparisons, from the pre, post, and follow-up FWBS data using paired sample t-tests and repeated measures ANOVA, separately for staff and pupils. Statistical significance is set at p<0.05, two-tailed tests. Effect sizes were estimated by Cohen's d for the paired t-tests and Cohen's f² (Cohen, 1988) using Stata 13. Reliable change statistics followed Jacobsen and Truax (1991) with test-retest information from Friedman (1994). The semi-structured interviews were transcribed and coded using Max QDA 2 software, and the transcripts were evaluated using Thematic Analysis.

Results

The FWBS results are presented in two parts below, the first (Table 1 and Figure 2) is the FWBC scores for staff and pupils, and Table 2 presents the FWBS subscale results for staff and pupils.

Figure 2 shows a dot plot of the pre and post FWBC scores for staff and pupils along with lines of no change (solid) and lines of reliable change (dotted). For staff, post scores are more dispersed and three staff recorded lower scores than their pre-test – one of which exceeded the reliable change indicator. Three staff recorded increased FWBC scores that exceeded the reliable change indicator. All pupils increased their FWBC post scores but only two increases exceeded the reliable change indicator.



Figure 2: Dot Plot of FWBC Scores for Staff and Pupils

Note: Solid line = no change; dotted lines = reliable change

In Table 1, for staff there is an increase in FWBC scores at post and follow up compared to pre. These changes are not statistically significant but the effect sizes (d = 0.724 and 0.787 respectively) are medium sized. The repeated measures ANOVA resulted in a non-significant result (F(2,18) = 2.97; p = 0.077; Cohen's $f^2 = 0.137$) supporting the results of the paired t-tests and an overall small effect size.

For pupils, the pre to post increase is statistically significant and the effect size (d = 1.448) is large. This group's scores decreased from post to follow up resulting in the difference from pre being non-significant but still with a moderate sized effect (d = 0.699). The repeated measures ANOVA resulted in a significant difference across the three time points (F(2,16) = 6.30; p = 0.010; Cohen's f² = 0.285) supporting the results of the paired t-tests and an overall moderate effect size.

| | | Observed | | | Paired t-tests (ITT) | | |
|--------|---------------|----------|------|------|------------------------------------|---------------------------------------------|--|
| | | Ν | Mean | SD | To post-test | To follow-up | |
| Staff | Pre | 10 | 51.5 | 6.94 | t(9)=1.78, p = 0.109, d = 0.724 | <i>t</i> (9)= 1.99, p = 0.078, d = 0.787 | |
| | Post | 10 | 56.8 | 7.68 | - | t(9)=0.27, p = 0.793, d = 0.065 | |
| | Follow- up | 8 | 57.0 | 8.46 | - | - | |
| Pupils | Pre | 9 | 40.1 | 4.32 | t(8)=3.56, p = 0.007, d = 1.448 | t(8)=2.28, p = 0.053, d = 0.699 | |
| | Post | 8 | 55.3 | 2.93 | - | t(8)=1.22, p = 0.259, d = 0.420 | |
| | Follow- up | 8 | 53.0 | 6.20 | - | - | |

Table 1: Friedman Well-Being Scale Total Standard Scores for Staff and Pupils

Notes: ITT - Intention-to-Treat analysis; d - effect size by Cohen's d; degrees of freedom in brackets.

For the FWBS sub-scales (Table 2), staff showed only one statistically significant change from pre to follow up on the Joviality (FJOV) sub-scale. Pupils showed statistically significant increases from pre to post on three of the five subscales, the exceptions being Self-esteem/Self-confidence (FSES) and Joviality (FJOV). However, only the Emotional Stability (FES) sub-scale managed to remain significantly different at follow up (compared to pre). In the repeated measures ANOVA tests, none of the sub-scales were statistically significant for the Staff group. For pupils, two of the sub-scales had statistically significant repeated ANOVA results: Emotional stability (FES) F(2,16) = 5.727, p = 0.013, Cohen's $f^2 = 0.325$ (moderate); and Sociability (FSOC) F(2,16) = 5.722, p = 0.013, Cohen's $f^2 = 0.174$ (small).

| | | Sta | ff | Η | Pupils | |
|-------|-----------|-------|-----|-------|--------|--|
| | | Mean | SD | Mean | SD | |
| | Pre | 52.3 | 4.2 | 48.3 | 5.5 | |
| FES | Post | 58.2 | 8.3 | 54.3* | 3.6 | |
| | Follow-up | 57.0 | 6.9 | 54.6* | 6.6 | |
| | Pre | 49.2 | 8.7 | 49.2 | 6.8 | |
| FSES | Post | 52.2 | 9.6 | 49.8 | 6.0 | |
| | Follow-up | 53.2 | 7.5 | 47.2 | 9.6 | |
| | Pre | 49.3 | 9.5 | 50.2 | 4.9 | |
| FJOV | Post | 55.5 | 6.1 | 53.0 | 5.5 | |
| | Follow-up | 55.0* | 7.9 | 51.6 | 7.9 | |
| | Pre | 52.0 | 9.8 | 49.1 | 7.1 | |
| FSOC | Post | 53.3 | 6.5 | 56.4* | 8.0 | |
| | Follow-up | 55.8 | 6.3 | 50.9 | 8.7 | |
| | Pre | 51.0 | 8.4 | 52.5 | 9.2 | |
| FHAPP | Post | 56.5 | 6.0 | 60.1* | 7.0 | |
| | Follow-up | 57.6 | 7.3 | 55.1 | 10.7 | |

Table 2: FWBS Subscale Scores for Staff and Pupils

Note: Subscales: FES - emotional stability; FSES - self-esteem/self-confidence; FJOV - joviality; FSOC - sociability; FHAPP – happiness. * Paired t-test p < 0.05 from Pre score (Intention-to-Treat analysis on multi-item subscales).

Thematic Analysis

Interviews were carried out with six members of staff and one pupil. These interviews were conducted to attempt rapprochement (Bryman, 2001) and enhance the findings of the quantitative data analysis, thus creating the opportunity to elucidate some of the personal experiences that participants had gone through in light of the training. The transcribed data for the interviews were open coded into ten main codes: (1) Expectations and motives; (2) Personal changes; (3) Well-being; (4) Simplicity; (5) What other people think; (6) Effecting others; (7) Reduced stress; (8) Changes in others; (9) Increased awareness; and (10) Potential of the Principles.

Out of these ten codes four main themes emerged that of: (1) Expectations and motives; (2) Personal changes; (7) Reduced stress; and (10) Potential of the Principles. With the remaining coded segments being either collapsed into sub-themes to the main coded texts, or being dropped. Exploring these themes using extracts taken from the transcripts it was possible to create a picture of change of the individuals.

Discussion

The aim of this study was to test the efficacy of the PBM as a way of increasing the psychological well-being of staff and pupils in a school. The total pre to post scores demonstrated an increase in psychological well-being for both staff and pupils and with moderate to large effect sizes, but with only the pupil group being statistically significant. Reliable change analysis indicates that two pupils and three staff members' change in FWBC score was marked – although one staff member did decline in excess of the reliable change indicator. This suggests that PBM has a positive effect on pupils' well being. Post to follow-up scores for both groups showed no significant change. The primary limitation of this study was the shortness of its length for both the intervention and the follow up period. Future research would benefit enormously if it was carried out over a longer period of time. Another limitation was the lack of a control group. The single group design allowed us to investigate the possible impact of the PBM on the staff and pupils at this school but without a control group, we do not know if the changes may have occurred without the intervention.

Research has shown how the psychological and emotional state of a child dictates their ability to learn, because it is emotions that sit behind motivation and the drive to access education. Additionally, it has been suggested that education has not fully taken up the responsibility of addressing the connection between stimulating positive emotions in the classroom and psychological well-being of staff and pupils working together (Sylwester, 1994). This study shows the possibility for some pupils to increase their level of psychological well-being and thus to potentially recover the incentive to engage in education more positively.

One of the features of this study was the focus on the health of the individuals during the intervention as opposed to attempting to trouble shoot or offer solutions for existing problems that the school or individuals might be dealing with. Borg (2002) suggested in his community renewal study that illness, as it appears in a community in general, is not just organic in nature but also social, and where there is a social element to suffering, the solution lies in the community understanding each other at a deeper level, and then the solution arises quite naturally from within the community, along with the Modello Community renewal project (Pransky, 1998).

The qualitative interviews show how individuals, once they begin to become more aware of their own innate health begin to see it in others and thus treat peers and pupils with more respect and care and ultimately become more effective and productive in what they do. This, as one participant noted, can only be better for the school as a whole.

It is important to note that understanding the power of Thought is not the same as simply thinking positively. Understanding how thought works aids the developing of a deepening awareness of the power behind thought itself. Put another way, recognising that all thought is neutral until it is given life by the thinker and the direction and focus that people as individuals choose to orient themselves.

One final note about the PBM in general and its application is that the PBM has been applied in many different settings, including community and education applications. It would seem from the evidence available that once individuals begin to see how the Principles operate in their lives, this process has the potential to shift their perspective away from focusing on the things they do not want in their lives and towards the things they do want, i.e. happier states of being. It would seem that developing a deeper awareness of feeling states helps individuals to understand that a mood shift down into a lower state of consciousness is not something to become worried about or even something that necessarily requires any action, although it may. Once individuals begin to understand the source of mood changes their lives have the potential to change positively.

This study provides some evidence to suggest that where social, psychological and emotional improvements are being sought in education, the PBM may be a useful tool for schools to utilise in creating greater levels of psychological well-being and a reduction in stress, with a corresponding increase in calmness and stability; thus creating a more harmonious place of work for adults to work, and children to learn in. However, a limitation (and possible benefit) of the PBM is that it is partially "reactive" to the group dynamic and cannot be designed into a protocol. The lack of flexibility in delivering CBT-based interventions has been previously commented on (Taylor et al., 2014) and the flexibility of the PBM, in the hands of trained facilitator, may be one of its benefits.

The findings of this study tentatively suggest the potential for staff to work in a more relaxed and resilient way, reconnecting with a more common sense and intuitive approach to their relationships with peers, senior management and the pupils with which they work. As the PBM uses a non technique-based approach it is potentially easier for staff to connect with an understanding of the Three Principles, as having meaning for them in their lives, rather than having to rely on techniques from the outside, something which often requires memorisation and application. Using the PBM uncovers resilience within themselves.

The conclusions taken from this study are important as they show some promising possibilities for further research, and correspond with the hypotheses that an exposure to the PBM does indeed lead to a greater experience and level of wellbeing for people. They add to the growing body of studies that are exploring an understanding of the human experience and of resilience and positive psychological health. This study is in line with previous research projects carried out within similar settings and offers great potential hope to the ever-increasing problems within the education system.

References

- Annan, M., & Moore, S. (2012). Using the Staff Sharing Scheme within the Targeted Mental Health in Schools (TaMHS) Pathfinder. *Educational & Child Psychology*, 29(4), 88-108.
- Banerjee, K., Howard, M., Mansheim, K., & Beattie, M. (2007). Comparison of Health Realization and 12-Step Treatment in Women's Residential Substance Abuse Treatment Programs. *The American Journal of Drug and Alcohol Abuse, 33*, 207-215.
- Banks, S. (1998). *The Missing Link*. Salt Spring Island, Canada: International Human Relations Consultants.
- Borg, M. B. (2002). The Avalon Gardens Men's Association: A Community Health Psychology Case. *Journal of Health Psychology*, 7(3), 345-357.
- Bryman, A. (2001). Quantity and Quality in Social Research. London: Routledge.
- Bryman, A. (2004). *Social Research Methods* (2nd ed.). Oxford: Oxford University Press.
- Calear, A. L., & Christensen, H. (2010). Systematic review of school-based prevention and early intervention programs for depression. *J Adolesc*, 33(3), 429-438. doi: 10.1016/j.adolescence.2009.07.004
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Department of Alcohol and Drugs Services. (2003). East Side Cadet Academy Health Realization Program, Summaries of Program Evaluations and Research in Santa Clara County.
- Dewhirst, S., Pickett, K., Speller, V., Shepherd, J., Byrne, J., Almond, P., . . . Roderick, P. (2014). Are trainee teachers being adequately prepared to

promote the health and well-being of school children? A survey of current practice. *Journal of Public Health, 36*(3), 467-475. doi:

10.1093/pubmed/fdt103

- Friedman, P. (1994). *Manual for the Friedman Well-Being Scale*. Plymouth Meeting,PA: Foundation for Well-Being.
- Griva, K., & Joekes, K. (2003). UK Teachers Under Stress: Can We Predict Wellness on the Basis of Characteristics of the Teaching Job? *Psychology & Health*, *18*(4), 457-471. doi: 10.1080/0887044031000147193
- Jacobsen, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting* and Clinical Psychology, 59(1), 12-19.
- Kelley, T. M. (2004). Positive Psychology and Adolescent Mental Health: False Promise or True Breakthrough? *Adolescence*, *39*(154), 257-278.
- Kidger, J., Donovan, J. L., Biddle, L., Campbell, R., & Gunnell, D. (2009).
 Supporting adolescent emotional health in schools: a mixed methods study of student and staff views in England. *BMC Public Health*, *9*, 403-420. doi: 10.1186/1471-2458-9-403
- Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal, 36*(6), 919-935. doi: 10.1080/01411920903249308
- Mills, A. C. (2005). Camden Community School Health Realization Project. Health Realization Services Division at Santa Clara County's Department of Drug and Alcohol Services.

- Mills, R. C. (1995). *Realizing Mental Health*. Park West Station, NY: Sulburger & Graham Publishing.
- Morgan, D. L. (1998). Practical Strategies for Combining Qualitative and Quantitative Methods: Applications to Health Research. *Qualitative Health Research*, 8(3), 262-276.
- Pransky, J. (1998). *Modello: A Story of Hope for the Inner City and Beyond: An Inside-out Model of Prevention*. Cabot, VT: NEHRI Publications.
- Pransky, J., & McMillen, D. P. (2013). Exploring the True Nature of Internal Resilience: A View from the Inside-Out. In D. Saleeby (Ed.), *The Strength Perspective in Social Work Practice* (6th ed.). Boston, MA: Pearson.
- Salter-Jones, E. (2012). Promoting the emotional well-being of teaching staff in secondary schools. *Educational & Child Psychology*, *29*(4), 18-31.
- Stallard, P., Phillips, R., Montgomery, A. A., Spears, M., Anderson, R., Taylor, J., . . .
 Sayal, K. (2013). A cluster randomised controlled trial to determine the clinical effectiveness and cost-effectiveness of classroom-based cognitive-behavioural therapy (CBT) in reducing symptoms of depression in high-risk adolescents. *Health Technology Assessment, 17*(47), vii-xvii, 1-109. doi: 10.3310/hta17470
- Stallard, P., Sayal, K., Phillips, R., Taylor, J. A., Spears, M., Anderson, R., . . .
 Montgomery, A. A. (2012). Classroom based cognitive behavioural therapy in reducing symptoms of depression in high risk adolescents: pragmatic cluster randomised controlled trial. *BMJ*, 345, e6058. doi: 10.1136/bmj.e6058
- Sylwester, R. (1994). How Emotions Affect Learning. *Educational Leadership*, 52(2), 60-65.

- Taylor, J. A., Phillips, R., Cook, E., Georgiou, L., Stallard, P., & Sayal, K. (2014). A qualitative process evaluation of classroom-based cognitive behaviour therapy to reduce adolescent depression. *International Journal of Environmental Research and Public Health*, 11(6), 5951-5969. doi: 10.3390/ijerph110605951
- Travers, C. J., & Cooper, C. L. (1996). *Teachers under pressure: Stress in the teaching profession*. London: Routledge.
- Troman, G. (2000). Teacher Stress in the Low-Trust Society. *British Journal of Sociology of Education, 21*(3), 331-353.
- Troman, G. (2003). Coping Collectively: The Formation of a Teacher Self-Help Group. *British Journal of Sociology of Education*, 24(2), 145-157. doi: 10.2307/3593337