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An investigation of the effects of Personal Mastery Counseling on goal attainment, self-concept, locus-of-control, and behavior ratings of junior high school students

Lawrence Edward Sutton
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Sutton, Lawrence Edward, Ed.D.

The College of William and Mary, 1991

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AN INVESTIGATION OF THE EFFECTS OF
PERSONAL MASTERY COUNSELING ON GOAL ATTAINMENT,
SELF-CONCEPT, LOCUS OF CONTROL, AND BEHAVIOR RATINGS
OF JUNIOR HIGH SCHOOL STUDENTS

A Dissertation
Presented to the
Faculty of the School of Education
College of William and Mary

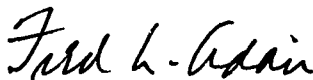
In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by
Lawrence E. Sutton
December, 1990

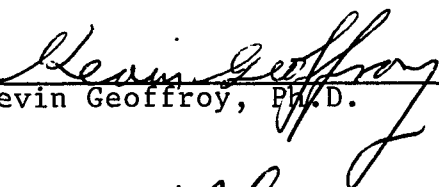
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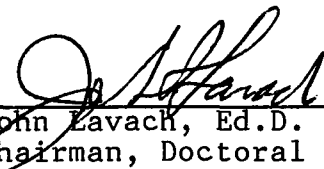
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Chairman, Doctoral Committee

Dedication

This dissertation is dedicated to the memory of my father, Lawrence E. Sutton. It is dedicated also to my wife, Karen Sutton, a model of achievement and dedication.

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CHAPTER 1

INTRODUCTION

Justification for the Study

Mental health experts and child experts are alarmed by the rising proportion of troubled children. "There is a growing awareness and growing incidence of psychological stress on children," stated child development expert David Elkind (Brophy, 1986, p. 58). The polls seem to bear Elkind out. According to a recent survey by Louis Harris & Associates, 3 out of 4 adults said they believed that the problems facing today's children are more severe than those they faced as children. Fewer than half believed that the nation's children are basically happy. One in 8 said their child had mental or emotional problems (Brophy, 1986). The President's Commission on Mental Health estimated that 5% to 15% of all children and adolescents (3 to 9 million children) require some kind of mental health service at this time (Knitzer, 1984). There is clearly a need for prevention of emotional and mental disorders among America's children but unfortunately the field of prevention is not receiving much attention. It has been noted that

practically all of the current mental health efforts go into therapy and almost nothing goes towards prevention; the budget of the National Institute of Mental Health for example spends only 2% of its money on prevention programs (Albee, 1982).

Junior high students are growing up in a society filled with mixed messages and other social hazards (Beane, 1986). Many child development experts agree that major changes in the shape of the American family, including the rising divorce rate, latchkey children, and the increase of single-parent families, are contributing to the emotional problems of children (Elkind, 1982). In the absence of preventative programs schools, that have traditionally been only an educational agency, have been taking on the burden of helping children with their emotional and psychological problems (Rhoden, 1981). Educators cannot ignore their responsibility to help students develop positive perceptions of themselves as successful human beings. Traditional sources of guidance, strong nuclear and extended families, are simply not dependable anymore.

Public schools have the potential to play an enormous role in fostering student competence and helping students cope with problems they experience (Zins & Forman, 1988). Many school systems around the country actually mandate additional student counseling programs in their yearly operating plans; Fairfax County, Va. for example in its

Fiscal Year 1989 Annual Operating Plan called for its staff to "reorganize and develop programs to address stress in students K-12 with particular emphasis on depression and suicide" (Fairfax County Public Schools, 1988). For school psychologists, the National Association of School Psychologists adopted a resolution calling for greater emphasis on preventive efforts in education in order to serve more students effectively in schools (Advocacy for Appropriate Educational Services, 1985). Moreover NASP's professional practice standards require that "school psychologists design and develop procedures for preventing disorders [and] promoting mental health (NASP, 1984, p. 19). It is therefore both a practical and ethical imperative that all properly trained mental health personnel working in the school systems provide direct counseling services to their students.

One cannot assume that school districts, responsible for hundreds and thousands of children and plagued with academic accountability and fiscal constraints, can hire additional mental health personnel to do the job. It will become necessary for local school districts to tap into their existing school resources to give the children the help they need.

One resource available to schools is group counseling services. Group counseling is an excellent resource that attempts to reduce the incidence of emotional disorders of

children by increasing the competence of young people to deal with life's problems (Ingraham, 1985). The broad purpose of group counseling is to increase people's knowledge of themselves, to assist people in clarifying changes they most want to make in their lives, and to give people some of the tools necessary to make these desired changes (Corey & Corey, 1982). Members grow in self-esteem, improve their self-concept, and take a more active stance towards changing their self-defeating behaviors as a result of participating in a well-run counseling group (Trotzer, 1977). It is possible to reduce the incidence of emotional disorders by increasing the competence of young people to deal with life's problems in two ways: by providing them positive social interactions and helping them develop a wide range of coping skills. (Kent & Rolf, 1979).

Dyer & Vriend (1980) believe that membership in a counseling group as an adjunct to a subject-centered educational program is crucial to the mental health and self-mastery of every student. The group modality offers the therapeutic flexibility to focus on a wide range of adolescent problems simultaneously (Bernstein & Simon, 1988). In groups interventions can be planned in a time-efficient manner that can be reinforced through peer support.

Group counseling services at the junior and senior high school level are increasingly in demand but paradoxically

are underutilized (Ivey, 1979). Misconceptions abound about what goes on in group counseling sessions (Peltier, 1978), whether group counseling is group therapy (Gazda, 1984), and whether or not the members' families will lose their privacy when their children receive counseling services (Mahler, 1973). In addition concerns have been raised about the limits of confidentiality in adolescent group counseling (Corey, 1982), what is adequate and appropriate training for the group leaders (Hurst & Gladieux, 1980), and whether or not group counseling is an appropriate activity for public schools (USDHEW, 1979).

In spite of these concerns the case continues to be made for group counseling services in high schools (Dyer & Vriend, 1980; Gazda, 1984). Group counseling provides the only structure where students can be free to explore and work on their own behaviors and problems. Dyer & Vriend (1980) believe "The student who graduates from a typical American high school has learned some intellectual facts, has mastered the necessary tools either to get by in a chosen vocation or to pursue higher education, but he or she is often incapable of functioning independently" (p. 28). What is needed as a remedy is a structure like group counseling where students can learn how to set priorities for themselves, can identify and eliminate self-defeating behaviors, and can focus on their own personal growth instead of focusing only on academic achievement in an

externally imposed curriculum. "Achieving psychological independence is not a course offering to be found in any of the schools of North America. Yet virtually all developmental psychologists stress the importance of having children become autonomous and independent in their thinking as a prerequisite to effective living" (Dyer & Vriend, 1980, p. 31).

School counselors (guidance counselors, school psychologists, school social workers), as their counterparts in mental health centers, are facing an era of accountability which forces them to present evidence of the efficacy of their interventions or face curtailment of their activities (Dies & Reister (1986). Empirical data on the efficacy of group counseling is needed.

Statement of the Problem

The purpose of this study was to investigate the effectiveness of Personal Mastery Counseling as a junior high school group counseling treatment model. It attempted to determine whether participation in small-group counseling sessions over ten weeks positively effected measures of goal attainment, academic achievement, self-concept, locus of control, behavior/conduct ratings, and class participation ratings by teachers. Subjects participating in the PMC treatment were compared with "Alternative Treatment" subjects participating in group discussion sessions and with

students in a no-treatment control group, that is, subjects who receive only the school's routine counseling services.

Theoretical Rationale

This study is an attempt to determine if Personal Mastery Counseling can help junior high school students change cognitive, affective, and behavioral elements in their lives. PMC is a systematic approach to group counseling based on the concept that individuals have choices to make in their lives and the goal of counseling is to help them make "masterful" choices that eliminate self-defeating behaviors and help them live more effectively. The two facets of PMC that shall be addressed in this theoretical rationale are: the theory behind PMC and PMC as a model for group counseling.

Personal Mastery Counseling (PMC) is the name Dyer & Vriend have given to the type of group counseling they found themselves doing in the early 1970s (Dyer & Vriend, 1980). In their view, PMC is not a unique form of counseling, but rather an "amalgam of many variables taken from wherever they appear" (Vriend, 1978, p. 107). They claim it is an eclectic, pragmatic, and utilitarian form of counseling in which the counselor will utilize counseling techniques from virtually any "school" of counseling, such as existential, rational-emotive, Rogerian, psychoanalytic, cognitive-behavioral, and gestalt. This theoretical

framework is a synthesis of various counseling modalities that take into account the feeling, thinking, and behaving dimension.

A PMC group leader is alert to opportunities during counseling sessions to assist group members in identifying and expressing their feelings. There are many theories of value in facilitating emotional expression. Carl Rogers' client-centered approach emphasizes the value of listening with understanding and encouraging people to put into words what they are feeling at a given moment (Rogers, 1951; 1961). The existential therapies, such as gestalt and psychodrama place value on expressing feelings in action-oriented ways such as role-playing (Corey 1982).

A PMC leader will also value those cognitive-behavioral therapies that emphasize the role of thinking and specifically "self-talk" that maintain self-defeating behaviors (Vriend, 1978). An effective leader will help the members understand that many of their problems are caused by the assumptions they make about themselves, about others, and about their abilities. Using the ideas from rational-emotive therapy (Ellis, 1962; 1970) members are encouraged to first evaluate their belief systems while they interpret the important events of their lives and then to change those beliefs that interfere with effective living.

Feeling and thinking are vital components of effective counseling but the behavior dimension is essential as well.

Group counseling members can spend countless sessions gaining insights about self-defeating belief systems or ventilating pent-up feelings, but at some point their thoughts and feelings have to lead to an goal-specific program aimed at personal mastery over the self-defeating behavior that is causing difficulty. Doing is a way of bringing feelings and thoughts together by applying them to real-life situations (Corey & Corey, 1982). Techniques and strategies are introduced into PMC groups that assist members to develop specific plans, such as modeling for self-efficacy (Bandura, 1977) and homework assignments (Vriend & Dyer, 1976). Solutions involving small goals with reasonable opportunities for quick success which are clearly attributable to the student's effort foster the "I can" feelings (Henker, Whalen & Hinshaw, 1980).

Underlying the integration of techniques that focus on feeling, thinking, and behaving that is called PMC is an existential theory that places primary emphasis on the role of individual choice and responsibility in the counseling process. Each person is considered the undisputed authority on his or her life and each person owns his or her own behavior (Dyer & Vriend, 1980). In PMC group members are not treated as helpless victims of outside forces or prisoners of traumatic events from the past or present. Most of what is done in a PMC group is based on the assumption that people can exercise their freedom to improve

situations they desire to change. PMC theory is a belief that each human being can be as fully functioning, personally masterful, and in charge of one's life to the extent they they wish to be (Vriend, 1978).

The rationale for using PMC in groups is well outlined by Dyer & Vriend (1975, 1980). They consider group counseling a "supercharged learning environment" where behavior change can occur more quickly than with individual counseling. However in order to use PMC in groups a leader must already be an effective individual counselor, since PMC is an approach that helps individuals in a group and not the group itself. The group is not considered an entity in itself, it has no life or goals of its own. An effective PMC leader will eschew group goals and will only focus on helping each individual member with his or her own personal self-defeating behaviors. It is true that this type of help is delivered in front of supportive peers but the emphasis is clearly on individual counseling in a group setting and not on counseling the group.

There are other special categories of groups, such as Transactional Analysis groups, achievement motivation training, client-centered groups, values clarification groups, gestalt groups, encounter groups, but these are so highly defined in terms of structure, theory, and particularized purpose that they have virtually no relationship to PMC group counseling (Vriend, 1978). In

fact encounter groups or sensitivity groups have no relevance for high school counseling at all because their intense confrontational nature require adult maturity (Trotzer, 1977). What makes PMC different is that it is not intended to be a theoretically unique form of counseling that is distinct from all others; rather it is an "amalgam" of many approaches taken from virtually any school of counseling. For a PMC leader a variety of theoretical approaches are needed because one approach cannot effectively meet the diverse needs of all group members.

The theoretical rationale of PMC presented above seems well outlined by Dyer & Vriend. It is a model that contains the three significant elements that can lead to behavior change: feelings, thinking, and behaving. A review of the group counseling literature however, suggests that the efficacy of PMC has not been demonstrated. It is for this purpose that the current investigation was undertaken.

Definition of Terms

Alternative treatment group. The randomly selected group of students who met together for the same duration as the Personal Mastery Group and upon whom outcome data was compared with the Personal Mastery Group. The alternative treatment consisted of group discussions of weekly reading assignments that included articles on eliminating self-defeating behaviors, problem solving strategies, and

improving one's self-concept. The purpose of the alternative treatment group was to control for the effects of attention, suggestion, and faith in the counselor. This comparison group has typically been called the "attention-placebo" group, but this term has recently been considered to be "conceptually inadequate" (Kazdin, 1986).

Goal attainment scale. A subjective 6-point scale which measures the degree to which a PMC subject reported any improvement in his self-defeating behavior.

Locus of control. The degree to which a person feels control over what happens in life. A person with internal locus of control feels control over his or her own life. A person whose locus of control is external believes that fate, chance, luck, or forces outside determine what he or she receives.

Personal mastery group. The randomly selected group of students who will receive ten weeks of Personal Mastery Counseling from a trained counselor. The group leader will follow counseling procedures and use group techniques as outlined by Dyer & Vriend (1980).

Self-concept. A multifaceted construct which includes the individual's perception of self in the social, physical, academic, and emotional domains (Shavelson, Hubner & Stanton, 1976). Self-concept is developed and modified by the feedback cues and information one receives about

oneself. The accuracy of self-concept is mediated by the perception and information processing patterns the individual used to filter incoming information about oneself. The student who has an accurate self-concept is able to take appropriate risks, to make realistic predictions about the chances of success and failure, to use problem-solving strategies to cope with conflict, and to correctly attribute the causes of failure or success, thus allowing for improvement of problem-solving strategies on future tasks (Ingraham, 1985, p. 267).

Self-defeating behavior. Any behavior that negatively interferes with an individual's ability to achieve a personal goal.

General research hypotheses

It was hypothesized that subjects taking part in group Personal Mastery Counseling will eliminate or improve a self-defeating behavior of their choosing that is achievable and measurable. It is also hypothesized that subjects taking part in group PMC will show more movement toward internality on a measure of locus of control, greater gains on a measure of self-concept, greater improvement in grade point average, more improved behavior/conduct ratings, and higher class participation ratings than subjects participating in an Alternative Treatment Group. It was further hypothesized that subjects participating in Personal

Mastery Counseling would show more movement toward internality on a measure of locus of control, greater gains on a measure of self-concept, greater improvement in grade point average, improved behavior/conduct ratings, and higher class participation ratings by teachers than No-treatment Control Group subjects.

Sample and data-gathering procedures

The purpose of this study was to assess the effectiveness of Personal Mastery Counseling with public junior high school students. The study was conducted at Francis Scott Key Intermediate School, a Fairfax County 7th and 8th grade school located in Springfield, Virginia. Key has approximately 820 students with approximately equal numbers of 7th and 8th graders enrolled. The subjects were Key Intermediate School 7th grade male students who volunteered for group counseling after having chosen Personal Mastery Counseling from a list of possible groups to be offered during the 1988-89 school year.

Students were randomly assigned in an odd-even fashion to either a PMC or an Alternative Treatment Group. Each of these groups was led by experienced group counselors. After each treatment group leader had enrolled 10 subjects, the remainder of volunteer subjects were asked to join a PMC group for the following semester, the first ten of which constituted the No-Treatment Control Group. The two

treatment groups met for 55 minutes once a week on a rotating class schedule.

Fitt's (1965) Tennessee Self-Concept Scale and Rotter's (1966) I-E Scale were administered pre- and post-treatment to all three groups. Academic grades after treatment were compared to the grades attained for the semester preceding the treatment. Classroom behavior/conduct and class participation rating scales were completed from appropriate teachers at the conclusion of the study. A goal attainment scale was completed by subjects in the PMC group at the conclusion of the study.

Limitations of the study

The logistical and methodological problems in group research are very maddening; design and control factors get out of hand as all potentially significant group treatment conditions are considered. This study cannot control for every possible variable that should be studied. The major limitation of this study is its external validity. External validity is concerned with the degree to which the results of this study can be generalized outside the sample population. Unless the structure of a group experience is so highly controlled that it prohibits any unpredictability or idiosyncratic behavior, most studies are impossible to replicate (Vriend, 1985). Because of the unique interrelationships that is formed between group members and

between the leader and the members, the present study created an experience that cannot be replicated in another study. In addition, internal counselor states such as confidence, enthusiasm, and technical skills were obviously different between the two group leaders.

Another limitation of this study is experimenter bias. Biases can be ruled out only if therapists are unaware, or blind, as to which treatment they are delivering (Wilkins, 1986). While in chemotherapy research drugs and placebos can be packaged in identical capsules, but in counseling research no two treatments can look exactly alike. In this study each counselor used a widely practiced group counseling model, either cognitive-behavioral counseling (PMC) or bibliotherapy (Alternate Treatment), and neither was led to believe that their treatment was superior or inferior to the other. Since this study was being conducted in a single intermediate school it is possible that each leader informally followed the progress of the other group and one might borrow some procedures from the other and inadvertently contaminate their procedures. Weekly monitoring by the researcher hopefully prevented this from happening.

An additional limitation of this study is the fact that subjects were drawn from a volunteer pool, not at random from the school population. The PMC and Alternate Treatment groups were formed first, then the No-Treatment Control

subjects were drawn from the remaining pool. This quasi-random selection process may make the study less generalizable, but was done to economically preserve the volunteer subjects.

CHAPTER 2

REVIEW OF THE LITERATURE

Historical and Theoretical Overview

The concept of mastery exerts a major influence in counseling and psychotherapy. Frank (1971) stated, " All successful therapies implicitly or explicitly change the patient's view of himself from a person who is overwhelmed by his symptoms and problems to a person who can master them" (p.387). Behind the concept of mastery is the question Maslow asked in his 1954 essay "The Characteristics of Self-Actualized Persons": Why are psychologists so preoccupied with studying the "abnormal" personality and not studying those at the other end of the spectrum who excel in their personal living (Maslow, 1954)? He stated:

It seems probable that we must construct a profoundly different psychology of motivation or growth motivation....Our subjects no longer strive in the ordinary sense, but rather develop. They attempt to grow to perfection and to develop more and more fully in their own style....They work, they try, and they are ambitious, even though in an unusual sense. For them, motivation is just character growth, character expression, maturation, and development; in a word self-actualization (p. 211).

The concept of mastery has its major theoretical roots in the cognitive-behavioral tradition, a tradition which can be traced back to several early Greek and Roman philosophers. Socrates in the fifth century B. C. emphasized self-understanding as a means of self-help, an idea that was considered so radical to early Greeks that he was accused of corrupting the youth of Athens and forced to drink hemlock as a consequence. His work was fortunately carried on by his most famous pupil, Plato who in turn, influenced Stoic philosophers from the fourth century to the first century A. D., particularly Zeno of Citium, Chrysippus, Cicero, Seneca, Epictetus, and Marcus Aurelius. The Stoic philosophies believed that human emotions are based on ideas and that the control of the most intense feelings may be achieved by changing one's ideas. According to Ellis (1989), this makes the writings of Epictetus along with Marcus Aurelius' Meditations and the Bible the oldest self-help books in the world.

Historically a wide variety of therapy techniques have always used the concept of mastery in either an implicit or explicit fashion (Lieberman, 1978). Psychoanalysis for example helps clients increase their cognitive control over their emotional problems. In line with Freud's philosophy "where Id was, there Ego shall be" (Freud, 1924), psychoanalytic treatment attempts to increase the patient's understanding of unconscious processes and thereby increasing

the conscious control of those processes. Freud (1924) termed this control "Bewaltigungstreib" (drive for mastery). Other psychoanalytic thinkers developed similar concepts of mastery in their work. Angyal (1941) referred to a "trend to autonomy" in his psychoanalytic theory of personality. Hendrick (1943) called the development and use of ego functions the "instinct to master". Adler related a "striving for superiority" to the achievement of mastery and overcoming feelings of helplessness. According to Adler, demoralized patients must be brought "through various devices to the point where they necessarily acquire faith in their own mental and physical powers...One must put tasks in their way which they can accomplish and from the accomplishment of which they gain faith in themselves" (Ansbacher & Ansbacher, 1956, p. 400).

The application of mastery to the learning principles of psychotherapy was first demonstrated by Dollard and Miller in Personality and Psychotherapy (1950). They explained the concept of psychoanalytic psychotherapy through the language of learning theory: reinforcement, generalization, extinction, cue-producing responses, and learned social responses. They suggested that patients improve in therapy after translating thoughts and plans into action and get rewarded for carrying them through. Once a patient has been rewarded for starting to use his higher mental processes to master new skills then it is likely he or she will continue

to practice and acquire new skills. Some of the benefits of therapy, they noted, occur a long time after therapy has stopped, just as chess players profit throughout their career by correct habits acquired from their first coach.

There are other therapeutic approaches that encourage mastery. Glasser (1965) in his Reality Therapy approach emphasized that the client, not the therapist, must assume responsibility for all the client's behavior. The counselor's only role is to help the client make a plan to solve the identified problem. Even non-directive counseling (Rogers, 1951, 1961) increases a client's sense of mastery since the counselor disclaims credit for the client's own efforts and improvement. Among existential therapists, Frankl (1965) became well-known for logotherapy, in which the primary goal of therapy is to teach the patient to master his attitudes toward even the most adverse life situations.

In behavior therapy the concept of mastery is readily apparent, even though some behavior therapists may be reluctant to employ such cognitive construct (Lieberman, 1978). The process of identifying and developing a specific set of goals is a basic part of behavior therapy (Corey, 1982). These goals provide the framework for determining what treatment procedures will be used, hence they should be clear, easily understood, and easy to measure. Systematic desensitization, for example, provides a client with concrete tasks, well-defined goals, and successive approximations in a

hierarchical order as a means of providing graded success experiences. Each graded success experience helps the client learn to achieve control and thus achieve mastery over stimuli that previously evoked the fear response.

Other behavioral techniques such as flooding and implosive therapy (Stampfl, 1967) provide the clients with a sense of mastery by demonstrating, rather powerfully, that it is possible to cope with and survive their worst fears. Murray and Jacobson (1978) noted that successful operant conditioning "seems to involve, also, and increase by the patient in feelings of mastery, greater self-confidence, and generally more positive beliefs about the self" (p. 731). Even relaxation training alone has been found to lead to significant therapeutic improvement (Goldfried & Trier, 1974).

The newer learning therapies, termed cognitive or cognitive-behavioral therapies, are "a loose aggregate of procedures that share a few fundamental assumptions but that vary widely in their theoretical parentage and technical operations" (Mahoney & Arnkoff, 1978, p. 702). Most cognitive therapists agree that psychotherapy is a process for conveying philosophies of life and not just changing maladaptive behaviors (Beutler & Guest, 1989).

Perhaps the best known of the cognitive therapies is rational-emotive therapy (RET) developed by Albert Ellis (Ellis, 1962, 1970; Ellis & Harper, 1975; Ellis & Grieger,

1977). RET is derived from the theoretical stance that emotional and behavioral problems arise from faulty and irrational patterns of thinking. This theoretical framework was first postulated 2000 years ago by Epictetus in The Enchiridion: "Men are disturbed not by things but by the views which they take of them" (Epictetus, 1890). According to Ellis (1970), emotional difficulties are not caused by external events, but rather from one's own evaluation and perception that is ascribed to the external event. These emotional difficulties are caused and maintained by biased, prejudiced, and illogical evaluative thinking. Ellis has indicated that certain core irrational ideas are at the root of most emotional disturbances and they are summarized as follows:

1. That it is a dire necessity for an adult to be loved by everyone for everything he or she does.
2. That certain acts are awful or wicked, and that people who perform such acts should be severely punished.
3. That it is horrible when things are not the way one would like them to be.
4. That human misery is externally caused and is forced on one by outside people and events.
5. That if something is or may be dangerous or fearsome one should be terribly upset about.
6. That it is easier to avoid than to face life's

difficulties.

7. That one needs something greater than oneself on which to rely.
8. That one should be thoroughly competent, intelligent, and achieving in all possible respects.
9. That because something once strongly affected one's life, it should indefinitely affect it.
10. That one must have certain and perfect control over things.
11. That human happiness can be achieved by inertia and inaction.
12. That one has virtually no control over one's emotions and that one cannot help feeling certain things. (Mahoney & Arnkoff, 1978, p.704)

Ellis developed an ABCDE paradigm for maladaptive behavior using these ideas (Ellis & Grieger, 1977). In this paradigm, the "A" stands for Activating Event, which is usually some obnoxious or unfortunate environmental occurrence. "C" stands for the emotional or behavioral Consequences; this is the uncomfortable affective reaction which is usually the client's identified problem. The "B" is the person's belief system which consists of two parts: rational and irrational beliefs. The next step, "D" (Disputation), represents the core of RET therapy. It is at this point that the counselor attempts to challenge, debate, and dissuade the client to give up the irrational beliefs

that are maintaining the emotional/behavioral problem. There are numerous cognitive disputations that are at the counselor's disposal. Disputational strategies include such questions as "Where's the proof?", "Where's the evidence?", or "How would that be so terrible?" Behavioral disputation strategies almost always include homework assignments in order to allow the clients to ascertain the validity of their unchecked assumptions (e.g. requesting that a shy, inhibited male ask an attractive female to dance so that he can determine if it would indeed be "awful" to be turned down by someone). Role playing is also used especially in RET group counseling. This gives the counselor a chance to demonstrate first-hand more effective coping strategies. The "E" in this paradigm represents the development of new and adaptive behaviors.

In summary, the essential task of a RET counselor is to: (1) help the client become aware of the current cognitive basis of his emotional problem, (2) help the client develop a more rational way of thinking, and (3) encourage the client to engage in some activity which itself serves to change irrational thinking.

A popular adaptation of RET was Your Erroneous Zones (Dyer, 1976). This self-help system was based upon fourteen beliefs that are summarized as follows:

1. Feelings are reactions people choose to have.

Healthy living means going after irrational thinking

which causes the negative feelings. Man is totally responsible for what he is and what he wants to become. Choice is the ultimate freedom for man.

2. Present moment living is the heart of effective living and the goal of counseling.
3. Love is the ability and willingness to allow those that you care for to be what they choose for themselves, without any insistence that they satisfy you.
4. Love and accepting oneself is central.
5. Approval seeking (needing to be accepted and approved of all the time) is self-destructive.
6. Choose positive self-descriptions. Negative self-descriptions such as: I'm shy; I'm anxious; I'm afraid; I'm fat; are self-destructive and are always excuses to avoid the risk and work involved in thinking and behaving differently.
7. Guilt and worry are the two most useless negative emotions. Guilt means using up present moments being immobilized as a result of past behavior, while worry is the continuance that keeps one immobilized in the now about something in the future (frequently something over which you have no control).
8. Risk the unknown. No activity is beyond your potential. The truly great men in history who chose the new were not captured into a false sense of

security which goes with staying with the familiar.

9. Nothing is absolute and nothing has to be forever.

There are no rights or wrongs, just alternatives.

10. Self-actualized people assign responsibility for what they are to themselves and not to people, ideas, things outside of themselves. They are internally oriented persons as opposed to externally oriented persons.

11. The world is not a just place. It would be nice if it were, but it's not. The choice to be happy or not, with this as a reality, is each man's.

12. Procrastination or putting it off behavior, is an escape from living present moments as fully as possible. Using inertia as a strategy for living is a self-delusion in which things will never get done or get better until I make a decision to act.

13. Psychological independence means becoming your own person, living and choosing the behavior you want.

14. Anger is ineffective. It demands that others be the way you think they should be and then when they are not, getting oneself upset about it. (Lyons, 1983), pp. 28-30)

Beck, Meichenbaum, and Lazarus have developed cognitive restructuring therapies that share with each other rationales and procedures for developing mastery. Beck (1970, 1976) and Beck, Rush, Shaw, & Emery (1979) developed a cognitive

therapy that helps clients to critically evaluate their behavior by focusing on the negative self-statements they make to themselves. Through this process clients are taught how to understand the relationship between their emotional experiences and their thinking process, which is subject to their control and modification.

Self-instructional training plays a central role in Meichenbaum's (1977) approach. There is now a sizable amount of literature demonstrating that the nature of one's "self-talk" (private monologs) can dramatically influence one's performance of widely varying tasks (Hollon & Beck, 1986). According to Meichenbaum, clients who have a problem with their behavior talk to themselves inappropriately. They depress themselves, worry themselves, put themselves down through their private dialogues with themselves. In therapy, Meichenbaum helps the client identify these self-defeating verbalizations and then learn to change their dialogue. He proposed that "behavior change occurs through a sequence of mediating processes involving the interaction of inner speech, cognitive structures, and behavior and their resultant outcomes" (Meichenbaum, 1977, p. 218).

Lazarus (1971, 1972, 1976, 1981) advocated a "broad spectrum" approach to therapy that included both behavior therapy techniques, such as desensitization, relaxation, conditioning and cognitive techniques, like social skills training, behavioral rehearsal, and the correction of

misconceptions. Lazarus called his eclectic collection of cognitive and behavioral tools "multi-modal therapy." He developed and continued to use only those cognitive and behavioral tools that were durable over time as measured by long-term follow-up with his clients. It is noteworthy that almost all of the "personal experiments" encouraged in any of the cognitive behavioral systems described above require active behavioral performance--a component that seems to be present in many of the most effective forms of psychotherapy (Mahoney, 1977).

The concept of mastery has also become incorporated into the social learning theories of Bandura (1977, 1982). His exploration of treatments for snake phobias led him to discover self-attribution or "self-efficacy" as a way to enhance treatment. In his studies he offered clients who were undergoing treatment for snake phobia the opportunity for self-directed performance after the desired behavior had been established and found that this procedure enhanced the client's reported self-efficacy, or feelings of accomplishment. In other words, he helped them "master" their performance, not just meet a minimum criterion.

Efficacy in dealing with one's environment is not a fixed act or simply a matter of knowing what to do. Rather, it involves a generative capability in which component cognitive, social, and behavioral skills must be organized into integrated courses of action to serve

innumerable purposes....In their daily lives people continuously make decisions about what courses of action to pursue and how long to continue those they have undertaken....Self-efficacy judgments, whether accurate or faulty, influence choice of activities and environmental settings. People avoid activities that they believe exceed their coping capabilities, but they undertake and perform assuredly those that they judge themselves capable of managing. (Bandura, 1982, pp. 122-123)

Personal Mastery Counseling is the name that Wayne Dyer and John Vriend gave to the type of counseling they found themselves doing in the 1970s. Like many of the previously described approaches PMC is a broad spectrum cognitive-behavioral approach to helping clients live more effectively. The PMC counselor functions as a pragmatist who will utilize any intervention likely to promote any cognitive, emotional, and/or behavioral change (Kottler, 1978). The only criterion for selecting techniques is "If it works, and harms no one, use it" (Vriend, 1978, p.107).

A PMC approach to group counseling presupposes that the counselor knows what individual counseling is all about, since a PMC counselor counsels individuals in the group, and not the group. (Vriend, 1978). The group itself presumably does not exist, so the PMC counselor focuses attention on helping each individual member, one at a time, in front of

other helpful witnesses who can learn and benefit vicariously.

Consistently with the philosophy of self-actualization, PMC is a brand of counseling that is potentially beneficial to everyone, not just those with adjustment or emotional problems. A PMC counselor may strive to form counseling groups heterogeneously so that the members are not hopelessly burdened with labels such as "underachievers", "emotionally disturbed", or "delinquent". PMC practitioners eschew any labels placed on individuals and instead prefer to define problems of living individually and operationally.

The first published reference to PMC was in the title of a 1974 cassette tape series Counseling for Personal Mastery (Vriend & Dyer, 1974). This tape series provided ideas and counseling examples to improve counselor competencies. Dyer & Vriend further developed PMC in their 1975 book Counseling Techniques That Work (Dyer & Vriend, 1975) and in a 1978 special issue of The Journal for Specialists in Group Work (Kottler & Brown, 1978). Finally, they presented their views in a more polished form in 1980 with Group Counseling for Personal Mastery (Dyer & Vriend, 1980). A reviewer of Group Counseling for Personal Mastery indicated the book "reflects many sound principles of group counseling and merits serious consideration (with appropriate filtration) by professionals. It [this book] should be available to all secondary school counselors and those counselor educators who consider

themselves "expert" in group counseling (Eberlein, 1982, p. 186). This reviewer's caveat is based on his opinion that the book is written in a "pop" style that is unfortunately attractive to a non-professional audience. He recommends that inexperienced counselors not use this book without working with a trained and experienced counselor.

Personal Mastery Counseling has not received much empirical attention even though Dyer & Vriend were affiliated with doctorate-level counseling programs in the 1970s. At Wayne State University, Dyer supervised a dissertation by Pierson (1974) utilizing PMC with college-level students, while at St. John's University Vriend supervised two dissertations that utilized PMC in peer-counseling studies (Callahan, 1978; Murphy 1978).

Critique of the Historical Development and Theoretical Review

This review of the historical and theoretical development supports the veracity of Frank's viewpoint that the concept of mastery is embedded in all successful therapies. It appears therefore that Personal Mastery Counseling "does flow from a well-bred background" (Kottler & Brown, 1978, p.102). It's roots are both in existential therapy as well as in the cognitive-behavioral learning tradition. These two approaches are more valuable combined than singly. As when, for example, existential therapists become disgusted with

their client's thinking which does not lead to action (Braaten, 1975). Existential therapists have always helped clients become aware of the freedom they possess and to be responsible for the direction of their lives and the behavioral choices they must ultimately make for themselves (Corey, 1982). Although the major criticism of existential therapy has been the absence of an empirical research base, this is certainly not true of the cognitive-behavioral tradition, which is by now rich with empirical research (Hollon & Beck, 1986).

Ellis (1978) listed the main superiorities of PMC over other counseling systems:

1. It is clearly cognitive-emotive-behavioral, rather than primarily cognitive or emotive or behavioral; and though it is based on a distinct theory of how humans behave dysfunctionally and how they can efficiently change their maladaptive behavior, it is quite eclectic in its employment of a wide variety of therapeutic techniques.
2. Although group PMC is obviously done with several individuals at a time, and therefore saves counselor and client time and energy, it focuses on individual change rather than group process in its own right.
3. It realistically stresses the responsibility of the group therapist or leader, instead of allowing him or her to unethically cop out in this respect.

4. It emphasizes relatively quick client change.
5. It is rooted in humanistic-existentialist concepts and stresses unconditional acceptance and nondamning of all humans, no matter how self-defeating or antisocial their behavior may be.
6. It encourages individualism and self-determination, on the one hand, and effective social relating, on the other hand.
7. It underscores the importance of a group leader's being artistic, charismatic, and scientific.
8. It is highly active-directive rather than inefficiently passive or discursive.
9. It is specifically homework-oriented.
10. It is psychoeducational and unashamedly employs many instructional and cognitive methods of psychological treatment.
11. It makes good use of pacing and of methodological variety, including the effective use of humor.
12. It arranges group processes so that they will best help individuals to achieve personal growth and effectiveness outside the group itself.
13. It helps clients see and change their basic irrational beliefs or philosophies, but also provides skill training when they have deficiencies in areas of practical everyday living. (Ellis, 1978, pp. 160-161)

According to Ellis (1978), Personal Mastery Counseling is "a

special kind of counseling that is particularly applicable to high school students but that also has valuable uses for almost any kind of psychotherapy with groups of individuals with emotional problems (p.160). In his opinion, however, PMC does not differ at all from rational-emotive therapy in basic theories or methods (Ellis, 1978). Vriend disagrees, believing that the PMC and the RET leader behave very differently. He stated that Ellis may lead groups "very autocratically" by pushing group members to take risks and try new behaviors (J. Vriend, personal communication, October 1, 1983). The following passages clarify this difference between RET and PMC group counseling:

The RET rational therapist feels he knows from the start that the client is upsetting himself by believing strongly in one or more irrational ideas; he usually can quickly surmise which of these ideas a particular client believes. As soon as he does this, he tends to confront the client with his irrational notion, to prove to him that he actually holds it, and to try forcefully to induce him to give it up. In a group situation, querying, contradicting, and attacking the individual's crooked cognitions can be forcefully done by several group members, who are likely to have a greater impact, all told, than a single therapist has (Bernard & Joyce, 1985, p. 274).

Vriend, on the other hand, endorses a more democratic

view, as apparently he places great trust in the individual's ability to decide whether or not to risk a new behavior. He stated:

To be human and alive is to make choices; every second of existence man chooses. That individuals can choose (even the decision not to choose is a choice), indeed, cannot do otherwise, puts upon them the terrible burden of responsibility for what they do. There is no good or bad in this, in any moral sense. There is only the fact that individuals must live with the consequences of their choices. They are responsible for them no matter how much they might deceive themselves. Just as they own their feelings and behaviors, so too, they own their choices and their consequences....the concept of freedom is important to PMC. It flows from the concept of choice. Persons are as free as the number of alternatives they present to themselves before choosing any course of action...(Vriend, 1978, p. 110).

Review of Group Counseling Outcome Studies with Junior and Senior High School Students: Introductory Remarks

It has recently been noted that after four decades of research, there are no fundamental improvements in our knowledge about the more specific elements of effective group counseling (Kaul & Bednar, 1986). This is even more true of group counseling studies with children and adolescents, since

there have been far fewer outcome studies with them than with adults (Tramontana & Sherrets, 1983). The most likely reason for this finding is that outcome studies with children and adolescents are much more difficult to design than with adults. Factors such as maturation, emotional development, personality, and family/environmental factors contribute to relatively greater complexity in studying how an adolescent may change as a result of group counseling.

The most comprehensive group counseling review available was reported by Gazda (1984) in which 443 group counseling studies were analyzed. More than 90 percent of the studies reviewed used students in an educational setting as group participants, with undergraduates being studied much more often than high school or elementary age students. Since Gazda did not analyze the results from junior or senior high school studies separately, only his overall analysis can be reported here. His analysis indicated that the percentage of studies reporting significant gains in the predicted direction has changed over time. About 50 percent of the studies from the 1938-1970 period showed significant gain, more than 88 percent of the 1970-1976 studies showed significant gain, but the percentage of studies that showed significant gain dropped to 70 percent in the 1976-1982 period. Gazda attributed this decrease to a change in attitude of journal editors in accepting more research studies that do not show significant change and also by the

inclusion of a high number of doctoral dissertations where no significant results were obtained.

In another review Henry and Kilmann (1979) reviewed 22 studies of group counseling in high school settings. Eight of the 22 studies they reviewed used underachievers as subjects, ten studies used regular counseling candidates, and four studies used "nonproblem" students. Many of the studies did not clearly specify the characteristics of counseling procedures, but from the descriptions given 14 studies apparently used a treatment approach that could be designated as "nondirective" or "client-centered" and seven studies used a treatment approach which reasonably could be classified as "directive." None of these studies are included in this review because of descriptive and/or methodological weaknesses. For example only five of the 22 studies used more than one treatment approach in order to compare the effectiveness of different treatments and only three included an attention placebo group to control for expectancy factors. In addition, only six studies used volunteers for group counseling, while in all the other studies the subjects were recruited in ways that were overtly or covertly coercive. It does not appear to be possible to evaluate the effectiveness of high school group counseling based on these flawed studies, and in fact the authors concluded that "the poor quality of the research suggests that the case for high school group counseling has not yet been demonstrated" (Henry

& Kilmann, 1979,p. 44).

The 36 studies in this review focus exclusively on junior (grades 7-8) and senior (grades 9-12) high school-age students who received group counseling services in their regular school and on whom outcome data was obtained. It includes only those studies reported after 1970 that utilized some type of control group for outcome comparison. Case studies, testimonials, and client-centered group counseling studies were excluded for obvious reasons. It was also decided to exclude all group counseling studies with inpatient adolescents, regardless of whether the adolescents were patients in a correctional, substance abuse, or psychiatric facility. For excellent reviews on adolescent group counseling studies that include inpatients see Tramontana (1980) and Tramontana & Sherrets (1985).

Review of Junior High School Group Counseling Studies

A literature search through Psychological Abstracts and Dissertation Abstracts International did not locate any studies that used PMC with a junior high school population. However the six studies included in this section demonstrate many procedures similar to what might be done in a PMC counseling group. Fewer outcome studies have been done with junior high students than with either elementary or high school age students. The vast majority of junior high age studies in the literature were either carried out in a

private inpatient setting and were therefore not selected for this review, or were conducted in a public school setting but did not contain outcome data. Many of the latter studies were peer counselor training sessions and not counseling sessions per se.

Boyle (1977) investigated the effects of Positive Peer Culture counseling on the self-concept of sixth-, eighth-, and tenth-grade students who had been identified as "deviant" in the school setting. The subjects consisted of 10 students at each grade level who receive ten weeks of Positive Peer Counseling, a group format which helps students modify their perceptions of themselves and improve their interpersonal skills, and ten no-treatment control subjects from each grade level. Each of the 60 subjects had scored high on the Kvaraceus Delinquency Proneness Checklist, and after each was interviewed for informed consent, experimental and control groups were formed randomly at each grade level. The researcher acted as the group leader for all grade levels and met with the Positive Peer Culture group for ten 45 minute sessions. The leader did not list any qualifications to be a group leader, but noted he was being supervised by a doctorate level Coordinator of Pupil Service. A Posttest-Only Group design was used to measure outcome, with the Tennessee Self-Concept (TSCS) and the Counseling Session Report, a subjective experimental checklist completed weekly by both the leader and the group members. At the conclusion

of the study each of the three experimental groups had significant positive differences on seven of the 29 self-concept variables on the TSCS and also higher ratings on group process on the Counseling Session Report in comparison to their respective control groups.

There were many weaknesses in the study: the absence of pretesting to assure there were no initial group differences in self-concept, the confounding use of the researcher as group leader, and the very limited outcome data. Since the study focused on helping students that Boyle had identified as "deviant," outcome data (i.e. better attendance, fewer discipline referrals) could have been included. More explanation could have been made about his pre-treatment interview to make it clear what potential subjects were told why they were selected for counseling.

Warren (1978) and Smith (1979) using the same subjects, compared two variations of RET with relationship oriented counseling in the reduction of interpersonal anxiety in junior high school students. Smith randomly assigned sixty students who earned high scores on a self-report measure of interpersonal anxiety and who subsequently volunteered to be in the study to a RET counseling group, a Relationships Oriented Counseling group, or a waiting-list control group. Warren used the same three groups for his study, but added a group which received RET counseling without any rational emotive imagery in order to evaluate how this variable

effects RET.

All students in an intermediate school filled out the Junior High Concerns Inventory. Those with the highest scores on the section called "Social Avoidance and Distress Scale" were invited to participate in the study. The Junior High Concerns Inventory, as well as a homemade sociometric measure, was used as outcome data. The results of both studies indicated the RET groups, with or without imagery, tended to reduce anxiety more than either Relationships Oriented Counseling or the control group, but not to a significant degree.

In these studies the experience of the group leaders is certainly a plus: both were doctoral students who had had both RET coursework and at least three years of RET group leadership experience. They obtained informed consent, controlled for the leadership variable (i.e. one leader led one group of each treatment), and each provided their subjects a specific and well-defined treatment.

The sociometric measure they chose for pre- and post-treatment was not well-received by either teachers or students. It was a homemade measure called "Guess Who," a questionnaire that was filled out by both group participants and their teachers, and it contained items, such as asking students to rate "who are the ones [subjects] who seem most fearful of being disliked or rejected" and "who are the ones [subjects] who are too shy to make friends easily." In the

Warren study, the "Guess Who" measure was not readministered post-treatment because of the negative reaction from both teachers and subjects.

Another study of anxiety management with junior high students was completed by Wilson and Rotter (1986). Five groups (n=12) were formed from subjects who scored in the upper third of the Test Anxiety Scale for Children (TASC) which was apparently administered to all sixth- and seventh-grade students. These groups, three experimental and two control, were stratified by race and sex. The three experimental groups were: anxiety management training (i.e. desensitization, relaxation training, and guided imagery), study skills counseling, and modified anxiety management training (i.e. anxiety management training plus study skills counseling). One control group contained attention-placebo features, such as structured activities for self-awareness and building a positive self-image, while the other control group received no treatment.

The research design was a randomized pretest, posttest with follow-up. Pre- and post-treatment measures were the TASC, the Coopersmith Self-Esteem Inventory, and a test performance instrument adapted from the Coding subtest on the Wechsler Intelligence Scale for Children-Revised, as the researchers believed "Performance tests of this nature have been shown to be significantly negatively affected by test anxiety" (p. 21). The five groups, three treatment and two

control, did not differ significantly on the dependent measurers before treatment.

The results indicated all three experimental treatments, the two anxiety groups and the study skills group, significantly reduced the levels of test anxiety. Furthermore, both anxiety management groups significantly improved levels of self-esteem and improved scores on the test performance instrument. These results were significant both at post-test and also at a follow-up period two months later. The attention-placebo group did not change in test anxiety or test performance at either post-treatment or follow-up, but improved significantly in self-esteem at follow-up. In this study the attention-placebo treatment was more potent than expected, and this suggests the its activities were well-chosen.

Sheridan, Baker & deLissovoy (1984) compared structured group counseling with "explicit bibliotherapy" using a volunteer population of seventh-, eighth-, and ninth-grade students from changing families (i. e. families with a divorce, separation, death, remarriage, or frequent moves). Forth-eight screened volunteers were stratified by sex and randomly assigned to the two treatment conditions and to the wait-control condition; 15 subjects to the structured group counseling treatment, 16 to the bibliotherapy group, and 17 to the control group. Both treatment groups were further subdivided (in an unspecified manner, but probably by class

schedule) into three small groups of 4 to 6 subjects and assigned to one of three experienced school counselors/group leaders. Each counselor led both a counseling and a bibliotherapy group.

The counseling group met for twelve 45-minute sessions, but inexplicably, the bibliotherapy group only met for five 45-minute sessions (probably assuming that assigned homework readings would make up for the time difference).

Pre- and post-treatment measures included the Piers-Harris Children's Self-Concept Scale, grade point average (GPA), attendance records, and a parent survey questionnaire (developed by the senior author) on the subjects' behavior at home. There were two post-treatment only measures: a group evaluation survey and a true-false knowledge test on the problems experienced by changing families. Both of these measures were developed by the senior author. Of these six variables, only the author's group evaluation survey showed a significant result; the students in both the counseling and bibliotherapy groups rated the help they received higher than did the control group students, who were getting no treatment anyway.

A problem in this study may have been the close similarity between the experimental and control group activities. The structured group counseling essentially consisted of group discussions of various topics: i.e. custodial parents, financial changes in separated/divorced

families, parental dating. The bibliotherapy group was, of course, reading about the same topics and then discussing them together as a group. The group discussions in these two groups were probably very similar.

Most of the outcome measures selected for this study--self-concept, GPA, attendance, behavior at home, are truly surprising, since the group leaders undertook no activities that would lead to changes in any of these measures. If any of the measures in this study had improved after treatment, it would probably have been entirely accidental.

One model for eliminating self-defeating behaviors through group counseling was proposed by Cudney (1971) who provided a format like PMC whereby each member worked on his or her self-identified behavior within a supportive group atmosphere. Omizo and Omizo (1987) used this format with sixty 12 to 15 year old learning disabled children to determine if group counseling could effect self-esteem and locus of control. The volunteer participants were randomly assigned to either a 30-member experimental or control group, with the experimental group further subdivided into three groups (n=10) based on the student's schedule. Three trained school counselors were chosen to facilitate each of the three groups, while a psychologist served as a consultant. The entire treatment lasted 7 weeks, with each group meeting once a week for approximately one-and-a-half hours.

In the Cudney system subjects pick a self-defeating behavior, identify the cognitive and emotional mechanisms that maintain the behavior, and then set goals to eliminate the behavior. Guided imagery, homework, and RET disputing procedures were all part of the treatment.

Pre- and post-treatment measures included the Coopersmith Self-Esteem Inventory and the Locus of Inventory for Three Achievement Domains, an instrument that consists of 47 items that measure perceived acceptance of responsibility for Intellectual, Physical, and Social activities. At the end of seven weeks subjects who participated in the group counseling sessions had significantly higher self-esteem scores and had a more internal locus of control score in the intellectual and social domains than did subjects in the control group. The researchers concluded that their program made the students feel better about themselves, even if they weren't totally successful in eliminating their self-defeating behavior.

The counseling groups in this study followed procedures that are quite similar to PMC. Its two shortcomings appear to be an absence of true random selection (class schedule probably played a part in forming the groups) and no behavioral outcome data. This latter omission is surprising, since each student was obviously working toward behavior change that could be measured in some way.

Critique of the Literature of Junior High School Group
Counseling Studies

A common characteristic of these junior high studies is that none used purely random selection procedures. All but two used a test score to "screen in" potential subjects, while those two (Sheridan et al., 1984; Omizo & Omizo, 1987) preselected populations as well: the former used "changing families" while the latter used learning disabilities as admission criteria. Prescreening group members according to a fixed criteria potentially limits the focus of the group process. In fact, in all but one study the researchers followed procedures to "fix" something, typically interpersonal anxiety or self-concept. Only the Omizo & Omizo (1987) study allowed each subject to select a self-defeating behavior of their own.

Whenever subjects are preselected in some fashion, detailed specific information about the initial interview should be provided as proof they were recruited ethically. Because of the limited amount of detail these studies provided, it is impossible to determine what subjects were told about the studies. Were subjects in these studies told about their aberrant preselection scores, for example? A heterogeneous sample recruited from a volunteer pool may have been an improved experimental choice for these studies.

Only one of the studies (Sheridan et al., 1984) used any behavioral outcome data and, as stated earlier, this was the

one study least likely to change behavior significantly. The other studies would all have been improved with behavioral outcome data. For example the "deviants" in the Boyle (1977) study might have had fewer discipline referrals and the "anxious" students of Smith (1979), Warren (1978), and Wilson & Rotter (1986) might receive higher test grades after treatment. Omizo & Omizo's (1987) learning disabled students were each working on a self-defeating behavior, but the researchers neither tell us what behaviors were being worked on, nor whether or not any of the students were successful.

Traditional behavior therapists have argued strongly that assessment techniques should require few inferential assumptions and should be close to observable as possible (Goldfried & Kent, 1972). However more recently cognitive therapists have become more interested in "going beyond the information given" (Goldberg & Shaw, 1989, p. 38) in an attempt to measure hypothesized inner processes. As noted earlier, all but one of the junior high studies rely solely on cognitive measures of change. Incorporating both behavioral and cognitive measures would noticeably have enhanced the outcome data.

Each of these studies used an appropriate control group. Three studies used a wait-list control group (Sheridan, et al., 1984; Smith, 1979, Warren, 1978), two studies used a no-treatment control group (Boyle, 1977; Omizo & Omizo, 1987), and one study (Wilson & Rotter, 1986) used two control

groups: an attention-placebo and a no-treatment control group. A surprising finding was the improvement in self-esteem in Wilson and Rotter's attention placebo subjects two months after the study was completed. Clearly this offers proof that an attention-placebo control group is the control group of choice when making comparisons with an experimental treatment.

Review of High School Group Counseling Studies:

Non-significant Outcomes

Only one high school study (Murphy, 1978) was found that met the requirements of this review and also utilized Personal Mastery Counseling as the treatment. Murphy compared the effectiveness of peer-led PMC with guidance counselor-led PMC on the degree of subject change in level of self-actualization and locus of control. Fourteen peer counselors and four guidance counselors underwent 40 hours of intensive training in PMC. The subjects were 10th grade boys at a Catholic high school in New York City who were involved in peer counseling as part of their required curriculum. In addition to the two counseling groups, this study utilized a no-treatment control group. Each counseling group had an average of eight subjects, met twice a week for one hour, and met for 11 weeks. The Personal Orientation Inventory (POI) and the Rotter I-E Scale were administered pre- and post-treatment. In addition, the Ivey Counselor

Effectiveness Scale and the Kaltentbach Gazda Leadership Performance Scale were used respectively by the subjects and outside raters to judge counselor effectiveness. The results of the study indicated that PMC counseling produced no significant differences among the three groups in levels of actualization as measured by the POI or locus of control. The subjects perceived the guidance counselors as providing significantly more effective leadership direction than the peer counselors, but the outside raters did not score peer counselors and guidance counselors as significantly different from each other in counselor effectiveness.

Eleven other studies in this review used procedures similar to PMC but did not produce any significant outcome change. They are reviewed chronologically in the following pages.

Taylor (1970) assessed the effects of group counseling on the self concept and achievement of high school sophomores. Four health classes of about 25 students were selected: two classes received ten weeks of group counseling in their required health classes and two control group classes received ten lectures on health at the same time. The Tennessee Self Concept Scale (TSCS) and a teacher constructed unit test were administered to the subjects before and after the treatment. Analysis of variance of experimental gain was used to compare the treatment and control groups. The results did not yield a significant

difference on either measure. Two likely reasons for non-significant results are the large size of the groups and the involuntary nature of subject participation. Each counseling group was so large that it would be extremely unlikely that any of the subjects would receive enough individual attention to actually increase self-concept. There may have been undue pressure on the subjects to participate in this study since the only recourse for a student who did not want to participate was to transfer out of the class. Such a procedure would appear to be contrary to the ethical position of the Association for Specialists in Group Work (ASGW, 1980).

Rupkey (1973) investigated whether or not group counseling could raise the self-esteem of high school juniors and seniors with teacher-led counseling groups. The subjects were 195 juniors and seniors from a coed Catholic high school who were randomly assigned to thirteen groups. Six of these groups were randomly selected to receive eight one-half hour group counseling sessions while the remaining seven groups continued their regular classroom instruction as no-treatment control groups. There was no pre-treatment training for the leaders, but during the treatment the teachers met 11 times with a "school counselor" for instruction, feedback, evaluation and planning. Self-esteem was measured by the Coopersmith Self-Esteem Inventory. The students' and teachers' perception of the group climate and the attainment of the

teachers' goals for their groups was measured by an activities questionnaire. The results of this study were non-significant; eight group counseling sessions did not increase the self-esteem of the high school students. The only significant finding by Rupkey was that seniors with group leaders of the same sex developed higher self-esteem than did seniors with group leaders of the opposite sex. Many factors can account for the overall lack of significance: the absence of counselor training, the very brief amount of time allotted to the counseling, the involuntary nature of subject participation, and the absence of a group counseling model.

Rosentover (1974) provided ten group counseling sessions to underachieving high school upperclassmen in order to raise their level of self-esteem and grade point averages. Three groups of subjects were randomly selected from a pool of underachieving students: a counseling group which received ten sessions of rational group counseling, an information group which received ten sessions of career information, and a no-treatment control group. Pre- and post-treatment measures consisted of the Minnesota Counseling Inventory as a measure of self-esteem and the grade point average (GPA). The null hypothesis was accepted for both measures, as neither self-image nor GPA increased or decreased significantly for any of the three groups. This study may have had a greater chance for success if Rosentover had used

a heterogeneous group that included some relatively successful students in order to allow for modeling to occur.

The effects of two group counseling approaches on the anxiety, self-concept, and the study habits and attitudes among high school seniors were compared by Birmingham (1975). Forty subjects were randomly selected from a pool of 96 students referred by teachers for group counseling and were randomly assigned to one of four ten-member groups: three experimental groups and one no-treatment control group. One experimental group received ten weeks of group counseling from an experienced group leader, another group received ten weeks of leaderless counseling, facilitated by programmed audio tapes that discussed personal growth, and the last experimental group listened to ten weeks of audio-taped music. Prior to and immediately after ten weeks of treatment, the TSCS, the IPAT Anxiety Scale and the Brown-Holtzman Survey of Study Habits and Attitudes were administered to all subjects. The analyzed data did not indicate significant differences between the four groups on any one of the three instruments used although a majority of subjects who received group counseling did show improvement on all three variables. It is difficult to critique this study since the model and format of group counseling were not described. Birmingham simply stated that the counselor utilized a "group centered orientation." In all other aspects this study appears to be well-designed.

Caruthers (1975) investigated the effects of small group counseling on the self-concept of disadvantaged students. Ninety Upward Bound students were assigned to two groups in a stratified random fashion by race and sex. The experimental group consisted of 66 subject and the control group consisted of 24 subjects. The TSCS was administered pre- and post-treatment. The results indicated there were no significant differences between the experimental and control groups in self-concept as a result of group counseling. Like the previous study the techniques of counseling were not specified and thus a critique is difficult. A cognitive-behavioral model may be more likely to produce significant results with disadvantaged students, since these kind of students may need to explore self-defeating thinking, to learn goal-setting strategies, to role-play successful dialogues with other individuals.

Larsen (1976) attempted to determine if group counseling could be effective in improving the attendance patterns, self-concept, academic performances and attitudes toward school of absentee-prone high school sophomores. Eighty tenth grade subjects were selected because they had been absent without excuse 15 or more days during their ninth grade year. Forty of these students were randomly selected through a process which gave males and females equal ratio. The remaining 40 students constituted a no-treatment control group. The 40 experimental subjects were randomly assigned

by sex into five groups of eight students each. The experimental groups received group counseling from one or two assistant principals at the school weekly for 13 weeks. Each meeting lasted 55 minutes and focused on school and personal issues. Structured activities and exercises were used in the groups to clarify values and enhance self-concept. Four pre- and post-treatment measures were administered: the TSCS, GPA, the Henry Sibley Study Questionnaire, and a self-developed survey of attitudes toward school. The analysis of results indicated that group counseling made no significant difference on any of the dependent measures. In fact, there were actual declines in GPA and self-concept from the period of pretesting (January) to posttesting (May). Larsen listed some reasons he believed why the results were not significant, but he did not consider two obvious factors--the use of assistant principals as counselors and the involuntary nature of subject participation. Leading a homogeneous group of underachievers successfully may require counselors with a great amount of skill and experience if it is to be done successfully. Larsen did not describe the qualifications of the principals, but even if they were experienced group counselors the subjects may have had a difficult time perceiving them in a role different from their traditional one.

Posmer (1976) investigated the effects of Success Sharing, a treatment based on the procedural formations of

the Human Potential Seminar model, and Transactional Analysis, based on the theoretical formulations of Eric Berne, upon the locus of control of high school seniors. The Rotter I-E Scale was administered to all seniors. The subjects in this study were students who scored between 9 and 13 on the I-E Scale and who volunteered to participate in a counseling group. Of these 96 subjects, 12 were randomly assigned to each of four counseling groups and the remaining 48 to a no-treatment control group. Each group was led by two guidance counselors who were both currently employed at the school. They utilized prescribed exercises and activities in each group meeting based on either the models of Success Sharing or Transactional Analysis. The groups met 50 minutes each day for nine days in a row. At the conclusion of the treatment the I-E Scale showed a significant change in the direction of internality for both experimental and for the control group as well. Posmer explained his findings by looking at the time of year his study was conducted. The second semester of the senior's high school year may represent a pivotal time in an their development, during which time they may be especially sensitive toward internality in locus of control. In spite of the non-significant results, this study was well-designed, the researcher utilized appropriate activities for groups, and the subjects were recruited in a voluntary fashion. Other dependent variables in addition to the I-E Scale may

have been needed in this study. The Success Sharing model, for example, may have helped improve the self-concept of the subjects, but this variable was not studied.

Tropp (1976) compared behavior change through self-control versus supportive group counseling. Thirty-one high school students were identified by notices of failing or near-failing grades and all agreed to participate in counseling. They were randomly assigned by sex and grade to three groups. The first experimental group (n=11) received ten 50-minute sessions of behavior change counseling which was based on principles of social learning, reinforcement, and modeling as presented in Armstrong and Savicki (1971). The second group (N=11) can be considered an attention-placebo group in which the subjects received ten 50-minute sessions of supportive counseling in which the leader did not follow a specific model or format. The third group (N=9) was a no-treatment control group. Dependent measures used pre- and post-treatment were the Piers-Harris Self-Concept Scale, the I-E Scale, GPA, discipline slips, and attendance data. No significant differences were found on any of the measures, although it was found that Group 1 had fewer discipline referrals and have a higher self-concept at follow-up. An additional interesting finding was that all three groups had a significantly lower dropout rate than did other students in the population with failing notices. This study was one of the few that utilized an attention-placebo

group to enhance the comparisons between attention and treatment. The counselor who led the Group 1 was trained by listening to two 60-minute tapes based on the Armstrong and Savicki (1971) materials and by following a related lesson plan. Unfortunately the counseling experience of this individual was not described and his training may have been limited to the the above-mentioned materials.

Armstrong (1978) studied the effects of group counseling on self-concept and reading levels of tenth grade students. Forty tenth grade students with normal intelligence who were six months to two years below grade level in reading were selected as subjects. Twenty of the subjects were selected by sex for two groups and the remaining 20 became a no-treatment control group. The experimental treatments met one hour per week for 20 weeks following the basic needs theory of Maslow as rationale. Subjects in these groups shared individual concerns and problems, explored alternative solutions, made commitments to solve problems and reported back their results to the other group members. The pre- and post-treatment dependent measures were the Piers-Harris Self-Concept Scale, GPA, reading achievement level. No significant differences were found between the two groups in any of the three variables as a result of group counseling. This study appeared to be well-designed with a group counseling model that was identical or similar to PMC. The non-significant findings in this study may reflect the lack

of experience of the counselor, the difficulty counseling with subjects who are too homogeneous, and an absence of behavioral outcome measures. In addition the outcome measures that were selected may have been too ambitious; imagine what if 20 hours of group counseling could raise a subject's reading level when nine years of schooling could not?

R. K. Jensen (1978) utilized behavioral change counseling in an attempt to reduce antisocial behavior. Forty-four subjects who had committed offenses that called for school suspension, e. g. fighting, smoking, or truancy were eligible to become subjects. The subjects in this study were selected because they had accepted counseling voluntarily when offered the choice between group counseling or suspension from school. Twenty-two of these subjects were given three sessions of behavioral change group counseling, which according to the author was based on principles from Ellis' RET counseling, Glasser's Reality Therapy, and Greenwald's (1973) Direct-Decision Therapy. The first session lasted 45 minutes and was the only true group session. The second and third sessions were individual sessions and incredibly lasted only ten to twenty minutes each. The remaining 22 subjects were assigned to a no-treatment control group. The only outcome measure utilized in this study was a homemade self-rating frequency chart that the subjects used to report on their own behavior. The charts of the experimental and

control groups were compared at the conclusion of the study and no significant differences were found between the two sets of charts. There are three notable weaknesses in this study: the short treatment time (less than two hours), the recruitment of subjects, and the limited outcome data. Jenson did appear to have given some thought to an appropriate model of counseling, but he did not apply it in an effective way. In his summary Jenson noted the school schedule did not permit him to meet longer with his subjects.

Mink (1979) attempted to use a Transactional Analysis (TA) approach to promote greater internality among selected high school juniors. A treatment group of 21 students received thirty hours TA group counseling for five hours per week over a six-week period. The treatment attempted to familiarize the students with the application of TA concepts to their own life situations through both didactic and experiential approaches. An attention-placebo group (n=24) discussed filmstrips on vocational attitudes for the same length of time. Pre- and post-treatment measures included the I-E Scale as well as goal attainment scales and behavior rating scales designed by the researcher. The findings indicated that no significant differences as a result of TA group counseling. The TA based treatment had no significant impact on the students' locus of control except for a trend toward internality among those with the highest pre-treatment

levels of externality. The results of this study may suggest that locus of control is difficult to alter through group counseling.

Stockton (Dennet, Stockton, Cerio, & Watts, 1981; Cerio, LaCalle, & Martha, 1986) has developed a type of group counseling at Indiana University that is similar to RET. The group sessions are called Eliminating Self-defeating Behavior (ESDB) workshops, in which students are encouraged to focus on and eliminate types of irrational thinking that lead to self-defeating behaviors. The subjects volunteered for group counseling in their respective high schools. Five groups of subjects each were randomly assigned to receive ESDB and one group was assigned as a no-treatment control group. All subjects took the TSCS and the I-E Scale pre- and post-treatment. The results indicated there were no significant differences between the experimental and control group as a result of the counseling. However a majority of experimental group subjects reported that their group experience was effective in overcoming an unwanted behavior. The model for this study is a very sound one and even though the dependent measures were non-significant, something really did happen to the majority of subjects. It may have been appropriate to use a behavioral measure as part of the outcome, since each subject was presumably working on a self-defeating behavior.

Review of High School Group Counseling Studies: Significant Outcomes

The following 18 studies demonstrated significant outcome results. Felton & Davidson (1973) helped high school low achievers make significant changes toward internality as a result of participating in group counseling where internal control and responsible behavior were stressed. The subjects were 61 male and 30 female high school 10th graders who were achieving below grade level. These students were asked to enroll in a one semester group counseling in lieu of one of their regular classes. The subjects participated in three 45-minute group counseling per week or 57 total sessions. The junior author led the groups and he was reported to be experienced in leading groups of this type. The no-treatment control group included 13 boys and 5 girls who were also achieving below grade level. The I-E Scale was administered pre- and post-treatment and was the only variable used. The hypothesis that group counseling would increase locus of control was supported. A shift in perception toward an internal locus of control might have also led to more responsible behavior and thus toward higher achievement, but unfortunately this study did not measure GPA or use any behavioral outcome measures, and thus its generalizability is limited.

Cordell (1973) evaluated the effectiveness of group counseling to reduce absenteeism. Twenty-eight 11th grade

subjects were randomly chosen from 58 students who had missed 15 or more days of school per year and who agreed to participate in the study. Fourteen of these subjects were randomly assigned to two counseling groups and the remaining 14 were assigned to two control groups. There were two school counselors who led the groups, with each counselor randomly assigned to lead one treatment group and one control group. Each counselor received training prior to and during the group. The counseling process consisted of counselor reinforcement and structured activities. Control group counseling consisted of.....Each treatment and control group session met 55 minutes once a week for ten weeks. The TSCS, attendance records and GPA were pre- and post-treatment dependent measures. Analysis of the results indicated that significant changes occurred for self-concept and attendance while GPA improved non-significantly. This study is extremely well-designed and carefully controlled. Its only limitation appears to be the vague and imprecise description of the counseling model used. The counselors must have done something very significant in their counseling group that they didn't do in their control group, but this study does not explain what it was. This omission makes a replication of this study difficult.

Maultsby (1974) developed a program with RET as a primary prevention model for high school students. The essential goal of the program was to teach students to utilize RET

principles in coping with their emotional upsets and interpersonal conflicts. In a pilot study using a sample of emotionally disturbed high school students, Maultsby, Knipping & Carpenter (1974) gave one seven-member group a course on RET twice a week for 15 weeks while seven other students served as a no-treatment control group. Both groups were pre- and post-tested with the I-E Scale, the POI and the Maultsby Common Trait Inventory. At the conclusion of the treatment there were significant differences on all three measures in a positive direction.

DeEsch (1976, 1980) in an often-cited study, investigated the effects of Ohlsen's model of group counseling (Ohlsen, 1977) on students frequently referred to the disciplinary office. The study included students in grades seven through ten from all socioeconomic levels. Subjects who met the criteria were randomly assigned to either the Treatment or the Delayed Treatment group. Each subject assigned to a group was given an intake interview to screen out subjects unwilling to participate. The research subjects were placed in counseling groups within the guidelines prescribed by Ohlsen (1977). Pre- and post-treatment measures included a Pupil Rating Inventory, a goal rating scale, TSCS, GPA, and discipline referrals. Four of these variables showed a significant gain as a result of the treatment: self-concepts improved, GPAs became higher, the goal rating scale changed more positively, and discipline referrals decreased among the

treatment subjects. No change occurred on the Pupil Rating Inventory, which is a teacher rating scale.

The positive factors in this study included the following: subjects were recruited ethically and voluntarily, the subjects followed a clearly defined treatment model, and the counseling helped subjects achieve specific goals. However the absence of certain key descriptions in his report, such as the sample size, length of sessions, and the counselor's level of experience would make this study difficult to replicate.

Streich and Keeler (1974) explored the relationship between growth-oriented group counseling and the self-actualization of high school students. The subjects were 85 students identified as "gifted" (IQ of 125 or higher) in grades 7 through 11. Forty-four subjects were formed into counseling groups, the remainder were used as a no-treatment control group. The size and number of the counseling groups is unspecified, but apparently the subjects were counseled in groups of 10 to 20 subjects. The group leaders were guidance counselors at the school where the study was conducted. They led "approximately 50" bi-weekly sessions which utilized planned and structured growth experiences to help the subjects through the self-actualization process. Two of the pre- and post-treatment measures--TSCS and the Torrance Test of Creativity--showed significant positive results as a result of group counseling. A third measure, the Rokeach

Dogmatism Scale did not show any significant changes. This study shows that regular high school guidance counselors can successfully lead counseling groups in high schools if they follow a structured model of counseling. Certain aspects of the design lack precise articulation, for example it is not clear if the subjects were assigned to groups randomly or perhaps some other formula such as class period. It is not even clear how many sessions were held.

Sharma (1975) investigated the effects of a rational group counseling approach with high school underachievers. Eighty-four anxious high school underachievers who volunteered to participate in an "academic recovery group" were assigned to one of four groups; one group received rational group counseling, one group was taught Ellis' eleven irrational ideas, one group was taught study skills, and the final group became a no-treatment control group. The criterion for the identification of anxious students required an individual to score 51 or higher on the Alpert and Haber Scale. These subjects were divided into 12 subgroups of 7 subjects each. Nine of these groups were selected as treatment groups and they were assigned randomly to the three treatment conditions. The remaining 3 groups (n=21) were pooled and assigned to the control group. Three "qualified and experienced" (p. 134) guidance counselors each led three of the nine experimental groups. They received four hours of instruction from the researcher prior to their group

meetings. The groups met weekly for nine-50 minute sessions. Pre- and post-treatment dependent variables included GPA and the Irrational Ideas Inventory, an instrument which measures belief in Ellis' 11 irrational beliefs. Immediately after the termination of treatments, those subjects in the rational group counseling showed significantly greater reduction in irrational beliefs and five months later they showed significantly greater improvement in school grades. The significance of this well-done study is to demonstrate that individuals in schools with little or no counseling experience can learn to apply rational-emotive principles in group work with students.

Thorpe (1975) found that RET insight training was superior to self-instructional training in reducing public speaking fears of thirty-two high school students. Training consisted of five sessions of self-instruction training which focused either on the roles of self-statements and the rehearsal of productive self-talk or on the providing of RET insight into irrational cognitions as they relate to the fear of public speaking. Self-report measures--Social Avoidance and Distress Scale and Affective Adjective Checklist--were used as pre- and post-treatment variables. The self-report measures were significant both immediately after treatment and at a three-month follow-up.

Albert (1976) sought to determine if short-term group counseling with parents and with their tenth grade students

could improve daily attendance, grade point average, self concept, and reduce discipline referrals. Forty-five students were selected randomly from a pool of students with two or more discipline referrals and were assigned to one of three groups: an experimental group of 15 subjects who received 22 group counseling sessions over 11 weeks, an experimental group of 15 parents who met in a parent group two hours a week for 11 weeks while their students received no group counseling, and a no-treatment control group of 15 students. Pre- and post-treatment measures included the Piers-Harris Self Concept Scale, attendance, GPA, and discipline referral measures. Albert's group counseling approach was based on Downing's Growth Counseling Model (Downing, 1975) and included techniques such as clarification of attitudes and feelings, reinforcement, exploration of alternative behaviors, questioning, supporting, and role playing. All of Albert's variables were non-significant as a result of treatment with the exception of a significant increase in the self-concept of the subjects who received group counseling. Unfortunately, even though this particular group counseling increased student self-concept the gain did not lead to better grades, improved attendance, or more positive behavior.

Thomas (1976) tested the effects of group counseling versus group counseling plus individual counseling on the self-concept, studying habits, achievement, and change in

behavior of low-motivated 11th grade male subjects. One hundred-fifteen male students were identified as "low-motivated" from their score on the Michigan M Scale. From this sample, 100 students accepted invitations to participate in counseling. Six groups of 10 randomly assigned subjects per group received counseling: 3 groups received 18 one-hour group counseling sessions and 3 groups received 18 one-hour group counseling sessions plus individual counseling sessions. The remaining 40 subjects became a no-treatment control group. Six criteria measures were used to determine outcomes of the counseling experience: the Minnesota Counseling Inventory, TSCS, GPA after nine weeks, GPA at the completion of treatment, Brown-Holtzman Survey of Study Habits and Attitudes, and a behavior rating scale. At the conclusion of the treatment no significant differences were found between the two treatment groups and the control group on the TSCS, the Brown-Holtzman Survey or the behavior rating scale. The Conformity Scale from the MCI indicated a significant difference between the treatment groups but not in the direction predicted. The GPA for both treatment groups increased significantly while the control group GPA decreased, which suggests that the group counseling was effective in increasing GPA with or without added individual counseling. It is apparent that the subjects in this study were recruited ethically and the study itself was well-designed. The major weakness is that both the

individual and group counseling procedures were poorly described. Replication and generalizability are therefore limited.

Patton (1977) delivered 10 weeks of rational behavior therapy (RBT) to 17 emotionally disturbed adolescents in a high school setting. A pre- and post-test random experimental design with control group was used to study eleven research hypotheses. The experimental group received 40 minutes of RBT training three days a week for 10 weeks. The model was a structured and didactic format that utilized basic RBT training techniques. The control group received no treatment. Of the eleven research hypotheses studied four showed significant positive change as a result of treatment: the RBT Concepts Test, the Common Perception Inventory, the I-E Scale, and the Time-Competence Scale of the POI. It was concluded that RBT produced positive change in learning and personality variables but did not seem to affect overt behaviors. A replication of this study with regular education students appears warranted with hopefully more behavioral variables.

Mirrow (1977) attempted to determine the effects of group counseling on the self-actualization and self-concept of 10th grade students. Two experimental groups were formed from counseling volunteers. One group (n=10) received pre- and post-treatment measures, while the other group (n=6) received post-treatment measures only. Two separate control groups

were established: one composed of delayed treatment volunteers (n=7) and the other composed of students who had refused to participate (n=9). The dependent variables were the TSCS and the POI. The co-counselors led 15 forty-five minute group sessions utilizing activities that were designed to help the members "extend their life space, becoming more comfortable in interpersonal relationships, enjoying more spontaneity, and becoming more aware of themselves and others" (p.84). There was no significant differences as a result of pretesting. The results of the study indicated that two of the scales of the POI showed significant gains as a result of counseling but the TSCS did not show a significant change. The volunteers in this study were recruited in a highly ethical fashion and consistent with good counseling practice, Mirrow conducted an individual interview with each prospective subject to discuss expectations and set personal goals for participation. Mirrow herself was the investigator as well as one of the two group leaders, but given the paucity of significant findings she cannot be accused of unduly influencing the outcome. Mirrow did not include any behavioral measures in her study and thus one wonders if her efforts could have led to any behavioral change.

Block (1978) compared the effectiveness of Rational Emotive Education (REE) to an alternate human relations course and to a no-treatment control group with

underachieving and acting out high school students. Forty eleventh and twelfth grade Black and Hispanic students who met experimental criteria were randomly assigned to one of five treatment conditions: two REE groups, two human relations groups, and a delayed-treatment control group. Treatment groups met 5 days per week for 45 minutes per session for 12 consecutive weeks. Dependent measures were all behavioral: GPA, incidents of disruptive behavior and class cuts. The results revealed different effects among the treatment groups with the REE group showing significant improvement over the human relations group and the control group on all dependent measures. This study demonstrated the success of a RET approach with a very difficult high school population. The study was well-designed and was carried out in an ethical fashion. The two leaders in this study were described as having "8 years of professional experience" (p. 62) but no further specifics are given, so one must assume that their experience has been in counseling or a related field. This demonstrates again the pervasive lack of uniformity in describing group counseling procedures.

Fifteen high school counselors led group counseling sessions in a study by Gatz, Tyler, and Pargament (1978) of locus of control, coping style, and goal attainment. Over four semesters, 218 high school students from 14 high schools participated in group counseling. Each counselor conducted one group composed of "exemplary" students who were doing

well and one group of "marginal" students who were having difficulties in school. They recruited 8 students per group with an equal number of black and white and of male and female students. The one-hour counseling sessions continued for eight weeks. Pre- and post-treatment dependent measures included the I-E Scale, the Kiresuk-Sherman Goal Attainment Scale, and the Tyler Behavioral Attributes of Psychosocial Competence Scale. One of the hypotheses was that those students defined as "internals" on the I-E Scale would attain more of their goals than "externals". Contrary to expectation, students with a "moderate" I-E score attained the most goals. When race and student status (doing well vs having difficulty) were examined together, among students doing well the white moderates were the strongest gainers of all, followed by the white externals, and then the black externals. Among students having difficulties the black internals were the strongest gainers, followed by the black externals, and then the white internals. Another hypothesis was that achieving individual goals as a result of group counseling would lead students to an increased sense of internality. Students did not change significantly on the I-E Scale after treatment so this hypothesis was not supported. In summary, the locus of control results ran counter to what would be predicted from the literature. This is a multiple criterion study (actually part of a larger study carried out by the University of Maryland) which

attempted to answer many questions about the interrelationships among various measures of change and perception of change in group counseling. It is not clear what type of counseling the students received except that the sessions focused on personal and educational goal attainment. Like so many other studies, the qualifications of the counselors are not described. In addition, this study could be improved with pre-treatment counselor training and/or continuing consultation from the researchers during the sessions.

Using possibly the same subjects and counselors as Gatz, et al., Horstmann (1978) studied the role of group interactions on the development of individual psychosocial competence. Counseling groups of exemplary or marginal high school subjects (8 per group randomized by race and sex) were tape recorded and then each group member was rated on a set of four process scales that were considered relevant to competence: the number of problem-solving statements given, the ratio of "internal" statements to the total number of "internal" plus "external" statements, a rating of interaction style, and a rating of expression of feelings. Pre- and post-treatment measures included the I-E Scale, Rotter's Interpersonal Trust Scale, Tyler's Behavioral Attributes of Psychosocial Competence, and the Kiresuk-Sherman Goal Attainment Scale. The findings from the study revealed that the group process measures significantly

predicted goal attainment for the "exemplary" students but not for the "marginal" students. In other words, the group interactions can play an important part in the counseling process when students are doing well in school. When students are not functioning well counselor input is more important than group interaction. This study suffers from the same weaknesses noted in the Gatz et al. (1978) study; The counselors received no special training or consultation before or during the groups. No specific counseling model was followed, as Horstmann asked the counselors to lead their groups in any way they felt most comfortable as long as they tried to help the students achieve their personal goals.

Cangelosi (1980) evaluated the effectiveness of Ellis' RET approach on self-concept in adolescents. Three groups were randomly selected from 36 high school students: a rational thinking group, an attention placebo group, and a no-treatment control group. The students in the rational thinking group met two hours per week for 12 weeks and received an introduction to the principles of RET and discussion of the 20 mistakes in thinking from I Can If I Want To (Lazarus & Fay, 1975). The placebo group met for the same length of time as the rational thinking group with an agenda that included interpersonal communication, relaxation, trust building, and receiving positive and negative feedback. Care was taken to omit Ellis' approach during the placebo sessions. These two groups were led by the researcher, a

doctoral candidate. The only pre-- and post-treatment measure was the Piers-Harris Self Concept Scale. Post hoc comparisons showed a significant increase in the self-concept of the RET group after the 12 weeks of group counseling, while no change was found for the other two groups.

In another study of self-concept, Clark (1982) studied which combination of counseling approaches--individual or group, with or without parents--was most effective in improving the attitude, attendance, and self-concept of 40 tenth grade underachievers. Five groups of eight underachieving students were formed for this study. The first two groups were formed with students whose parents were willing to attend evening support sessions. One of these groups was selected randomly to receive individual counseling and the other to receive group counseling. The last three groups were composed of the remaining 24 students randomly assigned to individual counseling, to group counseling, or to a no-treatment control group. The counseling lasted for 12 weeks with sessions held once per week. The format was goal oriented and behaviorally centered group counseling. Pre- and post-treatment measures included the Coopersmith Self-Esteem Inventory, student attendance records and report cards, and two researcher-designed questionnaires on attitude towards school and classroom behavior. Significant improvement in attendance and attitude was made by those low achieving students who received individual counseling

regardless of whether or not their parents received concomitant counseling. No significant improvement in self-esteem, grades, or classroom behavior was made by any student. While this well-designed study appears to suggest that individual counseling is more productive than group counseling for underachieving students, it should be noted that the counseling groups were actually small classes on improving study skills. The parent group was unsuccessful, because in Clark's opinion the focus of the parents appeared to be on learning specific strategies and getting specific answers to problem behavior, while the researchers were instead trying to present a more global and general approach. Unfortunately the parent's were right, what they needed was practical, down-to-earth advice that they can understand. A popular parent training program, such as STEP-Teen (Dinkmeyer & McKay, 1983), may have been more positively received by the parents.

Maier & Barbrack (1982) compared the effectiveness of a behavioral group counseling approach in remediating maladjusted ninth grade students with group counseling led either by high school guidance counselors or two trained 12th grade students. Four guidance counselors each referred ten ninth grade subjects who were beginning to experience academic failure, school truancy, absenteeism, and interpersonal difficulties with peers and teachers. Twenty-four of these nominated students were randomly

selected to be subjects: 16 were randomly assigned to one of four counseling groups (n=4) and the remaining eight were used as a comparison group who received only routine guidance services. Two of the groups were led by Master's degree level guidance counselors who were however inexperienced at leading counseling groups. The two 12 grade students were randomly selected from students who had peer tutoring training and experience. A didactic and experiential training program was provided to the four group leaders. The leaders were each provided an opportunity to co-lead a group for six weeks with one of the researchers. Additionally, the leaders were each provided with individual consultation for review and direction. The group counseling program lasted 10 weeks with two sessions held per week. It was based on the problem-solving framework of D'Zurilla and Goldfried (1977) and the behavioral group counseling principles of Rose (1977). The students were helped to develop problem-solving skills in order to improve their attendance, grades, and classroom behavior. pre- and post-treatment measures included attendance records, GPA, disciplinary referrals, and referrals to the child study team (a team which screens for special education services). A unique post-treatment interview was developed to measure "qualitative improvements" of the participants. Two teachers of each participant were asked whether or not they had noticed any behavioral change in the selected participants, whether it was positive or

negative, and if noticed, to describe the change. When compared to the comparison group, students in all four groups significantly improved their attendance and GPA while significantly reducing the number of discipline referrals. A higher percentage of the comparison group was referred to the child study committee than all the counseling groups combined but the numbers were low in frequency and thus the data could not be analyzed. Ninety-one percent of the teachers interviewed at the conclusion of the counseling reported positive changes in their students as a result of group counseling with the remainder reported no changes in their students. This is an excellent study and further comments about it will be made in the next section.

An interesting comparison was made between cognitive-behavioral and non-directive methods of group counseling by Mulcahy & Schachter (1982). One hundred twenty high school students from six schools responded to a letter recruiting students for counseling groups. Those who volunteered were randomly assigned by school and sex to one of three treatment conditions: Cognitive Self-Modeling (CSM), Conventional Group Counseling (CGC) based on the Rogerian non-directive approach), and a delayed treatment control group. Thirty-nine, 40, and 18 students were assigned to the three treatments respectively but it is unclear whether or not the CSM and the CGC were further divided into smaller counseling groups. The group treatments

were conducted in 12 or 13 40- to 50-minute sessions over two months. Dependent measures included four self-report trait and behavior measures and a measure of participation in school and community activities. Half of the control group was pretested in order to assess the effects of that variable. The researchers obtained outcome data at the conclusion of the study, ten weeks later, and one year later. Results from this study indicated that as a result of group counseling the cognitive-behavioral group made significant positive changes on all four self-report measures. This group also maintained those changes over all follow-up periods. For the non-directive group only the behavioral measures were significantly improved at post-treatment time, but over the 2 follow-up periods--10 weeks and 1 year--all self-report measures became significantly more positive. The difference in pattern of change between these two types of counseling deserves further comment. The change induced by the cognitive-behavioral approach was both immediately powerful and long-lasting. In contrast the pattern of change in non-directive group counseling was one of gradual but powerful increments over time. The authors believed that this reflected basic differences in the two counseling processes; cognitive-behavioral counseling is very focused, structured, and goal-oriented while non-directive counseling is more diffuse, less structured, and ambiguous. It was also found that there was no outcome effect as a result of

pretesting.

The strengths of the Mulcahy and Schachter study include the voluntary recruitment of subjects, the inclusion of pretesting as a variable, the extended follow-up period, and the overall excellent design. Its major weaknesses include the following: no details of the qualifications/training of the three counselors, no information on the size of the counseling groups, and the absence of any standardized dependent measures.

Critique of the Literature of High School Group Counseling Studies

The review of high school group counseling literature does not support the Henry & Kilmann (1979) claim against the efficacy of group counseling with high school students. Instead this review has demonstrated that group counseling can produce successful results when three minimum requirements are met: the researcher/group leaders must follow a clearly defined treatment model, the students are recruited voluntarily, and the counseling sessions help the members achieve specific goals. These three factors led to successful outcome results even if the group leaders had little or no previous group counseling experience. There were seven studies that contained that all three requirements (Albert, 1976; Block, 1978; Clark, 1982; DeEsch, 1974; Mulcahy & Schachter, 1982; Sharma, 1975; Thorpe, 1975) and

all seven produced significant outcome results.

Two of these variables, voluntary participation and specific goal achievement, were powerful predictors of successful outcomes even in studies where the researcher did not use a specific counseling model. Fourteen of the 18 successful outcome studies utilized voluntary and ethical measures to recruit subjects, while the other four studies (Gatz, 1978; Horstmann, 1978; Maher & Barbrack, 1982; Patton, 1977) did not describe their recruiting procedures well enough to determine whether or not they were ethical. By contrast only three of the 13 unsuccessful studies (Dennet et al., 1981; Posmer, 1976; Tropp, 1976) used ethical recruiting procedures, while the others may have been coercive, i.e. requiring students to transfer out of a class unless they participated in group counseling (Taylor, 1970), requiring group counseling participation as a school requirement (Murphy, 1978; Rupkey, 1973), not using informed consent procedures (Caruthers, 1975; Larsen, 1976), or asking subjects to choose between a Saturday morning group counseling session or suspension from school (Jensen, 1978).

Behavioral outcome data was also a characteristic of almost all of the successful outcome studies. Fourteen of the 18 successful studies contained this factor, while the remaining four (Cangelosi, 1980; Mirrow, 1977; Patton, 1977; Streich & Keeler, 1974) were studies of self-actualization where specific goal achievement was not considered a relevant

variable. Most of the successful studies used highly structured role-playing activities and performance aids often presented in graded steps in order to maximize mastery of new behaviors. This ratio contrasts sharply from that found in the unsuccessful studies, where only three of the 13 studies used behavioral outcome measures (Armstrong, 1978; Dennet et al., 1981; Tropp, 1976). This finding suggests researchers should shift some of their attention to behavioral changes that clients made to improve their lives as well as changes that occur in their personality (Orlinsky & Howard, 1986).

Only two studies (Mink, 1979; Mulcahy & Schachter, 1982) controlled for the effects of pretesting, but neither produced any significant pretesting effect. All the other studies in this review followed a pretest posttest design.

All but three studies reported the number of counseling sessions in the report. The median number of counseling sessions was 12 sessions for the successful groups and 10 sessions for the unsuccessful groups. However the range of sessions was extremely wide among studies, from one session (Jensen, 1978) to 57 group sessions (Felton & Davidson, 1973) and thus conclusions about this variable are difficult to make.

It is generally assumed that with increased numbers the group members experience less direct involvement and participation (Psathas, 1960). Ohlsen (1976) noted:

In order for a counseling group to function

effectively, members must be able to capture the floor, to speak, to feel safe to discuss their feelings openly, to interact meaningfully with other individuals, and to solicit and accept feedback....All clients must feel that adequate time has been allowed for them, that they will not have to wait too long to get the floor, and that the group is small enough for them to know other members and for them to be known (p. 166).

There was no difference in type of control group used between the successful and unsuccessful studies. Three of the unsuccessful studies contained an attention-placebo control group (or alternative treatment) in the design while the remaining 10 contained a no-treatment control group. Five of the successful studies contained an attention-placebo control group, and all the remainder contained a no-treatment control group (sometimes called a delayed treatment group). As was noted in the Maher & Barbrack (1982) study, there really is no such thing as a "no-treatment control group" in a school setting, since all group members receive the routine school guidance services available to every pupil.

Many group counseling approaches, including PMC, emphasize that anyone can benefit from participating in a well-run counseling group, so one does not need to search for members who share a common difficulty, e.g. groups of underachievers, truants, or children of divorce. In fact it

is believed that an individual's self-defeating behaviors can be corrected more effectively in a heterogeneous group, where group members can offer a variety of coping skills and feedback opportunities to each other (Beasley & Childers, 1985). This review did not demonstrate either homogeneous or heterogeneous groups to be relatively superior. The vast majority of the studies used groups that were preselected by some specific criterion (i.e. presumably "homogeneous" populations). Only six studies used a heterogeneous population, four by requiring participation as part of the curriculum (Mirrow, 1977; Murphy, 1978; Rupkey, 1973; Taylor, 1970) and two by publicly recruiting volunteers (Cangelosi, 1980; Mulcahy & Schachter, 1982). The latter two studies reported significant results.

A finding of particular relevance to educators is that four studies demonstrated that effective group counseling can lead to improved academic achievement. Three of these studies utilized a RET or another cognitive-behavioral counseling model (Block, 1978; Maher & Barbrack, 1982; Sharma, 1975). The other successful study (Thomas, 1976) does not contain enough description to determine its theoretical model. Probably the most important common factor in these four studies is the voluntary recruitment of subjects, and thus it is suggested that successful group counseling with underachievers can occur if participation is voluntary.

There are many relevant experimental variables that cannot be discussed because of incomplete descriptions of the methods and procedures of many of the high school studies. Important factors, such as the qualifications of the group leader, whether or not the researcher was also the group leader, the specific counseling methods, or the age of the participants were often not reported. This review demonstrated there is clearly a need for a more standardized approach to describing group research procedures so that all relevant variables can be considered and compared.

The Maher & Barbrack (1982) study should be singled out as the most uniformly excellent study in the literature. It not only possessed the three requirements for successful group counseling (a clearly defined treatment model, voluntary subject participation, and specific goal achievement) but it also contained many other desirable features, such as group leader training before the treatment, consultation during the treatment, and a unique post-treatment interview with teachers and administration to measure "social validity" and "management validity" respectively. This study's only weakness appears to be the absence of long-term follow-up, but it should be noted that only two of the 36 studies (Block, 1978; Wilson & Rotter, 1986) in this review used a long-term follow-up procedure.

Review of the Literature on Attention-Placebo Control Groups

The most extensive discussion of the placebo effect is that of Shapiro & Morris (1978). They defined a placebo as:

any therapy or component of therapy that is deliberately used for its nonspecific, psychological, or psychophysiological effect, or that is used for its presumed specific effect, but is without specific activity for the condition being treated. A placebo, when used as a control in experimental studies, is defined as a substance or procedure that is without specific activity for the condition being evaluated. The placebo effect is defined as the psychological or psychophysiological effect produced by placebos (p. 371).

Paul (1966) conducted the seminal investigation of attention-placebo effects in which he compared systematic desensitization, insight-oriented therapy, attention-placebo treatment, and no treatment in the reduction of performance anxiety. His results indicated that systematic desensitization was consistently superior to the other three treatments, that insight-oriented therapy and attention-placebo treatment were equally effective to each other but less effective than systematic desensitization, and more effective than no treatment. The methodological impact of Paul's attention-placebo condition on psychotherapy

research was major (Kazdin, 1986). Studies began to appear in which treatment conditions were compared to alternative treatments that were presented with equally credible rationales in the hope that subjects in these conditions would anticipate positive therapeutic change.

The concept of using placebo groups in psychotherapy studies has remained controversial. Some researchers have noted that "the placebo control group strategy provides the most direct and unambiguous answer to the question of whether a treatment shows a level of effectiveness beyond that of its placebo effects alone" (Critelli & Neumann, 1984, p. 37). Others believe that "the attempt to transpose the conceptually convoluted medical concept of placebo to the field of psychotherapy is potentially pernicious" (Parloff, 1986, p. 79). Critics of placebo groups have either maintained that placebo procedures do not control for contamination from psychotherapist variables, such as confidence, enthusiasm, and technical skills (Wilkins, 1986) or that the placebo group is not a placebo group at all but actually just another treatment group with similar "therapeutic ingredients" (Frank, 1973; Patterson, 1985). For example a control group that provides an opportunity for subjects to discuss their concerns with a professional counselor might very well provide them inadvertently with one of the "core ingredients of therapy" (Kazdin, 1986, p. 51). Even though this treatment is considered the control group in

one study, it might be considered the active experimental treatment in another study.

The attention-placebo control group (or alternate treatment group) received moderate attention in the current review. Nine studies utilized an assortment of alternative treatments: leaderless counseling, facilitated by programmed audio tapes (Birmingham, 1975), supportive counseling without a specific model or format (Tropp, 1976), discussions of vocational filmstrips (Mink, 1979), study skills (Sharma, 1975), structured activities to enhance self-esteem (Wilson & Rotter, 1986), self-instruction to reduce fear of public speaking (Thorpe, 1975), human relations training (Block, 1978; Cangelosi, 1980), and non-directive counseling (Mulcahy & Schachter, 1982).

Bibliotherapy refers to the guided reading of written materials in gain understanding or to help solve a problem (Riordan & Wilson, 1989). Current survey data suggest that therapists and counselors are increasingly prescribing books as counseling adjuncts with the more experienced therapists more likely to assign books for their clients (Starker, 1988). The wide variety of treatment concerns that may prompt a counselor to assign books makes it difficult to make definitive statements about the effectiveness of bibliotherapy.

The use of bibliotherapy with a junior high population is practically nonexistent. Only one study (Sheridan et al.,

1984) was included in this review that utilized bibliotherapy, two other studies were found which used bibliotherapy with junior high students: DeFrances, Dexter, Leary, & MacMullen (1982) tried to improve self-concept among behavior disordered adolescents, and Shafron (1983) tried to improve self-concept of remedial readers. None of the three studies produced significant results.

Critique of the Literature on Attention-Placebo Control Groups

The attention-placebo control group concept has created much controversy in psychotherapy research. The defining characteristic of placebos is that the basic intervention is known to be inert, but while this concept holds up well in chemotherapy and other medical fields there is no analogous procedure in psychotherapy that can be said for certain to be inert (Wilkins, 1986). Critics of the attention-placebo concept have not lost interest in research to determine whether one form of therapy/counseling treatment is superior to another, especially if the placebo treatment is less expensive or of shorter duration. For this reason the majority of critics believe it is more appropriate for researchers to name any treatment comparison groups "alternative treatments" instead of the conceptually inadequate "attention-placebo control groups" (Kazdin, 1986; Wilkins, 1986). Some even assume that any set of contrasting

therapeutic approaches may serve as placebos for each other (Parloff, 1987).

It has been demonstrated by this review that placebo effects do exert important effects on group process and outcomes. It appears reasonable to expect that group counseling researchers should place appropriate placebo control conditions in each study. Kaul & Bednar (1986) call for experimental and control subjects being exposed to comparable experiences with regard to at least some of the following: interpersonal activities with fellow group members and professional staff, expectations for personal involvement and improvement, small-group discussions of non-specific issues. "Such procedures might help ensure the benefits assumed to be a function of small-group treatments actually exceed the benefits of general and nonspecific interpersonal activity and attention" (Kaul & Bednar, 1986, p.676).

The attention-placebo controversy should cause researchers to more carefully identify the non-specific as well as the specific ingredients that are contained within their treatment groups. The similarities and differences may address important theoretical questions about the nature of alternative techniques and the processes through which their effects are achieved.

Summary of Research and Relationship to the Problem

PMC has not been studied adequately to support its

effectiveness. Only three studies of PMC in the literature, all doctoral dissertations (Pierson, 1974; Callahan, 1978; Murphy, 1978), have been found. No PMC studies have been reported with a junior high population. Since the review of the literature indicated that many successful group counseling studies have utilized procedures very similar to those of PMC, further study is warranted.

Vriend stated that "PMC sees no need to submit evidence to others for approval that it indeed has worked in this or that instance. Its purpose is to help clients, not win laurels for itself" (Vriend, 1978, p. 108). While this is a noble sentiment, school counselors and school psychologists deserve to know whether or not their interventions are empirically sound. Given the current emphasis on accountability in schools, empirical support for group counseling is more important than ever in order to justify continuing these services.

This study was designed to specifically contain the three requirements for successful outcome that were identified through the literature review: voluntary participation, behavioral outcome data, and the use of a specific counseling model, i.e. PMC. This study utilized recruitment procedures as outlined by ASGW (1980) as a caution against coercive/unethical recruitment. Subjects were recruited from a volunteer pool of 7th grade students who checked "Personal Mastery" on a guidance department

checklist of all counseling offerings during the 1988-89 school year.

Outcome behavioral data in this study was measured in three ways: each PMC group member rated his own improvement on a goal attainment rating scale at the conclusion of treatment, grade point averages were compared between treatment groups and, in addition, classroom teachers rated whether subjects in the two treatment groups changed in behavior/conduct and class participation at the conclusion of treatment. This last procedure was suggested by the Maher & Barbrack (1982) study. Finally, the PMC group will be led by an guidance counselor who is thoroughly familiar with PMC and who is also experienced leading PMC groups.

The most appropriate alternate treatment was determined to be bibliotherapy, as it satisfied the requirement for a potent attention placebo condition that is similar to the PMC treatment group in cognitive stimulation but does not provoke behavior change. A No-Treatment Control Group was formed for additional comparison, and each subject in this group was invited to join a PMC group for the following semester.

CHAPTER 3

METHODOLOGY

Population and Selection of the Sample

This study was conducted in order to assess the effectiveness of Personal Mastery Counseling in improving feelings of self-esteem, more internal locus of control, academic achievement, behavior, and goal attainment in junior high school students.

The location for this study was Francis Scott Key Intermediate School, a school of 820 students in grades seven and eight. It is located in Northern Virginia, a suburb of Washington, D. C., and adjacent to the City of Alexandria. It is accredited by the State Board of Education and is one of the 22 junior high schools of the Fairfax County School System, the nation's tenth largest school system.

The community which Key serves is heterogeneously mixed both socially and economically. Parent's occupations vary and include primarily government and military service, professional, business, and technical positions. There is strong interest in and support of the school program in the community. Sixty-five percent of the students in the Key

pyramid pursued post-secondary education in 1988: 45% to attend a four-year college and 20% to attend a two-year college or technical school. The average Science Research Associates (SRA) standardized test scores for Key 8th graders in March of 1988 were 62 percentile in Reading and 74 percentile in Mathematics.

Key is a comprehensive junior high school, providing opportunities for students to take a regular curriculum or advanced academic courses in English, mathematics, social studies, sciences, and foreign language disciplines. Key is a center school for several special educations populations, including mentally retarded and learning disabled students. The pupil-teacher ratio at Key is 22 to 1; average class size is 26 students. The average per-pupil cost during 1988-89 was \$4,598.

The experimental treatment subjects were 20 7th grade male volunteers who returned a signed parent permission for group counseling after initially indicating their interest on a guidance department list of group counseling opportunities for 1988-89 (Appendix A) and then affirming their agreement to participate during an interview with the prospective group leader.

In line with Dyer & Vriend's dictum that a group leader should randomly assign people to groups instead of searching for a label to organize the group (Dyer & Vriend, 1980, p. 87) no attempt was made to recruit students who fit a certain

criterion, such as "maladjusted" or "underachiever." They noted that group members who identify with each other too much tend to reinforce their self-immobilizing thinking, and consequently there is little opportunity for fellow group members to challenge their beliefs.

Prospective subjects were assigned in an odd-even fashion to a pre-treatment interview with either the PMC group leader or the Alternate Treatment group leader. Each group leader interviewed subjects for only their specific group. The only choices the group leader made during each interview was to enroll the subject in the group or discard them from the study. Interviewing continued until each group leader had selected ten subjects. The ultimate composition of each of the three groups included a cross-section of Key 7th grade students.

The purpose of this interview was to obtain informed consent from the participants, in accordance with the Association for Specialists in Group Work's Ethical Guidelines for Group Leaders (1980). It was also a basic orientation to procedures and activities that might take place in the group. This interview was an integral part of the study since it gave subjects an accurate idea of what will happen during their PMC or bibliotherapy group. The leader also had the opportunity to explain what constitutes confidentiality. Near the conclusion of the interview each prospective subject was asked to express and concerns or

reservations about joining. Each was reminded again that their participation at each session was truly voluntary, and that they had the right to withdraw from their group at any time without prejudice.

Of course this interview also served to screen out any students whose well-being could be jeopardized by the group experience: students with impaired reality testing, students with a history of emotional problems or emotional lability, and students who were in a crisis situation. It had been decided that if a student were found who met any of the above criteria, he would be told "Your needs can be better met through a referral outside the school system" and he would be referred to a therapist in the community. This procedure did not need to be used.

At the conclusion of the interview each interested student was given the appropriate parent permission form, either the PMC permission form (Appendix B) or the Alternate Treatment form (Appendix C) to have signed and returned to the leader. Each group leader continued pre-treatment interviews until ten PMC and ten Alternate Treatment subjects had been selected and their permission slips returned. Ten control group subjects were then selected randomly from the pool of students who remained from the original volunteer pool. These students were given a parent permission form (Appendix D) to have signed that allowed them to take the Rotter I-E Scale and the Tennessee Self-Concept Scale. They

were also given information about a future Personal Mastery Group for the following semester.

Group Leaders

Two guidance counselors from Key Intermediate School volunteered to lead the groups in this study. They both hold Master's degrees in Guidance Counseling and both have over nine years of experience leading elementary, junior high, or high school counseling groups. Using all objective criteria, the two group leaders can be considered equally well-experienced.

The leader of the PMC group had successfully led PMC groups singly or with a co-leader four times. She was a well-known and credible person in the Key community. Her knowledge of PMC theory, as well as her ability to get students to set goals for themselves, is very sound.

The leader of the Alternate Treatment group has led numerous counseling groups singly or with a co-leader. She was not familiar with the concepts of PMC and thus she provided an appropriate comparison group leader.

Data Gathering Procedures

Data were gathered pre- and post-treatment from three sources: academic grades, Tennessee Self-Concept Scale (Appendix E), and the Rotter I-E Scale (Appendix F). Data were gathered post-treatment only from two sources: a

goal-attainment individual rating scale (Appendix G) and a teacher-completed behavior and class participation rating scale (Appendix H).

Changes in grades was assessed by comparing each subject's grade point average (GPA) for the academic quarter preceding treatment (2nd semester) with the GPA at the end of the quarter after treatment (4th quarter). Grades in Fairfax County are awarded each quarter as A's, B's, C's, D's, and F's. To convert these grades to GPA, a four-point scale applies, with A's receiving four points at the upper end and F's receiving no points at the lower end.

The Tennessee Self-Concept Scale and the Rotter I-E Scale were administered to all thirty experimental subjects during the week preceding the first group session and during the week after the last session. These two tests were administered to each group separately. Two weeks after the last session the teachers of both the PMC and Alternate Treatment subjects were asked through a brief questionnaire (Appendix H) if they had observed any change in behavior or class participation in each student and if so, to briefly describe the change.

At post-treatment members of the PMC group completed a goal attainment rating scale that described how successful they were in eliminating the self-defeating behavior they focused on during the group. This rating scale was not given to members of the Alternate Treatment Group or the

No-Treatment Control Group for obvious reasons.

All pre- and post-treatment data were collected by the respective group leaders, one of whom was also responsible for collecting data from the No-Treatment Control Group.

Data from experimental subjects who missed three or more of the ten sessions were excluded from data analysis.

Treatments

The experimental treatment sessions lasted ten weeks with one 55-minute session per week. The sessions were held during the school day on a rotating class schedule. The PMC group utilized procedures described by Dyer & Vriend (1980) and was led by a guidance counselor with previous group counseling leadership experience, including four PMC groups. Session one contained an opening series of statements directed to the entire group that reviewed ground rules, the purpose of the group, and confidentiality. After time for questions the members introduced themselves and identified at least one goal they were willing to work on during the group. Sessions two through ten were similar in format since the group members actively worked at changing their self-defeating behaviors during each subsequent sessions.

In order for this to occur successfully, the group leader helped subjects identify how full responsibility for the self-defeating behavior is typically disowned, and helped them recognize both the benefits and liabilities that come

with maintaining the behavior. The leader helped subjects develop appropriate goals to eliminate some or all of the behavior, and then encouraged practice and homework so that self-defeating behaviors could be replaced by more adaptive ones. Other techniques used during the group included guided imagery, role playing, and daily progress reports. After each session the group leader consulted with the researcher for assistance in charting each individual's goals and planning an itinerary for the upcoming session.

The focus in each PMC session was solely on the goals of each individual members. Typically one, two, or sometimes three persons received specific help in reaching a goal they have selected in any given session. While this was occurring, the rest of the members were expected to offer suggestions and support. While the format of group sessions acts as an impetus for change, behaviors that occur outside the group were actually more important. Lasting change requires diligent practice over time, so behavioral "homework" assignments were typically arranged during each meeting with a progress review scheduled for the beginning of the next session.

The Alternate Treatment group met weekly to discuss assigned readings. The sessions consisted of group discussions of weekly reading assignments on eliminating self-defeating behaviors, problem-solving strategies, and ideas to improve one's self-concept. Reading assignments

were made weekly from such books as Your Erroneous Zones (Dyer, 1976), I Can If I Want To (Lazarus & Fay, 1975), and Peak Performance Principles for High Achievers (Noe, 1984) as well as from other books and articles with similar themes (Appendix I). Multiple copies of all reading materials was reserved in the Key library for the group members.

Even though Alternate Treatment readings exposed subjects to techniques on how to eliminate self-defeating behaviors, the subjects were not encouraged to put the readings into practice either during or between group sessions. Like the PMC group, the Alternate Treatment clearly contained cognitive and emotional elements, but unlike the PMC group it contained no behavioral element. The group leader was asked to determine if bibliotherapy could be effective in helping 7th grade students. Weekly monitoring was performed by the researcher to ensure that the Alternate Treatment leader was only delivering bibliotherapy and not bibliotherapy plus counseling. The atmosphere in this group was somewhat democratic, that is, students were not tested or queried to determine if they had read the assignment for the week. It was assumed that whether they read the assignment or not, they would benefit from the weekly discussions.

The No-treatment Control Group met only for a pre- and a post-test session. These two sessions were held within the same week that the experimental groups completed their pre- and post-treatment assessment. During the treatment they

received only the school's routine guidance services that were available to all students.

Ethical Safeguards and Considerations

This study was conducted explicitly in accordance with the Ethical Guidelines for Group Leaders (ASGW, 1980). The group leaders conducted a pre-group interview with each prospective member to insure that informed consent was obtained. The leader insured that each prospective member understood the type of group techniques that would be used, how confidentiality was defined, the type of pre- and post-treatment data that would be collected, the voluntary nature of their participation, and their freedom to withdraw at any time. This information was given to subjects during the pre-treatment interview and also at the beginning of the first group session.

All reasonable efforts were made to insure that safeguards were maintained during this study. Permission to conduct this study was obtained from the Research Committee of the Fairfax County Public Schools, the College of William and Mary Human Subjects Research Committee, the principal of Key Intermediate School, and the parents of the subjects, and the subjects themselves. Since short-term group counseling, including PMC, is offered to students several times during the school year, it was anticipated that this study would be well-accepted by the students and parents of the Key

community.

After their respective post-testing session, subjects in both the Alternate Treatment group and the No-Treatment Control Group were invited to join a future PMC group to be held the following semester.

Instruments

Tennessee Self-Concept Scale. This test was designed by Fitts (1965, 1972) to meet the needs of a scale to measure the construct of self-concept. He stated that if one can understand how a person views himself, one may be of help in facilitating development of adequate coping behaviors (Fitts, 1965). It is widely believed that an accurate self-concept is important for healthy functioning in school (Ingraham, 1985). The student who has an accurate self-concept is able to take appropriate risks, to make realistic predictions about the chances of success and failure, to use problem-solving strategies when faced with problems, and to correctly assess the causes of success or failure, thus allowing for improvement of problem-solving strategies for the future.

The TSCS is simple to administer, widely applicable, well-standardized, and multi-dimensional in its description of self-concept. The scale consists of 100 self-descriptive statements which the subjects use to portray their own view of themselves by rating the statement as being completely

false, mostly false, partly true and partly false, mostly true, completely true. A numerical scale "1" to "5" corresponds to this rating scale, with a "1" for statements that are completely false and a "5" for statements that are completely true. The scale is self-administered and can be used with subjects that are 12 years or older who have at least a sixth grade reading level. Most subjects complete the scale in 10 to 20 minutes. Fitts claims that the TSCS may be employed with the full range of psychological adjustment from those thought to be healthy and well-adjusted to those suffering from severe psychosis (Fitts, 1965, 1972).

The TSCS is available in two forms: the Counseling Form and the Clinical and Research Form. The Counseling Form, considered by Fitts to be appropriate for self-interpretation and feedback to subjects, was chosen as appropriate for this study. Both forms utilize the same test booklet and consist of the same items.

The Counseling Form of the TSCS yields scores on the following fourteen scales: the Identity score, where the individual describes his basic identity or what he is as he sees himself; the Self-Satisfaction score, which is an indicator of how he feels about the self he perceives; the Behavior score, assessing the person's perception of the way he functions; the Physical Self score, representing the individual's view of his body and bodily functions; the Moral-Ethical Self score, indicating feelings of being a

"good" or "bad" person; the Personal Self score, suggesting feelings of adequacy and worth as a family member; and the Social Self score, reflecting the person's sense of adequacy and worth in his social interaction with other people in general. The Total Positive score reflects the individual's overall level of self-esteem, and is considered by Fitts (1965) to be the most important single score on the Counseling Form. "People with high scores tend to like themselves, feel that they are people of worth and value, have confidence in themselves, and act accordingly. People with low scores are doubtful about themselves and have little faith or confidence in themselves" (Fitts, 1965, p.2).

The TSCS was normed on a sample of 626 people varying in age (12 years-68 years), sex, religion, race, and socioeconomic status, although not representative of these variables as they are distributed in the population in general (Buros, 1972). Since its development in 1965 much research has been conducted using the TSCS, and Buros notes that "...many psychometric qualities of the scale meet the usual test construction standards that should exist in an instrument that hopes to receive wide usage" (p. 366). It has been used with many different populations, including high school students, college students, "normal" adults, and deviant populations.

The test-retest reliability coefficients are available for all scales and are generally in the .80 to .90 range

based on the author's study using a sample of 60 college students over a two week period (Fitts, 1965). The reliability coefficient for the Total Positive Score is .88 based on the author's study using psychiatric patients.

Fitts (1965) discusses four types of validation procedures: content validity, discrimination between groups, correlation with other personality measures, and personality changes from various treatments.

With regard to content validity, Fitts began developing his scale by compiling a large pool of self-descriptive items, many of which were found in self-concept measures designed for unpublished doctoral dissertations. Self-descriptive statements were added to the pool by healthy and mentally-ill patients. These items were assigned to a 3x5 classification system by a panel of clinical psychologists who also judged the items on their positive or negative content. The final items in the TSCS were those items upon which there was perfect agreement by the judges.

With regard to discrimination between groups, Fitts cites research studies to support significant differences between psychiatric patients and non-patients, between delinquents and non-delinquents, and between "average" people and people with high "personality integration" (Fitts, 1965, p. 17). These findings support his view that groups which differ on certain psychological dimensions should also differ in self-concept.

With regard to construct validity, the TSCS has been compared to other instruments which were felt to measure similar personality constructs. Fitts (1965) presents data that shows that the TSCS appears to demonstrate construct validity with other tests, such as the Minnesota Multiphasic Personality Inventory, the Minnesota Teacher Attitude Inventory, and Izard's Self-Reporting Positive Affect Scale. Bertinetti and Fabry (1977), using the factor analysis to extend the validation of the TSCS to adolescents, found construct validity support for the TSCS.

The TSCS was selected for use in this study because it was judged to be adequate in reliability and validity. It was also selected because of its ease of administration and its popularity in the literature as a group counseling variable. Many group counseling studies have obtained significant results using the TSCS as pre- and post-treatment variable; three studies were identified in Chapter 2 that used counseling procedures similar to PMC and produced significant TSCS improvement (Cordell, 1973; DeEsch, 1974; Streich & Keeler, 1974). For the purpose of this study, the Total Positive Scale was used to test the significance of the TSCS.

Rotter I-E Scale. A person's belief in his own control is of maximum importance to the healthy functioning of one's personality (University of Texas, 1978). Locus of control is a personality variable developed from Rotter's (1954) social

learning theory and is measured in a forced-choice self-report inventory called the I-E Scale. The scale contains 29 items, 6 of which are "fillers" to help prevent a "response set" by those who fill out the scale. The locus of control variable is expressed on a continuum from external (control over pay-offs is seen to be outside of one's control) to internal (the learner believes that through his behavior he can control pay-offs in his life). According to Rotter (1966) an internal is a person who perceives that an event or a reinforcement depends upon one's behavior or one's own characteristics; an external is a person who does not perceive the relationship between one's own behavior and the outcome. Internal control is seen as the perception that events are the result of one's personal characteristics or behavior. External control is seen as the perception that positive or negative consequences following an individual's action is as much or more the result of fate, luck, or behavior of other powerful people. Studies in general have shown that being "internal" is a more positive personality trait than being an "external" (Rotter, 1966; Lefcourt, 1982).

Rotter's social learning theory was developed with a conjoint commitment to psychological research and clinical practice. As Rotter (1966) describes it, "The stimulus for studying such a variable has come from analysis of patients in psychotherapy....Clinical analysis of patients suggested

that while some patients appear to gain from new experiences or to change their behavior as a result of new experiences, others seem to discount new experiences by attributing them to chance or to others and not to their own behavior or characteristics" (p.2).

The first attempt to measure individual differences in belief in external control was made by Phares (1957) with a 13-item Likert-type scale. Rotter and his associates modified this scale several times, first into a 60-item forced-choice scale and, after revisions to lower its correlation with the Marlowe-Crowne Desirability Scale (Crowne & Marlowe, 1964) and to make the wording of the items more appropriate for non-college adults, finally into the final 29-item scale known as the I-E Scale.

Rotter (1966) reports internal reliability estimates from .65 to .79. Joe (1971) in his review of the I-E Scale notes that test-retest reliability ranged between .49 and .83 over 1 to 2 months time periods. Anastasi (1982) reports that split-half and Kuder-Richardson reliabilities cluster around .70 and test-retest reliabilities over 1 to 2 months at .70. Other investigators have found test-retest reliabilities to be within the same range (Lefcourt, 1982).

In terms of construct validity, Rotter (1966) reports that his scale correlates well with other measures of locus of control. He suggests that the strongest evidence supporting the construct validity of the I-E Scale comes from

the "differences in behavior for individuals above and below the median of the scale or from correlations with behavioral criteria (Rotter, 1966, p. 25). Tyre (1972) in his review of the locus of control literature states "...a fairly substantial body of literature has accumulated regarding the development of the internal control construct. Reliability and discriminate validity appear to support a fairly consistent amount of predictive capacity for the I-E instrument..."(p. 34).

Smith (1970) examined locus of control scores of a number of clients who appeared at a crisis intervention center. Smith hypothesized that an acute crisis entails feelings of helplessness and an inability to control events, but as the crisis becomes manageable, a more internal locus of control should be evident. With a six week period of treatment focusing on crisis management, Smith found the locus of control score did decline from a high at admission (M=10.08) to a low after six weeks (M=7.12). A control group of non-crisis psychiatric admissions showed no significant differences for the equivalent test administrations.

The I-E Scale has been used extensively as a group counseling outcome variable. The research has demonstrated that locus of control can be significantly altered in the direction of increased internality by both cognitive-behavioral group counseling, such as RET (Felton & Davidson, 1973; Maultsby, 1974; Patton, 1977) and Rogerian

non-directive group counseling (Stanton, 1981).

The I-E Scale was chosen for this study because of its frequent use in group counseling studies and its adequate reliability and validity. Since empirical and experimental data clearly indicate a direct relationship between a student's self-concept and academic performance (Purkey, 1970) this variable appears valuable for continued study with high school students.

Design

The research design used in this study is a Pretest-Posttest Control Group Design (Campbell & Stanley, 1963). Experimental volunteers were assigned randomly to either a PMC group or an Alternate Treatment group. The dependent variables were scores on the Tennessee Self-Concept Scale, the Rotter I-E Scale, and grade point averages. The experimental design can be outlined as follows:

R 01 X1 O2 (PMC group)

R 03 X2 O4 (Alternate Treatment Group)

R 05 O6 (No-Treatment Control Group)

The Pretest-Posttest Control Group Design is a "true" experimental design since the experimental subjects are

assigned to treatment groups randomly in some systematic, predetermined way. It effectively controls for certain threats to the internal validity, such as history, selection, regression, mortality, and instrumentation. History was not a threat, since the three groups were exposed to the same events in time. Selection, regression, mortality, and instrumentation were controlled through random assignment. Differences in subject background, age, sex, self-defeating behavior, were also assumed to be controlled by this design.

Specific Null Hypotheses

This study compares the effectiveness of Personal Mastery Counseling to an alternate group counseling treatment with junior high school students. Specific hypotheses are as follows:

Hypothesis 1. There will be no incremental difference in self-concept between subjects in the PMC group and subjects in the Alternate Treatment group.

Symbolically: $H_1 : \bar{X}_1 = \bar{X}_2$

Legend: \bar{X}_1 = mean gain of subjects participating in
PMC

\bar{X}_2 = mean gain of subjects participating in
Alternate Treatment

Statistical Alternative: Subjects in the PMC group

will show significantly greater increase in self-esteem than subjects in the Alternate Treatment group.

$$\text{Symbolically: } H_{1a} : \bar{X}_1 > \bar{X}_2$$

Hypothesis 2: There will be no incremental difference in self-concept between subjects in the PMC group and subjects in the the No-Treatment Control Group.

$$\text{Symbolically: } H_2 : \bar{X}_1 = \bar{X}_3$$

Legend: \bar{X}_1 = mean gain of subjects participating in
PMC

\bar{X}_3 = mean gain of subjects participating in
the No-Treatment Control Group

Statistical Alternative: Subjects in the PMC group will show significantly greater increase in self-esteem than subjects in the No-Treatment Control Group.

Hypothesis 3. There will be no differential change in locus of control between subjects in the PMC group and subjects in the Alternate Treatment group.

Symbolically: $H_3 : \bar{X}_1 = \bar{X}_2$

Legend: \bar{X}_1 = mean change of subjects
participating in PMC

\bar{X}_2 = mean change of subjects
participating in Alternate
Treatment

Statistical Alternative: Subjects in the PMC group will show significantly more change toward internal locus of control than subjects in the Alternate Treatment group.

Hypothesis 4. There will be no differential change in locus of control between subjects in the PMC group and subjects in the No-Treatment Control Group.

Symbolically: $H_4 : \bar{X}_1 = \bar{X}_3$

Legend: \bar{X}_1 = mean change of subjects
participating in PMC

\bar{X}_3 = mean change of subjects
participating in the
No-Treatment Control Group

Statistical Alternative: Subjects in the PMC group will show significantly more change toward internal locus of control than subjects in the No-Treatment Control Group.

Hypothesis 5. There will be no incremental difference between grade point average of subjects in the PMC group and

subjects in the Alternate Treatment group after the experimental treatment takes place.

Symbolically: $H_5 : \bar{X}_1 = \bar{X}_2$

Legend: \bar{X}_1 = mean GPA of subjects
participating in PMC

\bar{X}_2 = mean GPA of subjects
participating in
Alternate Treatment

Statistical Alternative: Subjects in the PMC group will show significantly greater improvement in grade point average at the end of the nine-week grading period after the experimental treatment takes place than subjects in the Alternate Treatment group.

Hypothesis 6. There will be no incremental difference between grade point average of subjects in the PMC group and subjects in the No-Treatment Control Group after the experimental treatment takes place.

Symbolically: $H_6 : \bar{X}_1 = \bar{X}_3$

Legend: \bar{X}_1 = mean GPA of subjects
participating in PMC

\bar{X}_3 = mean GPA of subjects
participating in the
No-Treatment Control Group

Statistical Alternative: Subjects in the PMC group will show significantly greater improvement in grade point average at the end of the nine-week grading period after the experimental treatment takes place than subjects in the No-Treatment Control Group.

Hypothesis 7. There will be no difference between the expected and observed ratings on a goal attainment scale from subjects in the PMC group.

Symbolically: $H_7 : X_1(\text{exp}) = X_1(\text{obs})$

Legend: $X_1(\text{exp}) =$ expected frequencies on the goal attainment scale

$X_1(\text{obs}) =$ observed frequencies on the goal attainment scale

Statistical Alternative: Subjects in the PMC group will make significantly higher ratings on a goal attainment scale than would be predicted by chance variations.

Hypothesis 8. There will be no difference between teacher behavior/conduct ratings of subjects in the PMC group and subjects in the Alternate Treatment group.

Symbolically: $H_8 : X_1(\text{obs}) = X_2(\text{obs})$

Legend: $X_1(\text{obs})$ = teacher ratings of subjects
participating in PMC

$X_2(\text{obs})$ = teacher ratings of subjects
participating in Alternate
Treatment

Statistical Alternative: Subjects in the PMC group will receive significantly higher teacher behavior/conduct ratings than subjects participating in the Alternate Treatment group.

Hypothesis 9. There will be no difference between teacher class participation ratings of subjects in the PMC group and subjects in the Alternate Treatment Group.

Symbolically: $H_9 : X_1(\text{obs}) = X_3(\text{obs})$

Legend: $X_1(\text{obs})$ = teacher ratings of subjects
participating in PMC

$X_3(\text{obs})$ = teacher ratings of subjects
participating in Alternate
Treatment

Statistical Alternative: Subjects in the PMC group will receive significantly higher teacher class participation ratings than subjects participating in the Alternate Treatment

Statistical Analysis

The data from Hypotheses 1 through 6 were analyzed using a factorial analysis of variance for use with repeated measures. These statistical procedures allowed the

experimenter to determine if variations appear among the groups which can be attributed to sampling error or to different treatment conditions at the .05 level of significance.

Three assumptions underlie the validity of the analysis of variance (Li, 1964). They are: (1) the sample is randomly drawn from the population; (2) the population from which the sample is drawn is normal; and (3) the variances of the population in each treatment condition are equal. These assumptions will be satisfied in the present research because subjects are assigned randomly to treatment and control conditions.

SPSSx, a statistical software package (Norusis, 1985) was used for the analysis of variance.

Hypothesis 7 was analyzed using the Chi-square one-sample test. Since the goal attainment scale is a rating (ordinal) scale, the distance between any two numbers are not of known size and therefore the method of collecting data is not isomorphic to arithmetic. When parametric statistics are used with ordinal data, any decisions about hypotheses are doubtful (Siegel, 1956).

Hypotheses 8 and 9 were analyzed using the analysis of variance for two independent samples.

Summary of Methodology

This experiment is a study of the effectiveness of PMC

with junior high school students. The PMC group was compared to an Alternate Treatment group and also to a No-Treatment Control Group. The study was conducted at Key Intermediate School in Fairfax County, Virginia.

The 7th grade subjects were recruited for this study from a volunteer pool who checked their interest in Personal Mastery on a guidance department list of group counseling opportunities in September 1988. They were assigned to either a PMC group or to an Alternate Treatment group in an odd-even fashion and then interviewed by that respective group leader. Interviewing continued until there were 10 subjects in the PMC group and ten subjects in the Alternate treatment group. Subjects who were willing to participate were required to return a signed parent permission form. A No-Treatment Control Group was formed by randomly selecting ten subjects from the remaining population. These subjects were also required to return the appropriate parent permission form.

The PMC group participated in ten group counseling sessions utilizing the principles of group counseling developed by Dyer & Vriend (1980). The counseling sessions focused on helping the subjects identify and eliminate self-defeating behaviors and replace them with more adaptive and emotionally healthy behaviors. The PMC group leader has had over nine years experience as a guidance counselor, small group facilitator, and has led four PMC groups.

The Alternate Treatment group met for ten study sessions where various readings in eliminating self-defeating behaviors, building self-concept, and goal-setting procedures were the focus of discussions. The group leader served as a facilitator for discussion on the assigned readings, but neither encouraged nor discouraged the students from putting the ideas into practice. The Alternate Treatment group leader had eleven years experience as a guidance counselor and as a small group facilitator. She was not familiar with the concepts of PMC.

The No-Treatment Control Group met only for the pre- and post-test session.

Fitt's (1965) Tennessee Self-Concept Scale and Rotter's (1966) I-E Scale were administered to all three groups pre- and post-treatment. Academic grades (GPA) and teacher behavior ratings were also compared among the three groups after experimental treatments. Only the PMC group completed a post-treatment goal attainment scale.

CHAPTER 4

RESULTS

This study was conducted to compare the effectiveness of Personal Mastery Counseling with an Alternate Treatment and a No-Treatment Control group with 7th grade male students. The 7th grade subjects were recruited from a population of students who checked their interest in Personal Mastery Counseling on a guidance department list of group counseling opportunities (Attachment A). Thirty-three male students formed the subject pool because they listed PMC as one of their choices. Subjects were selected in an odd-even fashion for an interview with either the PMC or the Alternate Treatment leader. Interviewing continued until there were 10 volunteer subjects in the PMC group and ten subjects in the Alternate Treatment group. These subjects were required to return a signed parent permission form in order to participate (Attachment B or C). All 20 subjects returned the appropriate form.

A No-Treatment Control Group was formed by randomly selecting 10 of the remaining 13 subjects. Each control subject was given a No-Treatment Control Group permission

form to return (Attachment D). These 13 subjects, along with the Alternate Treatment subjects, were invited to join a future PMC group to be held the following semester.

The PMC group participated in ten group counseling sessions utilizing the principles of Personal Mastery Counseling developed by Dyer & Vriend (1980). The counseling sessions focused on helping the subjects identify and eliminate self-defeating behaviors and replace them with more adaptive and emotionally healthy behaviors. The PMC group leader had five years experience as a guidance counselor and had previously led two PMC groups

The Alternate Treatment group met for ten study sessions where various readings in eliminating self-defeating behaviors, building self-concept, and goal-setting procedures were the focus of discussions. The group leader served as a facilitator for discussion on the assigned readings, but neither encouraged nor discouraged the students from putting the ideas into practice. The Alternate Treatment group leader had nine years experience as a guidance counselor and as a small group facilitator. She was not familiar with the concepts of PMC.

The No-Treatment Control Group met only for the pre- and posttest session. During the treatment they received only the school's routine guidance services.

Attendance was very important to the success of the study. In Fairfax County at this time 65% of an

intermediate guidance counselor's time has to be spent in direct counseling services, thus it was possible for the study to receive wide support from administrators and teachers alike. Teachers were quite willing for their students to leave for the required counseling sessions and often willingly scheduled their tests on days when they would not miss class. Two measures were undertaken to ensure that the subjects did not miss meetings. First, a rotating class schedule of group meetings was developed and given to the subjects and each of their teachers before the group meetings began. Second, a Student Pass was given to each subject the morning of their weekly group meeting. This pass served both as an excuse from class and also as a reminder of the time of their meeting. During the treatment two PMC students missed two meetings, three Alternate Treatment students missed one meeting each, and one Alternate Treatment student missed two meetings, all with valid reasons. Unfortunately one PMC subject was transferred to another school during the fifth treatment week and he was dropped from the study.

Pre-test group comparisons of the three dependent measures were made via analysis of variance and the results indicated the groups did not differ significantly on self-concept (TSCS), locus of control (I-E Scale), or grades (GPA). These comparisons are summarized in Table 1.

Table 1
 Analysis of Variance of Pre-test TSCS, I-E Scale, and GPA

Measure	Group	Mean	<u>F</u>	sig.
TSCS	PMC	312.22	.265	.769 ns
	ALT	304.00		
	NTC	311.20		
I-E Scale	PMC	13.33	2.349	.115 ns
	ALT	11.30		
	NTC	12.60		
GPA	PMC	1.95	3.256	.555 ns
	ALT	2.02		
	NTC	1.91		

Hypothesis 1

Hypothesis 1 stated that subjects participating in the PMC group will show significantly greater increase in self-concept as measured by the TSCS than subjects participating in the Alternate Treatment Group. To test this hypothesis, pre- and post-treatment scores on the TSCS were compared for PMC and Alternate Treatment subjects and were analyzed by factorial analysis for use with repeated measures. SPSSx (Norusis, 1985) was used for computer analysis. As indicated by Table 2, the interaction effect of treatment and measures was not a significant one, with $F(1,17) = .654$, n. s. This indicated that the PMC group did not show an increase in self-concept after treatment that was significantly greater than the Alternate Treatment. In light of the evidence, Hypothesis 1 was rejected.

Table 2

Repeated Measures Analysis of Variance:
TSCS for PMC and Alternate Treatment Groups

Source	df	MS	\underline{F}	sig.
Within Cells	17	157.2056		
Treatment	1	519.5582	3.3049	.087 ns
Group by Treatment	1	102.821	.654	.430 ns

Hypothesis 2

Hypothesis 2 stated that subjects participating in the PMC group will show significantly greater increase in self-concept as measured by the TSCS than subjects participating in the No-Treatment Control Group. To test this hypothesis, pre- and post-treatment scores on the TSCS were compared for PMC and No-Treatment Control subjects and were analyzed by factorial analysis for use with repeated measures. SPSSx (Norusis, 1985) was used for computer analysis. As indicated by Table 3, the interaction effect of treatment and measures was not a significant one, with $F(1,17) = .641$, n. s. This indicated that the PMC group did not show an increase in self-concept after treatment that was significantly greater than the No-Treatment Control Group. In light of the evidence, Hypothesis 2 was rejected.

Table 3

Repeated Measures Analysis of Variance:
TSCS for PMC and No-Treatment Control Groups

Source	df	MS	<u>F</u>	sig.
Within Cells	17	108.4056		
Treatment	1	59.4739	.5486	.469 ns
Group by Treatment	1	24.4213	.2253	.641 ns

Hypothesis 3

Hypothesis 3 stated that subjects participating in the PMC group will show significantly greater change toward internal locus of control as measured by the I-E Scale than subjects participating in the Alternate Treatment Group. To test this hypothesis, pre- and post-treatment scores on the I-E Scale were compared for PMC and Alternate Treatment subjects and were analyzed by factorial analysis for use with repeated measures. SPSSx (Norusis, 1985) was used for computer analysis. As indicated by Table 4, the interaction effect of treatment and measures was not a significant one, with $F(1,17) = .985$, n. s. This indicated that the PMC group did not show a significantly greater change toward internal locus of control after treatment that was significantly greater than the Alternate Treatment. In light of the evidence, Hypothesis 3 was rejected.

Table 4

Repeated Measures Analysis of Variance:
I-E Scale for PMC and Alternate Treatment Groups

Source	df	MS	<u>F</u>	sig.
Within Cells	17	1.0330		
Treatment	1	.4915	.4758	.500 ns
Group by Treatment	1	1.0178	.9853	.335 ns

Hypothesis 4

Hypothesis 4 stated that subjects participating in the PMC group will show significantly greater change toward internal locus of control as measured by the I-E Scale than subjects participating in the No-Treatment Control Group. To test this hypothesis, pre- and post-treatment scores on the I-E Scale were compared for PMC and No-Treatment Control Group subjects and were analyzed by factorial analysis for use with repeated measures. SPSSx (Norusis, 1985) was used for computer analysis. As indicated by Table 5, the interaction effect of treatment and measures was not a significant one, with $F(1,17) = .766$, n. s. This indicated that the PMC group did not show a significantly greater change toward internal locus of control after treatment that was significantly greater than the No-Treatment Control Group. Thus, it was necessary to reject Hypothesis 4.

Table 5

Repeated Measures Analysis of Variance:
I-E Scale for PMC and No-Treatment Control Groups

Source	df	MS	<u>F</u>	sig.
Within Cells	17	.5388		
Treatment	1	3.7336	6.9283	.017 ns
Group by Treatment	1	.0494	.0917	.766 ns

Hypothesis 5

Hypothesis 5 stated that subjects participating in the PMC group will show significantly greater increase in grade point average than subjects participating in the Alternate Treatment Group. To test this hypothesis, pre- and post-treatment GPA scores were compared for PMC and Alternate Treatment subjects and were analyzed by factorial analysis for use with repeated measures. SPSSx (Norusis, 1985) was used for computer analysis. As indicated by Table 6, the interaction effect of treatment and measures was not a significant one, with $F(1,17) = .962$, n. s. This indicated that the PMC group did not show a significantly greater improvement in grade point average after treatment than the Alternate Treatment Group. Hypothesis 5 was therefore rejected.

Table 6

Repeated Measures Analysis of Variance:
GPA for PMC and Alternate Treatment Groups

Source	df	MS	<u>F</u>	sig.
Within Cells	17	1426.3232		
Treatment	1	1298.0845	.9101	.353 ns
Group by Treatment	1	3.3476	.0023	.962 ns

Hypothesis 6

Hypothesis 6 stated that subjects participating in the PMC group will show significantly greater increase in grade point average than subjects participating in the No-Treatment Control Group. To test this hypothesis, pre- and post-treatment GPA scores were compared for PMC and No-Treatment Control Group subjects and were analyzed by factorial analysis for use with repeated measures. SPSSx (Norusis, 1985) was used for computer analysis. As indicated by Table 7, the interaction effect of treatment and measures was not a significant one, with $F(1,17) = .542$, n. s. This indicated that the PMC group did not show a significantly greater improvement in grade point average after treatment than the No-Treatment Control Group. It was necessary to reject Hypothesis 6.

Table 7

Repeated Measures Analysis of Variance:
GPA for PMC and No-Treatment Control Groups

Source	df	MS	<u>F</u>	sig.
Within Cells	17	1135.2761		
Treatment	1	175.6213	.1547	.699 ns
Group by Treatment	1	438.7792	.3865	.542 ns

Hypothesis 7

Hypothesis 7 stated that there would be significantly higher ratings on a goal attainment scale than would be predicted by chance alone. To test this hypothesis, a Chi-Square One-Sample Test was used to compare the expected and observed rating frequencies. An assumption was made that the "expected" ratings on the Goal Attainment Scale approximated a leptokurtic normal distribution curve, that is, the majority of subjects should rate their self-defeating behavior "About the same as before (Category '3')." The actual observed Goal Attainment Scale ratings for the nine PMC subjects is as follows: 2 subjects checked Category 3 ("About the same as before"), 6 subjects checked Category 4 ("More improved than before"), and 1 subject checked Category 5 ("Almost eliminated"). Table 8 indicates there was a significant Chi-Square value when the observed and expected frequencies were compared. This indicated the PMC subjects reported significant improvement in their individual self-defeating behavior and therefore, Hypothesis 7 was accepted.

Table 8

Chi-Square One-Sample Test for PMC Goal Attainment Scale

Goal Attainment Scale Ratings	2	3	4	5	Total
Observed (%)	0	22.2	66.6	11.2	100%
Expected (%)	11	78	11	0	100%
Chi-Square = 40.57 (df = 2) p.< .001					

Each PMC subject was working on a self-defeating behavior during the course of the group. Three PMC subjects already had selected one during the pre-treatment interview, while the other 7 selected one by the second week of treatment. As stated earlier, one subject transferred to another school during treatment and his results are not included in analysis. Table 9 lists the self-defeating behaviors each subject selected, along with the goal attainment rating they gave themselves at the conclusion of treatment.

Table 9

Self-defeating Behaviors Selected by PMC Group Members and
Corresponding Post-treatment Goal Attainment Scale Ratings

Subject	Self-Defeating Behaviors	Rating
1. AM	initiate conversations	4
2. SU	improve grades	3
3. J	speak up in class test anxiety	4
4. M	self-disclosure improve grades	4
5. AA	procrastination external thinking	5
6. SH	get along with parents improve temper	4
7. D	improve grades	3
8. SC	set up regular homework schedule improve grades	4
9. JO	improve grades	4

The researcher reviewed each subject's self-defeating behavior with each subject's teacher or guidance counselor after all questionnaires had been returned in order to establish independent verification of improvement. The researcher was able to corroborate the ratings all subjects except numbers 4, 5, and 8. This should not be taken to mean that these 3 subjects necessarily exaggerated their gains, but simply that their improvement had not been

directly observed outside the group setting by their teachers or counselor. These three subjects did set personal goals and carry out homework assignments successfully in the group, according to the PMC leader.

For comparison purposes the Chi-square statistic was again computed on PMC subjects after changing the ratings of the three subjects to "3" (About the same as before), but the Chi-square statistic is still significant (Chi-square =10.5, df=2, $p < .01$).

Hypothesis 8

Hypothesis 8 stated that, at the conclusion of treatment, subjects in the PMC group would receive significantly higher behavior/conduct ratings from their teachers than subjects participating in the Alternate Treatment Group. To test this hypothesis, teacher questionnaire data was compared for the PMC and the Alternate Treatment Group. The teacher questionnaire (Appendix F) was given post-treatment to teachers of both PMC and Alternate Treatment subjects. The teachers were asked to rate any change in each student's behavior and conduct over the last ten weeks. Four or five teachers for each PMC or Alternate Treatment subject returned their questionnaires, and the average score for each student was computed and then analyzed using the analysis of variance

for two independent samples. SPSSx (Norusis, 1985) was used for computer analysis. The average PMC behavior/conduct rating was 3.4, and the average Alternate Treatment rating was 3.5. On the teacher rating scale a rating of "3" indicated a student's behavior was "About the same" after treatment, while a rating of "4" indicated a student's behavior was "A little better." There were no significant differences between the ratings of behavior/conduct of the PMC and the Alternate Treatment Group with $F(1,17) = .462$, n. s., as indicated by Table 10. This indicated the teachers did not rate the behavior/conduct of the PMC subjects significantly better after treatment than the Alternate Treatment Group. Thus, it was necessary to reject Hypothesis 8.

Table 10

Analysis of Variance: Teacher Behavior/Conduct Ratings
for PMC and Alternate Treatment Groups

Source	df	MS	F	sig.
Main Effects	1	1435.958	.554	.467 ns
Group	1	1435.958	.554	.467 ns
Explained	1	1435.958	.554	.467 ns
Residual	17	2593.235		
Total	18	2528.942		

Hypothesis 9

Hypothesis 9 stated that, at the conclusion of treatment, subjects in the PMC group would receive significantly higher class participation ratings from their teachers than subjects participating in the Alternate Treatment Group. To test this hypothesis, teacher questionnaire data was compared for the PMC and the Alternate Treatment Group. The teacher questionnaire (Appendix F) was given post-treatment to teachers of both PMC and Alternate Treatment subjects. The teachers were asked to rate any change in each student's class participation over the last ten weeks. The data was analyzed using the analysis of variance for two independent samples. SPSSx (Norusis, 1985) was used for computer analysis. Both the average PMC and Alternate Treatment class participation rating 3.37, only slightly higher than a rating of "3" which indicated a student's class participation was "About the same" after treatment. As indicated by Table 11, there were no significant differences between the ratings of class participation of the PMC and the Alternate Treatment Group with $F(1,17) = .994$, n. s. This indicated the teachers did not rate the class participation of the PMC subjects significantly better after treatment than the Alternate Treatment Group. Since neither group was rated improved, Hypothesis 9 was rejected.

Table 11

Analysis of Variance: Teacher Class Participation
Ratings for PMC and Alternate Treatment Groups

Source	df	MS	F	sig.
Main Effects	1	.150	.000	.994 ns
Group	1	.150	.000	.994 ns
Explained	1	.150	.000	.994 ns
Residual	17	2533.644		
Total	18	2392.895		

Summary

Statistical analysis of TSCS, I-E Scale, GPA, and teacher questionnaire data indicated that there is no evidence to support the effectiveness of either PMC or bibliotherapy group counseling over a No-Treatment Control condition. There was also no evidence that self-concept, locus of control, or grades changed significantly as a result of either treatment condition. Teachers of either PMC or Alternate Treatment subjects did not report any significant improvement in the student's behavior/conduct or class participation. However, seven of the nine PMC subjects did report at least some improvement in a self-defeating behavior they selected, and therefore the PMC counseling was at least a partial success.

CHAPTER 5

SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

The final chapter provides a summary of the main purposes of the study, states its principal findings, and offers recommendations for future research.

Summary

There is a growing awareness that the stresses on children are more severe than ever at a time when there are fewer supports than ever. The rise of single parent families, families that are over-extended, increased drug and alcohol abuse, explicit music and videos all create "at-risk" conditions for our children. The schools have been expected to take a much bigger role in providing mental health services that keep children's self-concept high while guiding them towards a life of achievement and mastery. This direct service role has typically been given to guidance counselors, school psychologists, and school social workers, and they have been given the mandate to deliver appropriate services.

Personal Mastery Counseling is a very appropriate group counseling framework for helping children learn some goal-setting strategies, eliminating their self-defeating behaviors, and enhancing their sense of mastery. It is a framework based on positive mastery of new skills, not on remediating deficits. This dissertation compared the effectiveness of Personal Mastery Counseling with bibliotherapy (Alternate Treatment) and with a No-Treatment Control group. It sought to determine whether ten 55-minute sessions of Personal Mastery Counseling would positively effect self-concept, locus of control, GPA, class participation and behavior, and goal attainment in 7th grade male volunteers.

Subjects who volunteered for Personal Mastery Counseling were assigned in an odd-even fashion to either a PMC group or an Alternate Treatment group, and after these groups were each filled with ten subjects, a No-Treatment Control Group was created from the remaining volunteers. Both the members of the Alternate Treatment group and the No-Treatment Control group were invited to join a future PMC group (Three members of the Alternate Treatment group and eight members of the No-Treatment Control actually did join a PMC group the following semester).

The PMC group participated in a structured program to help them identify a self-defeating behavior they wanted to eliminate and then provided a supportive atmosphere for

personal goal setting, role playing, trying new behaviors outside the group, and discussing the results. The Alternate Treatment group discussed weekly assigned readings on such topics as principles of high achievers, self-direction and personal mastery, and how to eliminate self-defeating behaviors, but were neither encouraged nor discouraged from trying to eliminate any of their own self-defeating behaviors. The No-Treatment Control Group met together only for the pre- and post-treatment testing session and during the experimental treatment phase they only received the school's routine guidance services.

Treatment effects were measured by means of several dependant variables. Self-concept was measured with the Tennessee Self-Concept Scale and locus of control was assessed by means of the Rotter I-E Scale, both of which were administered pre- and post-treatment. Academic grades (GPA) were computed for each subject for the semester immediately preceding the experimental treatment and the marking period that began after the treatment had concluded. At the conclusion of treatment the teachers of subjects in the PMC and the Alternate Treatment groups were asked to rate any improvement in the subjects' behavior and class participation, and the PMC subjects were also asked to complete a post-treatment goal attainment scale.

A factorial analysis of variance for use with repeated measures was used to analyze differences in self-concept,

locus of control, and GPA; an analysis of variance for two independent samples was used for the two teacher rating scales; and a Chi-square one-sample test was used with the goal attainment scale.

Conclusions

The conclusions for this study are stated in terms of the nine experimental hypotheses presented in Chapter 3.

Hypothesis 1: Students participating in the PMC group did not show significantly greater increase in self-concept than students participating in the Alternate Treatment Group.

Hypothesis 2: Students participating in the PMC group did not show significantly greater increase in self-concept than students participating in the No-Treatment Control Group.

Hypothesis 3: Students participating in the PMC group did not show significantly greater movement toward internal locus of control than did students in the Alternate Treatment Group.

Hypothesis 4: Students participating in the PMC group did not show significantly greater movement toward internal

locus of control than did students in the No-Treatment Control Group.

Hypothesis 5: Students participating in the PMC group did not show significantly greater increase in GPA than students in the Alternate Treatment Group.

Hypothesis 6: Students participating in the PMC group did not show significantly greater increase in GPA than students in the No-Treatment Control Group.

Hypothesis 7: Students participating in the PMC group made significantly higher ratings on a goal attainment scale than would be predicted by chance variations.

Hypothesis 8: Students participating in the PMC group did not receive significantly higher teacher behavior/conduct ratings than students in the Alternate Treatment Group.

Hypothesis 9: Students participating in the PMC group did not receive significantly higher teacher class participation ratings than students in the Alternate Treatment Group.

In general it should be concluded that neither ten

sessions of Personal Mastery Counseling nor the Alternate Treatment significantly or positively affected the self-concept, locus of control, GPA, classroom conduct, or class participation of 7th grade students. The PMC sessions did result in higher goal attainment ratings for seven of the nine subjects, and thus it appears that the PMC students as a group reported relative success in eliminating their chosen self-defeating behavior.

Discussion

This study was designed to determine whether ten weeks of Personal Mastery Counseling would positively effect self-concept, locus of control, grades, goal attainment, behavior and class participation in 7th grade male students. It is necessary to conclude that the only change produced was in goal attainment. This supports the earlier conclusion that significant outcome can occur when a specific treatment plan is followed, subjects are recruited voluntarily, and the subjects are assisted in achieving specific goals.

Of course, goal attainment is what PMC counseling is supposed to do. During treatment each of the self-defeating behaviors selected by group members was developed into a measurable, behavioral, and observable goal. Thus, the goal attainment scale merely reflected what had been happening all along during treatment. During group sessions, each

individual as well as the group leader witnessed subjects trying new behaviors through role playing and reporting back on "homework" situations.

The limitations of the goal attainment scale should be noted at this time. Lambert, Shapiro, and Bergin (1986) in a review of client rating scales concluded that individual outcome criteria are desirable but are difficult to use effectively. One main problem is that units of change derived from individually tailored goals are unequal and hardly comparable. It was probably harder for subjects to "improve grades" than to "initiate conversations" or "get along with parents." A second problem is that "Global improvement ratings by therapists and patients showed very high rates of improvement with no patient's claiming to do worse" (Lambert et al., 1986, pp. 188-189). Questions have been raised about the veracity of three PMC subjects' goal attainment scale ratings simply because their improvement was not reliably observed. It appears sufficient to state that these subjects' cognitive states have been changed as a result of facilitating and testing new understandings in the PMC group. If not now, hopefully in the future these subjects will demonstrate more adaptive or improved behavior.

An interesting fact was observed by the group leader after reviewing the goal attainment results. She stated that the 7 subjects who reported improvement (ratings "4" or

"5") on the goal attainment scale were "very active" during each session, while the 2 subjects who did not report improvement (rating "3") were "less involved, mostly they just listened" (J. Burkert, personal communication, May, 24, 1989). It is possible these two subjects needed extra attention in order to gain more participation from them.

The counselor for the Alternate Treatment noted that two subjects "on their own" attempted to change some of their own maladaptive behavior: one subject reported that he began studying more, while another noted he refused to spread untrue stories about a fellow classmate, contrary to his nature. The leader provided each student a chance to share their story with their fellow group members, acknowledged their improvement but was careful not to dwell on these behaviors. She later reported this to be a frustrating situation, especially as she began to see more and more behaviors that the Alternate Treatment subjects needed to work on. Even though she led the bibliotherapy group according to the research design, she mentioned that she would not be interested in leading any more bibliotherapy groups in the future.

There are several reasons why this study may have failed to produce more significant results. One liability may have been the small sample size. While the small size of the groups maximized the opportunities for members to contribute, they also make it less likely a small treatment

effect would be found. A more ambitious design may have called for several group leaders conducting PMC groups in several schools in order to capture the more enduring variables: self-concept, locus of control, school improvement (i.e. grades, behavior, participation).

These enduring variables may have been quite difficult to change, especially with a brief treatment, such as in the current study. While two brief-treatment studies reported changes in TSCS (Boyle, 1977; Cordell, 1973) one study required fifty sessions to obtain significance (Streich & Keeler, 1974). The I-E Scale also required a long time to change. There were three I-E studies cited in this review and each required 30 to 57 sessions to obtain significance (Felton & Davidson, 1974; Maultsby et al., 1974; Patton, 1977). Unless the treatment is very potent, changing these variables may take a long time.

Perhaps the relatively enduring changes that were expected in self-concept, locus of control, and grades are also related to an individual's maturity as much as they relate to any effective counseling, especially for 7th grade boys. These variables may not improve until gains are made in emotional and social maturity. Much effort by each group leader was required to help the subjects settle down to business at the beginning of each session. The subjects apparently enjoyed the social aspects of meeting together very much.

Recommendations

At this time it is necessary to conclude that delivering appropriate counseling services to students at risk continues to be the highest priority for guidance counselors, school psychologists and other qualified mental health professionals in the schools. Although the current study does not report significant outcome variables, small group counseling is still the most effective and efficient way to help students change self-defeating behavior. The finding from the present study has suggested some possible directions for further research.

It is important to remember that behavior change is multidimensional, and therefore all group research should be conducted with multiple outcome data, some of which should be cognitive and some behavioral. At least one measure should be specifically tailored for each subject's self-defeating behavior. Such a measure could be specified and agreed up in advance by the group leader and subject. The goal should be formulated with sufficient precision that an independent observer, i.e. teacher, parent, guidance counselor, can verify whether or not the goal has been met.

Further studies of PMC should utilize longer periods for treatment, perhaps from 15 to 20 sessions with some time spent in structured activities that would enhance overall

psycho-social development (i.e. Gazda's (1984) Life Skills Counseling). Follow-up data should be obtained as late as one year later to see if PMC provides more long-term effects in self-concept, locus of control, and grades. It is certainly advisable to continue to use both attention-placebo and no-treatment control groups.

Possibly PMC could be incorporated into the overall intermediate school curriculum much the way that peer helping classes have been placed into schools as a subject elective. Making PMC a class would encourage more students to receive PMC services, would make scheduling easier, and would provide a more long-term and potent intervention. Classroom activities could be supplemented with bibliography readings similar to those that were used in the current study.

APPENDICIES

APPENDIX A: GROUP COUNSELING SURVEY FORM

Your Name _____ Impact Teacher _____ Period _____ Grade _____

Your counselors would like you to complete this questionnaire so that we can get to know you better. This information will help us help you make the best of your years at Key.

1. What are some things that might help you as a student at Key?
2. Are you having any academic problems? _____ If so what subject? _____
3. How do you feel about school?
4. What suggestions do you have for after-school activities?
5. List all of the places where you have lived.
6. Where did you attend school last year?
7. The year before?
8. With whom do you live?
9. What languages do you or your family speak?
10. Do you or your family have any special interests or hobbies?
11. Is there anything you would like your counselor to know about your future goals or career plans?
12. Would you like to see your counselor right away about a home, school or other personal concern? _____ Yes _____ No

Your counselors are here to help you in any way we can. That's our job! We want you to know that we really care.

The counselors names are listed below. Put a check by your counselor's name.

Mrs. Burkert
Grade 7
A-K

Mrs. Pitkin
Grade 7
L-Z

Mrs. Hicks
Grade 8
A-K

Mr. Rowland
Grade 8
L-Z

Your counselors are forming counseling groups that can give you a chance to talk about your feelings and concerns, and learn how others cope with similar problems.

A brief description of each group is given below. If you are interested in joining or finding out more, put a check in the space by the name of the group.

_____ FAMILY CONCERNS

Something not going right in your family? Is there a lot of fighting? Does someone drink too much? Feeling angry and alone? This group will focus on these issues and ways to cope with family stress.

_____ CONFLICT RESOLUTION

Do you often find yourself "caught in the middle" Are you blamed for things you didn't do? Angry? Frustrated? This group will help you handle anger, and solve problems with friends, teachers and parents.

_____ DIVORCE/PARENT SEPARATION / STEP-FAMILIES

This group will focus on problems that occur when parents separate and divorce, or what happens when a parent remarries.

_____ PEER RELATIONSHIPS AND SELF-CONCEPT

Do you have trouble making or keeping friends? Are you shy? Learn new ways of making friends and feeling good about you.

_____ DEALING WITH DEATH AND DYING

This group is for those who have lost or are losing someone due to death or illness.

_____ CAREER AND PERSONAL DEVELOPMENT

"What is success"? "Where am I going?","How do I get there?" "What should I do when I grow up?" These are some of the questions this group will discuss.

_____ LOOKING GOOD

Worried about looks? weight? clothes? hair? Work with this group to find a "new" you.

_____ STRESS MANAGEMENT - Feeling overwhelmed by pressures from school, home and friends? Learn to relax, and still get work done.

_____ U.S. RE-ENTRY

Have you just returned to the "States" from another country? Come meet new friends, learn what's "in", feel at home.

_____ CROSS-CULTURAL TRANSITIONS

Is your family new to the U.S?. If you're feeling lonely and confused ,or caught between two cultures, this group will help you sort out your conflicts.

_____ PERSONAL MASTERY-

This group will focus on self-improvement, strengths, setting goals, feeling more confident, changing self-defeating behavior, getting along with difficult people. BE MASTERFUL !

APPENDIX B: PARENT LETTER FOR PMC GROUP

WORKSHOP FOR PERSONAL MASTERY

Dear _____:

_____ has expressed interest in joining a workshop in personal mastery offered by the guidance office at Key Intermediate School. The purpose of this workshop will be to help students identify any area of their life where they feel less than effective and to teach them how to set goals for self-improvement. This workshop has been held several times during the last three years at Key and it has been our experience that just about any student can benefit from a workshop experience of this kind.

This workshop will provide students an opportunity to work on changing self-defeating behavior, to learn first-hand about their strengths in a safe environment, and to feel more self-confident and effective in their lives. Structured activities will be utilized to maximize student participation and to help build self-concept. In order to make the workshop as effective as possible, two questionnaires will be administered at the beginning and at the end of the group: a self-concept scale and an internal/external belief scale. Mr. Larry Sutton, our School Psychologist, will be analyzing the results of these scales as part of his doctoral dissertation in Counseling for the College of William and Mary. He will also review your student's school records for their grade-point average and will ask your student's teachers to complete a teacher questionnaire at the end of the group to assess any change in behavior. The results of these questionnaires will be analyzed in terms of groups rather than individuals, so individual questionnaire results will be kept confidential. Both scales and the teacher questionnaire are available for your preview in the Guidance Office.

The workshop will meet one period per week for ten weeks on a rotating class schedule. The first meeting will be March 28. All participation is voluntary, and your student has already been informed that he/she may withdraw from this workshop at any time without prejudice. A parent permission form is required for your son/daughter to attend. The form below should be signed and returned to your student's counselor by March 24.

If you have any questions about this group or if you wish to preview the scales, please feel free to call me at Key, 971-1650.

Mrs. Jill Burkert
Guidance Counselor

-

_____ I permit my child to participate in a ten-week Personal Mastery Workshop at Key Intermediate School and to take two questionnaires as part of this group. The sessions will be led by Mrs. Burkert at Key Intermediate School.

_____ I do not give permission for my child to participate.

Parent Signature

Date

_____ I want to join Mrs. Burkert's Personal Mastery Counseling group.

Student Signature

*Further information can also be obtained by calling Mr. Larry Sutton (971-1650) or Dr. John Lavach, dissertation director from William and Mary (804-253-4289).

APPENDIX C: PARENT LETTER FOR ALTERNATIVE GROUP

PERSONAL MASTERY STUDY GROUP

Dear _____:

_____ has expressed interest in joining a Personal Mastery Study Group offered by the guidance office at Key Intermediate School. The purpose of this study group will be to allow students the opportunity to study current books that teach how to set goals for self-improvement. It is my belief that just about any student can benefit from a study group experience of this kind.

The following books will be the focus of the study group:

Peak Performance Principles for High Achievers by Noe

Your Erroneous Zones by Dyer

I Can if I Want To by Lazarus & Fay

This study group will provide students an opportunity to learn how to change self-defeating behavior and to how to become more personally effective in their lives. In order to make the study group as effective as possible, two questionnaires will be administered at the beginning and at the end of the group: a self-concept scale and an internal/external belief scale. Mr. Larry Sutton, our School Psychologist, will be analyzing the results of these scales as part of his doctoral dissertation in Counseling for the College of William and Mary. He will also review your student's school records for their grade-point average and will ask your student's teachers to complete a teacher questionnaire at the end of the group to assess any change in behavior. The results of these questionnaires will be analyzed in terms of groups rather than individuals, so individual questionnaire results will be kept confidential. Both scales and the teacher questionnaire are available for your preview in the Guidance Office.

The study group will meet one period per week for ten weeks on a rotating class schedule. The first meeting will be March 28. All participation is voluntary and your student has already been informed that he/she may withdraw from this workshop at any time without prejudice. A parent permission form is required for your son/daughter to attend. The form below should be signed and returned to your student's counselor by March 24.

If you have any questions about this group or if you wish to preview the questionnaires* or readings, please feel free to call me at Key, 971-1650.

Mrs. Nina Pitkin
Guidance Counselor

-

_____ I permit my child to participate in a ten-week Personal Mastery Study Group at Key Intermediate School and to take two questionnaires as part of this group. The sessions will be led by Mrs. Pitkin at Key Intermediate School.

_____ I do not give permission for my child to participate.

Parent Signature

Date

_____ I want to join Mrs. Pitkin's study group.

Student Signature

*Further information can also be obtained by calling Mr. Larry Sutton (971-1650) or Dr. John Lavach, dissertation director from William and Mary (804-253-4289).

APPENDIX D: PARENT LETTER FOR NO-TREATMENT CONTROL GROUP

Dear _____:

This year one of the Guidance Department goals will to focus on student self-concept. As part of a study of how to improve self-concept, we would like _____ to complete two questionnaires pertaining to self-concept and internal/external belief. These questionnaires will take approximately one-half hour to complete and will be given to students twice this year during an elective class period.

Mr. Larry Sutton, our School Psychologist, will help analyze the results, which will also be used to as part of his doctoral dissertation in Counseling for the College of William and Mary. He will also review your student's school records for their grade-point average and will ask your student's teachers to complete a teacher questionnaire on their behavior. The results of these questionnaires will be analyzed in terms of groups rather than individuals, so individual questionnaire results will be kept confidential. Participation is voluntary, and your son/daughter has been informed of their right to withdraw from this study at any time without prejudice.

If you have any questions about these questionnaires or if you wish to preview them please feel free to call me at Key (971-1650).*

Mrs. Jill Burkert
Guidance Counselor

_____ I permit my child to complete two questionnaires as part of a study of self-concept.

_____ I do not give permission for my child to participate.

Parent Signature

Date

_____ I would like to take the two questionnaires that Mrs. Burkert told me about. The best period for me to take them is _____.

Student Signature

*Further information about this project can also be obtained by calling Mr. Larry Sutton (971-1650) or Dr. John Lavach, dissertation director from William and Mary (804-253-4289).

APPENDIX E: THE TENNESSEE SELF-CONCEPT SCALE

The Tennessee Self-Concept Scale is copywrited by its author, William T. Fitts. It can be obtained from Western Publishing Company, Los Angeles, Calif.

PLEASE NOTE

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APPENDIX G: GOAL ATTAINMENT SCALE

Dear ???????,

During the Personal Mastery Workshop you learned some strategies to eliminate self-defeating behaviors. Please take a moment to let us know if any of the strategies we discussed were of any help to you. Your honest and candid opinions can help us make this workshop more effective for other students. Your answers will not be shared with anyone. Thank you!!

1. The workshop was: (check one)

- _____ not very helpful to me
_____ a little helpful to me
_____ very helpful to me

2a. Please write down a self-defeating behavior or problem you worked on during the group:

2b. Please check the phrase below that best describes what has happened to this behavior.

This behavior is now: (check one):

- _____ much worse than before
_____ a little worse than before
_____ about the same as before
_____ more improved than before
_____ almost eliminated
_____ completely eliminated

COMMENTS?

APPENDIX H: TEACHER BEHAVIOR RATING SCALE

Dear _____,

Re: _____

For the past ten weeks this student was a member of a counseling group at Key. It would be extremely helpful for me to find out if the behavior of this student changed either positively or negatively during the last ten weeks. Can you take a moment to candidly rate your impressions of this student below?

Thank you in advance for your help. Please feel free to stop by my office if you would like to more about the group.

Larry Sutton
School Psychologist

1. Compared to ten weeks ago, has this student's behavior/conduct in the classroom changed? (Circle one)

1	2	3	4	5
Much worse	A little worse	About the same	A little better	Much better

Comments?

2. Compared to ten weeks ago, has this student's level of class participation changed? (Circle one)

1	2	3	4	5
Much less	A little less	About the same	A little more	Much more

Comments?

3. Beyond behavior and class participation, has there been any other observable change in this student?

APPENDIX I

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Abstract

AN INVESTIGATION OF THE EFFECTS OF PERSONAL MASTERY COUNSELING ON GOAL ATTAINMENT, SELF-CONCEPT, LOCUS OF CONTROL, AND BEHAVIOR RATINGS OF JUNIOR HIGH SCHOOL STUDENTS

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College of William and Mary, May, 1990

Chairman: John Lavach, PhD.

This study focused on the effectiveness of Personal Mastery Counseling, a small-group cognitive-behavioral approach to counseling, with a population of 7th grade male students. The literature review included 36 secondary (grades 7-12) group counseling studies reported since 1970 that were conducted in a regular school setting using both a control treatment condition and outcome data. The review suggested there are three essential conditions for successful small group counseling: voluntary recruitment of subjects, a specific treatment condition, and behavioral outcome data.

Experimental subjects were 30 volunteer 7th grade male students who attended a public intermediate school in an urban Southern city. Each had checked interest in Personal Mastery Counseling (PMC) on a group counseling checklist from the guidance department. Subjects were assigned in an odd-even fashion to be interviewed by either a PMC or an Alternate Treatment (attention-placebo) group leader. Interviewing continued until there were 10 subjects in both treatment groups. Ten subjects were randomly chosen from the remaining volunteer pool to form a No-Treatment Control group.

The PMC group participated in ten weekly PMC group counseling sessions. The PMC group leader was highly active in helping the subjects identify and eliminate self-defeating behaviors by teaching them how to set behavioral goals, accept personal responsibility, practice new behaviors, and monitor improvement. The Alternate Treatment group participated in ten weekly bibliotherapy sessions with assigned readings and discussions on eliminating self-defeating behaviors, problem-solving strategies, and ideas to improve self-concept. The Alternate Treatment group leader neither encouraged nor

discouraged students from trying to eliminate a self-defeating behavior. Both the PMC and the Alternate Treatment group met for ten 55-minute sessions for ten consecutive weeks. The No-Treatment Control group met only for pre- and post-testing.

Academic grade point averages were calculated pre- and post-treatment for all subjects. The Tennessee Self-Concept Scale and Rotter's I-E Scale were also administered pre- and post-treatment. A teacher-completed behavior rating scale and an individualized goal attainment scale were administered post-treatment only. It was hypothesized that the PMC group would show significantly greater improvement in self-concept, locus of control, and grade point average than the Alternate Treatment or the control group. It was also hypothesized that students participating in PMC would receive significantly higher teacher behavior/conduct and class participation ratings than students in the Alternate Treatment group. A final hypothesis stated that students in the PMC group would make significantly higher variations on a goal attainment scale than would be predicted by chance variations.

Data analysis using an analysis of variance did not demonstrate that PMC positively effected self-concept, locus of control, grade point average, or teacher ratings. A Chi-square one-sample test did indicate that PMC students made significantly higher than expected goal attainment scale ratings after treatment.

It was concluded that neither Personal Mastery Counseling nor bibliotherapy significantly effected the self-concept, locus of control, grades, or teacher ratings of 7th grade male students. Personal Mastery Counseling did however help students eliminate or modify a self-defeating behavior. Several possible reasons were discussed for the failure to obtain hypothesized results with all but one variable.