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An investigation of the efficacy of group counseling with emotionally disturbed middle school students

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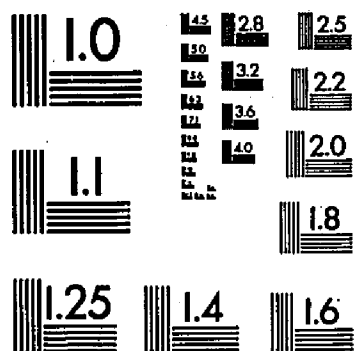
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AN INVESTIGATION OF THE EFFICACY OF GROUP COUNSELING WITH EMOTIONALLY DISTURBED MIDDLE SCHOOL STUDENTS

The College of William and Mary in Virginia   ED.D.   1986

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An Investigation of the Efficacy of Group
Counseling with Emotionally Disturbed
Middle School Students

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

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

By

Michael Scott Grainer

May 1986

AN INVESTIGATION OF THE EFFICACY OF

GROUP COUNSELING WITH EMOTIONALLY

DISTURBED MIDDLE SCHOOL STUDENTS

by

Michael Scott Grainer

Approved, May 1986 by

Ruth K. Mulliken, Ph.D.

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Charles O. Matthews, Ph.D.
Chairman of Doctoral Committee

Dedication

This research is dedicated to my wife Liz, and children Kristin, and Joshua. An undertaking as extensive as a dissertation requires time; time that would normally be spent with family. Throughout the entire process they offered encouragement, assistance, and perhaps most important, tolerated me when things just did not seem to be going right.

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One of the more striking results of this investigation was the realization that this work could never have been completed without the assistance and support from a great many friends and colleagues. I am grateful to all of you.

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would not be a student forever.

Finally, to the students who cooperated in the study
and gave so much of themselves.

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Chapter 1

Introduction

The individuals within a public school system charged
with the responsibility of providing services to the special
education students in programs for the emotionally disturbed
face a two-fold challenge. On the one hand is the expect-
ation to teach; to facilitate academic competence in the
core subject areas. This, of course, is also the primary
purpose of the regular education classroom teacher.
However, the special educator faces a unique challenge
because of social and professional expectations to be
proficient in the use of special methods of teaching and
relating to students (Glavin and Quay, 1969). There are
also expectations that tend to reach beyond unique and
specialized instruction. Services and programs that are
designed to address more than just academic deficits have
been recommended for some time. Moss (1966) pointed out
that advances in computerized instruction might free a
teacher to devote more time and energy to the child's social
and psychological development. Wilson and Rotter (1982)
took note of this issue when they observed that society
appeared to be exerting pressure on the schools to provide
students with assistance in the form of affective instruct-
ion and/or counseling. Implied in articles like those

written by Wilson and Rotter, and in the intent and flavor of Public Law 94-142, are ethical and legal obligations to provide such services. That is, if a student has been diagnosed as being seriously emotionally disturbed, and is in need of a special education program, the individualized educational program (IEP) should reflect goals and object-ives designed to address not only academic dysfunction, but the manifestations of emotional disturbance as well.

This study attempted to investigate the efficacy of an intervention strategy that might prove beneficial to an emotionally disturbed population of public school students. The literature reveals that intervention is needed and is supported by both the general public and by educators. However there is also a dearth of information relative to methodology and outcome or results. Group counseling was chosen as an intervention strategy because of its potential therapeutic value and the ease with which it can implemented in a school setting. Indeed a number of factors led Schaefer, Johnson, and Wherry (1982) to describe group counseling as the treatment of choice for children and adolescents. Justification for the study is reflected in societal demands, legal and ethical obligations, and scholarly acknowledgement that it is worthwhile and feas-ible.

Research Question

The statement of the problem was narrowed to the degree that only emotional disturbance, as it related to self-concept and group counseling was addressed. The research question became then: Can a structured group counseling intervention strategy enhance the self-concept of emotionally disturbed middle school students more than a non-structured group counseling intervention strategy?

Theoretical Rationale

The theoretical rationale for this study tended to be essentially psychodynamic in nature. Freud's conceptualization of personality served as a cornerstone. However, insofar as the purpose of the research was concerned emphasis was not so much on structure, but on dynamics and personality development. Much of what was examined related to the internal and external factors which are regarded as being critical to the sequential process of personality development.

Karen Horney and Erik Erikson attempted to distill Freudian psychoanalytical thought with the hope of molding the theory to fit their respective orientations. Horney set about to expand Freudian psychoanalysis feeling that it was,

in many respects, restrictive, and all too often catered to
a rather select clientele (Hall and Lindzay, 1970). She
advocated that ". . .psychoanalysis should outgrow the
limitations set by its being instinctivistic and a genetic
psychology." (Horney, 1939, p. 8). As Meissner (1978)
noted, in the course of doing so Horney devised a holistic
concept of personality which suggested a single entity
functioning within a social framework and constantly
influenced by interaction and mutual interference with the
environment. He went on to interpret her theory to say that
while the roles of biological needs and drives were still
acknowledged, a shift in emphasis to the dynamic influences
of cultural and social factors was evident. Stress was
placed on current interactions and motivations.

Horney's theory is cognizant of the impact of the
social context in which the individual resides, but it also
recognizes that intimate factors within the family setting
can shape personality (Horney,1939; Hall and Lindzay, 1970;
Holme, 1972). For the purpose of this study it was pre-
cisely this feature of her theory that became a crucial
issue with respect to emotionally disturbed preadolescents.
Disturbed relationships within the family milieu have the
potential to disturb the security of the child. This
process is regarded as being a source of basic anxiety
within the child which forces him/her to pursue irrational
solutions to problems (Horney, 1942).

Horney's (1942) concept of the self is linked to anxiety. She conceptualized an actual self, a real self, and an idealized self. The actual self reflected the sum total of the individual's experiences. The real self was more of a central force or principle, unique within each individual, and equivalent to a sense of healthy integration. The idealized self, however, was a manifestation of a problem and functioned as a means of avoiding conflict either by adopting an attitude of superiority or self-sufficiency, or by demanding special consideration. The idealized self is a form of glorified self-image that can progressively encompass more aspects of the personality. When operating unconsciously it can provide the source of abnormal claims or demands. Fears, inhibitions, and feelings of deprivation then be transformed into unbalanced demands for and expectations of attention or support that can control the person's inner life and external behavior. This imbalance is referred to as the "pride system". It manifests itself in excessive standards and expectations on the one hand, and excessive self-hatred and self-contempt on the other (Meissner, 1978).

The family environment, the child, and the all important interactions are regarded as etiological agents yielding unique individuals and personalities. The atypical or disturbed personality might then be viewed as having

germinated in the following manner according to Hall and
Lindzay's (1970) interpretation:

> The insecure, anxious child develops various strategies
> by which to cope with his feelings of isolation and
> helplessness. He may become hostile and seek to avenge
> himself against those who have rejected or mistreated
> him. Or he may become overly submissive in order to
> win back the love that he feels that he has lost. He
> may develop an unrealistic, idealized picture of
> himself in order to compensate for his feelings of
> inferiority. He may try to bribe others into loving
> him, or he may use threats to force people to like
> him. He may wallow in self-pity in order to gain
> people's sympathy.
>
> If he cannot get love he may seek to obtain power
> from others. In that way he compensates for his sense
> of helplessness, finds an outlet for his hostility, and
> is able to exploit people. Or he becomes highly
> competative, in which the winning is far more important
> than the achievement. He may turn his aggression
> inward and belittle himself. (p. 135)

In addition to the social context and familial circum-
stances there is another element which is regarded as
crucial to the understanding of the purpose of this study.
It involves the idea of stages of development. The work of
Erik Erikson fits well in this case for it was Erikson who

attempted to blend social variables with Freud's psycho-
sexual stages of development. He cast the psychosexual
stages of development in psychosocial terms, delineating
eight stages of development.

In his book, <u>Childhood and Society</u> (1963), Erikson
attempted to show that individuals residing under difficult
circumstances, as well as in different cultures, developed
personalities (i.e. an ego) that were intimately linked with
the nature of that particular organization. Moreover, he is
believed to have demonstrated that personality can be
related to changing historical reality (Hall and Lindzay,
1970).

Mahler (1969) noted that Erikson's epigenetic concept-
ion of ego development -- the identification of growth by
change --is seen in the following manner:

> He presents the stages of growth in terms of inner and
> outer conflicts, which the healthy personality
> weathers, emerging and re-emerging with an increased
> sense of inner unity, an increase of good judgement,
> and with an increase in the capacity to do well
> according to the standards of those who are significant
> to him (p. 31)

Erikson (1963) identified eight stages of growth. The
five for childhood include:

1. Basic trust versus mistrust

2. Autonomy versus shame and doubt

{}

---

3. Initiative versus guilt

4. Industry versus inferiority

5. Identity versus diffusion or role confusion

According to Erikson's theory a child passes through a sequence of developmental phases, with each phase having its own particular crisis. Ideally each crisis should be met and resolved, with new learning acquired (Hall and Lindzay, 1970).

How each crisis is met is felt to be determined to a great extent by the solutions that are preoffered or permitted by the parents and other caretakers, who have, in turn, been influenced by societal customs and ideologies (Hall and Lindzay, 1970).

Mahler (1969) reported that essential to Erikson's view of ego-identity was the fusion of social and individual values:

> An increasing sense of identity. . .is experienced
> preconsciously as a sense of psychosocial well being.
> Its most obvious concomitants are a feeling of being
> at home in one's body, a sense of knowing where one
> is going, and an inner assuredness of anticipated
> recognition from those who count. (p. 32)

Thus, one's perception of himself appears to have simultaneously an internal and external frame of reference. Internally it pertains to the integration of the self, while it relates externally to those facets of social and cultural

organization through which the child is accepted into and assumes a functional role in his culture and society (Meissner, 1978).

Hence the rationale for focusing on personality development and self-perceptions in working with groups of emotionally disturbed students seemed to be supported by the work of Horney and Erikson. As noted, both appear to stress more than simply instincts and/or genetics. By emphasizing the importance of societal, cultural, and familial factors, as well as specific rates and stages of personality development, the significance of acknowledging, and possibly even manipulating these factors when dealing with a disturbed population is not lost. What appeared to be lacking though was sufficient information which addressed the issue of its effectiveness and appropriateness to groups of emotionally disturbed students being served mainly in a public school setting. The purpose then of this study was to investigate the effectiveness of manipulating a specific personality variable, via a structured group intervention strategy, and a non-directive group intervention strategy, in students who had been diagnosed as being seriously emotionally disturbed as per the definition found in P.L. 94-142.

Definition of Terms

Seriously Emotionally Disturbed: The term emotionally
disturbed is an educational descriptor used to define those
students who are educationally dysfunctional due to a severe
and persistent inability to adjust to their inner self and
to their environment. This disability is evidenced by
academic dysfunction, poor interpersonal relations, and
indications of affective disturbance which cannot be
explained by intellectual, sensory, or health factors. This
definition does not include students who are socially malad-
justed unless it is determined that they are also seriously
emotionally disturbed. (from the Manual for Special
Education Policies and Procedures, Henrico County Public
Schools, 1982, p. 77)

Socially Maladjusted: Socially maladjusted is a term
used to describe students who do not acknowledge or accept
responsibility for their behavior and ignore the norms and
standards of their environment. These students are gener-
ally egocentric, showing little or no regard for others.
They express no remorse for antisocial behavior unless it is
to their advantage to do so (Manual for Special Education
Policies and Procedures, Henrico County Public Schools).

Self-Concept: Self-concept is a term used to describe
the accumulated set of values, attitudes, feelings, and
perceptions an individual has about himself. It is from
such conceptions that the individual's behavior is both
influenced and determined.

Group Counseling: Group counseling has been described
as:

> . . . . a dynamic, interpersonal process focusing on
> conscious thought and behavior and involving the
> therapy functions of permissiveness, orientation to
> reality, catharsis and mutual trust, caring, under-
> standing, acceptance, and support. The therapy
> functions are created and nurtured in a small group
> through the sharing of personal concerns with one's
> peers and the counselor(s). The group counselors may
> utilize the group interaction to increase under-
> standing and acceptance of values and goals and to
> learn and/or unlearn certain attitudes and behaviors.
> (Gazda, Duncan, and Meadows, 1967, p. 306)

Research Hypotheses

The purpose of this study was to determine the effect
of a series of group structured counseling activities and
non-directive counseling sessions on emotionally disturbed,
special education middle school students relative to
self-concept.

In the area of self-concept it was hypothesized that:

1. The self-concept of emotionally disturbed
students who participated in group counseling will be
measurable improved as a consequence of a group counseling
intervention strategy.

2. Emotionally disturbed students participating in structured group counseling will receive significantly higher scores on a measure of self-concept than emotionally disturbed students participating in non-directive group counseling.

3. Emotionally disturbed students participating in group counseling will evidence improvement in classroom behavior as measured by teacher report on a behavior rating scale.

4. Emotionally disturbed students participating in structured group counseling will demonstrate significantly higher levels of classroom behavior improvement on a measure of classroom behavior than emotionally disturbed students participating in non-directive group counseling.

5. Emotionally disturbed students participating in structured group counseling will produce significantly improved responses on projective techniques than emotionally disturbed students participating in the non-directive group counseling.

Sample Description and General Data Gathering Procedures

The population for the study was drawn from a public school system located in suburban central Virginia. Within the school division were five (5) self-contained middle school special education classrooms for emotional disturbed students. Each special education classroom was located in a

different school building. The total enrollment for the
self-contained ED (emotionally disturbed) classes at the
middle school level has averaged approximately 50 to 60
students over the past few years. Each class has
traditionally had a total enrollment which has ranged from
eight (8) to twelve (12) students. At the beginning of the
study only one class had an enrollment of less then ten
(10). Two (2) intact ED classes were assigned by
investigator to participate in the structured group
counseling activities. Two (2) other intact ED classes were
assigned to participate in the non-directive group counsel-
ing intervention activities. The school psychologists
functioning as group leaders or facilitators volunteered to
assist in the study. Each agreed to work with the classes
participating in the non-directive group counseling
approach. Both school psychologists were qualified to use
this technique and both expressed confidence in its effi-
cacy. The author of the study functioned as the group
leader for the structured group counseling intervention
strategy.

The structured group counseling activities were
composed of ten (10) unique, but highly specific tasks that
were implemented one week at a time over a ten week period.
Each session lasted approximately 50 minutes; the length of
a typical class period. The weekly activities were selected
on the basis of empirical support from the literature. They

were relevant to self-concept and/or group functioning. The group leader was responsible for introducing, explaining, implementing, and monitoring each activity. The role did require him to be moderately didactic on occasion, but not to the extent that theraputic considerations were compromised. The specific activities were chosen because they did not appear to run the risk of becoming what Lieberman, Yalom, and Miles (1973) dubbed "emotional filler space". A detailed description of each weekly activity can be found in the section on methodology and in appendix A.

The non-directive group counseling intervention strategy reflected the theory and techniques used by Carl Rogers and Virginia Axline. Over a similar ten week period the two other classes for emotionally disturbed middle school students participated in activities that, while not specifically predetermined, were managed or facilitated by leaders who adhered to the preconditions Rogers (1951) deemed necessary to produce theraputic change. Crucial to the effectiveness of this format was the leader's attitude, set, and/or behavior. Rogers proposed that constructive personality change was fostered when the leader projected warmth, empathy, and genuineness. He warned that the absence of one or more of these conditions would thwart the process of constructive personality change.

Axline's (1955) feelings were quite similar in many respects. She urged that the therapist have a sincere

interest and respect for the child as a total person. Her requirements included a plea for patience and an understanding of the child's world. That the therapist should have an understanding of himself was important as well for this facilitated assistance without emotional involvement. Objectivity, intellectual freedom to be flexible with regard to tentative hypothesizing, and open-mindedness were deemed crucial, too. In addition, she cited attributes such as sensitivity, empathy, a sense of humor, and a light touch as being important ingredients for successful intervention. With these, she concluded, a child is then "quick to respond to the attitudes of respect and love that are offered to him--not thrust upon him." (p. 623)

Data was gathered by the use of three dependent variables. Two instruments were relatively well standardized. These were the Tennessee Self-Concept Scale (Fitts, 1965), and The Behavior Evaluation Scale (McCarney, Leigh, and Cornbleet, 1983). The third dependent variable was unique for its lack of scientific preciseness. That is, the instrument has typically reflected clinical impressions and does not possess impressive reliability or validity data. Yet it is a technique that is widely accepted and used by practicing school psychologists (Keogh, Kukik, Becker, McLoughlin, and Kukic, 1975, Vukovich, 1983, Goh and Fuller, 1983). It was the use of the human figure drawing tech-

nique. With all of the dependent variables pre and posttest responses were utilized.

Limitations of the Study

Due to the quasi-experimental design of the study certain limitations were unavoidable. However, the flaws that did exist were not felt to be significant enough to have had a compromising effect on the conclusions or inferences.

From the standpoint of internal validity, consideration was given to such issues as history, pre and posttesting, and selection. Any study spanning a ten week period of time runs the risk of intrusion by peripheral influences. Posttesting without an alternative test form certainly enhanced the possibility of obtaining "better" scores the second time around because of prior experience. The selection process represented what was perhaps the most obvious limitation of the study. In essence the students were assigned to a treatment group primarily on the basis of availability and convenience. It was not feasible to completely randomize group composition because of logistical considerations such as transportation, student schedules, and meeting times and places. The use of intact groups would naturally have a compromising effect on the issue of equivalency.

It was initially anticipated that some threats to external validity might present themselves. The concern revolved around the diversity of the populations within each self-contained classroom, the differences in the atmosphere at the various schools, and the variety of classroom settings in which the study was to occur. In speaking with the special education teachers at each school it became apparent that they perceived their own programs in some rather unique ways. As might be expected, the teachers also reported some differences in how they pursued classroom goals and dealt with problems. However, conversations with building administrators (i.e. principals in each one of these cases) revealed a similar philosophy about the ED classroom's role, function, purpose, and general method of operating. Moreover the special education consultant in charge of the middle school programs was not unduly concern-ed about the diversity among the schools. As a result the populations turned out to be fairly equivalent in most respects, although had a part of the population sample been drawn from another school system the potential discrepancies might not have been so easy to reconcile.

A second possible threat to external validity involved the selection of the group leader. It was known before the study began that there would be varying degrees to which the school psychologist would be familiar to the students in an ED class. In some instances the majority of the students

had had extensive previous contact. Some had, in fact, been involved in group counseling activities prior to the study. Yet there were also others who had no previous contact with the school psychologist, at least as far as they could recall. The element of experience had to be acknowledged insofar as generalizability to a particular set of treatment and setting variables were concerned.

Ethical Considerations

This investigation was not regarded as being at risk for violating the ethical principles established by the American Psychological Association for the conduct of research activities with human participants. Certain measures were built into the study to ensure compliance. Scientific and/or human values were in no way compromised in the research. Moreover, given the nature of the activities in both the structured group counseling treatment, and the non-directive counseling treatment there did not seem to be justification for regarding the students to be even at minimal risk.

The principal investigator was easily accessable to all involved in the study, thus ensuring that the assistants and collaborators did adhere to ethical standards. Periodic monitoring, by means of written communications and personal conversations helped to accomplish this.

As the study was not felt to pose significant risks for the students involved it exercised certain liberties often permitted in minimal risk research. In this case, the students who participated were not informed of all aspects of the research because of the possibility that it would lead to subject bias. In addition, the fact that the students had already been identified as having an impairment presented a consideration for avoiding full disclosure. However, they were informed of the fact that the activities were part of an investigation. They were told that it would last ten weeks with each meeting lasting approximately one class period. They were also made aware of the fact that the activities would have no bearing on their report card grades, conduct reports, or future scheduling plans.

One important qualification of the study centered on the student's freedom to decline to participate, or even withdraw from the study once it had begun. Given the emotional liability of some of the individuals in the ED program it was anticipated that some would express a desire to terminate their involvement. The effects of such a reaction could have been potentially devastating for the group, and subsequently for the study. Furthermore, as one of the collaborators put it, this clause might exacerbate problems for the student and teacher because it might reinforce inappropriate behavior. The students were given the impression that if their parents/guardians gave

permission for their involvement, they would be expected to participate in an appropriate and acceptable manner. However, this aspect of the agreement was to retain a secondary status to the extent that should a student manifest a strong and persistent resistance to participation his or her withdrawal would not have been hindered. Parental permission also could have been withdrawn at any time had objections or reservations about the study been such that attempts at mediation proved fruitless.

At the conclusion of the study an effort was made to make the results available to all of the parties involved. In the investigator's opinion, the data could have been of interest to not only school personnel, but to the students and parents as well. The students were given the opportunity to ask questions about the nature of the investigation, discuss group results, and offer criticism. On an individual basis they were also offered the opportunity for debriefing activities or follow-up counseling. Provisions were also made in the event that a situation arose in which, as a result of the investigation, further services appeared warranted the participant was to have been referred to the appropriate resource.

Finally efforts were made to ensure complete confidentiality of all information obtained during the course of the study. No names were used in the collection of data. The materials generated during the counseling activities were

relinquished to the individual student upon completion of the activity. The only exceptions were the pre and posttest data.

The study did not appear to require consideration of risks pertaining to either concealment or deception. Nor did there seem to be a need to address concerns germane to physical and/or mental discomfort, harm, stress, or danger.

That ethical standards and practices were maintained in the study was ensured by virtue of the fact that prior to the implementation of the study it was reviewed by committees on human subject research at the College of William and Mary, and in Henrico County Public Schools.

Chapter II

Review of the Literature

This chapter consists of a review of the literature pertaining to emotional disturbance, self-concept, and group counseling. An attempt was made to present the literature on these three topics with an eye toward the history and evolution of each. It was hoped that this would facilitate an appreciation of the current state of research in each area.

Emotional Disturbance

A historical review of emotional disturbance in children and adolescents offered by Kanner (1970) was noteworthy for several reasons. His research extended back to the middle of the nineteenth century where he was able to find a growing number of anecdotal reports, mostly mechanical recordings of observed or quoted instances, of deviant child behavior. Kanner's research reported that Maudsley (1867) was one of the first to try to ". . .correlate symptomatology with the developmental status at the time of onset. . ."and then offer ". . .a classification of infantile psychoses" (p.11). Then in the last twenty years of that century a number of individuals attempted to collect and organize the existing data into monographs on psychic disorders, mental diseases, or insanity in children. Most

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of the studies tended to perceive the etiological agents as heredity, degeneracy, masturbation, overwork, religious preoccupation, intestinal parasites, or sudden changes in temperature. However, the state of art evidently remained somewhat stagnant until the 1930's when more sophisticated attempts to investigate severe emotional disturbance from the point of view of diagnosis, etiology, therapy, and prognosis were made. Unfortunately the focus tended to be narrowed to childhood schizophrenia.

Kanner, as well as Despert (1965), and Reinhart (1976) attempted to find a definition of the term "emotionally disturbed children" in the literature. None were able to discover one although all three found references to emotional disturbance in children in articles that dated back 30 to 75 years.

Hewett and Taylor (1980), in a historical analysis of studies cataloged in the Review of Educational Research, noted that the definition, or interpretation, of emotional disturbance has undergone some rather significant modifications. They concluded that the titles of the research reviews suggested a shift in emphasis in education from social maladjustment, to emotional factors, and finally to behavior disorders. These reviews encompassed almost a 25 year period from the early 1940's to the mid 1960's. They based their conclusion on a belief that the definitions germane to emotionality and behavioral disorders utilized

concepts that tended to be indicative of a particular orientation toward etiology.

For example, Moustakas' (1953) comments exemplified a psychodynamic viewpoint. He conceptualized emotional disturbance as being germinated by "impairment of emotional growth during some stage of development with resultant distrust toward self and others and hostility generated from anxiety" (p.19).

Dupont (1969), expounding on the behavioral perspective, regarded emotional disturbances as consisting of inadequate or inappropriate behavior that is learned and can therefore be changed through the application of learning procedures.

Graubard (1973) approached the problem from an ecological orientation. He noted that behavioral disabilities can be defined as a variety of excessive, chronic, deviant behaviors ranging from impulsive and aggressive acts to depression and withdrawn acts. Such behaviors and acts can be viewed as violating the perceiver's expectations of appropriateness, and reflect responses the perceiver wishes to see stopped.

In an interesting study by Quay, Morse, and Cultler (1966) an attempt was made to analyze personality patterns of school children identified as emotionally disturbed. The students were categorized in terms of (a) aggressive, hostile, and contentious, (b) anxious, withdrawn, and

introverted, and (c) preoccupied, disinterested, sluggish, lazy, passive, and inclined to daydream. The dimensions correlated with the respective labels of (a.) conduct disorder, unsocialized aggression, or psychopathology, (b) personality problem or neurotocism, and (c) inadequacy/immaturity and autism. The authors advocated the use of behavior dimensions to facilitate an understanding of the notion of emotional disturbance, because the dimensions were objectively observable, reliably rated, and provided a "potentially more useful way of looking at problem behavior children than does the application of psychiatric nosological labels . . ." (p.43).

Some of the earliest programs for such youngsters registered as criteria behaviors and/or qualities that did not differ radically from that which is being used today. Kauffman (1977), and Wallin (1955) noted historical references from the late 1800's for public school programs established specifically for students who displayed truant, disobedient, unruly, or insubordinate behavior. Hewett and Taylor (1980), as a consequence of their research, concluded that "the early emphasis was on labeling insofar as it related to breaking the rules and non-conformity" (p.43).

As might be expected aggressive and unruly behavior in children received a great deal of attention. Mann, Suiter, and McClung (1979) developed a set of characteristic behaviors of aggressive children. The significant feature

in their work was that the behaviors described were chosen
because they were felt to occur most prominently within a
school setting. Furthermore the documentation of these
types of behaviors in students could be helpful in the
process of determining an individual to be in need of
special education services. Their list of characteristics
included:

1. Disrupts other children

2. Is disrespectful or discourteous to others

3. Is compulsive

4. Does not do what is required

5. Is rough or noisy

6. Exhibits long periods of unhappiness

7. Is destructive to own belongings

8. Does not complete assignments

9. Indicated bad feelings about school

10. Uses profanity excessively

11. Will not sit/stand still according to command

12. Will not complete a learning task within a normal
    time limit

13. Does not obey commands from authority figures

14. Is uncooperative in group activities.

15. Fights with others without provocation

16. Is hot-tempered

17. Is undependable

18. Destroys belongings of others

19. Behaves like a clown

20. Tests to extreme limits.

Murray and Whittenberg (1983) found that these types of children have continued to present unique challenges even with revisions in legislation and criteria. For the behaviorally disordered (BD) student in particular there are a multitude of differing viewpoints as to what constitutes such a child. Their investigation of educational units for BD children revealed:

> . . .a potpourri of different children has developed in classes conceptualized to work with a rather limited population. . .While the BD class includes withdrawn as well as acting out children, typically the latter receive the most attention and find their way into the BD class. (p.76)

Due to the visibility and the contagion of aggressive, acting-out children, teachers were found to regard aggression, defiance, temper-tantrums, and fighting as the crucial symptoms they would use when referring children to a psychologist for the diagnosis of an emotional disturbance. (Murray and Whittenberger, 1983)

At the present time it is Bower's (1959) basic conceptualization and set of criteria for emotional disturbance that, by virtue of Public Law 94-142, the majority of public school systems acknowledge when a determination of eligibility for special education services

is made. The Education for All the Handicapped Act of 1975 does not make a provision for children with behavior disorders, but only for "seriously emotionally disturbed" children. The legislation defined seriously emotionally disturbed as follows:

1. The term means a condition exhibiting one or more of the following characteristics over a long period of time, and to a marked degree, which adversely affects educational performance.

(a.) An inability to learn which cannot be explained by intellectual, sensory, and health factors;

(b.) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(c.) Inappropriate types of feelings or behaviors under normal circumstances;

(d.) A general pervasive mood of unhappiness, or depression, or;

(e.) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii.) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed. (Federal Register)

It should be noted however that in Virginia autism is not now a part of the definition of emotional disturbance.

Epstein, Cullinan, and Sabatino (1977) inquired as to the consistency of definitions of behavior disorders /emotional disturbance (BD/ED) and discovered that among the 49 states surveyed, a large degree of variability existed. They reported finding 11 components of a behavior dis-order/emotional disturbance definition. The majority of the states were in agreement on three components; learning/-achievement problems, disorders of emotion/behavior, and interpersonal problems. However, the qualifying statements for each of the three components were inconsistent between states. Epstein et. al. concluded:

> . . .the state definitions can be criticized on several
> points. They were stated very generally, to the point
> of being vague and ambiguous in most instances. The
> number of components varied greatly from state to
> state, and on several points, one state's definition
> directly contradicted another's. Even within a
> definition it was not difficult to find
> contradictions. Some definitions were clearly circular
> (e.g. behaviorally disordered children are those who
> show emotional handicaps). (p. 424)

Similar problems plague those working with disturbed children in settings other then schools. Rosenstock (1985) acknowledged such difficulties in an article which described a longitudinal analysis of hospitalized adolescents for the years 1974-1982. Several pieces of information were

noteworthy. Rosenstock noted that the number of cases per year had remained fairly constant. However, changes were apparent with respect to the frequency of presenting problems. He found the most frequent presenting problems (in decreasing order) were depression, school problems, family problems, threatening behavior, running away behavior, and suicidal ideation. Moreover, he regarded the ". . .associations between depression and school problems as the most significant factor in the presenting adolescent inpatient "(p.966). The author also lamented about complications arising from a changing nomenclature in the medical model (i.e. from DSM II to DSM III). In Rosenstock's view this forced grouping of certain diagnoses into one category despite the realization that they may not be entirely equivalent.

The challenge of attempting to reconcile DSM III classifications with educational handicapping conditions appears to be getting increased attention. In a paper presented by Barack and Gable and summarized in Behavior Today some proposals were discussed. Barack and Gable explained:

> . . .since it is normal now to hospitalize based on DSM III categories, why not have a similar set of criteria which can be used to assess what the educational needs and capacities of the children are after treatment in the hospital. The ability to have an

operant measure of behavior that distinguished adjusted

from maladjusted youth, the now subjective criteria on

which post-hospitalization placement procedures   are

based can be made more objective, benefiting

children and schools alike. (Behavior Today, 1985, p.1)

Despite the dilemma posed by imperfect definitions one

fact remains indisputable. Enrollment in all special

education programs, including those for the emotionally

disturbed continues to increase.   The latest figures

released by the United States Department of Education showed

that for the 1983-84, and 1984-85 school years there were

more than four million handicapped children getting special

education and related services. The 1984 Handicapped

Children count from the U. S. Department of Education put

the total number of emotionally disturbed children at

320,599 out of a total school population ages 5-17 years of

44,750,000. The 1984-85 school year saw an increase of

11,000 diagnoses of emotional disturbance. (Education of the

Handicapped, July 25, 1984, and July 21, 1985)

Legislative mandates appear to be only a part of the

reason for this. The literature abounds with articles, both

scholarly and otherwise, which cite school discipline as a

major concern. Now, however, educators themselves have

taken a hard look at the implication. A recent survey of

400 school social workers taken by the National Association

of Social Workers addressed what were described as "barriers

to excellence in the educational process". At the top of the list were a number of descriptions that have come to be included in the criteria for emotional disturbance; low self-esteem, problems with parents, family problems, poor social relationships, truancy and high absenteeism, under-achievement, and acting out. (Behavior Today, 1985)

The law and public pressure notwithstanding the provision of services to emotionally disturbed students is affected by still another factor. Gresham (1982) proposed that problems entailed more than just the vagueness and ambiguity of most state definitions of emotional disturbance/behavior disorders. His research suggested that a majority of school psychologists regarded the assessment of behavioral disorders or "severe emotional disturbance" as especially problematic. Such assessment has been a traditionally difficult part of their job, and as a consequence he noted that many have taken to approaching the task with reticence.

Following up on this finding Greshem (1985) presented an alternative definition of emotional disturbance or behavior disorder. His intent was to clarify the category by providing a means of guiding assessment practices in schools. To this end behavior was to be functionally analyzed rather than described, and behavior problems were to be assessed from multiple rather than single perspectives. By modifying and elaborating on Ross' (1980) proposal Gresham wrote:

A behavioral disorder is said to be present when a child or adolescent exhibits behavioral excesses and/or deficits that authoritative adults in the child's or adolescent's environment judge to be too high or too low. These behaviors are considered to be atypical because the frequency, intensity, and/or duration deviates from a relative social norm. The excesses and/or deficits which constitute a behavior disorder can be expressed through one or all behavioral systems or repertoires (cognitive/verbal, overt/motoric, or physiological/emotional) and occur across settings, situations, and time. No single assessment method is used as a primary basis for the diagnosis of a behavior disorder, but rather it is diagnosed on the basis of multifactored assessment information which agrees or converges both between and within assessment methods. In addition to the above consideration, a behavior disorder can only be said to be present when excesses, deficits, and/or situational inappropriate ness of behavior continues to an unacceptable level subsequent to school-based intervention. (p.500)

Finally, in spite of the problems with definitions and assessment practices, what actually transpires in the special education classroom seems to have an appropriate focus. McBride and Forgnone (1985) gathered data which pertained to the areas emphasized in IEP's for emotionally

handicapped (EH) special education students. They found that 66% of the objectives for these students were sociobehavioral. This was consistent with trends of the late 1970's which indicated that academic emphasis was secondary to sociobehavioral concerns.

Self-Concept

Self-concept is a construct that is significant for several reasons. Historically it can be found to occupy a rather prominent position in the literature. Even a cursory review of the research reveals this to be a topic that has been scrutinized for quite some time. Many contemporary psychologists regard the self-concept as a key element in the integration of personality, in motivating behavior, and in the attainment of mental health (Burns, 1979). His extensive research on self-concept led Burns to conclude that:

> Self-concept theorists promote the self-concept as the most important and focal object within the experience of each individual because of its primacy, centrality, continuity and ubiquity in all aspect of behavior, mediating as it does both stimulus and response. (p.3) Evidence exists from the earliest of recorded time which indicates that man has attempted to understand the causes of his behavior and establish a sense of identity. Yet, "The term `self-concept' is only of twentieth-century origin"(Burns, 1979, p.4).

Initially it was William James who introduced self-con-
cept to the American society in his extraordinary work,
Principles of Psychology (1890). He categorized two
aspects of what he labeled the global self through the use
of the words "Me" and "I". The "I" represented pure experi-
ence and the "Me" represented the contents of that ex-
perience. All told, the global self was no less than the
person himself. The Me, all that a man can call his, was
felt to be made up of four components; the spiritual self,
material self, social self, and bodily self.

By the spiritual self James meant thinking and feel-
ing. It also was identified as the center around which all
the other aspects of the self were clustered. Emanating
from it can be a sense of moral or mental superiority, or a
sense of guilt or inferiority. The four aspects or selves
can associate in unique ways to generate a person's view of
himself, and this hypothesis was the basis for what has come
to be called James' "law". In essence it said feelings of
self esteem and self worth are spawned from one's percept-
ions of where he or she stands in relation to others with
similar skills and abilities. Expectations are self-impos-
ed. For James, the self concept, or objective me, encom-
passed feelings, evaluations and attitudes, and descriptive
categories. His construct also seemed to anticipate future
conceptions.

Cooley (1902) was perhaps one of the last to study self concept prior to the onset of behaviorism around the turn of the century. Cooley intimated that society played a key role in influencing our perceptions about ourselves. He proposed the idea of the "looking glass self." That is, one comes to know how to react to himself as a consequence of anticipating how others will react to him. Or, more simply, we look at ourselves through the eyes of others. His remarks challenge the belief that our views of ourselves are a consequence of our own independent judgments. In fact our views tend to be heavily influenced by our concern over how we are regarded by others.

The influence of society was also acknowledged by Mead (1934). Indeed he held the self-concept can only develop in a social group. People learn to anticipate what others will do by asking themselves how they would react in a similar situation. As a result one learns to acknowledge inner feelings (reactions), which, in turn, fosters an awareness of a sense of self. Mead (1934) proposed that a concept of a "generalized other" is formed, and this represents in the mind how others will react to our behavior. By virtue of such a process one learns to view himself as a collection of social objects or selves. The collection is composed of as many selves as there are views of roles of assorted groups of people.

Horney (1945) regarded the self as a product of anxiety. Her description of basic anxiety lead her to conclude that any one or a combination of extreme experiences would influence one's perception of himself and his behavior. Needs, identified as neurotic needs, were acquired as a means of dealing with problems in human relationships. One tended to move toward people, away from people, or against people. The categories of behavior represented a basic orientation towards others and oneself.

Snygg and Combs (1949) conceptualized self-concept as an organization of experiences and perceptions that defined the individual's phenomenal field. They noted that "those factors of the self-concept which are effective in determining the way the individual will behave are those which are experienced by the individual at the time of his/her behavior" (p.12). The phenomenal field, which is composed of negative perceptions and experiences tended to foster generally negative behavior. They proposed that as the perception of the self was modified, so the individual's behavior would be modified.

Symonds (1951) offered a fairly uncomplicated picture of the self. It was characterized as how a person perceives himself, what he thinks of himself, how he values himself, and how he attempts through various actions to enhance or defend himself.

Furthermore an individual may possess not only a
conscious perception of himself but an unconscious one as
well. These two perceptions do not necessarily have to be
congruent either.

Rogers has been regarded by several as perhaps the most
influential of the phenomenological self-theorists. (Staub,
1980) Rogers (1951) identified the self as a key concept.
He defined it as ". . .an organized, fluid, but consistent
conceptual pattern of perceptions of characteristics and
relationships of the "I" or the "me", together with values
attached to these concepts" (p.498). He also noted that
self concept:

> . . .may be thought of as an organized configuration of
> perceptions of the self . . . It is composed of such
> elements as the perceptions of one's characteristics
> and abilities; the percepts and concepts of self in
> relation to others and to the environment; the value
> qualities which are perceived as associated with exper-
> iences and objects; and goals and ideals which are
> perceived as having positive or negative valence.
> (p. 136)

In Rogers' view behavior and self-concept were intim-
ately linked. He felt the manner in which one behaved was
adopted as a consequence of congruence with self-concept.
Conversely maladjustment represented behaviors incongruent
with self-concept. He later amended this by proposing that

any change in the self-concept would be followed by an change in behavior. (1954)

Sullivan's (1953) position on the development of the self stressed that a few significant others could exert considerable influence. In early childhood the other most important was the mothering figure. A child's self system was felt to develop out of the child's need to gain approval and avoid disapproval. By assimilating the values of the significant other a child is then able to mediate its own tendencies and impulses. Sullivan identified three important components of the self-system around which perceptions were formed and behaviors influenced. They were the "good-me", the "bad-me", and the "not-me". Burns (1979) concluded that the "self system is purely a result of interpersonal experience arising out of anxiety encountered in the pursuit of need satisfaction. But the interaction emphasizes the role of the mother-figure and not society at large". (p.20)

Allport (1955) was perhaps one of the first to allow that the word "self" had too many confusing meanings. His solution was to begin anew with the word "proprium". Allport's proprium consisted of everything that was vital to personality and which was regarded as distinctive to the individual. Of specific relevance was self-identity and self-image. Self-identity was the awareness that one was a distinct being, similar yet different from others. The

awareness however requires conscious effort and is a consequence of learning. Self-image refers to the individual's perceptions relative to abilities, status, roles, and aspirations.

Erikson (1965) proposed that identity emerged from experience. He acknowledged the influence of culture, although later (1968) it became evident that he would not provide a tight definition of identity. Identity was a product of the roles assumed by the person, a function of direct experience with the world, perception of the reactions of others, and the psychosocial aspects of culture.

Fitts (1965) alluded to the significance of the relationship between self-concept and a disturbed personality. He proposed the following:

> The individual's concept of himself has been demonstrated to be highly influential in much of his behavior and also to be directly related to his general personality and state of mental health. Those who see themselves as undesirable, worthless or `bad', tend to act accordingly. (p. 1)

Coopersmith (1967) addressed the issue of physique as a variable which could influence the development of self-concept. It also represents a factor with the potential to cause things to go awry. Coopersmith referred to Adler on this topic noting that Adler tended to be concerned with physical qualities or bodily idiosyncrasies that affected

the growth and development of one's self-concept. He noted that such things as body size, strength, shape, while largely predetermined and only mildly alterable, were nonetheless factors that could have a devastating impact. However, the extent to which they might have a detrimental influence could be regulated by the manner in which those important people in one's life manifested acceptance, support, and encouragement.

Also addressed by Adler was the personality not unlike that of an emotionally disturbed individual. Indulgent, pampering parents tended to foster traits in their children generally regarded as seeming arrogant, cocky, or conceited. The children then seemed self-centered and demanding resulting in less than satisfactory social interactions.

The study of self-concept represents an area of psychology research that has experienced a waxing and waning of interest over the years. At the root of this have been conceptual and methodological problems that persist despite the laudable efforts of numerous individuals. (Pervin, 1984) At the present time, however, there are similarities in definition or conceptualization that bear acknowledgement for it is from such commonality that future research will take its direction.

Shavelson, Herbner, and Stanton (1976) offered their definition; "in very broad terms, self-concept is a person's perception of himself. These perceptions are formed through

his experience with his environment, . . . and are influenced especially by environmental reinforcements and significant others." (p.411) They also noted that it was not an entity, but rather a construct. The self-concept was potentially important and useful in explaining and predicting how one acted. Self perceptions were thought to influence the ways in which a person acts, and his acts in turn influence the ways in which he sees himself. Moreover self-concept can be inferred from a person's responses to situations.

Schavelson et.al. concluded that seven descriptions comprise self-concept, and each is essential to the self-concept definition. Self-concept then is described as organized, multidimensional, hierarchical, stable, developmental, evaluative, and differential.

In an extensive review of the literature Byrne (1984) found that:

> In general terms, self-concept is our perception of ourselves; in specific terms it is our attitudes, feelings, and knowledge about our abilities, skills, appearance, and social acceptability . . The perceptions that we hold about ourselves are derived from our social environment and are believed to provide the culminating force in directing our behavior; this behavior in turn, influences the way we perceive ourselves. (p. 429)

Byrne (1984) also pointed out that the self-concept was considered a critical variable in education and educational research. This was deduced from the plethora of studies on this topic with a wide variety of students. Interestingly enough although she acknowledged research which focused on all grade levels, and on some aspects of special eduction, no references to work involving self-concept and emotionally disturbed students were cited.

Combs (1981) went beyond a mere review of the literature on self-concept and attempted to analyze what had transpired in the field over the years. He noted that most of those who described self-concept saw it in phenomenological terms. In effect it came to be described as an organization of meanings or perceptions which made up a person's experiential self. Combs believed the unfortunate occurrence was the misunderstanding of the perceptual character of self-concept. Works on the subject have treated self concept as object, as behavioral syndrome, or synonymous with self-image; and many have treated it as though it were identical with self-report. In an attempt to address these problems Combs stressed:

> Self-concept is not a behavior; it is a perceptual organization. The concept is a product of exper-
> iential-perceptual psychology that regards behavior only as symptom and personal meaning or perceptionas dynamic generators of behavior. Self-report. . .like

any other behavior is . . .affected by self concept
(p.6).

His suggestion for dealing with studies on the inner
lives of individuals involved more widespread utilization of
inference as a scientific technique.

The comments made by Pervin (1984) sounded especially
appropriate in light of Combs (1981) remarks. Pervin
proposed that three major areas of research on the self-
concept be considered.

His first area was that which regarded the self as an
expression of cognitive activity. This was the representa-
tion of the self in everyday life. It is based on Epstein's
(1973) contention that each of us has a personal theory
about ourselves. It is used to organize experience and thus
enhance our ability to cope with the internal and external
world.

The second area was the self as it is experienced by
people: the phenomenal self. This concerned all aspects of
how we sense or experience ourselves. Included would be
bodily experiences or kinesthetic clues, body-image,
self-esteem, and feelings we have about ourselves, or
affect.

Finally there is the relationship of the self to
behavior, or how the self is present in everyday life.
Attention needs to be focused on how we present ourselves to
others because we present ourselves behaviorally to others

anticipating that we will have some success at guiding and
controlling the impressions they form of us. However, while
we can consider the cognitive, affective, and behavioral
features öf the self independently they nonetheless compose
a complex, interlocking system. (Pervin, 1984)

The review of the literature of self-concept revealed
two critical issues that must be acknowledged in this
investigation. One issue focused on the inherent difficul-
ties of definition and conceptualization. The second issue
pertained to construct validation techniques. The section
on methodology reflected an attempt to acknowledge these
problems. For example behavioral factors were accounted for
with a teacher survey. Affective issues were analyzed by
means of projective techniques. Finally cognitive elements
(as well as elements from the other two areas) were studied
through self-report. Considering the population used in the
study, the risks of using such an instrument were consider-
able from the start. As Combs warned:

Too many variables intervene between self-concept and
self-report to modify or distort what a person is able
or willing to say about self. A few of these variables
may be: the willingness of the subject to cooperate,
the subject's possession of adequate language to
express his or her experiential self, social expect-
ances impending upon the subject at the time he or she
is asked for self-descriptions, the subjects own

goals or purposes in the encounter, the relationship
with the requester, and the subjects freedom from
threat or coercion. (p. 6-7)

Group Counseling

A review of the literature on group counseling yielded
an enormous amount of information. Data is available on
just about every variable that comes into play in the group
process. For the purposes of this investigation, however,
attention was limited to those factors germane to unique
adolescent populations. Of significance was Seligman's
(1982) premise that "clients can be (and in fact are)
segregated into diagnostic entities that necessitate special
consideration, different leadership skills and character-
istics and, in many cases, that require specialized group
procedures" (p.2). For the adolescent group however the
implications tend to be even greater for as Marshak (1982)
noted; "Although group therapy has been demonstrated to be
effective with many adolescents, it must be provided
cautiously" (p. 185).

The issue of effectiveness is one that has only within
the past few years been statistically verified. Dies (1985)
described a model for organizing research on group psycho-
theraputic process. He noted that over the last several
decades there were a number of trends. Included were; (1) a
significant increase in the number of studies devoted to
group treatment; (2) growing confidence in the efficiency of

group intervention; and (3) greater specificity in the identification of factors presumed to contribute to theraputic change. His research lead him to conclude that since the early 1970's the value of group therapy for a variety of populations including adolescents, has increased.

Zimpfer (1984) found much the same in a review of the recent treads in group work from various viewpoints. He attributed this to factors such as the passage of P.L. - 94-142 which generated increased attention to persons with handicaps. As a result, different settings, ranging from sheltered workshops to special education classrooms, became appropriate sites for groups that have supportive and adaptational goals.

Bardon and Bennett (1974), concerned primarily with the educational milieu, found that group counseling with school age individuals provided an immediate capability to extend and implement direct intervention in the schools. Yet they too warned of embracing the technique without appreciation for the challenges that young people in school settings would present.

While most of the recent literature tended to stress that group counseling with adolescents could be a risky venture, almost without exception all alluded to a belief that it had the potential to be the "technique of choice" (Bardon and Bennett,1974; Marshak, 1982; Schaefer, Johnson, and Wherry, 1982; and Zimpfer, 1984).

The research also highlighted several trends for groups
in general which seemed to have added significance for
adolescent groups in particular. One such trend involved
structure. Zimpher (1984) found in his review "the tendency
. . . toward more concrete and structured treatments
. . ."(p. 207). As a consequence many studies evidenced
goals that were ". . .more educative and growth induc-
ing. . .rather then ameliorative or merely adjustive. . .
(p.207). Participants become collaborators in treatments
and not just passive receivers or as individuals totally
responsible for their own change.

Erikson (1981) advocated the use of structured groups
with specific purposes. Suggestions included a range of
formats for the groups, flexibility of membership, and a
clear and continuing orientation of new group members.

Structure also appeared to foster participant satis-
faction. Hagen and Burch (1985) discovered that well
developed and clearly identified activities or tasks
assisted group members in perceiving a relationship between
accomplishment of the task and satisfaction with the group
session.

Griffin-Shelley and Trachtenber (1985) acknowledged the
importance of structure for an atypical population. Their
recognition of the unique problems found in an adult general
psychiatric unit made it imperative that group therapy with

such a population have concrete and explicit goals, models, and clearly defined procedure.

Mayer (1985) acknowledged the problems of attempting to work with disturbed adolescents and stressed the need for structure in a theraputic approach. He noted that one benefit of structure was enhanced "response generali-zation". The adolescents were able to transfer skills acquired in a highly structured setting to situations outside of a theraputic milieu. Most techniques, including group therapy, were amenable to structure and when properly designed seem to be applicable to the treatment of a wide range of psychiatric disorders.

Finally, in a comparative analysis of the effectiveness of structure verses ambiguity Kirlighan, Corazzini, and McGovern (1985) concluded that ". . .the empirical evidence suggests that structure in general . . .can have potent effects on group member variables" (p.500).

The issue of group composition and its significance to the group's functioning and effectiveness represented another trend in current research. The literature pertain-ing to group composition is remarkable for the fact that this element has been discussed in the earliest research, yet it continues to evolve as being increasingly crucial. Seligman (1982) discussed the complexity of this issue when he addressed homogeneous grouping and individual differences. He proposed that with respect to a definition

one had ". . .to recognize that group members may share a common problem (or diagnosis) and in that sense constitute a homogeneous population" (p.2). Some qualifications to this point were essential however. Seligman continued: "Although group members may resemble each other in symptomatology and areas. of conflict, there are numerous ways in which an apparently homogeneous group is heterogeneous" (p.3). Given the symptomatology normally found in a public school special education classroom for the emotionally disturbed his message is not lost. Within such a setting it is highly unlikely that the leader would have the luxury of selecting participants on the basis of age, sex, diagnosis, and severity of problem. (Seligman, 1982)

The category of emotional disturbance notwithstanding a number of studies have looked at adolescent group composition in terms of age or substages (Berkovitz, 1972), ego strength (Kraft, 1961), the use of volunteers (Fine, Knight-Webb and Breau, 1976), and self-selected peer groups (Sugar, 1972).

Finally one emerging trend that looks to have a significant amount of potential is that which advocates pregroup training. Kirlighan et.al (1985) were quite enthusiastic about this technique. They proposed a three dimensional pregroup therapy structure training program which included: a.) the presentation of the content of the group sessions with an emphasis on either general informa-

tion or specific skills (often behavioral skills); b.) the methods used to deliver pregroup training. These ranged from written instructions, modeling, films, to assigned readings; and c.) the time of the presentation prior to the start of the group.

Group counseling with adolescent populations has been conducted from a number of perspectives. The goals and purposes have varied as have the outcomes. Bower (in Bardon and Bennett, 1974) encouraged the use of a variety of techniques with carefully selected groups of adolescents. He proposed that the ideal situation would be to strike a balance so that the groups included hostile and withdrawn, participants, but not anyone who might demonstrate the extreme of either behavior. He did qualify this somewhat however as he also expressed optimism that "more severely disturbed adolescents could be engaged in group" (p. 102). He pressed for the utilization of techniques that would encourage the expression of feelings and the acquisition of insight into social interactions when considering group work with this type of adolescent population.

Myrick and Kelly (1971) reported success of a small group counseling study with primary school age children. They established a small group, composed of one male child identified as being disruptive, highly active, frequently off task, and inattentive; one female described as bas- ically cooperative and well-liked, but occasionally silly

and/or careless; and one other male who was characterized as
being creative, pleasant, and a leader in the classroom.
Following five consecutive daily meetings which lasted
approximately 30 minutes the authors reported qualified
success. They set as goals for the sessions the facili-
tation of listening and attending behaviors, with special
emphasis on the impact that the children's behavior (s) had
on one another. At the conclusion of the study the
identified problem student was found to demonstrate
increased on-task behavior. His disruptive behavior was
believed to have abated and more of his schoolwork was
completed.

Hurley (1979) utilized a "semi-structured group"
intervention with a group of seven senior high school girls
hoping to enhance self-concept. Each potential member was
screened prior to inclusion in the group. Nine sessions
were held over nine consecutive weeks. Pre and posttesting
was done with the California Test of Personality, forms AA
and BB. Although significant improvement in a sense of
personal worth was evident the author qualified the results
with references to the small sample size, the absence of a
control group, and a caution that the statistical improve-
ment may have been an indication of regression to the mean.
She did however conclude that "group . . .is a valuable tool
for the enhancement of self-perceptions among adolescents

who have experienced serious deprivations and losses"
(p.334).

Easton (1982) described a structured group process in
which regular education students and special education
students met in groups of six to eight individuals over a
six to eight week period. Each weekly session last approxi-
mately 30 to 35 minutes. Among some of the objectives of
the program was the enhancement of the special education
student's self-esteem. This was to be accomplished by
improving self-awareness, understanding of others, and the
ability to express feelings. Easton concluded that the
program had merit, achieved its objectives, and produced
significant outcomes based on feedback from school personnel
such as principals and regular education and special
education teachers. Also cited were favorable anecdotal
remarks from special education students and their parents.

Pannor and Nerlove (1977) established a group composed
of 13 adolescent children that had been adopted. The
composition was four girls and nine boys. The group met
weekly for four sessions. Pannor and Nerlove noted that
adopted children were particularly vulnerable to the
stresses of adolescence. The more frequently manifested
behavior problems included acting out behavior and dis-
orders, intense identity crises, and conflicts with adoptive
parents. The goals of the adolescent group were to provide
an opportunity for them to express their curiosity about

birth parents, which in many cases had been suppressed.
They could explore what being adopted meant to them, and
through the group it was anticipated that the children's
feelings about being different would be mitigated. It was
the therapist's intent to "bring out troubled feelings about
adoption that the children had not been able to express
within their families or other natural groups" (p. 538).
Pannor and Nerlove regarded their study as a success based
on positive anecdotal statements elicited from both the
adoptive parents and children. They perceived the children
felt better about themselves, were less anxious, and less
disruptive, and were better able to communicate with their
adoptive parents.

Lillesand (1977) described a day treatment program for
emotionally disturbed youngsters aged eight through twelve.
Within the total program group therapy played a crucial role
in facilitating a child through a highly structured thera-
putic environment. Group therapy was characterized as being
geared to the children's "level of emotional and behavioral
control" (p. 614) and reflected readiness for the degree of
structure imposed in a tri-level design of group therapy.
The first level was highly structured and concrete. Content
was limited to day-to-day experiences and discussion of how
to identify and deal with problems within and between .
individuals. They were not pressed to disclose emotions or
experiences outside the daily activities. They were

expected to listen and participate. During the second stage they were permitted more freedom to express their feelings and encouraged to interact with each other in a less structured manner. The third stage exemplified more traditional group therapy. Activities that were sanctioned included psychodrama, group problem solving, and empathy exercises. Lillesand perceived the entire program to be a success based on the percentage of students discharged, the percentage returned to regular education, and the number continuing to do well on a three month follow-up. A questionnaire was sent to all parents, but the return rate was so small as to be inconsequential.

Mackeen and Herman (1974) used a group intervention strategy in attempting to enhance self-esteem. Their population consisted of adult females who sought assistance from an agency. Using three groups of women they investigated the effects of group counseling on self-esteem, anxiety, depression and hostility. They were able to obtain significant results relative to self-esteem on only one group. This group differed from the other two in that these women were not, at the time of study, experiencing any "distracting crises". However, no significant changes appeared relative to anxiety, depression or hostility for any of the three groups.

Zaslaw (1977) reported on a pre P.L. 94-142 experimental program which demonstrated that severely disturbed

children and adolescents could be helped in a milieu outside
of that of an institution. In the process of moving these
youngsters from a secure setting to a more "open" setting in
the local community one of the techniques used to facilitate
the change was formal group therapy. The group process was
used in conjunction with behavior management, individual
therapy, special education, and recreational activity. The
study concluded that a "comprehensive, structured, and
systematic milieu therapy" (p.533), of which the group
process was an essential element, was appropriate and
effective with such serious problems as bizarre behavior,
hostility and aggression, suicidal ideation, and gross
acting out.

Herstein and Simon (1977) described a group model for
use in a residential treatment facility. Their proposed
strategy was designed with a healthy self-image as a focal
point. The population for which the model was constructed
included both male and female adolescents ranging in age
from 13 to 18 years. The students in the project had
diagnoses that fell into several categories; character
disorders, severe neurosis, psychosomatic illness, identity
crisis, and borderline psychosis. The treatment program was
based on group process, using it as a ". . .vehicle for
problem solving of reality/based issues, working through
group conflict, providing group sanctions, support, and
therapy" (p.602). It was felt that a major problem for all

the students, regardless of the diagnosis, was their distorted self-image. In order to address the problem the program took aim at the adolescents' perspectives of themselves.

The group process was to serve as a catalyst for character change. The groups were composed of eight students and two staff members. They met three times a week. Their goals included helping members become more conscious of personality and problems by eliciting feelings and thoughts. The focus was on the here-and-now, not on the past or on interpretation. The functions of the group were to serve as a nurturing parent, provide a course of positive modeling, serve as an extended ego (i.e. perceiving things from the point of view of the other), act as a socializing agent, and educate. In summary Herstein and Simon regarded the group model as a primary means of dealing with treatment, reality, and conflict issues.

Ginsberg, Stutman, and Hummel (1978) used group filial play therapy with six first grade children who had been identified by the classroom teachers as demonstrating behavioral/emotional problems. The therapy took place over a six month period, with weekly sessions lasting approximately one hour. The goals of the therapy were to improve behavior, enhance peer relationships, improve parenting skills, and foster communication between parent and child.

Although the study had a number of significant methodological flaws Ginsberg et.al nonetheless felt that several positive results emerged. One of their conclusions was that ". . .the changes and benefits they accrued from the play sessions were able to be generalized by them directly to the school situation" (p.155). The group process was felt to facilitate this because the group was made up of peers and ". . .therefore closely resembled the interpersonal situation they encountered in the classroom" (p.155). Behavioral improvements also tended to be generalized from the group to home. Finally the authors proposed that due to the trust generated by virtue of the group process the self-concepts of all the participants improved.

A group counseling strategy was described by Clark and Seals (1984) through which ridiculed children could be helped. Their article described the effectiveness of group counseling for these types of youngsters based on Adlerian principles. They stated that ". . .when children are ridiculed for an extended period, their behavior becomes detached and defensive, often marked by statements revealing defeated self-concept and deep hurt. When taunting occurs repeatedly, the child's typical reaction is to withdraw and avoid further mistreatment" (p.157). The common denominator for children at risk for being taunted is behavior or appearance that differs from the norm of the child's peer group. It was reasoned that help for these students could

be offered through a setting and activity that would foster a sense of belonging and significance. Group counseling fit the bill for through this process the ridiculed child is treated as a valued person and the growth of self-esteem was encouraged. However, rather than verify the results with a statistical analysis Clark and Seals opted for a case illustration of a ridiculed, male, junior high school student.

Rational-emotive therapy applied through groups was the focus of a study by Warren, Smith and Velten (1984). The goal in this investigation was to reduce interpersonal anxiety in junior high school students. They randomly assigned 59 junior high school students to one of four groups. The purpose was to study the effectiveness of rational-emotive therapy and rational-emotive imagery. The groups met for seven 50 minute treatment sessions during a three week period. The results were significally positive for using RET and REI in an educational setting in order to deal with anxiety. Moreover, the combining of a therapy and technique was regarded as having special significance for use in schools.

Farrow and Schroeder (1984) described a group counseling program which attempted to develop an effective coeducational sex education program for sexually active adolescents ranging in age from 14 to 17 years. An important basis for the group work was established by research which

suggested that sexually active juvenile delinquents typically have a poor self-image. The program ran for eight months and sessions were held on a weekly basis. Groups were composed of 8 to 10 members with an equal mixture of both males and females. The style and technique of each meeting tended to vary although didactic sessions eventually gave way to ". . .an open forum in a nonjudgmental and frank atmosphere" (p. 824). The results indicated that self esteem scores changed in a positive direction, ". . . but the change was not statistically significant" (p.822). Moreover, both pre and posttest self-esteem scores remained in the low self-esteem range.

Summary

The previous research has shown that emotional disturbance has existed in the educational nosology for quite some time. Over the years however the semantic significance has been altered, in large part, as a consequence of the times. Presently the zeitgiest appears to demand that a distinction be made between social maladjustment and serious emotional disturbance. Indeed, federal legislation mandates that educational diagnoses reflect this. Yet this continues to be easier said than done. It has not been uncommon to have one child declared emotionally disturbed, while a second child, with similar behaviors and problems, be deemed

socially maladjusted and therefore not eligible for special education services.

Self-concept represents a construct that has also been found to occupy a significant place in the literature over the years. Like emotional disturbance it has been investigated from several different perspectives. Regardless of theoretical basis though, it is generally regarded as an aspect of the personality that exerts a tremendous influence on the development of an emotionally, socially, and academically healthy individual. Conversely the literature also addresses issues pertaining to the possible etiology of the poor self-concept. The state of the art of current research on self concept thus acknowledges the relationship between this construct and that of emotional disturbance.

Group counseling has been favorably reviewed in the literature. A number of researchers regarded it as the treatment of choice for children and adolescents. Numerous studies alluded to the potential for successful outcome, although they also warned that the potential for inconsequential results was just as significant. Moreover it offers a strategy that can be relatively easy to implement within a public school setting.

Studies reported in the literature noted that group intervention strategies have been used for enhancing self-concept specifically, and for dealing with emotionally disturbed students from several perspectives, but lacking

was an investigation which focused on highly specific group counseling aimed at enhancing the self-concept of those middle school students recently (since P.L. 94-142 in 1975) identified as being seriously emotionally disturbed.

Chapter III

Methodology

This investigation was pursued in order to compare the effects of a structured group counseling intervention strategy and a non-directive group counseling intervention strategy on the self-concept of emotionally disturbed middle school students. This section presents the research procedures and methods to be used in the study. The following will be included: (a.) population, (b.) procedures, (c.) instrumentation, (d.) research design, (e.) variables, and (f.) statistical methods.

Population

The subjects for this study were sixth, seventh, and eighth grade special education students in self-contained classes for the emotionally disturbed. Four different classes, from four different middle schools were used. The students participating in the study reflected a random selection of ED self-contained classes from middle schools in a suburban public school system located in central Virginia. The total number of students involved in the study was 30.

The special education classes had total enrollments ranging in number from eight to twelve students. The

average class size for the past few years has been around
ten, and this was the case during the study. Each class
had both male and female students, although historically
males have been in the majority. Again, this trend persist-
ed through the investigation. Of the total number of
students participating 27 were males, and 3 were females.
The ages for the students participating in the study ranged
from 11 to 15 years. The racial composition of each class
included both blacks and whites. Other minority groups,
such as Asian, Hispanic, and Native American, were not
represented in the population sample.

Group composition was the same as the ED class roll.
While this did not reflect true randomization insofar as the
individual students were involved, this fact was acknow-
ledged statistically through the use of the covariance. The
classes used in the study reflected intact groups. The
assumption of equivalency was addressed by virtue of the
fact that a pretest was employed to control for any
differences. Such a design had significance not only
because logistical shortcomings warranted it but also
because this format can be thought of as being typical of
what would be found in a public school setting. Should the
intervention strategy yield the hoped for results under such
conditions, then the issue of replicability would have been
neutralized to some degree at least.

From a total population of five self-contained class-
rooms for emotionally disturbed students two classes were
randomly assigned to participate in the structured group
counseling intervention, and two were assigned to partici-
pate in the non-directive group counseling strategy. As
previously noted, written permission for inclusion was
secured from each student's parent prior to implementation.

Procedures

The two measures of self-concept were administered to
all the participants at the onset of the study. The special
education classroom teacher was asked to complete a behavior
rating scale at the beginning of the study as well. The
scale was designed to be used by classroom teachers so only
a minimal amount of training was required. The dependent
variables were The Tennessee Self-Concept Scale (Fitts,
1965), the Human Figure Drawing Projective Technique, and
The Behavior Evaluation Scale (McCarney, Leigh, and Corn-
bleet, 1983). The group leaders were instructed to use the
first group session to administer the Tennessee Self Concept
Scale and the Human Figure Drawings. The special education
teachers were asked to complete the Behavior Evaluation
Scale for each student and return it to the group leader
within a week. The group leader returned all pretest data
to the investigator prior to the second session.The subsequ-

ent nine group meetings were conducted according to the respective treatment strategies. The non-directive group counseling format was not intended to be as structured, with the group leader given the freedom to run his group in a fashion deemed appropriate for the group members and the circumstances. The crucial stipulation was the general principles of warmth, empathy, and genuineness not be compromised. The structured group counseling treatment was to adhere to the agenda described in some detail later on. Specific activities and objectives for each meeting were established prior to the start of the investigation. It was crucial to the standardization of the strategy that the leader not deviate from the prescribed program. During the final meeting each member completed a posttest Tennessee Self Concept Scale and a second set of Human Figure Drawings. At the time of the tenth meeting each special education teacher was asked to once again fill out the Behavior Evaluation Scale for each student who took part in the study. The classroom teachers were not informed as to the intervention strategy assigned to their class.

The intervention strategy for the non-directive group counseling sessions reflected the principles of Carl Rogers and also Virginia Axline. Rogers (1951) regarded client centered counseling as a vehicle to facilitate change in the perception of the self, as an avenue for becoming more understanding and accepting of the self, and as a means of

becoming more adaptive, more self-directing, less defensive, and better able to cope with stress. Later he refined his beliefs to look at group client-centered counseling as a way to obtain the same goals. (Rogers, 1954)

Axline (1955) addressed several important issues germane to procedures and limitations as they applied to a non-directive treatment. An overriding concern was that the group leader maintain as an objective a relationship that enabled the group members to utilize the capacities that are within them for a more constructive and happier life as an individual, and as a member of society. To this end the intervention strategy was not to be superficially regarded as permissive, but functionally applied so as to maximize the opportunities for "expression of emotionalized attitudes and thoughts and feelings when channelized into symbolic, legitimate activities by the sensible use of limitations in the hope that the child learns responsible freedom of expression" (p. 72). She recognized the need to establish limitations or boundaries as a means of protecting all involved. Sensitive communication was another crucial need. This was accomplished by the reflection of expressed feelings, by simple acceptance, by the manner of listening, and by the extent by which the leader was able "to get right into the child's frame of reference" (p. 72). Finally there was the need for the leader to accept the hypothesis that a member will have reasons for his/her behavior and that many

issues will be important to that student despite the fact that the reasons may not be effectively communicated to those around him/her (Dupont, 1969).

The agenda for the structured group counseling session was as follows:

Week one: Organizational meeting. Introduction and get acquainted activities. Presentation of the ten week syllabus. Administration of pretest of two dependent variables; the TSCS and the HFD

Week two: Completion and discussion of the Interest Inventory.

Week Three: Introduction of Personal Time Line and its completion.

Week Four: Creation and discussion of family genograms.

Week Five: Construction of Collage of Self.

Week Six: Bragging Activity.

Week Seven: Self-portraits.

Week Eight: The Nourishing Game.

Week Nine: Use of the self awareness book and discussion.

Week Ten: Final comments, wrap-up, and summation. Posttest administration of the dependent variables.

The specifics of each activity can be found in the appendix A. The purpose(s) of each weekly activity is noted

in the description. The leader's responsibilities during each session are described as well.

The orientation or philosophy of basic group counseling notwithstanding there were several important aspects of the process that must have been present in order for the groups to be beneficial. For the purposes of this study Yalom's (1975) curative factors will be cited as the ingredients crucial to a desired outcome. He identified them as follows:

1. The installation of hope. Hope is needed not only to facilitate the effectiveness of the remaining factors, but also to keep the individual involved in therapy.

2. Universality. Many people enter counseling with the notion that "they are unique in their wretchedness" (p.7), and an immediate goal would be to "disconfirm their feelings of uniqueness" (p.7).

3. Imparting of information. This is the didactic presentation or instructions provided by the leader or other members.

4. Altruism. This reflects the benefits a group member acquires by giving and sharing with other group members.

5. The corrective recapitulation of the primary family group. By virtue of the fact that group members interact with the leader and other members as they may have once interacted with parents and siblings the group encourages

the re-enactment of familial conflicts and the correct resolution of them.

6. Development of socialized techniques. This is being the development of basic social skills.

7. Imitative behavior. In groups the members may model themselves upon certain aspects of the other group members as well as that of the leader.

8. Interpersonal learning. This is fundamentally the group therapy analogue to such individual therapy curative factors as insight, working through the transference, the corrective emotional experience, and perceiving the group as a social microcosm.

9. Group cohesiveness. As a broad definition it is "the resultant of all the forces acting on all the members to remain in the group" (p.46). It is the attractiveness of the group.

10. Catharsis. This is more than the expression of intense emotions (i. e. ventilation). It represents an attempt to move beyond this so as to acquire new skills.

11. Existential factors. These are the vitally important elements of sentiments expressed by the members and the leader which have to do with a variety of personal dilemmas and enigmas that may either hinder or facilitate social/emotional growth.

The ethical safeguards which needed to be considered for both independent variables covered several issues. As

already noted parental permission for participation was
secured prior to the student's inclusion in the study. At
the initial group meeting each participant was informed of
the confidential nature of the sessions. Confidentiality
was to be stressed to the extent that should there have been
flagrant violation of this rule, expulsion from the group
would have to be considered. In addition, given the
composition of the groups, special attention was given to
the matter of excessive or unwarranted criticism or teasing
(in the adolescent's vernacular; "cracking" or "put
downs"). It was anticipated that such behavior would be
demonstrated at some point so it was the leader's responsi-
bility to manage and/or alleviate this problem. The leader
was to also exercise judgement on those occasions when a
member might reveal too much material that was personal to
the point of being inappropriate for the group. Remarks of
an intensely private nature were to be recognized for what
they were with the leader offering that member the opportun-
ity to talk about the matter in a private, individual
setting. Persistent concerns, emergencies, or other serious
problems not directly associated with the group goals were
to be dealt with by a referral to the appropriate resource.

The group leaders used in the study were all practic-
ing school psychologists. The number of years of experience
among the three ranged from 7 to 14. One psychologist had a
doctorate in counseling/school psychology. The two others

were doctoral candidates in counseling/school psychology.
All were experienced in group counseling with children and
adolescents, and all had previous group experience with
special education populations. The two who volunteered to
facilitate the non-directive groups expressed confidence in
the efficacy of a non-directive approach and regarded it as
a strategy appropriate for early adolescents and special
populations. Prior to the implementation of the study a
discussion was held with the leaders to review the salient
features of non-directive group intervention. During the
study the interventions were monitored by means of oral and
written communications. Audio and/or video taping was not
used because of reservations expressed by parents and school
personnel.

Instruments

Snider (1977), in a study which investigated the
construct of self-concept as it related to career motiva-
tion, addressed the difficulty of measuring such an amor-
phous entity. His analysis of several instruments designed
to measure self- concept lead him to conclude that many of
the instruments which purport to do so really do little more
than make inferences about self-concept. Yet of the self
report personality inventories used by practicing school
psychologists self-concept scales in general tend to be more

frequently used than any other similar inventory (Goh and Fuller, 1981).

Fitts (1971), author of the Tennessee Self Concept Scale (TSCS), acknowledged the magnitude of the challenge; "The greatest difficulty in measuring the self-concept results from the fact that each person's self-concept is private, personal, and not directly observable" (p. 38). Implied in this statement is a caution that what will be measured is dependent upon that person's ability to communicate and his/her willingness to do so.

The Tennessee Self Concept Scale was developed by Fitts (1965). He anticipated meeting the need for an instrument which was relatively uncomplicated for the subject, was adequately standardized, had several dimensions, was appropriate for a fairly wide range of individuals, and met all of these criteria while still providing an acceptable assessment of the subject's self-concept.

To this end the sheer number of studies which have utilized the TSCS would suggest that a considerable number of people felt that Fitts accomplished what he set out to do with the scale. During the period from 1965 to July 1980, 1,350 studies used the scale (Reed, Fitts, and Boehm, 1981). However of that total number only 21 of the studies used children who met the criteria of being junior high school age (12-14 years) and delinquent or criminal. Several other important distinctions were evident as well.

The majority of studies were either master's theses or doctoral dissertations. Most were also completed prior to 1975. This would indicate that there was a strong possibility that the delinquent/criminal adolescents used would not met the definition of emotional disturbance as it appears in the Education for All Handicapped Children Act, P.L. 94-142.

The scale is a one hundred item scale. Each item on the scale has five possible answers or responses, but the student is directed to choose only one. It purports to be able to make a distinction between levels of effectiveness within both the normal and atypical range. The scale is usually completed in 10 to 20 minutes (13 minutes has been the mean). Two forms are available; the Counseling Form and the Clinical and Research Form. The same test booklet and test items are used in each form. The distinction between the forms can be found in the scoring and profiling system. The Counseling Form takes less time, is easier to score, is appropriate for self interpretation and feedback, and requires less sophistication in psychometrics and psycho-pathology by the examiner. The Clinical and Research form requires greater knowledge and experience with scoring, analysis, and interpretation. It also is not appropriate for self interpretation or direct feedback.

The Counseling Form yields information on the following aspects of the self:

Identity; These include the "What am I" statements. The student describes his/her basic identity according to his/her perception.

Self-satisfaction: This is a score derived from the items in which the student attempts to describe or categorize him/herself. It is held to be indicative of the level of self-acceptance or self-satisfaction.

Behavior: This is a measure from the items which address the issues dealing with "This is what I do" or "This is the way I act." It explores the student's perceptions, their own behavior or the manner in which he/she functions.

Physical self: This is a measure of the individual's impression of his/her body, their state of health, appearance, abilities, and sexuality.

Moral-Ethical self: This score is basically an indication of a feeling of being either "good" or "bad". It also deals with issues such as personal worth, relationship to God, and satisfaction with one's spirituality.

Personal self: This measure indicates personal satisfaction, one's degree of adequacy, and an assessment of personality as something distinct from relationships to other people.

Family self: This is a score reflecting one's regard of his/her adequacy, worth, and value as a family member. It deals with one's perception of the self relative to those closest and most intimate to him/her.

Social self: This is a variation of the category which looks at the self in terms of how it is perceived in relation to others. It is more global however.

There are several major additional scores that are derived as well. These include:

. Total Positive Score: This is regarded as the single most important score. It reflects the individual's overall level of self-esteem. Those having high scores tend to like themselves, they regard themselves as being valuable and worthwhile, and they not only possess self confidence, but act as though they do. Individual's with low scores tend to have many reservations about themselves. They question their worth. They regard themselves as basically undesirable, and they are frequently anxious, depressed, sad, and have little faith in themselves.

Variability scores: These reflect the amount of consistency from one area of self-perception to another.

Distribution scores: This is basically a measure of the extremes in responses, and any style that may exist.

The TSCS Manual reported reliability coefficients for all major scores, on both the Counseling Form and the Clinical and Research Form. The coefficients ranged from a low of .60 (Total Variability, Row Total V) to a high of .92 (Total Positive and Psy.). "Other evidence of reliability is found in the remarkable similarity of profile patterns found through reported measures of the same individuals over

long periods of time" (Fitts, 1965 p. 15). Bentler (1972) regarded the scale appropriate for individual difference measurement due to the fact that retest reliability coefficients were in the high .80's.

Fitts (1965) was somewhat more expansive in the manual with respect to validity. Validation procedures were detailed from four perspectives. The issue of content validity was addressed during the design of the instrument. For an item to be retained in the scale seven clinical psychologists had to agree that the classification used were appropriate and meaningful. A second approach was to analyze the Scale's ability to discriminate between groups. In order to accomplish this research was done with psychiatric patients and non-patients, delinquents and non-delinquents, and with average people and psychologically integrated people. Fitts, using research compiled by several other individuals, noted that his belief that groups of people which differed on "certain psychological dimensions" (p. 17) would differ in self-concept was basically substantiated. He also reported on research which investigated how the TSCS correlated with other measures. This information appeared to impress many reviewers (Bentler, Suinn, 1972, and Crites, 1965, in Buros, 1972) for they felt compelled to take notice of it. The manual reported correlations with the Minnesota Multiphasic Personality Inventory (MMPI), the Edwards Personal Preference Schedule,

and the unpublished Inventory of Feelings (Hall, 1964).
Finally, the manual provided validation data germane to
studies which looked into personality changes under
particular conditions. Fitts summarized several studies
which focused on changes in self concept as a consequence of
stress and failure, individual therapy, group psychotherapy,
and chemotherapy (tranquilizing drugs).

In summary the TSCS has come to be regarded as a valid
and reliable instrument for use in both research and
clinical practice. As Gwyer (1978) concluded from his
review of literature on the TSCS,". . . The TSCS is a
sensitive instrument to both positive and negative change
that may take place due to therapeutic intervention of
various types and specifically to changes induced by group
therapy and counseling" (p. 40).

A second instrument to be employed in this study was
the projective technique of the Draw-A-Person (Machover,
1949), or as it is more frequently referred to; the Human
Figure Drawing (HFD). An important consideration in the
choice of this instrument was Anastasi's (1968) contention
that projective techniques "popularity in clinical use
continues unabated" (p. 493). The literature also noted
that in addition to being popular many clinical psycho-
logists regard projectives as valuable and important tools
(Lubin, Wallis, and Paine, 1971; Wade and Baker, 1977).
Indeed, despite the rather poor showing that projective

techniques have made with regard to validity and reliability Ames (1970) contended that they represented tools that were functional in the psychologist's working world.

Of particular significance to this study though was the extent to which a projective technique like the Human Figure Drawing was used by practicing school psychologist. Bennett (1965) investigated school psychologist's attitudes toward the use of projectives and found that most tended to accept their use in schools.

Keogh, Kukik, Becker, McLoughlin, and Kukic (1975) interviewed school psychologists and determined that a little less than 40% used the Human Figure Drawing as the main projective technique. Vukovich (1983), and Goh and Fuller (1983) found similar percentages for practicing school psychologists using the Human Figure Drawing as the primary projective instrument.

What the Human Figure Drawing has been used to measure appears to have changed little over the years. Machover (1949) was perhaps the first to attempt a systematic analysis of drawings of the human figure, and used as a theoretical consideration the tenet that such a drawing reflects an internal frame of reference. Represented is an expression of self which can be characterized as a body image. The body image "may be regarded as the complex reflection of self-regard--the self image" (Anderson and Anderson, 1951, p. 348). Harris noted that a fundamental

use of the Human Figure Drawing continued to be a method of obtaining a person's unconscious projection of the self image (Buros, 1972). Vukovich (1983) also found that school psychologists use the Human Figure Drawing to measure self-concept and personality.

. Nonetheless, studies which attest to the value, worth, and frequency of use of the Human Figure Drawing have not been able to explain the abysmal statistics pertaining to reliability and validity. Hence the scientific efficacy of the instrument remains compromised. This important short-coming appears to be almost routinely documented in studies, reviews, and commentaries over the years (Anderson and Anderson, 1951; Anastasi, 1968; Ogburn, 1967; Buros, 1972).

Swenson (1957 and 1968) reviewed the literature on the Human Figure Drawing over two ten year periods and concluded that the test's inherent subjectivity and lack of conven-tionally demonstrated validity rendered it an ineffective means by which to assess Machover's hypothesis about the meaning of the drawing. During the period from 1949-1956 Swenson concluded that the majority of research tended to contradict her theory rather than support it. His follow-up review (1968) provided some evidence which supported Machover's hypothesis. He attributed this to the fact that the newer studies were "conducted at a substantially higher level of sophistication" (p.20). He believed that the instrument's most promising use lay with it being used as a

means to assess global characteristics. His summary of the studies which looked at reliability (interjudge and test-retest) yielded coefficients which were in the .80's.

Hammer and Kaplan (1966) studied the reliability of various aspects in human figure drawings done by elementary school children. Drawings were obtained and analyzed for same and opposite sex. Two sets were collected over a one week period. The authors found reliable results for certain features, while unreliable results were obtained for other specific features. They also noted that reliability was influenced by the sex of the children.

Koppitz (1966) investigated the clinical validity of 30 emotional indicators on human figure drawings of children ages five through 12. A comparison of the drawings of 76 clinical (disturbed) youngsters and 76 well adjusted pupils yielded significant results. Furthermore she stated that her results supported two hypotheses: (1) emotional indicators occurred more often on human figure drawings of clinical patients than on drawings of well adjusted children; and (2.) individual drawings of the disturbed population showed a higher incidence of emotional indicators than those of well adjusted pupils.

Fuller and Preuss (1970) attempted to replicate Koppitz's validity study. They obtained significant differences on nine emotional indicators. They also confirmed Koppitz's claim that some emotional indicators

were more prevalent in the drawings of disturbed students. However, they rejected her notion that the presence of two or more indicators on the drawings were indicative of emotional problems.

The research seems to yield two conclusions. There does appear to be a need for and an acceptance of projective assessment, with the Human Figure Drawing demonstrating popularity among practitioners. On the other hand grave limitations continue to persist with respect to validating its effectiveness psychometrically. As Korchin and Schuldberg (1981) noted though there are trends which suggest continuing vitality for this type of clinical assessment. They acknowledged that alteration and improvement were necessary, but any declaration that the process was bankrupt or defunct was "decidedly premature" (p. 1154). Psycho-diagnostic assessment, in their opinion, served a purpose in clinical practice and research.

The third dependent variable used in the study as a relatively new instrument. Called the Behavior Evaluation Scale (BES), it was developed by McCarney, Leigh and Cornbleet (1983). This instrument was chosen because the authors designed it with an eye toward emotional distur-bance/behavior disorders in school classrooms as opposed to clinical, hospital, or institutional settings, and those individuals who work closest with children and are most familiar with them; teachers.

McCarney et. al. (1983) developed the BES in response
to teacher and parental concerns about behavior and discip-
line, state and federal regulations pursuant to identifica-
tion and service delivery to educationally handicapped
students, and the " . . . scarcity of adequate assessment
instruments in the behavioral domain . . ." (p. 2). The
scale was spawned by the mandates of recent legislation and
". . .in response to numerous requests . . .from school
personnel who were experiencing difficulty in reaching and
documenting decisions regarding diagnosis, placement, and
programming for children and adolescents with behavior
disorders/emotional disturbance" (p.2).

The authors stressed that more than anything else the
BES, provided educationally relevant information. They saw
the scale as having six primary purposes: (1) screening for
behavior problems, (2) assessing behavior for any referred
student (3) facilitating the diagnosis of behavior
disorders/emotional disturbance, (4) assisting in the
development of individual education programs (IEP's) for
special education students (5) documenting progress result-
ing from intervention, and (6) collecting data for research
purposes.

Two of the stated purposes were felt to be particularly
important to this study. As the review of the literature
made clear emotional disturbance has been something of an
elusive descriptor. McCarney et. al. (1983) noted:

The very few existing behavior rating scales which
provide objective and relevant information required for
educational purposes generally are not based directly
upon specified eligibility criteria for behavior
disorders/emotional disturbance reflected in existing
. definition or legislation. . . .Each of the items on
the BES is distinctly associated with one of the five
characteristics of behavior disorders/emotional
disturbance included in one of the most widely used
definitions (Bower, 1959) in federal and state regula-
tions, including Public Law 94-142 (p.3).

Hence the scale is perhaps one of the more appropriate
instruments currently available for use with the public
school population presently diagnosed as emotionally
disturbed.

Secondly, the instrument was designed to facilitate the
documentation of progress, a key independent variable in the
study. The authors envisioned the BES as a "procedure which
(would) measure the extent to which stated goals and
objectives have been accomplished" (p.3). Salient features
for this purpose included objective and precise measurement
which would allow school personnel to document behavioral
progress made by the individual student. As the scale is
not given directly to student the concern about "leading" or
"practice" effects was eliminated thus allowing it to be
used as often as necessary. Finally it was perceived to be

especially well-suited for use with students in special
programs.

The BES is composed of fifty-two statements which
represent specific observable and measurable behaviors.
Each item is related to one of five subscales distilled from
the.five characteristics found in Bower's (1959) definition
of behavior disorders/emotional disturbance. He stated:

> The term "seriously emotionally disturbed" (or "behav-
> iorally disordered" in many states) refers to ". . . a
> condition exhibiting one or more of the following
> characteristics over a long period of time and to a
> marked degree, which adversely affects educational
> performance:
>
> 1. An inability to learn which cannot be explained by
> intellectual, sensory, or health factors:
>
> 2. An inability to build or maintain satisfactory
> interpersonal relationships with peers and teachers;
>
> 3. Inappropriate types of behavior or feelings under
> normal circumstances;
>
> 4. A general pervasive mood of unhappiness or
> depression; or
>
> 5. A tendency to develop physical symptoms or fears
> associated with personal or school problems (p.4)

The number of items for each of the five character-
istics vary on the scale. This reflected the author's
attempt to account for the scope of some of the

characteristics compared to others. That is, more behaviors may pertain to one characteristic then would be found under another. The items on the scale are appropriate for use with students in grades K through 12. While some items may be more prevalent at certain grade levels all 52 items are pertinent to behaviors which have been found at both elementary and secondary levels.

The BES was designed to be used by teachers and other school personnel who have the greatest opportunity to observe student behavior. Time required to complete the scale usually takes about 10-20 minutes.

The 52 items on the BES are rated using a scale that ranges from 1 to 7 with the descriptions used chosen for their minimal subjectivity. The quantifiable frequency ranges are:

1. . .Never or not observed

2. . .Less than once a month

3. . .Approximately once a month

4. . .Approximately once a week

5. . .More than once a week

6. . .Daily at various times

7. . .Continuously throughout the day

Four types of scores are obtained. For the purposes of this investigation attention was focused on the Subscale Standard Scores and the Behavior Quotient. Subscale

Standard Scores relate directly to the five characteristics of emotional disturbance/behavior disorders, providing scores for (1) learning problems, (2) interpersonal difficulties, (3) inappropriate behavior, (4) unhappiness/depression, and (5) physical symptom/fears. The Subscale Standard Scores range from 0 to 20, with a mean of 10 and a standard deviation of 3. Scores from 7 through 13 are considered to be normal or statistically average. Standard scores less than 7 and greater than 13 are regarded as atypical or statistically deviant. Specifically scores less than 7 suggest that the student demonstrates negative or inappropriate behaviors frequently enough to be of concern to the rater. Scores greater than 13 imply that the student exhibits very few behaviors of concern on the subscale. Scores from 7 through 13 indicate that the student's behavior should be considered typical. "The degree of concern generally increases as standard scores decrease, with scores less than 4 representing extreme statistical deviance" (McCarney et. at. 1983, p. 14).

The Behavior Quotient is perceived as a global index of the student's behavior in relation to all five areas measured on the total BES. It has a mean of 100 and a standard deviation of 15. Average Behavior Quotients range from 85 through 115. Scores in excess of 115 indicate that few behaviors of concern, as measured by the BES, were exhibited. Scores less the 85 suggest that, overall,

negative or inappropriate behaviors were frequent enough to be of concern. The degree of concern generally increases as the Behavior Quotient decreases. Scores less than 70 indicate extreme statistical deviance.

Data provided in the manual pertaining to reliability and validity were generally favorable. Reliability coefficients were reported for internal consistency of the BES and test-retest. Internal consistency was analyzed in order to determine the degree to which items on the scale related to the same construct. Reliability was measured in terms of overlapping variance among scale items. Coefficient scores for the five subscales and Total Scale were as follows; learning problems .93, interpersonal difficulties .86, inappropriate behaviors .91, unhappiness/depression .76, physical symptoms/fears .77, and total Scale .96.

Test-retest reliability was investigated to ascertain the stability of the measures over time. Some qualifications of these findings were made by the authors because of the small number of teachers and students involved and the time of the school year in which the investigation took place. Nonetheless the results were impressive. "Correlation coefficients computed between the two sets of obtained scores for each of the five subscales and for the total scale all exceeded .97 and were all significant at the .001 levels" (p.9).

Data was provided in the manual for content validity, criterion-related validity, and construct validity. The authors addressed the issue of content validity by noting that it was established by the initial process of the scale's construction. Item appropriateness was maintained since all items were originally generated and subsequently validated by a large sample of classroom teachers and knowledgeable and experienced special educators. The original list of items was examined twice for thoroughness of the scale.

Information pertaining to concurrent criterion-related validity was obtained by investigating the relationship between BES results and scores on the Behavior Rating Profile (BRP) Teacher Rating Scale (Brown and Hammill, 1978). Subscale coefficients which exceeded the .001 level of confidence when correlated with the BRP were obtained for learning problems (.47), interpersonal difficulties (.65), and inappropriate behavior (.57). At the .05 level significant results were obtained for physical symptoms/fears (.26). The correlation between the total BES and the BRP Teacher Rating Scale was also significant at the .001 level (.64). The only subscale that did not correlate well was Subscale 4 Unhappiness/depression. This was due to the lack of any items on the BRP Teacher Rating Scale that related to the fourth characteristic. In light of the fact that the majority of scores exceeded the .30 to .35 range of accept-

able levels the BES was regarded as being solid insofar as criterion-related validity was concerned.

Three aspects of construct validity were reported in the manual. Diagnostic validity was affirmed through a study which compared the results of regular education and behavioral disordered special education students on the BES. Raw score mean differences between the two groups were statistical significant at the .001 level for all five subscales and for the total scale. In addition the positive correlation between the BES and BRP was held to evidence of the BES strong diagnostic validity. In short the BES is able to assist in the differentiation between emotionally disturbed and non-emotionally disturbed students.

Construct validity was also addressed in terms of subscale interrelationships. Coefficients for the inter-correlation of the five BES subscales ranged from .50 to .85. This was regarded as demonstrating that the subscales all measured the general construct of "behavior". However, because there were no coefficients exceeding .90 it was inferred that the subscales measured different features of the construct.

It would appear then that the BES represents a laudable attempt to not only refine diagnostic procedures, but to also enhance documentation of progress for a rather unique segment of the public school population. It appears to have been carefully designed, clearly focused, and despite its

relative newness possess impressive date relative to reliability and validity. As such it presented as being quite appropriate for the purposes of this study.

Design

The research design used in this study is represented by the following diagram:

$$\underline{O} \quad \underline{X}_1 \quad \underline{O}$$
$$- - - - - -$$
$$\underline{O} \quad \underline{X}_2 \quad \underline{O}$$
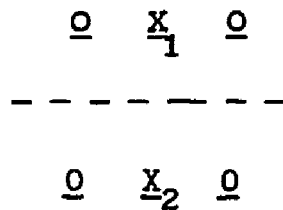
The nature of this investigation warrants that several features of the design by clarified. As previously noted random assignment of individual students to a group was not logistically feasible. Consequently all of the students in a particular special education class formed a group. That intact group (class) then received a specified treatment. Two experimental treatments were used. $\underline{X}_1$ represented experiment treatment one; structured group counseling. $\underline{X}_2$ represented experimental treatment two; non-directive group

counseling. The assignment of $\underline{X}_1$ or $\underline{X}_2$ to a particular group was made randomly by the experimenter.

Each class, or group, was assumed to be equivalent, with pretests being used to control for any differences. There was an administration of the pretest and the posttest to all the treatment groups.

Hypotheses

The purpose of this study was to determine the effect of structured group counseling and non-directive group counseling on emotionally disturbed, special education middle school students relative to self-concept. Changes in this construct were examined in terms of self-report responses, teacher evaluation of classroom behavior, and projective assessment of emotional factors.

In the area of self-concept it was hypothesized that:

1. The self-concept of emotionally disturbed students, as determined by the Total Positive Scale of the TSCS, who participated in group counseling will be significantly improved as a consequence of a group counseling intervention strategy.

2. Emotionally disturbed students participating in structured group counseling will receive significantly higher Total Positive scores on the TSCS than emotionally

disturbed students participating in non-directive group counseling.

3. Emotionally disturbed students participating in group counseling will evidence significant improvement in classroom behavior as measured by the Behavior Quotient score on the Behavior Evaluation Scale (BES).

4. Emotionally disturbed students participating in structured group counseling will demonstrate significantly higher scores on the Behavior Quotient Scale of the BES than emotionally disturbed students participating in non-directive group counseling.

5. Emotionally disturbed students participating in structured group counseling will manifest significantly fewer emotional indicators (EIs) on Human Figure Drawings than emotionally disturbed students participating in the non-directive group counseling.

<u>Statistical Analysis</u>

Statistical analysis of the data was accomplished by means of both parametric and nonparametric tests of statistical significance. Parametric testing involved an analysis of covariance. The dependent variables examined were the Total Positive Score of the TSCS and the Behavior Quotient of the BES. For both instruments the posttest means were compared using the pretest scores as a covariate. By facilitating adjustments to the posttest means for the two groups any preexisting differences were accounted for. The

t-test was used to measure the differences on the pretest
and posttest that occurred as a result of the treatment
intervention. Nonparametric testing was done with a
chi-square test. The rationale for using chi-square stemmed
from two factors. One reason was that the research data
obtained from the dependent variable, the HFD, was in the
form of categories and frequency counts, rather than
continuous scores or ranks. Second, this statistical method
was the one used by Koppitz (1984) when she compared the
emotional indicators (EIs) on HFDs of learning disabled and
regular education pupils.

Summary of Methodology

The population for this study consisted of 30 emotion-
ally disturbed middle school students. There were two
treatment procedures. The structured group counseling
strategy was highly specific with prescribed weekly activ-
ities and objectives. The non-directive group counseling
strategy was responsive to the immediate needs of the group
on the particular meeting day. The agenda was determined by
the group with the leader functioning as a facilitator of
warmth, empathy, and genuineness. Data was gathered by
means of pre and posttesting with the Tennessee Self-Concept
Scale, the Behavior Evaluation Scale, and the Human Figure
Drawing. It was hypothesized that the emotionally disturbed
students involved in structured group counseling would

produce posttest scores reflecting greater improvement relative to self-concept, as reflected in a self report, a behavioral assessment, and projective testing than emotionally disturbed students involved in non-directive group counseling. Statistical analysis of the data was executed using a t-test analysis of covariance and chi-square.

Chapter IV

Results

The purpose of this investigation was to determine the effects of a program of structured and non-directive group counseling intervention strategies on the self-concept of emotionally disturbed (ED) middle school students in a public school setting. A total of 30 students in self-contained special education classrooms participated in the study. Of the four different classes that were involved three were quite similar with respect to the average number of students enrolled and participating, the absence of teacher turnover, and general acceptance of counseling intervention. However, the fourth class exhibited vast differences relative to these factors. Out of a class enrollment of 11 only four students eventually returned permission forms and participated. This class also had three different classroom teachers during the course of the study, which, for this group, extended into the second semester of the school year. Two of the teachers resigned and this was believed to exacerbate inappropriate behaviors and negative feelings for any sort of educational or affective intervention. However, all of the students who began the program completed all ten sessions. Sample population attrition was not a factor.

The statistical results of the study are presented by hypotheses. Paired t-tests were computed to test Hypotheses One and Three. Analysis of Covariance was used to test Hypotheses Two and Four. Chi-square was used to test Hypothesis Five. The 0.05 level of confidence was the criterion point for acceptance or rejection of the hypotheses. $SPSS_\chi$ (Statistical Package for the Social Sciences) was chosen because of its appropriateness for the investigation.

Hypothesis One

It was hypothesized that there would be significant improvement in the self-concept of emotionally disturbed students, as measured by the Total Positive score of the Tennessee Self Concept Scale (TSCS), which could be attributed to group counseling intervention. To test the hypothesis differences between the pretest Total Positive scores and the posttest Total Positive scores were examined. Data pertaining to this hypothesis are presented in Table 4.1. The analysis yielded a T value to T= -1.85, which was not significant at the 0.05 level. The hypothesis was not supported. The calculated T value indicated that there were no significant differences in the pre and posttest scores on the Total Positive subscale. However, there was a trend in the positive direction of the mean scores. While this had been anticipated the statistical

Table 4.1

Hypothesis 1 -- Paired t-Test

Total Positive Scale of the Tennessee Self Concept Scale

----- T - T E S T -----

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR	*(DIFFERENCE) MEAN	STANDARD DEVIATION	STANDARD ERROR	* CORR.	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
PRETP		316.1333	29.150	5.322								
	30				-11.2333	33.340	6.087	0.424	0.020	-1.85	29	0.075
POSTTP		327.3667	32.717	5.973								

results did not support the hypothesis that the improvement would be significant.

Hypothesis Two

.Hypothesis Two stated that emotionally disturbed students participating in structured group counseling would receive significantly higher scores on the Total Positive subscale of the TSCS than emotionally disturbed students participating in non-directive group counseling. To test the hypothesis, posttest data were subjected to analysis of covariance which adjusted for pretest differences between the structured and non-directive group. The F ratio determined by comparing posttest mean scores for the structured group and the non-directive group covarying for pretest scores was 1.171. This was not significant at the five percent level of confidence. Table 4.2 presents the means and standard deviations for the variables being considered. Table 4.3 presents information produced by the analysis of covariance in testing the hypothesis.

The research hypothesis that there would be a significant difference between the structured group and the non-directive group in terms of the Total Positive score of the TSCS was not supported. There were no statistically significant differences between the two groups relative to the Total Positive score at the 0.05 level of significance.

Table 4.2

Hypothesis 2 Variables

Total Positive Scale of the Tennessee Self Concept Scale

Structured Group N = 17	Pretest	Posttest	Difference
Mean	313.353	320.882	+7.529
Standard Deviation	23.369	29.317	

Non-Directive Group N = 13			
Mean	319.769	335.846	+16.077
Standard Deviation	36.055	36.101	

| Differences between Pretest Means and Posttest Means | 6.416 | 14.964 | |

Table 4.3

Hypothesis 2 -- Analysis of Covariance of

Structured and Non-directive group Scores on the

Total Positive Scale of the Tennessee Self-Concept Scale

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Level of Significance
Covariate (Pretest)	5577.640	1	5577.640	6.171	0.019
Main Effects	1058.174	1	1058.175	1.171	0.289
Residual	24405.152	27	903.895		
Total	31040.967	29	1070.378		

An examination of the means indicates a trend in the positive direction for both the structured group and the non-directive group. However, the increase in the Total Positive score for students in the structured group was not significantly greater than the increase for the students in the non-directive group as indicated by the analysis of covariance. This had not been anticipated. The students in structured group counseling were expected to obtain significantly higher scores than the students in non-directive group counseling.

Hypothesis Three

Hypothesis three stated that there would be significant improvement in classroom behavior of emotionally disturbed students, as measured by the Behavior Quotient score on the Behavior Evaluation Scale (BES) as a result of the students having participated in group counseling. To test the hypothesis differences between pretest Behavior Quotient scores and posttest Behavior Quotient scores were examined. Data pertaining to this hypothesis are presented in Table 4.4. The analysis yielded a T value of T=0.53. This is not significant at the 0.05 level. The hypothesis was not supported. The calculated T value indicated that there were no significant differences in the pre and posttest scores on the Behavior Quotient score of the BES. An examination of the means revealed essentially no change whatsoever.

Table 4.4

Hypothesis 3 -- Paired t-Test

Behavior Quotient of the Behavior Evaluation Scale

--------T-TEST--------

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR	(DIFFERENCE) MEAN	STANDARD DEVIATION	STANDARD ERROR	CORR.	2-TAIL PROB.	T VALUE	DEGREES OF FREEDOM	2-TAIL PROB.
PREBQ	30	75.9000	16.336	2.982								
					0.6667	6.940	1.267	0.907	0.000	0.53	29	0.603
POSTBQ		75.2333	15.789	2.883								

104

Table 4.5

Hypothesis Four Variables

Behavior Quotient of the Behavior Evaluation Scale

Structured Group N = 17	Pretest	Posttest	Difference
Mean	71.235	72.235	+1.000
Standard Deviation	18.612	19.389	

Non-directive Group N = 13			
Mean	82.000	79.154·	-2.846
Standard Deviation	10.575	8.473	

Differences between Pretest Means and Posttest Means	10.765	6.919	

Hypothesis Four

Hypothesis four stated that emotionally disturbed students participating in structured group counseling would receive significantly higher scores on the Behavior Quotient scale of the BES than emotionally disturbed students participating in non-directive group counseling. To test the hypothesis posttest data were subjected to analysis of covariance. This adjusted for pretest differences between the structured group and the non-directive group. The F ratio determined by comparing posttest mean scores for the structured group and the non-directive group covarying for pretest scores was 1.158. This was not significant at the five percent level of confidence. Table 4.5 presents the means and standard deviations of the variables being considered. Table 4.6 presents the information made available through the analysis of covariance in testing the hypothesis.

The research hypothesis that there would be a significant difference between the structured group and the non-directive group in terms of the Behavior Quotient score of the BES was not supported. There were no statistically significant differences between the two groups in terms of the Behavior Quotient score at the 0.05 level of confidence.

An examination of the mean scores for the structured group indicated a trend toward movement in the positive direction. However, the differences between the two groups

Table 4.6

Hypothesis 4 -- Analysis of Covariance of

Behavior Quotient of the Behavior Evaluation Scale

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Level of Significance
Covariate (Pretest)	5950.059	1	5950.059	130.962	0.000
Main Effects	52.603	1	52.603	1.158	0.291
Residual	1226.705	27	45.434		
Total	7229.367	29	249.289		

were not significant. This had not been anticipated. The structured group had been expected to make significantly greater improvement than the non-directive group.

Hypothesis Five

Hypothesis five stated that emotionally disturbed students participating in structure group counseling would manifest significantly fewer emotional indicators (EIs) on Human Figure Drawings (HFDs) than emotionally disturbed students participating in non-directive group counseling. The chi-square statistic was used to test the hypothesis. Twenty eight emotional indicators were grouped into five categories as per Koppitz's (1984) studies. Chi-square computations were obtained for the categories of (a.) Impulsivity, (b.) Insecurity/Inadequacy, (c.) Anxiety, (d.) Shyness/Timidity, (e) Anger/Aggressiveness. The analysis produced the following chi-squares: (a.) Impulsivity $X^2 = 0.0$, (b.) Insecurity/Inadequacy $X^2 = 1.500$, (c.) Anxiety $X^2 = 1.960$, (d.) Shyness/Timidity $X^2 = 0.200$, and (e.) Anger/Aggressiveness $X^2 = 1.000$. These five chi-square values were not significant at the 0.05 level. The results are presented in Table 4.7, 4.8, 4.9, 4.10, and 4.11.

The research hypothesis that there would be a significant difference between the structured group and the non-directive group in terms of the frequency of emotional indicators per category was not supported. There were no statistically significant differences between the two groups

Table 4.7

Chi-Square Test - Impulsivity

Group	Cases Observed	Expected	Residual
Structured	9	9.00	0.00
Non-directive	9	9.00	0.00
Total	18		

Chi-Square	Degrees of Freedom	Significance
0.0	1	1.000

Table 4.8

Chi-Square Test - Insecurity/Inadequacy

Group	Cases Observed	Expected	Residual
Structured	15	12.00	3.00
Non-directive	9	12.00	-3.00
Total	24		

Chi-Square	Degrees of Freedom	Significance
1.500	1	0.221

Table 4.9

Chi-Square Test - Anxiety

Group	Cases Observed	Expected	Residual
Structured	16	12.50	3.50
Non-directive	9	12.50	-3.50
Total	25		
Chi-Square		Degrees of Freedom	Significance
1.960		1	0.162

Table 4.10

Chi-Square Test - Shyness/Timidity

Group	Cases Observed	Expected	Residual
Structured	2	2.50	-.50
Non-directive	3	2.50	.50
Total	5		
Chi-Square		Degrees of Freedom	Significance
0.200		1	0.655

Table 4.11

Chi-Square Test - Anger/Aggressiveness

Group	Cases Observed	Expected	Residual
Structured	3	4.50	-1.50
Non-directive	6	4.50	1.50
Total	9		
Chi-Square	Degrees of Freedom		Significance
1.000	1		0.317

in terms of all the categories at the 0.05 level of significance.

The observed frequencies were less than expected frequencies for the structured group in the categories of shyness/timidity and anger/aggressiveness. The observed frequencies were less than the expected frequencies for the non-directive group in the categories of insecurity/inadequacy and anxiety. The observed frequencies and expected frequencies for both groups in the category of impulsivity remained the same. The differences between the groups in all categories were not significant. This was not anticipated. The structured group was expected to manifest significantly fewer emotional indicators than the non-directive group.

Summary

The results presented in this chapter may be summarized according to the hypotheses as follows:

1. The t-test pertaining to improvement in the self-concept as measured by the Total Positive score indicated a positive movement for both the structured group and the non-directive group. However, the increases in the Total Positive score for both groups were not significant.

2. The analysis of covariance pertaining to the Total Positive score indicated a positive movement for both groups. The increase for the structured group was greater

but not to the extent that the difference was statistically significant.

3. The t-test pertaining to the Behavior Quotient score did not show any significant improvement for either group insofar as classroom behavior was concerned. Both the non-directive and structured groups evidenced very little in the way of positive (or negative) trends.

4. The analysis of covariance pertaining to the Behavior Quotient scores for the structured and non-directive groups yielded insignificant differences. However, the structured group showed indications of a trend in the positive direction while the non-directive group showed a trend toward moving in a negative direction.

5. Chi-square computations for both groups in five EI categories were not statistically significant. The non-directive group showed slight decreases in frequencies for two categories. The structured group showed slight decreases in frequencies for another two categories. On category showed no change in frequencies for either group.

Chapter V

Summary, Conclusions, Discussions, and Recommendations

This chapter provides a summarization of the present investigation, reviews the hypotheses, states the findings, and discusses the results and conclusions. Recommendations for future research are offered as well.

Summary

The purpose of this study was to investigate the efficacy of non-directive and structured group counseling intervention strategies with emotionally disturbed middle school students in public school classrooms. The effects of such interventions were examined in terms of self-concept, as reported by the students themselves, classroom behavior, as determined by their teachers, and emotionality, as manifest by projective techniques and assessed a psychologist.

The need for effective counseling in the schools has been well documented in the literature, and existing legislation appears to mandate this services along these lines be provided. The probability that certain interventions can yield desired results in a public school setting has also been shown by research albeit serious questions tend to compromise efficacy studies. The notion that group counseling represents just such an intervention has gained

wide acceptance. Indeed, to many it epitomizes the treatment of choice. Yet when working with adolescents, especially atypical populations like those found in special education programs, certain considerations cannot be overlooked. Structure appears to be one of the crucial elements of group work with these populations. The incorporation of a highly structured agenda into a ten week period was undertaken in order to determine its effect on the self-concept, behavior, and emotional state of public middle school students in self-contained special education classrooms for the emotionally disturbed.

To investigate these concerns this study utilized a quasi-experimental design. The subjects for this investigation were 30 students enrolled in special education classes for the emotionally disturbed in grades six, seven, and eight. Nonrandom assignment of the students to groups occurred because of logistical constraints. The groups reflected intact classes at four different schools. Two classes were randomly assigned to the structured intervention, and the remaining two classes were assigned to the non-directive intervention. Pre and posttests were administered to both groups. For both groups the intervention strategies involved a total of ten weekly group sessions. Each session lasted approximately 50-55 minutes. Three of the classes completed the 10 sessions prior to the end of the first semester. The fourth class, assigned to

the non-directive intervention, did not begin meeting until the late fall, missed approximately two weeks because of the winter holiday break, and did not complete all the sessions until early spring. The total enrollment for this group was four whereas the other classes had groups of eight to ten members. Moreover this same group experienced three teacher changes over the same period of time. It also presented serious and on-going disciplinary problems within its school. Qualitative differences were felt to exist in the extreme in this one group when comparisons with the other three groups were made.

Statistical tests of significance for the research hypotheses included both parametric and nonparamentric measures. Paired t-tests were used with two hypotheses, analysis of covariance was used for two other hypotheses, and the chi-square statistic was used for the remaining hypothesis. The 0.05 level of confidence was the criterion point for rejection of the hypotheses.

The following five hypotheses were tested in order to examine the effectiveness of the interventions:

1. There will be significant improvement in the self-concept of emotionally disturbed students, as measured by the Total Positive subscale of the Tennessee Self Concept Scale, which can be attributed to group counseling intervention.

2. Emotionally disturbed students participating in
structured group counseling will receive significantly
higher scores on the Total Positive subscale of the TSCS
than emotionally disturbed students participating in
non-directive group counseling.

. 3. There will be a significant improvement in class-
room behavior of emotionally disturbed students, as measured
by the Behavior Quotient score of the Behavior Evaluation
Scale, which can be attributed to group counseling interven-
tion.

4. Emotionally disturbed students participating in
structured group counseling will receive significantly
higher scores on the Behavior Quotient scale of the BES than
emotionally disturbed students participating in non-dir-
ective group counseling.

5. Emotionally disturbed students participating in
structured group counseling will manifest significantly
fewer emotional indicators (EIs) on Human Figure Drawings
than emotionally disturbed students participating in
non-directive group counseling.

Three instruments were administered as both pre and
posttests. The instrument employed to measure self-concept
was the Tennessee Self Concept Scale (TSCS). Scoring of the
scale was done by the investigator. The subject's Total
Positive Score was the only subscale that was considered in
the study. The Behavior Evaluation Scale (BES) was used to

examine changes in classroom behavior. Teachers completed the scale and it was scored by the investigator and one other volunteer. The Human Figure Drawing projective technique was used to look at emotionality. Frequency counts of emotional indicators (EIs) served as scores as per Koppitz's (1984) method. One volunteer doctoral level school psychologist did the scoring. Scoring criteria are described in the appendix.

Statement of Findings

The analysis of the statistical data presented in this study yielded the following results:

1. There was no statistically significant improvement in the self-concept of emotionally disturbed students who participated in the group counseling interventions as measured by the Total Positive score of the TSCS.

2. There was not a statistically significant improvement in the self-concept of emotionally disturbed students participating in structured group counseling compared to emotionally disturbed students participating in non-directive group counseling, as measured by the Total Positive score of the TSCS.

3. There was no statistically significant improvement in the classroom behavior of emotionally disturbed students

participating in group counseling as measured by the Behavior Quotient score of the BES.

4. There was no statistically significant improvement in the classroom behavior of emotionally disturbed students participating in structured group counseling compared to emotionally disturbed students participating in non-directive group counseling, as measured by the Behavior Quotient score of the BES.

5. There was not a statistically significant decrease in the number of emotional indicators on Human Figure Drawings for emotionally disturbed students participating in structured group counseling compared to emotionally disturbed students participating in non-directive group counseling.

Conclusions

As a consequence of the findings of this research, the following conclusions from the study can be offered:

1. Emotionally disturbed middle school students who participate in short term group counseling do not appear to show improvement in self-concept as measured by the TSCS.

2. Emotionally disturbed middle school students who participate in structured group counseling do not appear to show a greater improvement in self-concept than those who participate in non-directive group counseling as measured by the TSCS.

3. Emotionally disturbed middle school students who participated in group counseling do not appear to show improvement in classroom behavior as measured by the BES.

4. Emotionally disturbed middle school students who participate in structured group counseling do not appear to show a greater improvement in classroom behavior than those who participate in non-directive group counseling as measured by the BES.

Emotionally disturbed middle school students who participate in structured group counseling do not appear to manifest fewer emotional indicators on Human Figure Drawings than those who participate in non-directive group counseling.

Discussion

Although the statistical analysis of the data did not yield significant findings further dissection of the results tends to suggest that the intervention strategy of group counseling may indeed have some potential to produce desired results in the public school environment. For example, there were indications that the students in both the structured and non-directive groups evidenced slight movement in a positive direction in the pre and posttest means for the BES and TSCS. The absence of any similar movement on the Human Figure Drawings may be attributed to the technique's lack of scientific precision. Perhaps it may be the case that instruments like projective techniques

tend to be sensitive only to more global factors. The movement in means may suggest that at the very least the emotionally disturbed students were helped to adjust to their rather unique academic milieu. For such indications to be revealed through projective assessment more substantial changes would probably have had to occurred.

The data did provide some useful information germane to the educational diagnostic procedures in use in the public school system. This was revealed by means of statistical data and clinical impressions. According to the manual, scores less than 85 on the Behavior Quotient of the BES suggested that negative or inappropriate behaviors were frequent enough to be concern. In this study 67% of the students had Behavior Quotients less than 85 on the pretest. A score less than 70 for the Behavior Quotient was regarded as being indicative of extreme statistical deviance. (McCarney et. al., 1983) 26% of the students had Behavior Quotients less than 70 on the pretest. Moreover the manual established that the mean Behavior Quotient score was 100. The mean for this population sample was 75.900.

The TSCS manual reported a mean Total Positive score of 345.57. Scores less than 315 were statistically deviant, while scores less than 284 reflected extreme statistical significance. In this study the mean Total Positive score was 316.133. 80% of the students participating in the

investigation received Total Positive scores less than 345. 17% of the students had Total Positive scores less than 284.

Koppitz (1984) noted that, ". . .by definition, EIs are unusual; that is they occur on less than 16% of the HFD's by normal . . .pupils. . ." (p. 23) In this study emotional indicators occurred in excess of 20% in all categories (i.e. Impulsivity, Insecurity/Inadequacy, Anxiety, Shyness/-Timidity, and Anger/Aggressiveness). In addition the psychologist evaluating the drawings noted that qualitative information fostered strong clinical impressions supportive of emotional problems.

Despite the lack of statistical support for group intervention some evidence of its usefulness was provided through anecdotal remarks from the special education classroom teachers, aides, and from the ED students themselves. Informal polling of the teachers and aides suggested that group counseling, be it structured or otherwise, was perceived as beneficial and worthwhile. In fact, a needs assessment survey conducted in the same school system found that counseling from school psychologists and school social workers ranked second only to formal evaluations as a priority need. Although the teachers were unable to provide quantifiable support for their remarks most spoke in terms that were generally favorable. Their comments intimated that counseling did generate positive movement in areas such as social interaction skills, self-concept, behavior, and

classroom adjustment. The students too had many favorable reactions, albeit there were also a number who felt otherwise. At least three of the classes had a majority which favored continuing the groups through the second semester. When questioned as to the benefits accrued from the group experience a number of individuals spoke with surprising insight. They acknowledged that there were reasons for their behavior that they might not always be aware of. They seemed to be somewhat comforted by learning that others had similar problems and took steps to try to offer help. They did appear to believe that activities such as group counseling could help them. All these types of statements tend to suggest that perhaps more had occurred internally than may have been reflected on the instruments.

The impact of structure also seemed to have more influence than the statistical data indicated. The students and group leaders alike expressed needs for organization, an agenda, and clearly defined objectives for each session. The students tended to routinely inquire about the activities. Many often asked what was planned for the next meeting. Conversely they seemed uncomfortable if they could not perceive direction or purpose. Sessions that consisted mainly of discussion did not appear to be favorites for many. This sort of qualitative information tended to be commensurate with the recommendations offered by Marshak (1982). The group leaders tended to regard structure as a

key element for attaining and maintaining acceptable levels of functioning. The population in this study was capricious by nature so the potential for interactions and functioning to deteriorate was ever present. Structure seemed to help minimize the risk. Structure appeared to foster a sense of accomplishment in the group leaders as well. Again, anecdotal remarks tended to suggest that structure enhanced the leaders' sense of satisfaction with the group

Another important piece of information which warrants consideration involves the participants' reactions to standardized pre and posttesting. Almost without exception the members of each group expressed strong resistance to completing the TSCS. One student in fact challenged a leader in the first few minutes of the initial group session. He objected vehemently to the instrument. Unfortunately his dissatisfaction could not ba allayed and he chose to terminate his involvement before that first session had progressed very far. Many students were confused and frustrated by the format of the answer sheet. Individualized assistance helped, but it was the strong suspicion of all the group leaders that quite a few students simply began circling answers at random. They did this in a discrete manner so it was difficult for the leaders to be certain and try to rectify the situation without running the risk of offending a student. As a consequence the results of the TSCS should be viewed with caution.

Finally there is the issue of the one group that differed so drastically from the other three. Problems surfaced from the very start. The students evidently got together among themselves and agreed not to take the permission forms to their parents. A second form was mailed to the home but a number of students allowed that they had intercepted and disposed of the letter before it ever reached their parents. The students also credited themselves with forcing the resignation of two teachers. They regarded their unruly behavior as the critical factors in the resignations. This was in fact never determined to be the case. However, it did appear to contribute to reinforcing inappropriate behaviors. Personnel at the school were forced to address disciplinary matters to the extent that the group process was relegated to a low priority. As such, what transpired during the sessions was not qualitatively equivalent to what went on with the other classes. The fact that only four of the eleven students in that class eventually participated aroused additional concerns. The leader had to take measures to insure that those participating were not intimidated, harrassed, or ostracized.

Recommendations

A number of recommendations are offered for future re-
search. These were generated from the results and con-
clusions of this study, the review of the literature, and
from the qualitative information acquired during the course
of this study:

1. Further research is needed on group work with
populations as unique as those found in public school
classrooms for emotionally disturbed students.

2. Consideration should be given to limiting these
types of groups to approximately four or five members.
Larger groups appear to pose too many risks and the poten-
tial for the leader to be distracted from his original goals
tends to be increased.

3. The process of group selection and composition
should be done with care. The variations in problems and
personalities within an ED population appears to demand that
this factor cannot be ignored or minimized. There were
strong indications that group functioning would be comprom-
ised, or worse, if the members cannot blend.

4. The leaders for such groups need to be carefully
screened and selected. The ED population presents unique
challenges and problems. Potential leaders should be
comfortable working with these types of students and they
need to be competent with the required skills.

5. The instruments to be used need to be carefully considered. Further research in the development of tools specifically designed for an ED population, its needs and idiosyncracies would be welcome.

6. Consideration should be given to preparing the students for what will be required in the pre and posttesting. This may help to alleviate resistance and produce more valid results. Along similar lines individual pre and posttesing should be considered as an option.

7. Longitudinal studies of group work with public school emotionally disturbed students is needed. There seems to be insufficient and/or inadequate information relative to expectations for progress and change in such chronic conditions.

8. Self-concept as a variable to be considered for change may be unrealistic for a middle school ED population. It may not be feasible to achieve significant modifications along these lines in a school setting given the characteristics of such a population.

9. The special education teacher asked to complete behavior rating scales should be provided with training on scoring that goes beyond what is found in the manual. Their constant exposure to an atypical population may temper their perceptions of what is normal behavior causing them to regard the behavior of special education students somewhat

differently. This has the potential to produce erroneously favorable pretest scores.

Appendix

Appendix A

Structured Group Counseling Activities

TREATMENTS

Independent Variable

The independent variable in this study consisted of a ten· (10) week structured group counseling intervention strategy. There was one session a week, and each session will last approximately 50 minutes. The following is an outline of the activities for each week.

WEEK ONE

Organizational meeting. Introduction and get acquainted activities. Discussion of 10 week agenda. Completion of Tennessee Self Concept Scale and Human Figure Drawing (dependent variable pre-tests).

WEEK TWO:

Completion and discussion of Interest Inventory

WEEK THREE;

Introduction of Personal Time Line and its completion.

WEEK FOUR:

Creation and discussion of family genograms.

WEEK FIVE:

Construction of Collage of Self

WEEK SIX:

Bragging activity.

WEEK SEVEN:

Self-portraits

WEEK EIGHT:

The Nourishing Game

WEEK NINE:

Use of self awareness book and discussion.

WEEK TEN:

Final comments, wrap-up, summation. Posttest administration of Tennessee Self Concept Scale and Human Figure Drawing.

Interest Inventory

This activity was designed by Rosa P. Hayes and Merice G. Stevenson, and is explained in their book, Teaching the Emotionally Disturbed/Learning Disabled Child: A Practical Guide. It can be found in Volume I. This volume was designed to address such areas as developing behavioral, instructional, and affective programs. The authors noted that the activity was useful in "breaking the ice" with children. It was generally regarded as being useful to the adult (i. e. teacher or group leader) and to the student in that it facilitated the sharing of useful information from which much could ensue.

The inventory was believed to offer all involved the opportunity to begin to develop a "warm, trusting relationship". At the same time it could also assist in the gathering of important information pertaining to the likes, dislikes, and attitudes of the children. And crucial to the focus of this study was the value it held for helping students to begin to investigate their own personal feelings.

The leader gave each member of the group his/her own copy of the inventory. Each student maintained the inventory in a personal folder which eventually contained all their work completed during the 10 week period. Each item

was read aloud by the leader with the student writing in the appropriate responses on the paper. The students were not only permitted to discuss each item and their answers but were actually encouraged to do so. When the entire inventory was completed the leader attempted to facilitate a discussion about the questions and the answers provided by each student. Individual students were not actually "called upon". However they were encouraged to share if they felt comfortable doing do.

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consultation, however, in the author's
university library.

These consist of pages:

P. 135-138 Interest Inventory _____

P. 160-166 _____

P. 168-171 _____

_____

_____

_____

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Personal Time Line

This activity was adapted from the Handbook for the Human Relations Approach to Teaching. The book was published by the Human Relations Education Center of the Buffalo Public Schools, James J. Foley, Director.

In a sense this activity functioned like an outline for an autobiography. The leader began this exercise by involving the group in a discussion of how each person's life is alike, but there are things or events that make it truly unique as well. The group members were asked to recall significant events that impacted on their lives. The experiences should be important because they affected or influenced their feelings and attitudes about themselves.

Following the relatively brief discussion the member were asked to record on a piece of paper these important events-both positive and negative. One column listed the positive events, and the second column listed the negative events.

On a separate piece of paper, turned lengthwise, they were instructed to draw a horizontal line. Beginning at the left, at birth, they worked along the line to the present time. Strict chronology, while not essential, was encouraged.

The leader may find it necessary to provide examples for the members by addressing some of the more typical experiences, such as learning to talk or walk, beginning school, childhood illnesses and/or hospitalizations, moves, injuries, special times or events, Boy Scouts or Girl Scouts, losing pets, deaths of relatives, new brothers or sisters, etc.

The group, again was encouraged to discuss their personal time lines as they worked on them. Time permitting the group was encouraged to share the results and perhaps talk about what they wrote down about themselves. The completed time lines were placed in the folders as well.

Family Genogram

The leader introduced the concept of a family genogram and provided an example of it by sketching on a blackboard a genogram of his own family going back two generations. This technique can be attributed to the counseling techniques utilized by Murray Bowen and Salvador Minuchin.

Each member was directed to begin with the symbol for him/herself. That is either a square or a circle, and then illustrate first siblings, then parents (step-parents), and finally grandparents. If the student knows about great grandparents this was noted but this information is not to be regarded as crucial. However the inclusion of aunts and uncles was encouraged. Special allowances were made for foster children or youngsters in the guardianship of protective services.

Once the illustration was completed the members were to list as much personal information of each family member as they knew. This included dates of birth, death, marriage (divorce), religious or ethnic data, education, occupations, and some piece of information which speaks to a specific part of that person's life or personality.

A general discussion concluded the exercise and the completed genograms placed in the personal folder.

☐ - - - Male

○   Female

———— Marriage Relationship

Parent
Child
Relationship

- - - - - Relationship

Adopted Child

Pregnancy

Miscarriage or Abortion

Death

Divorce

Separation

Twins (this case boys)

Intensity of Relationships: Overclose

Conflictual

Distant

Facts to be Recorded on Genogram

1. First names, nick-names, and family titles (prince, family diplomat, . . .) for each person.

2. Ages and dates of births, deaths, severe illnesses, marriages, separations, divorces, rites of passage (*e.g.* opening new residence, promotions, graduation . . .)

3. Physical locations.

4. Frequency of contact between various members of the extended family.

5. Type or types of contact (*e.g.* mail, telephone, audio cassette, visits . . .)

6. Primary representational system of each person. (See No. 6 on p. 6)

7. Closest relationship on each generational level.

8. Most distant relationship on each generational level.

9. Place siblings in order with the oldest on the left.

10. Characteristics of the relationships you form with each person on the genogram (*e.g.* I never met them, person to person, we hear about each other from . . .)

11. Emotional cut-offs; what was the event? When did it happen?
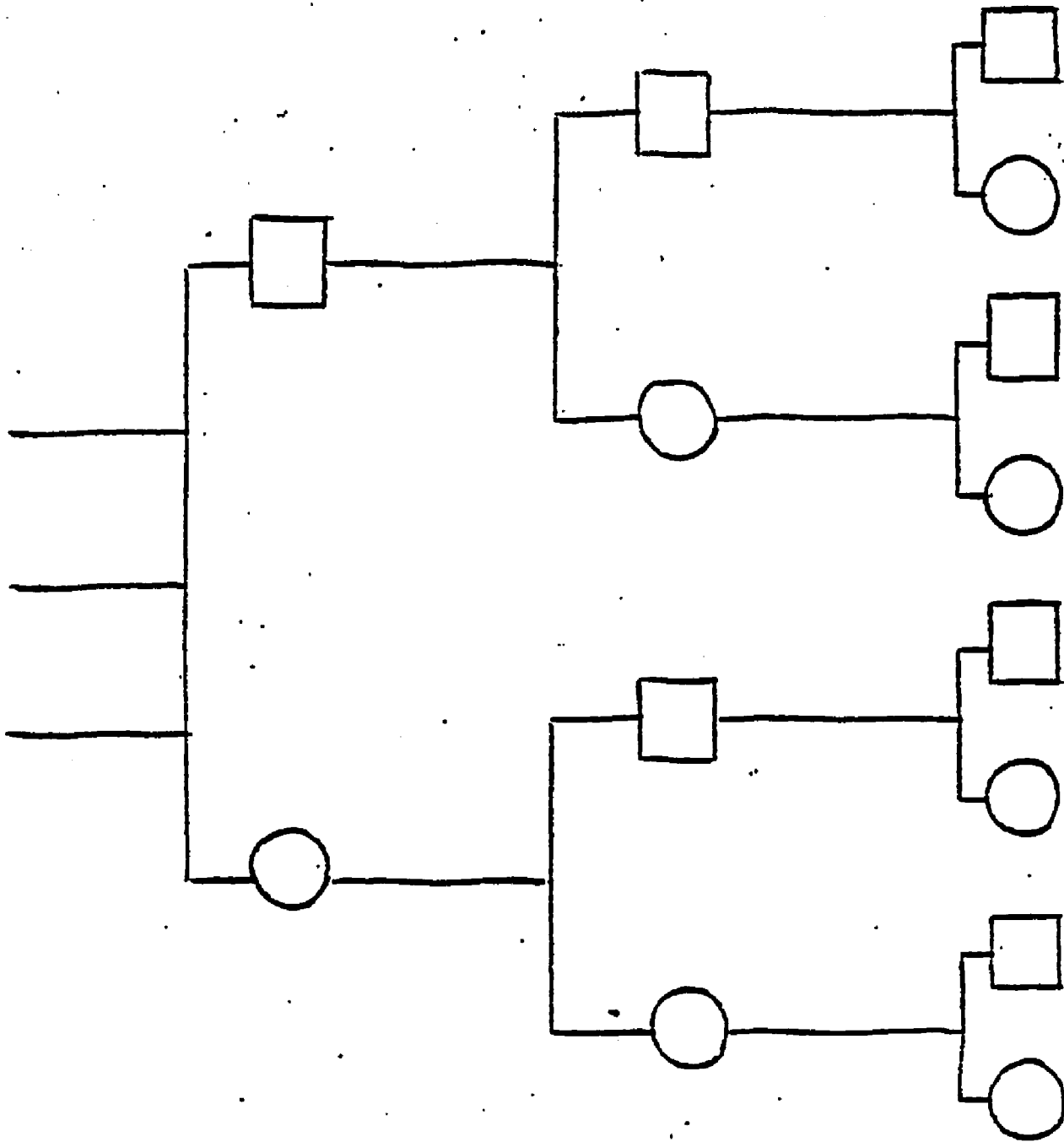
Basic Genogram

Collage of self

This activity was taken from the text, <u>100 Ways to Enhance Self-Concept in the Classroom,</u> by Jack Canfield and Harold C. Wells.

The leader began the session by asking each member to design a collage entitled "Me". Everyone was provided with a sheet of thick construction paper or thin cardboard. Next they collected and cut out pictures, words, and symbols they felt were representative of themselves; things they liked to do, things they owned, things they were good at, places they've been, people they admire, et. Next these pictures, words, and symbols were pasted onto the sheet of paper to make a collage.

Once the collage was completed the members took turns explaining their work to their fellow members. They were encouraged to talk about each picture, word, or symbol that was in the collage. The leader concluded the exercise by highlighting the fact that all the collages were different, or unique, just like each person is, but at the same time there are many commonalities too. That is each individual has much in common with his/her neighbor, but at the same time is still a unique individual.

Bragging Activity

This activity was devised by Emily Coleman, and is described in the book, 100 Ways to Enhance Self-Concept in the Classroom. She regarded it as a variation of the Pride Line exercise described by L. W. Howe and H. Kirshenbaum in their book, Values Clarification: A Handbook of Practical Strategies for Teachers and Students. Coleman seemed to feel that the activity was especially useful with older students, but did not discourage its use with the younger ones.

This was conceptualized as a less didactic group activity than perhaps some of the other tasks. The students were arranged in a circle and each person was told to boast about anything he or she felt like in his/her life. The topics covered included awards, accomplishments, skills, things they do well, personal characteristics, etc.

Coleman has found that this task usually results in everybody feeling very good about themselves. It also helps to recreate a "heightened sense of group rapport".

The rationale for this exercise was to provide an acceptable forum for allowing the students to disclose those things about themselves which are positive and growth-promoting. She noted that if a person is to become "fully self-actualizing, it is important for him to learn to

express his positive as well as his negative feelings. Unfortunately society tends to frown upon bragging with opportunities for doing so being subsequently quite limited.

After each student had an opportunity to "brag" the leader asked them to share whatever feelings they had about the bragging they just did. Questions such as, Were they uncomfortable bragging?, Were they uncomfortable listening to others brag?, Did they feel that their stories were less spectacular then those of the others?, Were there any particular people whose stories they resented or admired?, were posed to the group.

Self-Portraits

This exercise was also taken from the Handbook for the Human Relations Approach to Teaching (Foley). It was regarded as being a good activity for virtually any age level. Instructions are quite simple, "Draw a picture of yourself."

The students were given the choice of media, such as pencil, ink, crayons, or felt makers. These self-portraits were created impromptu from memory.

After the drawings were completed the group discussed each one with the students describing the image they were trying to capture, and those listening offering their impressions. These works were included in the folder.

The Nourishing Game

This activity was recommended by K. Phillips in the book, <u>100 Ways to Enhance Self-Concept in the Classroom.</u> It is a variation of the Strength Bombardment exercise described in by H. Otto in his book, <u>Group Methods Designed to Actualize Human Potential.</u> The dual objectives of this activity were to promote a supportive atmosphere within the group, and to strengthen the self-concepts of the members of the group.

The leader directed the students to sit in a circle. Each child was asked to think of one or two others in the group who have made him/her feel good. They were then to disclose how this was done, and finally they attempted to specify how the other student(s) made them feel (i. e. identify their own feelings).

Each member was provided with the opportunity to share his/her feelings with as many other members as he/she cared to. Each student addressed the person they were referring to directly. Attempts were made to avoid having them simply talk about that person.

It was the leader's responsibility to watch for the students who do not appear to be receiving any feedback. They were told how they nourished the leader.

Self-Awareness Book

Each member of the group was given a paperback copy of the book, <u>Alexander and the Terrible, Horrible, No Good, Very Bad Day,</u> by Judith Viorst. This book was chosen because of the realistic and accurate characters and situations presented in the story. The lifelike characters facilitated identification in the group members and focused on a need. Each group member was encouraged to read aloud a few lines from the book. The leader stimulated discussion during the course of reading the book. The goal was to have the group understand that some problems are universal but that solutions may be numerous and varied.

Appendix B

Definitions of Emotional Indicator Categories

and Emotional Indicators

Presented below are the definitions of the five EI categories and of the EIs listed in each EI category. These are taken from Koppitz's book, <u>Psychological Evaluation of Human Figure Drawings by Middle School Pupils</u>. (1984)

Impulsivity:

Impulsivity is defined as a tendency to act spontaneously with little forethought or planning; to show low frustration tolerance, weak inner control, and/or inconsistency; to be expansive and to seek immediate gratification. Impulsivity is frequently associated with a youth's temperament and/or with immaturity or neurological involvement. The following five EIs are included in the EI category of impulsivity.

<u>Poor integration of parts:</u> One or more parts of the figure are not joined to the rest of the figures; some parts are only connected by a single line or are barely touching other parts.

<u>Gross asymmetry of limbs:</u> One arm or leg differs markedly in shape from another arm or leg. The item is not checked if the arms or legs are similar in shape but are just a bit uneven in size.

Transparencies: Transparencies are pronounced, involving major portions of the body or its limbs; this item is not checked if single lines of arms cross the body.

Big Figure: The figure is nine inches or more in height.

Omission of Neck: No connection exists between the head and body; the head is barely touching the body; the head is directly attached to the body without any indication of neck. This item is not checked if a clear neckline of a shirt or sweater is shown, even though the neck is not visible.

Insecurity, Feelings of Inadequacy:

Insecurity, Feelings of Inadequacy involves a low self-concept, lack of self-confidence, concern over mental adequacy, feelings of helplessness, and an insecure footing. The child regards himself or herself as an outsider, as not quite human, or as a ridiculous person who has difficulty establishing contact with others. The following seven EIs are included in the EI Category of Insecurity, Feelings of Inadequacy.

Slanting Figure: Vertical axis of the figure is tilted by more than 12 degrees from the perpendicular.

Tiny Head: The height of the head is less than one-eighth of the height of the total figure.

Hands Cut Off: Arms are drawn with neither hands nor fingers. This item is not checked if the hands are hidden behind the back of the figure or if the hands are in pockets.

Monster or Grotesque Figure: The grotesqueness of the figure must be deliberate on the part of the youngster and not the result of his or her immaturity or lack of drawing skill. The figure may represent monsters, a creature from outer space, an outsider such as a foreigner or member of a minority group drawn by a pupil who does not belong to that group, a ridiculous person such as a clown or a bum, or an animal.

Omission of Arms: No arms or hands are drawn; hands appear only without arms.

Omission of Legs: No legs or feet are drawn; feet appear only without legs.

Omission of Feet: Legs only are drawn; both feet and legs are cut off by the edge of the paper.

Anxiety:

Anxiety is defined as distress or uneasiness of mind regarding the body (body anxiety), actions or future events; or as troubled, unsettled, or worried; or as a prolonged

state of apprehension. The following six EIs are included in the EI Category of Anxiety.

Shading of Face: Drawing shows deliberate shading of face or part of it, freckles, "measles," or dark glasses. This item is not checked if face is shaded evenly to represent skin color.

Shading of Body and/or Limbs: The shaded area designates the area of specific concern. Special emphasis on the genital area either through shading, heavily reinforced lines, or by drawing attention to the fly or zipper on pants reflects sexual anxiety.

Shading of Hands and/or Neck: See previous section

Legs Pressed Together: Both legs touch with no space between them. In profile drawings only on leg is shown.

Omission of Eyes: There is a complete absence of eyes. This item is not checked if the eyes are drawn closed or as vacant circles, or if the eyes are covered by dark glasses.

Clouds, Rain, Flying Birds: Any representation of clouds, rain, snow, flocks of flying birds indicates anxiety.

Shyness, Timidity:

Shyness, Timidity is defined as retiring, cautious, reserved behavior; lack of self-confidence; a tendency to be

easily embarrassed or frightened; a tendency to withdraw from difficult or dangerous circumstances. The following five EIs are included in the EI Category of Shyness, Timidity.

Tiny Figure: The figure is two inches or less in height.

Short Arms: Short stubs are drawn for arms; the arms are not long enough to reach the waistline of the figure.

Arms Clinging to Body: There is no space between the body and the arms.

Omission of Nose: Neither outline of nose nor nostrils appears.

Omission of Mouth: There is no indication of mouth. This item is not checked when the mouth is covered by an object such as a football helmet.

Anger, Aggressiveness:

Anger, Aggressiveness is defined as displeasure, resentment, exasperation, or indignation; offensive action in general; revengeful emotion aimed at others who are perceived as inflicting wrong; verbal or physical assaultive actions; rage resulting from frustration. Anger can be directed toward others, toward oneself, or toward objects. The following five EIs are included in the EI Category Anger, Aggressiveness.

Crossed Eyes: Both eyes are turned in or turned out. This item is not checked if the eyes are glancing sideways.

Teeth: Any representation of one or more teeth appears.

Long Arms: Arms are excessively long, long enough to reach below the knee or where the knee of the figure should be.

Big Hands: The hands are as big or bigger than the face of the figure.

Nude Figure, Genitals: Nude representation of the figure is drawn; realistic drawings of genitals, unmistakenly symbolic representation of genitals, appears; secondary sexual characteristics, breasts are shown.

Appendix C

Score Sheet for Emotional Indicators

Koppitz Method

Emotional Indicators (EIs) on ____

Group Identification: _____

Student:

	1	2	3	4	5	6	7	8	9	10	11

Impulsivity

Poor integration of parts:

Gross asymmetry of limbs:

Transparencies:

Big figure:

Omission of neck:

Insecurity, Feelings of inadequacy

Slanting figure:

Tiny head:

Hands cut off:

Monster or grotesque figure:

Omission of arms:

Omission of legs:

Omission of feet:

Anxiety

Shading of face:

Shading of body and/or limbs:

Shading of hands and/or neck:

Legs pressed together:

Omission of eyes:

Clouds, rain, flying birds:

Shyness, Timidity

Tiny figure:

Short arms:

Arms clinging to body:

Omission of nose:

Omission of mouth:

<u>Anger. Aggressiveness</u>

Crossed eyes:

Teeth:

Long arms:

Big hands:

Nude figure, genitals:

	1	2	3	4	5	6	7	8	9	10	11
	—	—	—	—	—	—	•	—		—	—
	—	—	—	—	—	—	—	—	—		—

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Appendix D

Tennessee Self-Concept Scale

Appendix E

Behavior Evaluation Scale

Appendix F

Explanatory Letter to Parents

F.

Henrico County Public Schools

P. O. Box 40 • Highland Springs, Virginia 23075 • (804) 737-3417

September , 1985

Dear Parent,

In an attempt to supplement the counseling services available to students enrolled in the self-contained ED classes a study will be conducted during the first semester of the 1985-86 school year. For a 10 week period students in the middle school ED programs will be offered one hour a week of group counseling. The weekly sessions will be conducted by a school psychologist. The goals of the counseling sessions will be to help each student learn more about himself, and in doing so improve self-concept and behavior.

The study is being done in partial fulfillment of requirements for a doctorate of education degree from the College of William and Mary, and has been approved by Henrico County Schools. All research will be strictly confidential. No references will be made to any student participating in the study, and every attempt will be made to protect the student's privacy. The research will in no way have any bearing on your child's grades or conduct reports.

I would like your permission for your son/daughter to participate in the counseling sessions. Please sign, and return to your child's classroom teacher the attached form indicating whether or not you grant permission for participation. If you have any questions please do not hesitate to contact me at 644-1201 or   after 6 p.m. (call collect). Your consideration and cooperation is greatly appreciated.

Sincerely,

Michael S. Grainer
School Psychologist

An Equal Opportunity Employer

Appendix G

Permission Form

Henrico County Public Schools

P. O. Box 40 • Highland Springs, Virginia 23075 • (804) 737-3417

<u>Permission Form</u>

Please sign in the appropriate place and return to your child's classroom teacher.

I do grant permission for my son/daughter, _____
to participate in the 10 weekly group counseling sessions.

_____   _____
Parent Signature   Date

- -

I do not grant permission for my son/daughter, _____
to participate in the 10 weekly group counseling sessions.

_____   _____
Parent Signature   Date

Appendix H

Behavior Quotient Scores

Behavior Quotient Scores

Student	School	Group	Pretest	Posttest
1	1	Structured	48	44
2	1	"	47	50
3	1	"	62	62
4	1	"	55	54
5	1	"	87	101
6	1	"	47	59
7	1	"	87	83
8	1	"	65	66
9	1	"	50	44
10	2	"	71	72
11	2	"	73	73
12	2	"	82	80
13	2	"	97	97
14	2	"	101	101
15	2	"	99	99
16	2	"	75	76
17	2	"	65	65
18	3	Non-directive	65	68
19	3	"	82	80
20	3	"	75	80
21	3	"	80	78
22	4	"	76	87
23	4	"	87	82
24	4	"	94	97
25	4	"	80	68
26	4	"	96	86
27	4	"	71	66
28	4	"	99	80
29	4	"	71	78
30	4	"	90	79

Appendix I

Total Positive Scores

Total Positive Scores

Student	School	Group	Pretest	Posttest
1	1	Structured	310	343
2	1	"	283	302
3	1	"	312	375
4	1	"	336	339
5	1	"	326	346
6	1	"	352	358
7	1	"	310	307
8	1	"	347	331
9	1	"	317	328
10	2	"	311	325
11	2	"	303	343
12	2	"	283	285
13	2	"	301	290
14	2	"	276	282
15	2	"	354	332
16	2	"	307	273
17	2	"	299	296
18	3	Non-directive	333	338
19	3	"	365	356
20	3	"	304	306
21	3	"	310	316
22	4	"	310	311
23	4	"	348	295
24	4	"	375	386
25	4	"	263	390
26	4	"	288	361
27	4	"	362	353
28	4	"	270	276
29	4	"	331	368
30	4	"	298	310

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Abstract

An Investigation of the Efficacy of Group Counseling with
Emotionally Disturbed Middle School Students

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The College of William and Mary Virginia, May 1986.

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Purpose

The purpose of this study was to investigate the effect
of group counseling on the self-concept of emotionally
disturbed students in a public middle school. This study
examined the efficacy of non-directive group counseling and
structured group counseling and compared the two approaches.

Method

Thirty middle school students diagnosed as emotionally
disturbed and enrolled in self-contained special education
classes at four different schools were subjects in the
study. Two classes were assigned to receive non-directive
group counseling and the other two classes received struc-
tured group counseling. Both groups received their respect-
ive group counseling for ten weeks. Pre and posttesting was
accomplished with the Tennessee Self Concept, the Behavior
Evaluation Scale, and the projective technique; the Human
Figure Drawing. It was hypothesized that by virtue of group
counseling there would be significant improvement in

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self-concept as measured by (1) the Total Positive Scale of the Tennessee Self-Concept Scale, and (2) significant improvement in classroom behavior as measured by the Behavior Quotient of the Behavior Evaluation Scale. Furthermore it was hypothesized that the students who participated in structured group counseling would show significantly greater improvement on the Total Positive Scale, and the Behavior Quotient Scale, and manifest significantly fewer emotional indicators on Human Figure Drawings then students who participated in non-directive group counseling.

Finds and Conclusions

The results were not statistically significant for any of the hypotheses. However, there were positive trends indicated by the direction of posttest means. This suggested that group counseling in general and structured group counseling in particular may have some potential to effect changes with emotionally disturbed students. Moreover, qualitative data seemed to support this indicating that future research along these lines may need to consider elements such as the emotionally disturbed population, instruments, and data gathering strategies.