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Pair counseling for high school students: Improving friendship skills, interpersonal relationships, and behavior among aggressive and withdrawn adolescents

John Kent Horton
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**PAIR COUNSELING FOR HIGH SCHOOL STUDENTS:
IMPROVING FRIENDSHIP SKILLS, INTERPERSONAL RELATIONSHIPS,
AND BEHAVIOR AMONG AGGRESSIVE AND WITHDRAWN ADOLESCENTS**

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 Philosophy

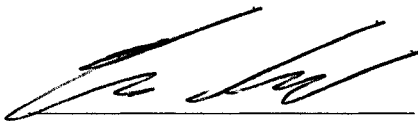
by
John Kent Horton
June 2008

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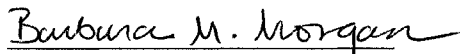
Approved July, 2008 by



Charles F. Gressard, Ph.D.
Chairperson of Doctoral Committee



Bruce A. Bracken, Ph.D.



Barbara M. Morgan, Ph.D.

Dedication

To my granddaughter, Linda Anne Marie Lascko.

Lead a meaningful life.

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“The only ones among you who will be truly happy are those who will have sought and found how to serve.”

Albert Schweitzer

“Success is to be measured not so much by the position that one has reached in life as by the obstacles which he has overcome while trying to succeed.”

Booker T. Washington

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ABSTRACT

In this study, we examined the use of pair counseling with high school students. Pair counseling is a developmental play therapy technique used to improve peer relationships and remediate friendship establishment, maintenance, and valuation skills of socially isolated, aggressive, and withdrawn youth. Pair counseling successfully promotes the perspective-taking ability of elementary and middle students in both regular school and residential placement. We adapted the technique for high school students and hypothesized intervention participants would experience an increase in psychosocial maturity levels, an increase in self-reported quality of male and female peer relationships, and a decrease in their teacher-observed internalizing and externalizing behaviors, relative to a comparison group of adolescents. Eight pairs of students received an average of ten pair counseling sessions. The intervention and comparison groups received pre- and posttest assessments on three measures: The Relationship Questionnaire, 4th ed.; the Clinical Assessment of Interpersonal Relationships; and the Clinical Assessment of Behavior. Although paired sample *t*-tests did not support the hypotheses, methodological issues prevent drawing conclusions concerning the effectiveness of pair counseling for high school students. This study did yield ideas for further research and possible implications for counselors and counselor educators. Published case studies support the effectiveness of pair counseling, but large-scale quantitative and rigorous qualitative studies are needed. Professionals should familiarize themselves with pair counseling if researchers continue to establish the technique's efficacy.

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**PAIR COUNSELING FOR HIGH SCHOOL STUDENTS:
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Chapter One: The Problem

This dissertation details the exploratory research of the use of pair counseling (Karcher, 2002, 2003; Selman & Schultz, 1990; Selman, Watts, & Schultz, 1997) with high school students in a public school setting. A quasi-experimental intervention conducted during the 2006-2007 academic year investigated the utility and effectiveness of this technique, previously used effectively with kindergarten to eighth grade students primarily in residential treatment, but also with public schools students from this age group. Researchers have not studied the use of pair counseling with high school students, and Moody (1997), in his dissertation, has conducted the only quantitative research using the approach.

Statement of the Problem

Adolescence is a time when teenagers have many social demands placed upon them as a normal part of their development. In the early 2000s, stressful concerns they confront include family and relationship difficulties; possible deaths of family members, peers, and friends; academic issues; and social concerns. Research has shown that these issues are linked to a higher propensity towards numerous cognitive, emotional, and social problems faced during adolescence. These include academic failure, depression, social misbehavior, and interpersonal problems (Frydenberg et al., 2004). Some teens have difficulties dealing or coping with this period and the transitional demands expected to take place during it (Jackson, & Bijstra, 2000). Among all of these issues, satisfactory peer relationships are one key to adolescent well-being (Moore & Zaff, 2002).

Adolescence is a stage further characterized by increased peer orientation and gradual separation from family control (Crosnoe & Needham, 2004). Researchers suggest that

this higher level of peer orientation and subsequent peer attachment might have a greater influence on adolescent adjustment than parental attachment (Field et al., 2002). Hay and Ashman (2003) found that peer relations were more influential in the formation of adolescents' emotional stability than parental relationships. When these peer relationships are positive, they appear to discourage aggression, antisocial behaviors, and emotional distress (Hair, Jager, & Garrett, 2002). These findings point to the need for adolescents to benefit from having satisfactory relationships with their peers.

Among the most prominent and important peer relationships are friendships. We can define friendships as reciprocal and voluntary dyadic relationships that have a powerful influence on children (Deptula & Cohen, 2004). There is a growing body of literature that has demonstrated the important influence of friends on children's cognitive, emotional, and social development (Deptula & Cohen, 2004).

Friendships are important throughout life, but they play an especially vital role during adolescence (Crosnoe & Needham, 2004). Through their friendships, teens can develop constructive interpersonal skills, autonomy, positive mental health, self-confidence, and satisfaction with social support. In addition, interacting with friends helps teens learn to make joint decisions, express empathy, and deepen their perspectives.

Throughout the lifespan, friendships direct development through support, modeling, and assistance, but have heightened significance in adolescence (Crosnoe & Needham, 2004). In this developmental stage, friendships enable adolescents to meet a key task of establishing their own lives independent from their families, by helping them develop identities, test conventional boundaries, and gain autonomy from parents (Crosnoe & Needham, 2004). Researchers have found that adolescents often influence

each other positively, by modeling behaviors, or pressuring each other to behave in certain ways, or to adopt certain attitudes (Moore & Zaff, 2002). Within the context of voluntary, dyadic friendship relationships, children acquire and hone social skills, as well as construct an understanding of societal norms (Deptula & Cohen, 2004). Thus, having friends is vital for adolescents' proper growth and development.

The presence or absence of friendships has important developmental implications, but the quality of friendships is an important factor as well (Deptula & Cohen, 2004). Researchers disagree about the specific factors that constitute quality friendships, but some likely quality components include companionship, intimacy (psychological closeness), conflict (and its subsequent resolution), and provision of help or assistance (Deptula & Cohen, 2004). In forming these quality friendships, the characteristics most preferred in potential friends were personality attributes reflecting prosocial behavior and sociability. Characteristics most avoided were problem behaviors such as aggression, substance use, and criminal behavior (Zook & Repinski, 2002). Adolescents need to be cautious in their friendship selection, but, generally, they tend to be friends with those who share their same activity profiles and attributes (Crosnoe & Needham, 2004).

There has been a tremendous increase in violence and antisocial behaviors among children and adolescents in American society. The tragic and sensationalized school killings in Littleton, Colorado; Jonesboro, Arkansas; and other communities are perhaps the most prominent indicator of a contemporary social problem that needs to be addressed (Deptula & Cohen, 2004). Most teens' adjustment to adolescence can be considered healthy (Moore & Zaff, 2002), but a substantial minority of young people do not cope as well (Jackson & Bijstra, 2000). This minority includes two groups. About

five percent of the adolescent population has problems severe enough that they require some form of specialized help. This group includes teens who suffer from psychiatric problems or whose difficulties warrant special education or residential placement. The second group is considerably larger, with estimates ranging between 20 and 30 percent of the adolescent population. These teenagers experience a range of social difficulties (Jackson & Bijstra, 2000). While they may appear to function well, they are failing to adjust satisfactorily to developmental tasks and transitions of adolescence. Their issues remain unnoticed, undiagnosed, and usually are not severe enough to lead to identification as candidates for special education or remediation. These problems often contribute to poor peer relations, peer rejection, being the target of bullying, feelings of loneliness, and lower quality friendships (Jackson & Bijstra, 2000).

A Revised Solution to the Problem

According to Moody (1997), for some children with social problems, most school-based interventions are ineffective. He describes, for a school counseling audience, the basics of pair counseling to foster emotionally-disturbed children's interpersonal development, problem-solving skills, and moral development when other interventions have failed. In his dissertation research, Moody (1997) focused on conducting a pair counseling intervention for ten pairs of young adolescents in a North Carolina juvenile detention facility. Although he did not obtain statistically significant results, he did find that within the pairs, each teen's level of moral development moved up or down in tandem with his pair partner. This research is important as one of the first documented attempts to study the efficacy of pair counseling using quantitative techniques.

Moody used the principles and practices of pair counseling that evolved from pair therapy. Robert Selman (1990) created pair therapy in the early 1980s with his colleagues at the Group for the Study of Interpersonal Development (GSID), the Harvard Graduate School of Education, and the Judge Baker Children's Center, a day and residential school for seriously emotionally disturbed youth.

Selman's constructs and research in developmental theory (Selman, 1980; Selman & Schultz, 1990; Selman et al., 1997) identify the social-cognitive capacity to differentiate and coordinate the social perspectives of the self and other as central to character development and education. Selman's work in social perspective taking followed in the tradition of his former teacher, Lawrence Kohlberg, and other developmentalists and their predecessors including Dewey, Piaget, Loevinger, Hunt, and Perry (Selman, 1980, Selman & Schultz, 1990, Selman et al., 1997).

Selman posited a stage sequence of perspective-taking levels represents the cognitive development of a child's capacity to comprehend, articulate, and mentally coordinate varying social perspectives. We can define perspective taking as the core human ability to understand the thoughts, needs, and belief of individuals other than oneself (Selman, 1980). This ability "to stand in another's shoes" serves as a foundation for successful human relations.

There are four stages or levels of Selman's (1980) perspective-taking development. These stages are Level 0—undifferentiated egocentrism among infants and young children; Level 1—the "first person" perspective—a young child's ability to articulate his own subjective perspective, the basic "I and me" perspective; Level 2—the "second person" perspective—the older elementary age child's ability to simultaneously

reflect on and interrelate his/her own and another's perspective, a "me and you" perspective; and Level 3—the "third person" or abstract perspective—the early adolescents' ability to understand what both parties want and to anticipate what will be best for the relationship over time, the "we and us" perspective (Selman & Schultz, 1990).

Each perspective-taking level calls for a specific matching type of interpersonal negotiation strategy. Interpersonal negotiation strategies are actions individuals use to resolve interpersonal conflict within relationships. These interpersonal management skills characterize how individuals tend to approach conflict relationships (Selman, 1990). Children at Level 1 will tend to use unilateral actions as their primary strategy to gain what they want. When perspective taking has increased to Level 2, they will rely on reciprocal strategies such as cooperation and deal making that considers both individuals' needs. At Level 3 of perspective-taking development, a child uses collaborative strategies that strike a balance between meeting the needs of self and the other child, and consider what is best for the relationship (Karcher, 2002). Selman theorizes that aggressive, socially immature, and withdrawn children who have poor peer relations and related problems in establishing, maintaining, and valuing friendships have interpersonal negotiation strategies that lag behind the level of perspective-taking ability for their age (Selman, 1990).

The theoretical base of the pair counseling technique to remediate children's friendship-making abilities is perspective taking. The difference between pair counseling and pair therapy is in the intensity of the treatment, its goals, and the populations served. The focus of pair counseling is pre-kindergarten (pre-K) to grade 8 youth attending

regular public and private schools, whereas the focus of pair therapy is on students in more restrictive educational environments, such as residential treatment centers.

However, the underlying theoretical background and techniques remain the same.

Both methods match two children with dissimilar personalities. Usually the match is between a child with externalizing, acting-out behaviors and a child who tends to internalize and self-isolate. The goal is having each child learn from the other's positive qualities and building a mutually beneficial synergistic relationship. The pair meets regularly to play under the supervision of a pair counselor who uses a plus one orientation to try to have both children grow to the next higher perspective-taking stage (Karcher, 2003).

This growth occurs by having the children openly discuss and work on their interpersonal negotiation strategies through their interactions (Selman et al., 1997). Given this configuration, pair therapy or pair counseling utilizes elements of all of the current state-of-the-art approaches. The pair counselor or therapist helps teach social skills through the direct observation and coordination of the matched children in a combined adult/peer mentoring situation with the specific purpose of learning to be friends within the context of regular therapeutic sessions. The approach takes advantage of the benefits of techniques from models based on other theoretical frameworks, while trying to eliminate their weaknesses. Pair counseling brings together an adult with two children and combines the techniques of: (a) social skills training (Caplan et al., 1992), (b) mentoring (Ascher, 1988), and (c) group counseling (Greif, 1999; Kellner & Bry, 1999).

Karcher (2003) further developed pair counseling as an easy to learn and easy to utilize intervention, for both professionals and paraprofessionals, enabling them to teach

friendship establishing, maintaining, and valuing skills to aggressive, withdrawn, and socially immature children. Under the supervision and guidance of a trained pair counselor, two children of contrasting interpersonal negotiation styles practice these friendship skills during formal pair counseling sessions. The hope is that the children in the pair will learn these skills and then generalize their new knowledge and abilities outside of the pair counseling to improve their interpersonal relationships and friendships. Karcher (2003) prepared a comprehensive manual to standardize and apply his approach and techniques, in hopes of making the intervention more practical and popular, to gain acceptance as an effective and established public school intervention. Towards this end, Karcher has linked pair counseling with other play therapy techniques utilized for younger children and early adolescents in pre-K to grade 8; much of each pair counseling session does involve the supervised play of children. While pair counseling has proved to be effective (Karcher, 2003; Selman et al., 1997), it has yet to find widespread acceptance in school counseling practices, and in counseling in general. This may be due to the limited dissemination of the technique and counselors' apprehension about working with students in pairs and matching students who exhibit severe behavior problems, albeit of differing styles.

The problem is that this effective technique to teach children friendship skills to help them establish, maintain, and value friendships leading to improved interpersonal relationships with their peers is underutilized. This critical task of adolescence predicts future success with social relationships and other aspects of adult functioning.

High schools have never employed pair counseling for adolescents transitioning to early adulthood. As a play therapy technique, it needs to be adapted for widespread use

and acceptance in high schools. Pair counseling may enable older adolescents to improve the quantity and quality of their friendships, their overall interpersonal relationships, and their observable behavior, through more satisfactory social lives. Likewise, we could expect such interventions to increase psychosocial maturity levels and interpersonal negotiation strategies (Karcher, 2002; Selman et al., 1997).

Significance of this Study

The significance of this study is two-fold. First, it is one of the first efforts to study pair counseling using a formal quantitative research approach. To date, most of the evidence of the effectiveness of both pair therapy and pair counseling comes from case studies, which, as Selman, Watts, and Schultz (1997) note, while interesting and compelling, have not constituted formal and rigorous qualitative research. This quantitative study will contribute to the research on pair counseling without relying solely on anecdotal evidence.

Secondly, any findings of self-reported improvement of same and opposite sex peer relations, lower levels of internalizing and externalizing behavior observed by the research participants' teachers, and/or growth in psychosocial maturity will support the effectiveness of pair counseling specifically for high school students. High school represents the last chance for the schools to remediate adolescents' social functioning before they reach adulthood, and this technique might benefit both students and schools.

This study will contribute to the body of knowledge about pair counseling and perhaps provide justification for its use in high schools. Adapting pair counseling for older students will remove it from the realm of play therapy, which would find little acceptance in high schools.

Research Hypotheses

Hypothesis One

Psychosocial maturity levels will increase significantly for intervention group participants, but not for comparison group participants.

Hypothesis Two

Male peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants.

Hypothesis Three

Female peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants.

Hypothesis Four

Internalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants.

Hypothesis Five

Externalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants.

Definitions of Terms

Pair Counseling

A short-term, manualized counseling intervention designed to teach friendship establishing, maintaining, and valuing skills within 60-minute sessions. Pair counseling gives opportunities to aggressive, withdrawn, and socially immature children with contrasting relationship styles to practice those skills and learn from each other's strengths, under the supervision of a pair counselor. The goal of pair counseling is that

the lessons learned will generalize outside of the session and result in improved quality and quantity of friendships and other interpersonal relationships.

Pair Therapy

The same objectives and techniques used in pair counseling, but employed over a longer term, usually a year or more, for more seriously disturbed youth in special schools and residential treatment. Pair therapy aims to create long-term personality change.

Interpersonal Negotiation Strategies

The intimacy and autonomy strategies needed to make and maintain good relationships.

Psychosocial Maturity

Selman's developmental construct of the social-cognitive capacity to differentiate and coordinate the social perspectives of self and others as central to character development; it progresses through four levels ranging from immaturity/egocentricity to maturity/mutuality.

Social Perspective-taking or Coordination

The core human ability to understand others' thoughts, needs, and beliefs, or "to stand in another's shoes," that serves as a foundation for successful human relations.

Friendship Valuation or Personal Meaning

The reflective capacity to evaluate the intensity and quality of their own actions and emotional investment in a particular relationship.

Chapter Two: Review of Literature

The lifecycle phase of adolescence is a time of dramatic change (Larson & Richards, 1994). Major changes to be expected include puberty (Steinberg, 1993); cognitive growth and development (Keating, 1990); and the development of a refined sense of self, and establishment of an identity (Hair, 1999). Adolescents' relationships with their parents change (Hair et al., 2001), and with their peers, as well (Savin-Williams & Berndt, 1990).

We begin with the need to establish satisfactory peer relations, specifically friendships, as one of the primary developmental tasks of adolescence (Csikszentmihalyi & Larson, 1984). We discuss the nature, scope, and impact of necessary adolescent peer and friendship relations.

Nature of Adolescent Peer Relations and Friendships

Adolescence is a time when teenagers have many social demands placed upon them as a normal part of their development. Today, myriad stressful concerns confront adolescents, including family and relationship difficulties; possible deaths of family members, peers, and friends; academic issues; and social concerns. Researchers have shown a link between these issues and a higher propensity toward numerous cognitive, emotional, and social problems faced during adolescence. These include academic failure, depression, social misbehavior, and interpersonal problems (Frydenberg et al., 2004). Some teens have difficulties dealing or coping with this period and the expected transitional demands (Jackson & Bijstra, 2000). Among all of these issues, satisfactory peer relationships are the key to adolescent well-being (Moore & Zaff, 2002).

We can further characterize adolescence as a stage of increased peer orientation and gradual separation from family control (Crosnoe & Needham, 2004). Researchers have suggested that this higher level of peer orientation and subsequent peer attachment might influence adolescent adjustment more than parental attachment does (Field et al., 2002). Hay and Ashman (2003) found that peer relationships were more influential in the formation of adolescents' emotional stability than were parental relationships. When these peer relationships are positive, they appear to discourage aggression, antisocial behaviors, and emotional distress (Hair et al., 2002). These researchers point to adolescents' need to benefit from satisfactory relationships with their peers.

Among the most prominent and important peer relationships are friendships. We can define friendships as reciprocal and voluntary dyadic relationships that have a powerful influence on children (Deptula & Cohen, 2004). A growing body of literature establishes the important influence of friends on children's cognitive, emotional, and social development (Deptula & Cohen, 2004).

Friendships are important throughout life, but they play an especially vital role during adolescence (Crosnoe & Needham, 2004). Through their friendships, teens can develop constructive interpersonal skills, autonomy, positive mental health, self-confidence, and satisfaction with social support. In addition, interacting with friends helps teens learn to make joint decisions, express empathy, and deepen their perspectives.

Throughout the lifespan, friendships direct development through support, modeling, and assistance, but have heightened significance in adolescence (Crosnoe & Needham, 2004). In this developmental stage, friendships enable adolescents to meet a key task of establishing their own lives independent from their families, by helping them

develop identities, test conventional boundaries, and gain autonomy from parents (Crosnoe & Needham, 2004). Adolescents often influence each other positively, by modeling behaviors, or pressuring each other to behave in certain ways, or to adopt certain attitudes (Moore & Zaff, 2002). Within the context of voluntary, dyadic friendship relationships, children acquire and hone social skills, as well as construct an understanding of society norms (Deptula & Cohen, 2004). Having friends is thus vital for adolescents' proper growth and development.

The presence or absence of friendships has important developmental implications, but friendship quality is also an important factor (Deptula & Cohen, 2004). Researchers disagree about the specific factors that constitute quality friendships, but some likely quality components include companionship, intimacy (psychological closeness), conflict (and its subsequent resolution), and provision of help or assistance (Deptula & Cohen, 2004). In forming these quality friendships, the characteristics most preferred in potential friends are personality attributes reflecting prosocial behavior and sociability. Characteristics most avoided are problem behaviors such as aggression, substance use, and criminal behavior (Zook & Repinski, 2002). Adolescents need to be cautious in their friendship selection, but generally, they tend to be friends with those who share their same activity profiles and attributes (Crosnoe & Needham, 2004).

Scope of Deficient and Problematic Adolescent Friendships

American society has experienced a tremendous increase in violence and antisocial behaviors among children and adolescents. The tragic and sensationalized schools killings in Littleton, Colorado, Jonesboro, Arkansas, and other communities are perhaps the most prominent indicator of a contemporary social problem (Deptula &

Cohen, 2004). While most teens deal well with adolescence and can be considered healthy (Moore & Zaff, 2002), a substantial minority of young people have more trouble coping during this period (Jackson & Bijstra, 2000). We can split this minority into two groups. About five percent of the adolescent population has problems severe enough that some form of specialized help is required. This group includes teens who suffer from psychiatric problems, or whose difficulties warrant special education or residential placement. The second group is considerably larger, with estimates ranging between 20 and 30 percent of the adolescent population. Teenagers in this group experience a range of social difficulties (Jackson & Bijstra, 2000). While they may appear to function well, they are failing to adjust satisfactorily to adolescent developmental tasks and transitions. Their issues remain unnoticed, undiagnosed, and are often not severe enough to lead to identification as candidates for special education or remediation. These problems often contribute to poor peer relations or peer rejection, being the target of bullying, feelings of loneliness, and not having good quality friendships (Jackson & Bijstra, 2000). Dumas (1998) found an increased risk for social interaction problems in adolescents with Attention-deficit/ Hyperactivity Disorder (ADHD), a diagnosis that has become pervasive among schoolchildren.

Indeed these two groups of teenagers represent a significant number of adolescents in need of assistance with social skills, including peer relations and friendships. The teenagers themselves report this. In one study, among the most prevalent areas of adolescent problems identified by high school seniors are academic problems, depression, suicide ideation, and interpersonal problems (Street et al, 1993). American adolescents reported more internalizing and externalizing problems than their Dutch

peers, and said that their negative moods interfered with their learning (Roeser, van der Wolf, & Strobel, 2001). Because of the evidence that interpersonal problems and negative moods interfere with academic achievement, school personnel should address students' social problems, particularly in light of the current high-stakes testing movement and the increase in school violence.

Researchers have shown that school characteristics, such as structure, composition, and climate, predict friendship formation, the characteristics of friendship groups, and participation in peer-based activities (Crosnoe & Needham, 2004). Overall, the general climate or atmosphere of the school is the most important factor in the process of influencing the associations among, and characteristics of, adolescent friends. This process affects academic achievement, substance use, and delinquency (Crosnoe & Needham, 2004). Thus, schools must attend to how their climates influence friendship formation. This becomes particularly important in middle and high school as the closeness of children's friendships gradually increases during middle childhood and adolescence (Berndt, 2004). These close associations are as influential as parent-child relationships, if not even more so.

Again, not only having close friendships, but the quality of these relationships becomes an issue. Deptula and Cohen (2004) found that having a high quality friendship aided adjustment to junior high school and protected against increasing peer victimization. This adjustment, and protection from victimization, lay the groundwork for continued adjustment during high school. Adolescent perceptions of friendship quality were also associated with self- and parent reports of behavior problems, and with school grades. Researchers have linked negative views of friendship from both individuals and

dyadic friendships to detrimental outcomes. They found the worst outcomes typically were in friendships in which one or both friends reported high levels of relationship negativity (Burk & Laursen, 2005). Therefore, the quality of friendships, which most often form in schools, will affect student behavior and academic achievement, depending on school climate and other factors.

Adolescents in the approximate five percent minority receiving specialized services and those in the larger 20 to 30 percent minority not yet identified in need of intervention, often display antisocial behaviors (Street et al., 1993). Typically, researchers have used three indices of antisocial behaviors: aggression, social rejection, and delinquency (Deptula & Cohen, 2004). Their results suggest the relative importance of non-school friendships and non-structured activities for delinquents (Deptula & Cohen, 2004). Aggressive children have as many friends as their non-aggressive peers (Deptula & Cohen, 2004), although these may be poor quality relationships. Given our focus on school-related issues and interventions, a discussion of delinquents and delinquency, and of aggressive children, is beyond the scope of this project. Note, however, that researchers find that friendships with peers who engage in antisocial behaviors increase one's own antisocial status among rejected, aggressive, and delinquent children (Deptula & Cohen, 2004).

Our focus is on rejected children. Rejection commonly refers to a child's sociometric status in a peer group. Peers give rejected children a higher percentage of "like least" nominations and a lower percentage of "like most" nominations (Graham-Bermann & Gest, 1991). Rejected status is associated with fighting and limited cooperation with others, frequent instances of solitary play, and relatively few positive

social interactions with peers.

There are links between friendship status and sociometric status. Students who are more popular were more likely to have reciprocal friendships, while rejected students were less likely to have reciprocal friendships (Graham-Bermann & Gest, 1991).

Rejected adolescents also include those with an aggressive nature. Deptula and Cohen (2004) reported that 50 percent of rejected boys were characterized as aggressive. In this sense, we will include aggressive adolescents, but our focus is on rejected aggressive teens and not on those who have friendships, regardless of their quality.

All schools have their share of rejected adolescents. Deptula and Cohen (2004) noted that we know little about the characteristics of rejected and aggressive children's friends, but rejected children have fewer friends than non-rejected aggressive and delinquent children. Rejected children's limited numbers of friendships are high in conflict. Rejected children rarely have best friends, have smaller friendship networks, and are more likely to be peripheral members of those networks. Rejected children without stable friendships report being lonelier than their peers are (Deptula & Cohen, 2004). Whether classified as special education students or not, adolescents identified as rejected are in need of interventions with peer relations and friendships.

Spending more time in institutional settings such as schools, having more interactions with their peers facilitated by changes in technology, and becoming part of developing youth cultures that reinforce peer worlds are all radically transforming adolescents' interpersonal lives (Crosnoe & Needham, 2004). Researchers have suggested that both family and non-family changes will allow many adolescents more chances to develop new and more versatile interpersonal resources, but that many will

have restricted opportunities to acquire these resources (Larson, Wilson, Brown, Furstenberg, & Verma, 2002).

Adolescents in poor inner-city neighborhoods or isolated rural locations, whose environments are lacking in social capital, have limited chances to build and learn about trusting relationships than their more affluent suburban peers. There are often ties between restricted opportunities for social experience and family poverty. Poor parents generally have less influence and fewer of the resources needed to get their adolescents enrolled in high-performing schools or suitable after school activities. These families are more prone to move often, which leads to disruptions in the children's friendship networks, however limited they may be (Larson et al., 2002). Many adolescents and rejected children in these circumstances suffer from a lack of quality friendships and need intervention.

Impact of the Need for Intervention

One's inclusion in a peer group, voluntary or involuntary, has a significant impact on adolescent behavior. Coyl, Jones, and Dick (2004) also found some support for linkages between peer relationship quality and school-related variables.

Researchers have observed that peer influence has a moderate to strong impact on adolescent risk behaviors (Jaccard, Blanton, & Dodge, 2005). At the very least, peer relationships perpetuate adolescents' risky behaviors. Adolescents whose peers smoke, drink alcohol, or take drugs; engage in other deviant behaviors; or have sex, are more likely to do these things themselves, while teenagers whose peers have high educational goals, strong academic achievement, and who engage in positive and healthy behaviors typically act in a like manner (Moore & Zaff, 2002).

Within peer groups, adolescents having close, high-quality friendships have increased success (Berndt, 2004). Adolescents with high peer relationship scores have more friends, lower levels of depression and drug use, and higher grade-point averages (Field, Diego, & Sanders, 2002). These correlations point to the importance of both being in a suitable peer group and having appropriate relationships within that group, given the potential impact of these variables.

Friends and their characteristics can balance each other in positive or negative ways as they socialize through modeling, reinforcement, and coercion (Crosnoe & Needham, 2004). For example, friends' alcohol use and friends' academic achievement are predictive of adolescent functioning. Teenagers fare better when their friends avoid drinking and make good grades (Crosnoe & Needham, 2004). Deptula and Cohen (2004) also found that friends affect adolescents' grades. Therefore, friendship choice becomes an important ingredient to adolescent success.

Friendship quality, rather than quantity, is more highly correlated with some indicators of adjustment, such as positive affect and substance use (Hussong, 2000). Even with few friends, having a popular best friend may lead to an increase in an adolescent's popularity, whereas having a best friend who is unpopular can lead to decreases in popularity (Deptula & Cohen, 2004). Positive qualities within these best friendships protected adolescents against feelings of social anxiety. Negative qualities of best friendships predicted depressive symptoms in adolescents (LaGreca & Harrison, 2005). Although there have not been any direct studies of the effect of friends' emotional distress, distressed friends will be less active in adolescents' lives, and, therefore, less likely to function as prosocial models of behavior, given that adolescent emotional

distress is strongly aligned with poor individual adjustment, including problems in interpersonal relations (Crosnoe & Needham, 2004).

There is a tendency for young people to be attracted to others who are similar to them or have characteristics that they desire (Crosnoe & Needham, 2004).

Correspondingly, children with antisocial behaviors select friends who reflect their antisocial behaviors and, in turn, become more similar over the course of the friendship (Deptula & Cohen, 2004). Thus, there is a need for intervention with rejected children who may tend to form friendships with other rejected children, perhaps resulting in a vicious downward spiral toward increasing peer isolation and rejection.

Thus, adolescents need quality peer relations and friendships. When teenagers are not addressing these issues, there are a number of possible impacts of having or lacking such quality peer relations and friendships. Given the number of adolescents who have problems in accomplishing this necessary developmental task of adolescence, the need for intervention is clear.

Intervening in Peer Relationships and Friendship Formation

Recognizing the need for intervention in adolescents' lives, the question arises, how to do so to foster appropriate and suitable peer relations and friendships. We can group the current approaches by theoretical model. One of the three most commonly used theoretical approaches is skills training. Skills building or skills development models utilize a variety of programs involving didactic and experiential instruction, typically with group formats. A second popular theoretical approach is social learning and social modeling theory, which entails the use of different types of mentoring and peer partnering programs. A third theoretical approach deals with the remediation of

appropriate interpersonal and relationship functioning through individual or group counseling. We will describe each of these theoretical approaches, in turn, considering both how they function and their current use in helping adolescents establish and maintain satisfactory peer relations and quality friendships. Because our focus is the practical utility of these approaches in schools, we will not consider interventions that occur largely outside of the school by non-school personnel, such as residential placement, wilderness programs, and family counseling.

Skills Building

There are few programs to establish and develop relationships among adolescents; however, certain programs teach teens the social skills needed to develop and maintain friendships. We can define social skills as “learned behaviors which are socially acceptable and which permit an adolescent to initiate and maintain positive relationships with peers and adults” (Royer, Desbiens, Bitauneau, Maltais, & Gagnon, 1999, p. 7). We consider social skills the core component of the broader area of overall social competence, which is beyond the scope of this project, given our focus on the narrower topic of adolescent friendships. Some social skills programs may indirectly improve adolescent interpersonal relations (Hair et al., 2002); social-skills training, generally, is one of the most significant developments in primary prevention intervention (Caplan et al., 1992).

Many social skills programs that involve children and adolescents with peer relations and friendship concerns have focused on youth with emotional or behavioral disorders in schools and other institutional settings (Quinn, Kavale, Mathur, Rutherford, & Forness, 1999; Kazdin, Esveldt-Dawson, French, & Unis, 1987; Royer et al., 1999).

Children and adolescents with emotional and behavioral disorders often have many serious social skill deficits. These may include problems in interacting with their peers, deficient conceptions of social rules and conventions, and an inability to appraise social situations properly, and even disruptive behavior, such as aggression (Quinn et al., 1999). A primary intervention or an essential component of any intervention program for these youngsters is social skills training (Royer et al., 1999; Quinn et al., 1999). Researchers using this type of training with antisocial children have found it to be effective (Kazdin, et al., 1987). Schools have a crucial role in helping these children and adolescents. School personnel must strive for early identification of students in need of social skills training and conduct comprehensive interventions (Royer et al., 1999).

In their meta-analysis of social-skills interventions for students with emotional and behavioral disorders, Quinn, Kavale, Mathur, Rutherford, and Forness (1999) found a mean effect size of 0.199 for the 35 studies and resulting 328 effect size measurements considered. Thus, we could expect the average student with emotional or behavioral disorders to gain only eight percentile ranks on post-treatment instruments used to measure the effects of participation in social skills training. Effect sizes are “potentially significant” at around 0.40 and “compelling” at about 0.60. Not only is the effect size of social skills training limited, but in this meta-analysis, 27 percent of the effect size measurements were negative, indicating that in about 25 percent of the students there were better outcomes for children not receiving the intervention. Other researchers find that participants in social-skills training in schools have problems transferring the skills learned outside of the classroom setting and outside of the school; only their perception of their own social skills changes (Royer et al., 1999). These findings demonstrate that

despite its popularity as an intervention approach, social skills training is of limited use for antisocial children and for youth with emotional and behavioral disorders.

Social Learning and Modeling

Social learning and modeling theorists posit that behavior is largely learned through social interaction (Hektner, August, & Realmuto, 2003). In tandem with this theory, researchers have contributed to the formation of the affiliation/shaping model, which suggests that aggressive children find and choose to be friends with children similar to themselves. They then shape each other's aggressive behavior through social reinforcement and modeling. Because of the lack of quality role models available to many youth, mentoring programs use this same concept, but they match a suitable adult or peer mentor to model and teach desired behaviors to a child in need of behavior change. The hope is that providing a suitable mentor or role model will allow the mentee to learn appropriate behaviors through social interactions with the mentor (Ascher, 1988).

In terms of social skills, generally, and friendship functioning in particular, mentoring programs are useful in promoting youths' social relationships with their mentors, parents, and peers (Hair et al., 2002). Youth mentoring by adults is one of the more promising interventions in ensuring positive youth outcomes. There is a paucity of research in this area, but in their review of five mentoring programs (three non-experimental and two quasi-experimental), Jekielek, Moore, and Hair (2002) found that mentoring indirectly improved on a number of social and behavioral outcomes. They later reported that mentored youth are likely to have fewer absences from school, better attitudes toward school, and fewer incidents of hitting others, less alcohol and drug use, and improved relationships with their parents. Overall, they found mentoring programs to

be worth the investment.

Mentoring programs also pair youth with their peers. Middleton, Zollinter, and Keene (2002) found that the use of popular students in promoting the popularity of socially neglected children proved to be an effective supplement to a social skills instructional program. However, Vaughn and Lancelotta (1990) did not find this to be the case when mixing high social status children with low status children receiving social skills instruction in an elementary school. Karcher, Brown, and Elliot (2003) found that they could enlist peers, both to help youth provide social support and develop interpersonal skills. They discuss a variety of approaches, including peer mediation, tutoring, and mentoring programs. Researchers have shown that pairing youth with youth, with or without an adult present, is effective for a variety of outcomes, including interpersonal peer relations.

Thus, despite the absence of formal evaluation research, such as that conducted on the effectiveness of skills training programs, it appears that the social learning/modeling approach often found in mentoring programs is a promising intervention for adolescents with peer relation and friendship difficulties.

Remediation through Psychotherapy

A third theoretical approach used to address the problem of adolescents with peer relation and friendship problems is remediation through various forms of psychotherapy. One such form of psychotherapy, nondirective psychotherapy, is a technique that focuses on the development of a close interpersonal relationship with the teen.

The intent of the process is to engender a corrective emotional experience, and to allow for self-examination and the understanding, acknowledgement, and expressions of

feelings. This relationship-based treatment is one the most often-utilized forms of counseling for youth with a wide array of issues including antisocial behavior. While some studies of both individual and group nondirective therapy have shown improvements in the functioning of antisocial youths, others have shown little or no change (Kazdin et al., 1987).

Overall, there is evidence to support the effectiveness of psychotherapy with youth with a range of issues, but not specifically adolescent peer relations and friendships. In their meta-analysis of 108 well-designed outcome studies, Weisz, Weiss, Alicke, and Klotz (1987) found the average youngster who underwent treatment better adjusted than 79% of those not treated. The psychotherapy proved to be more effective with children than with adolescents, especially when the therapists were paraprofessionals or graduate students. In a later meta-analysis of 150 outcome studies,

Weisz, Weiss, Han, Granger, and Morton (1995) reported that the overall mean effect of psychotherapy was positive and highly significant. Paraprofessionals were again sometimes more effective than professionals, but professionals achieved larger treatment effects in treating over-controlled problems such anxiety and depression. The finding that outcomes were higher for particular problems addressed in therapy than for problems not focused on, suggests the need to concentrate on the specific issues of peer relations and friendships when working with rejected or socially isolated youth.

These specific issues may well be the focus undertaken in a group-counseling format. Various issues encountered by adolescents are amenable to intervention through group counseling during a developmental age when peer relationships become increasingly important (Rose, 1998). For example, many schools have anger management

groups for adolescents that have produced beneficial results in alternative schools and with emotionally disturbed students (Greif, 1999; Kellner & Bry, 1999). Improvements in anger control have an indirect benefit for peer relations and friendships. Group counseling has a number of unique advantages for adolescents, including the common bond of development-related issues that they face, and the chance to utilize peer influence. Researchers find role-playing to be especially useful (Greene & Crowder, 1972). In addition to these benefits, a counselor can administer treatment more efficiently through group counseling than by dealing with children singly in individual counseling.

Limitations of Current Approaches

We have presented a variety of different modalities with several underlying theoretical approaches that all have in common some measure of effectiveness when dealing with adolescents who have failed in, or are having trouble with, their relations with their peers; specifically with forming and maintaining quality friendships. To determine the best approach to utilize with this population, we must consider these approaches' limitations. Kazdin, Esveldt-Dawson, French, and Unis (1987) found that few methods have altered antisocial behavior in clinical samples at home or at school, and that none have eradicated the poor long-term prognosis for antisocial children. Likewise, there is a dearth of research-proven programs designed specifically to try to help establish and develop relationships among adolescents (Hair et al., 2002).

Social Skills Training

There are a number of significant limitations to the social skills training approach. One is that the benefit to peer relations and friendship-making and maintaining ability seems to be indirect. While the training entails teaching necessary social skills, this

enhances relationships only when an antisocial, aggressive, or other problem behavior is reduced as a result (Hair et al., 2002). In addition, researchers have found that this type of intervention produces a small effect size. The study by Royer, Desbiens, Bitadeau, Maltais, and Gagnon (1999) showed the only improvement was students' increased self-perception of their empathy and assertion social skills; they had difficulty transferring their new skills outside of the classroom and school. This is contradicted somewhat by Kazdin, Esveldt-Dawson, French, and Unis' (1987) finding that for aggressive youths, while measurement outcomes improved across home, school, and community settings, the size of the effects need to be increased to show clinically significant results. Social skills training alone did not improve emotionally and behaviorally disturbed youth's social competence. They found a small effect size (0.199), resulting in only 58 percent of students with emotional or behavioral disturbances receiving a benefit from social skills instruction. Royer, Desbiens, Bitadeau, Maltais, and Gagnon (1999) stated that it is most difficult to prove the effectiveness of social skills training programs, due to the lack of control groups in published studies and instrumentation problems in data collection.

Royer, Desbiens, Bitadeau, Maltais, and Gagnon (1999) discussed another problem with social skills training programs: they need to be more attuned to contextual issues. These interventions need to teach students how to select among a wider variety of social behaviors in a greater variety of settings and contexts. Students know how to perform the skills learned, but not when and where to do so. Thus, even though they have the skills, they do not apply them automatically and consistently to every social task encountered that calls for their use (Caplan et al., 1992). Royer, Desbiens, Bitadeau, Maltais, and Gagnon (1999) suggested that a problem with skills generalization outside

of the context in which they are learned is that, while they are important to the student, parents and teachers in the student's environment may not reinforce them. Likewise, there may be no environmental factors acting to extinguish negative behaviors, and simply reducing their numbers will not necessarily lead to increased levels of prosocial behaviors or improved peer relations (Bierman, Miller, & Stabb, 1987).

The design of the social-skills training programs may be at fault. Experimental researchers continue to demonstrate that didactic programs that lecture to children and adolescents fail to change behavior (Moore & Zaff, 2002), and that experiential programs or experiential components within programs need to incorporate chances for youth to rehearse and apply newly learned social skills to social tasks specific and relevant to their needs (Caplan et al., 1992). Although social skills training programs seems to be the predominant intervention in the area of adolescent interpersonal, peer, and friendship relations, their overall effect leaves much to be desired.

Mentoring and Peer Programs

From the evidence presented, mentoring and peer programs may be more effective than social skills training programs, but their effectiveness has not been well-researched (Jekielek et al., 2002). Ascher (1988) suggested that mentoring and peer programs are modest interventions. Such programs' abilities to substitute for missing adults in children's lives are limited; not all participants can benefit from these programs, and the quality of mentor/mentee relationships varies greatly and deserves scrutiny. She stated that the most successful mentoring occurs when the social distance between mentor and mentee is not great; however, any significant difference in age will play a part in the mentor's ability to deal with the peer relations and same age friendships of a younger

mentee. In their examination of three mentoring programs, Herrera, Vang, and Gale (2002) also found wide variations in relationship quality between mentor and mentee. Given the variability in relationships and the lack of specific focus of these programs in dealing with mentees' same-age peer relations and friendships, it seems that their applicability and utility are limited. The few experimental studies of mentoring programs that used random assignment to mentoring programs and control groups (Jekielek, Moore, Hair, & Scarupa, 2002) have found the programs to be worth the investment, given the positive development of mentees; including fewer absences from, and better attitudes toward, school; fewer incidents of hitting; less alcohol and drug use; and improved relationships with parents. Researchers have not reported improvements in peer relations and friendships, although they may not have assessed them.

The use of peers in mentoring, tutoring, and mediation programs removes the age gap between mentor and mentee and, therefore, may presumably do more to address the issue of same-age peer relations and friendships. There is the issue that these relationships, although closer in age than those in adult/youth mentoring programs, may lack specific focus on peer relations and friendships (Karcher et al., 2003). Furthermore, there may be unintended negative peer influences on these relationships. While, overall, there is support in the literature for the use of peers in developmental interventions for children and adolescents, their specific use for improving the peer relations and friendships of aggressive, emotionally or behaviorally disturbed, or rejected youth is unknown.

Psychotherapeutic Remediation

There is also a paucity of research on the specific utility and effectiveness of

psychotherapeutic remediation with adolescent peer relations and friendship. The age differential is again an issue with individual psychotherapy, which does not allow the youthful client to interact directly with same-age peers. Instead, the client can only role-play with a clinician who plays the part of a same-age youth. Kazdin, Esveldt-Dawson, French, and Unis' (1987) study concerning antisocial children found that participants who received nondirective relationship therapy fared better than youth in the control group who were placed in individual counseling that did not focus specifically on relationship issues. Although there were no significant gains made on outcome measures for either group, the control group performed significantly worse in school over the course of follow-up, whereas the children in the relationship therapy group maintained their level of performance (Kazdin et al., 1987). However, this is the result of a single study. The overall effect size of 0.79 for individual therapy justifies its use as an intervention, but there is no specific proof that it is the best way to deal with youth with peer relations and friendship issues.

Just as using youth peers in mentoring programs closes the age gap, so too, does using group counseling when putting aggressive, antisocial, and emotionally and behaviorally disturbed youth together to talk about peer relations and friendship under the guidance and direction of an adult clinician. It should be no surprise that some individuals are simply unsuited for traditional treatment groups of eight or so members, because they may be unable to follow group rules or be a contributing member. A better fit for such children is a pairing with one other child, to work under adult supervision (Scheidlinger, 2001). Perhaps more important is that for groups to be most effective, there is a need for a group dynamic to develop; potential benefits of group work,

including universality, may come into being, and the group allows significant opportunities for role-playing (Yalom, 1995). While counseling groups may help in developing good peer relations and skills, the nature and manner of their effectiveness does not involve children needing to learn to establish and maintain dyadic, reciprocal friendships.

Summary of Gaps in Current Approaches

While all three theoretical models provide an approach and techniques for working with the issue at hand, all are of limited effectiveness. There has been very little experimental research to support their utility with adolescent well-being (Moore & Zaff, 2002). Adolescents are growing up in a complex and challenging world, but many of the programs targeted to help them simply try to extinguish negative behaviors. These often focus on one target behavior, rather than the broad-based concept of good peer relations and quality friendships. A focus on enhancing positive influences and helping teens deal with the increasing complexity of their environment is called for, given that the information-only and problem-focused approaches have only small and inconsistent effects on adolescent behavior. As Moore and Zaff (2002) suggested, we should work with a more holistic view of adolescents, rather than focus on a single aspect of their lives.

Pair Counseling: A New Perspective

Thus far, in this literature review we have looked at the issue of adolescent peer relations concentrating on friendships, discussed some ways to help adolescents to develop good peer relations and establish and maintain friendships, and identified some of the gaps in the current state-of-the-art approaches. Next, we explore a new, fresh

perspective in dealing with the problems that aggressive, emotionally and behaviorally disordered, and rejected children have in accomplishing one of the key developmental tasks in adolescence, creating good peer relations and quality friendships.

A Developmental Focus

A shortcoming of all of the approaches we have discussed is a failure to consider adolescents' developmental status to determine if they could recognize and comprehend the need to apply and utilize the skills taught to or modeled for them. Simple awareness or observation of good interpersonal skills needed for success with peers is of limited value if the adolescents have not reached a developmental level where they can understand these skills and adopt them when appropriate. With adolescence comes the development of expanded cognitive abilities (Hair et al., 2002). These abilities warrant interventions that can take into account adolescents' current developmental levels. These interventions should promote developmental growth. At higher levels of development, teens have an expanded capacity to utilize a more sophisticated and varied range of choices to cope with the increasingly complex demands of forming satisfactory peer relations and good quality friendships. Taking a cognitive developmental perspective is necessary if adolescents are to learn, internalize, and be able to use their more advanced and refined behavioral choices to deal with their increasingly complex environment and have good peer relations and quality friendships. Pair therapy or pair counseling is an intervention that is developmental in nature, and targeted toward this specific purpose. It represents a solution that addresses the shortcomings of techniques currently used with adolescents.

Cognitive Developmental Theory

Before we can discuss pair counseling in detail, it is necessary to review the basic concepts of cognitive development, assumptions of cognitive developmental theory, and a specific application technique used to promote cognitive development. These topics will provide background information needed for a discussion of pair therapy or pair counseling.

Concept of Cognitive Development

Cognitive developmental theory incorporates several theories that explain the development of the cognitive, internal structures human beings use to make sense of their environment. People use these structures to both organize and adapt to their environments (Wadsworth, 1989). Cognitive developmental or stage theories are concerned with how individuals make meaning of their experience, and how they receive information from, and relate to, the environment across the lifespan.

No single theory is comprehensive enough to describe the complexity of human functioning across all domains (Sprinthall, 1994). Theorists who have described different domains of cognitive development include Jean Piaget, cognitive development; Lawrence Kohlberg, moral development; William Perry, intellectual development; David Hunt, conceptual development; Jane Loevinger, ego development; and Robert Selman, perspective-taking development.

Jean Piaget, the Swiss child psychologist, established the foundation for cognitive developmental theory (Wadsworth, 1989). However, John Dewey formulated a stage model for children's development that included some concepts of cognitive developmental theory later expanded upon by Piaget (Sprinthall, 1978).

Piaget wanted to explore how human beings made meaning of, or actively constructed their social environment (Wadsworth, 1989). He theorized that human beings both organize and adapt to their environment by using internal, cognitive structures termed schema. The process of adaptation he purported relied on a process of assimilation and accommodation. Assimilation happens when people fit their experiences in the environment into an existing schema. Accommodation occurs when an environmental interaction does not fit into an existing schema, and the person either creates a new schema or modifies an old one. Assimilation and accommodation occur continuously as people make sense of, and interact with, their environment. Piaget's term for the continuous process of balancing assimilating and accommodating to make meaning of one's experience is equilibration (Wadsworth, 1989).

When humans strive to maintain this sense of equilibrium, but cannot, the disequilibrium they experience, and their seeking to restore equilibrium, causes cognitive development and change (Walker, Gustafson, & Henning, 2001). Disequilibrium occurs when there are differences, or a match does not exist, either between one's schemas, or internal cognitive structure, and the environment or between the schemata themselves (Walker et al., 2001). Disequilibrium, also known as cognitive dissonance, causes feelings of anxiety or uncertainty; qualitative change is required to restore a sense of equilibrium. The equilibration process, of continuously seeking to restore equilibrium, is what drives cognitive development, as individuals modify existing schemas or create news ones in the accommodation/assimilation process (Walker et al., 2001).

Assumptions of Cognitive Developmental Theory

Cognitive developmental theorists posit that individuals develop cognitively by moving through sequential, hierarchical stages that progress in an invariant fashion and rest on several assumptions (Sprinthall, 1978). This is why we refer to cognitive developmental theory as stage theory. Regardless of the descriptor, all cognitive developmental or stage theorists share the same assumptions.

Humans have an intrinsic motivation for growth and mastery. An inner desire to understand our environment and make meaning of our experience.

Development is phasic and age-related. Psychological changes depend on physiological growth.

Higher stages of development are better. Later stages include increasingly complex ways to make meaning and allow for a wider variety of choices to respond to an environment that is also more complex. At lower levels of cognitive development, individuals' thinking is more rigid and impulsive, and they are unable to make as wide a variety of choices.

Each stage is unique. Qualitative differences among stages provide the lens through which we make meaning of our environment.

Development is unidirectional, invariant, and irreversible. Stage growth progresses along a continuum from least to more complex, with each new stage building on the previous stage. One cannot skip stages and cannot permanently revert to a lower stage.

Stage functioning is modal, rather than fixed and reflects the individual's current preferred stage of functioning. People transition through stages and often show aspects of

adjacent stages. This flexibility in moving through the stages is what makes growth possible.

Cognitive development is universal across all cultures, and researchers find no gender-based differences.

There is a direct, consistent relationship between stage and behavior.

Growth is domain specific. Development in one domain does not ensure that development will occur in other domains.

Stage growth is not automatic. It depends on the interaction of individuals with their environment (Sprinthall, 1978). A series of significant experiences must occur at certain times for development to progress. Sprinthall (1978) proposed that the nature and quality of these interactions between humans and their environment is one of the most important components of the theory and is critical to facilitate cognitive growth.

Promotion of Cognitive Development

The assumption that growth is not automatic directs our attention to how to best foster cognitive developmental growth, if we can promote it by manipulating and controlling the interactions between human beings and their environments. Researchers have successfully used Sprinthall and Mosher's (1978) model, a Deliberate Psychological Education (DPE) to promote cognitive development. The five components of the DPE model are as follows: (a) a significant role-taking or perspective-taking experience; (b) praxis or reflection on the experience; (c) proper amounts of the role taking experience and later reflection; (d) a fine balance between support and challenge; and (e) continuity or continuance of the DPE program for a year needed to bring about development (Faubert, Locke, Sprinthall, & Howland, 1996).

The DPE attempts to create a constructive mismatch between individuals' conceptual level and the structure of their environment. This plus one level strategy challenges people to grow and promotes that growth by causing them to seek equilibrium to reduce or eliminate their cognitive dissonance, by putting them in situations that are challenging without being overwhelming. The significant role-taking experience can be something that individuals have never done before, or that places them in an unaccustomed situation. They need to reflect on the experience, typically through journaling, both to guide their reflection to ensure that the constructive mismatch does not prove to be too much and become a mis-educative experience, and to help them make sense of their experience. The role taking and reflection need to be in proportion so that there is not too much or too little of either one. The balance between support and challenge is such that in their new role-taking experiences, those undergoing the DPE need a great deal of support at first, which tapers off as continuing challenges promote development. Finally, the continuity component should ensure that the DPE lasts long enough, usually at least a year, so that significant growth can be realized (Faubert et al., 1996).

Perspective-Taking Domain

Robert Selman (1980) theorized the perspective-taking domain of cognitive developmental theory. He posits that a stage sequence of perspective-taking levels represents a child's cognitive developmental capacity to comprehend, articulate, and mentally coordinate varying social perspectives. Selman defines perspective taking as the core human ability to understand the thoughts, needs, and beliefs of others. This ability "to stand in another's shoes" serves as a foundation for successful human relations.

Perspective-Taking Stages

The four stages or levels of Selman's (1980) perspective-taking development are: Level 0—undifferentiated egocentrism among infants and young children; Level 1—the “first person” perspective, young children's ability to articulate their own subjective perspective (“I and me”); Level 2—the “second person” perspective. older elementary age children's ability to simultaneously reflect on and interrelate their own and another's perspective (“me and you”); and Level 3—the “third person” or abstract perspective, the early adolescents' ability to understand what both parties want and can anticipate what will be best for the relationship over time (“we and us”).

Interpersonal Negotiation Strategies

Each perspective-taking level calls for a specific type of interpersonal negotiation strategy matched to the child's or adolescent's development. Interpersonal negotiation strategies are actions individuals use to resolve interpersonal conflict within relationships. These interpersonal management skills characterize how individuals tend to approach conflict relationships (Selman, 1990). Children at Level 1 tend to use unilateral actions as their primary strategy to gain what they want. When perspective taking has increased to Level 2, they rely on reciprocal strategies, such as cooperation and deal making that take both individuals needs into account. At Level 3, children use collaborative strategies that strike a balance between meeting the needs of self and the other child and consider what is best for their relationship (Karcher, 2002). Selman (1990) theorizes that aggressive, socially immature, and withdrawn children, who have poor peer relations and related problems in establishing, maintaining, and valuing friendships, have interpersonal negotiation strategies that lag behind their level of perspective-taking ability.

Pair Therapy/Pair Counseling

Perspective-taking theory is the basis of the pair therapy/pair counseling techniques to remediate children's friendship-making abilities. The difference between pair therapy and pair counseling is in the intensity of the treatments, their goals, and the populations served; but their underlying theoretical background and techniques remain the same. The therapist or counselor matches two children with dissimilar personalities, usually a child with externalizing behaviors and a child who tends to internalize. The goal is to have each child learn from the other's good qualities and build a mutually beneficial synergistic relationship. The pair meets regularly to play under the supervision of a pair therapist/counselor who uses a plus one orientation to try to have both children grow to the next higher perspective-taking stage by having them openly discuss and work on their interpersonal negotiation strategies (Selman et al., 1997).

Pair therapists/counselors utilize elements of all the state of the art approaches. They help teach social skills through the direct observation and coordination of the matched children in a combined adult/peer mentoring situation with the specific purpose of the children learning to be friends within the context of regular therapeutic sessions. The technique takes advantage of the benefits of procedures used in other theoretical approaches, while trying to eliminate their weaknesses.

Pair therapy or counseling also contains all the elements of a DPE, which we know promotes cognitive development (Arbuthnot & Gordon, 1986; Faubert et al., 1996). Pair therapy/counseling have been used successfully in many settings, including regular public and private schools, special alternative schools for emotionally and behaviorally disturbed children, residential treatment centers, and detention facilities (Watts, 1997;

McCullough, Wilkins, & Selman, 1997; Schultz, 1997; Schultz & Selman, 1997; Moody, 1997). These and many other studies, show that pair therapy/counseling promotes the youths' perspective-taking ability. With higher levels of cognitive development reached through participation in a pair counseling specific DPE, children are better able to use the skills they have learned. Good peer relations, and establishing and maintaining friendships become increasingly complex developmental milestones to achieve as children grow into adulthood.

Extension of the Technique

Pair therapy/counseling is a technique that practitioners hope will grow in popularity (M. Karcher, personal communication, 2005). Although time and labor-intensive for the pair therapist or counselor, this technique has promoted children's cognitive development and friendship-making skills when nothing else has worked (Moody, 1997). However, practitioners have not used it in a high school setting, because as a play therapy technique, it is more appropriate for preschool to middle school students who spend more time playing; high school students are more prone to talk than to play (Karcher, 2002). Because the talk of high school students is often about interpersonal relationships, we can consider such talk how they now play.

The classification of at least three percent of high school students as emotionally and behaviorally disturbed in one large secondary school district (Royer et al., 1999), and the number of aggressive, socially immature, and withdrawn youth in high schools, generally, the need for an intervention such as pair counseling is apparent. Modifying pair counseling by limiting the amount of play during sessions and substituting talk about relationships holds promise as a technique to promote students' cognitive and

perspective-taking levels, and interpersonal negotiation strategies, enabling them to form necessary satisfactory peer relationships and quality friendships.

In summary, we recognize the need for, and benefits of, adolescents making friends and maintaining good quality friendships as a vital aspect in promoting healthy development. We have identified many students who lack this protective factor, including older adolescents in high school. Although researchers have employed a number of strategies and techniques to address and remediate this problem, and each has its strengths and effective applications, overall, no single intervention is specifically focused on, or highly effective for, high school students who may benefit from pair counseling. An adaptation of this play therapy technique geared to older adolescents in high school may be more effective than any process currently employed for aggressive and withdrawn, isolated students with problems establishing, maintaining, and valuing friendships. Research may provide quantitative evidence of the utility and effectiveness of pair counseling for adolescents in high schools.

Chapter Three: Methodology

We used a pretest-posttest nonequivalent comparison group quasi-experimental design to investigate the effectiveness of pair counseling in a high school setting. This research design type is similar to a pretest-posttest comparison group design, which is well suited for this type of study (Gall, Gall, & Borg, 2003); the exception was that for ethical and practical reasons we did not randomly assign research participants.

Hypotheses

Hypothesis One

Psychosocial maturity levels will increase significantly for intervention group participants, but not for comparison group participants.

Hypothesis Two

Male peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants.

Hypothesis Three

Female peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants.

Hypothesis Four

Internalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants.

Hypothesis Five

Externalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants.

Research Design

We used a pretest-posttest nonequivalent comparison group quasi-experimental design to investigate the effectiveness of pair counseling in a high school setting to determine if it represents a viable intervention for aggressive and withdrawn students having difficulty establishing, maintaining, and valuing friendships (Karcher, 2004). Teachers, counselors, administrators, and other school staff members in a large public suburban high school identified students who had problems establishing, maintaining, and/or valuing friendships: students the adults considered socially isolated. A cohort of 16 students forming 8 pairs selected from the pool of candidates were matched according to pair counseling theory and practice with participants of differing interpersonal negotiation styles, one aggressive and one withdrawn student in each pair.

Sixteen students drawn from the school's Advancement via Individual Determination (AVID) program formed the comparison group. The AVID program is international in scope and found in approximately 3,500 middle and high schools. The program's goals are to focus on the least-served students in the academic middle to increase the number who enroll in 4-year colleges. The program sets high expectations for students from low-income and minority families to excel at rigorous college preparation work by taking honors, Advanced Placement, and International Baccalaureate courses. The AVID students receive extra support daily during each school day from an elective AVID class taught by a trained AVID teacher. Although open to anyone in the target group, about 78 percent of AVID enrollees are students of color (AVID, 2008).

On a pretest basis, all participants were administered the Relationship Questionnaire, 4th edition (Group for the Study of Interpersonal Development, 1998) and

the Peers Scales of the Clinical Assessment of Interpersonal Relations (Bracken, 2007). Their teachers completed the Teacher Rating Form of the Clinical Assessment of Behavior (Bracken & Keith, 2004) on a pretest basis. A ten-session intervention using pair counseling adapted for the developmental levels and needs of high school students was administered to the 16 students (eight pairs) who formed the intervention group. After the completion of the intervention, all research participants and their teachers were administered the same instruments on a posttest basis. We conducted statistical analyses to test the aforementioned hypotheses and answer the stated research questions.

Given the need to work with students who might benefit most from this intervention, random assignment of participants was not possible, making this a quasi-experimental research design. Given the intensity and effort needed to conduct the intervention, we formed the comparison group from students in an existing program, rather than conduct an alternative intervention for students in a control group. The AVID program represented the most closely matched accessible alternative at the school for students who often shared issues similar to those selected for the intervention.

Research Participants

A total number of 31 participants completed the study, 15 in the intervention group and 16 in the comparison group, although there were 34 participants in all, 17 in each group. See Table 1 for group demographics. The dependent measures used for 15 of the 17 intervention group participants were assessment data. One participant withdrew from the study mid-way due to family concerns and we did not use his replacement's assessment data; neither the original nor the replacement participant was involved in the intervention for more than half of its duration. The comparison group originally consisted

of 17 participants enrolled in a program designed to help potential first generation college students succeed in high school and attend college after graduation. We used assessment data for 16 of these students; one participant did not take the posttests.

Pretest data showed that neither the intervention nor the comparison group participants, with few exceptions, fell outside of the normal range of scores for any of the dependent measures used. See Table 2 for the means and standard deviations of the intervention and comparison groups' dependent measure scores, and the norms for the relevant scales from each of the three instruments used: the Clinical Assessment of Interpersonal Relationships (CAIR) (Bracken, 2006); the Clinical Assessment of Behavior (CAB) (Bracken & Keith, 2004); and the Relationship Questionnaire, 4th edition (Rel-Q) (Group for the Study of Interpersonal Development, 2005).

Table 1

Intervention and Comparison Group Demographics

Group	Number	Gender		Mean Age	Grade				Ethnicity	
		Males	Females		9	10	11	12	African American	Caucasian
Intervention	15	13	2	16.3	2	5	6	2	1	14
Comparison	16	3	13	14.8	8	4	4	0	13	3

Table 2

Pretest Mean Scores and Standard Deviations and Instrument Norms

Dependent Measure	Intervention Group		Comparison Group		Instrument Norms				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>		<i>SD</i>		
Rel-Q Composite	2.16	0.20	2.17	0.22	2.21		0.22		
CAB-T Internalizing	52.16	7.18	43.00	10.70	50.86		8.08		
CAB-T Externalizing	47.00	8.71	42.25	7.63	50.22		8.19		
CAIR Male Peers	102.73	14.94	113.19	16.65	Male Peers		Female Peers		
					Age	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
					13-14	106.14	16.44	102.45	18.75
					15-16	107.46	16.50	106.76	16.69
					17-19	109.03	16.24	109.75	15.80
CAIR Female Peers	99.47	11.69	127.59	9.76	Male Peers		Female Peers		
					Age	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
					13-14	96.73	18.25	114.93	13.92
					15-16	105.63	18.00	114.63	15.29
					17-19	106.59	19.20	112.43	15.62

We selected the participants from a convenience sample of students from a suburban high school in which the author had worked since January 2004. During this period, I grew to know the counselors, administrators, support staff, and regular and special education teachers at the school. After obtaining Institutional Review Board and school district approvals by November 2006, I sent an e-mail sent and distributed hard copy memos to all school staff members, asking for nominations of students appropriate for this intervention.

We described appropriate students as those known to be aggressive or withdrawn to the extent that they had difficulty establishing, maintaining, and/or valuing friendships. In other words, I asked the school staff to identify students who were: (a) rejected, (b) without friends, (c) socially isolated, and (d) lonely. From the list of 40 names garnered, the researcher spoke with those students' counselors to determine which students were aggressive or withdrawn, and removed one incarcerated student not attending the school at that time from consideration. I solicited and considered staff members' comments concerning included students and considered their feedback along with those of the counselors. I formed two pools of aggressive and withdrawn students who seem best suited for pair counseling and the needs of the study. After obtaining the verbal consent of their parents or guardians during November and December 2006, I interviewed 38 students from the two pools of candidates to explain the study and to determine which students were interested.

Twenty-eight students indicated interest in participating in the study. I met with each of these students in December 2006 to give them consent forms for their parents or guardians to sign and assent forms for their own signatures. From December 2006

through February 2007, I continued to seek participants by mailing duplicates of the consent and assent forms to interested students' homes and following-up with telephone calls to parents and guardians. After conducting three rounds of mailings and follow up telephone calls, I had obtained parental consent and student assent from 14 students, two fewer than the 16 needed.

With permission from the school district and the dissertation committee chair, I sought potential participants from district high school students temporarily placed at an alternative school setting awaiting reentry into their regular high schools. I met with the principal and teachers of this off-site alternative school to garner more nominations of potential participants. School personnel generated 20 names, and 13 of these students indicated interest in participating in the study. After going through the same process of trying to obtain parental approval by giving consent/assent forms to the students directly, mailing them to the homes and following up with numerous telephone calls, the researcher identified two students who could participate in the study. This brought the total number of students for the intervention group to 16. Given the fact that there were no interested students not selected for the study, it was not necessary to offer an alternative intervention for those not selected.

We fully informed students and parents/guardians of the nature and purpose of the study in both oral and written form and asked them to sign written assent and consent forms, respectively. We also notified participants and their parents/guardians that students could withdraw from the intervention at any time, and that the researcher was always available to them to answer their questions or deal with their concerns.

We did not individually interview students from the AVID program for the comparison

group. I met with three separate classes of these students to explain the study and participation requirements to these groups. We required little of comparison group participant participants except that they complete the pre- and posttests, which took roughly 30 to 45 minutes for each administration. We contacted the parents and guardians of interested students for permission; we asked them to sign a consent form, and the comparison group participants to sign an assent form. After giving permission forms directly to students, mailing them to their parents and guardians at home, and making follow up telephone calls, we obtained permission for 17 students to comprise the comparison group.

We did not anticipate in our original discussions concerning the research proposal that it would so problematic to obtain authorization and permission for interested students to participate in either the intervention or the comparison groups. We first thought that participants should be either sophomores or juniors, given the teachers' relative lack of knowledge concerning the degree of social isolation of freshmen, relatively new to the school, and the need for seniors to be primarily concerned with their post-secondary education or career plans. We also planned to match intervention and comparison group participants according to demographic characteristics such as age, grade, race, gender, and so forth. We also intended to form pairs in part according to CAB-T pretest results derived from the internalizing (INT) and externalizing (EXT) sub-scores from the Clinical Assessment of Behavior (Bracken & Keith, 2004) to empirically standardize matching internalizing/withdrawn students with externalizing/aggressive participants. This use of pretest scores was to be in addition to relying on judgments made about students' interpersonal negotiation styles from teacher and counselor comments and

observations.

Given the unexpected length of time and difficulty in obtaining Institutional Review Board, school district, and parental/guardian approval and for teachers to complete the CAB-T forms, it was necessary to start the intervention as soon as the minimum number of participants needed was obtained. Although all of the intervention group participants were identified and nominated by school staff as those who might benefit from the study, circumstances forced the use of matches made by subjective judgment and not by the use of quantifiable data and the employment of a convenience sample to form the comparison group as originally planned. Given that the minimum sample size of 15 required for each group in casual-comparative, experimental research was obtained, the use of a convenience sample is better than not conducting a study at all (Gall et al., 2003). We proceeded to pretest the intervention group in February 2007, albeit behind schedule.

We anticipated two areas of potential risk or harm to the participants. One was that conducting the pair counseling sessions during the school day, would cause students to miss some class time. The school where we carried out the intervention has a block schedule in which students have four 90-minute classes each day, with free time only for lunch. Each pair counseling session lasted about half a block. The schedule of sessions was to be predetermined, albeit flexible, so that we rotated the blocks during which we saw the students each week; thus, students missed half a block of each class per month. This schedule minimized the loss of instructional time and reduced the teachers' frustration level. Although we held the sessions with this general timetable in mind, it was not possible to develop a fixed schedule. Conducting sessions depended on both

students being present and both teachers involved willing to let them leave class. Seeing the pairs regularly at times when their teachers would allow them to miss some class time became a delicate balancing act. Essential instruction, quizzes, class tests, Virginia Standards of Learning (SOL) and Stanford 10 standardized testing, fire drills, assemblies, and other circumstances dictated holding pair sessions whenever possible, rather than scheduled in advance, as desirable.

The second anticipated risk for intervention group participants concerned the emotions precipitated by meeting weekly to deal with their social and friendship skills deficits and related isolation and loneliness. While we designed the intervention to remediate this problem, we expected the students to discuss underlying issues that might cause psychological distress. These pair counseling sessions with high school students, which involved more conversation than play, provided an opportunity for participants to air their concerns and troubles with the understanding, support, and encouragement of their pair partners and the pair counselor.

As pair counselor/researcher, I am a Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), National Certified Counselor (NCC) and state certified schoolteacher, counselor, and principal. Prior to the intervention, I worked half time in the school's guidance department for five semesters over two and a half years providing crisis counseling and individual social/emotional counseling for a large number of students. I handled the psychological risk element so that no participants suffered any known or reported harm, and their concerns were followed-up appropriately.

When underlying issues, concerns or current problems inappropriate for pair counseling sessions arose, I dealt with them outside of the sessions. Most often, I

accomplished this by referring the students and parents/guardians to another professional or agency, but some interventions were handled within the school. In several instances, the pair counseling sessions served as the catalyst for initiating needed actions for the lasting benefit of the students.

Instruments

The independent variable was the pair counseling intervention provided to the eight pairs of students who formed the experimental group. There were five dependent variables measured using three instruments: (a) psychosocial maturity, as measured by the composite score of the Relationship Questionnaire (Rel-Q), 4th edition (Group for the Study of Interpersonal Development, 1998); (b) male peer self-reported relationship quality, as measured by the male peers subscale of the Clinical Assessment of Interpersonal Relations (CAIR) (Bracken, 2007); (c) female peer self-reported relationship quality, as measured by the female peers subscale of the CAIR (Bracken, 2007); (d) internalizing behaviors, as measured by the internalizing subscale of the Clinical Assessment of Behavior (CAB) (Bracken & Keith, 2004); and (e) externalizing behaviors, as measured by the externalizing subscale of the CAB (Bracken & Keith, 2004).

The Relationship Questionnaire, 4th Edition

The Relationship Questionnaire, 4th edition (Rel-Q) is a standardized instrument designed to measure Selman's interpretation of the construct of psychosocial maturity. The Rel-Q is a 25-item assessment in which different hypothetical situations or statements are posed, and students asked to rate each of four possible solution choices as "Poor," "OK," "Good," or "Excellent" and then to indicate which choice they believe is

the best. The final question concerns how many times the test-taker has been in a fight in the last 6 months. Because none of the score computations uses this item, we did not include it in the test. This modification is consistent with the test makers' instructions to modify test questions or eliminate items as needed (R. Selman, personal communication, June 30, 2006; Selman & Schultz, 2005).

The test yields five subscale scores: (a) interpersonal understanding; (b) perspective coordination; (c) hypothetical coordination; (d) real-life negotiation; and (e) personal meaning. In addition, there is a total composite score reflecting psychosocial maturity level, as defined by Selman's proposed four levels of social perspective coordination.

After examining the instruments' psychometric properties, we used only the total composite psychosocial maturity score, due to its higher reliability. Schultz, Selman, and LaRusso (2003) conducted a validation study of the Rel-Q (then in its third edition), with a norming sample of 1,237 public school students in 4th, 6th, 8th and 12th grades. Skewed toward urban and suburban students in the northeast region of the United States, the norm sample was not representative of the United States as a whole. Cronbach's alpha was .87 for the overall psychosocial maturity score, indicating strong internal consistency. Cronbach's alpha for the subscale composite scores were lower, and ranged from .52 to .68. Because of the low subscale reliabilities, we did not consider using subscale scores in this study. Many researchers present evidence of the Rel-Q's validity in measuring psychosocial maturity (Adalbjarnardottir, 2002; Nakkula & Nikitopoulos, 2001; Schultz, Barr, & Selman, 2001; Schultz & Selman, 2004; Schultz et al., 2003). The Rel-Q is unpublished, but its psychometric properties and norming procedures make it

suitable for use in this exploratory research study.

Clinical Assessment of Interpersonal Relations

The Clinical Assessment of Interpersonal Relations (CAIR) (Bracken, 2007) measures self-reported relationship quality of boys and girls, from the ages of 9 to 19 years, with both parents; their peers (male and female); and teachers. We used the male and female peer subscales in this study. Both subscales use the same 35-item questionnaire that provides sentence stems, for which respondents circle an answer indicating their level of agreement, including “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”

The CAIR is a norm-referenced test that allows interpretation of participants’ male peers and female peers subscale scores based upon a large, diverse norming sample. Students’ self-perceptions of their same- and opposite-sex peer relationships are the basis for these interpretations. The CAIR was standardized on 2,501 children and adolescents in grades 5 to 12. Unlike the Rel-Q, the CAIR under-sampled the northeast and over-sampled the south, relative to the United States’ population. However, the authors give ample evidence in the comprehensive examiner’s manual as to the reliability and validity of the test and its subscales. For example, the internal consistency coefficients for the test and subscales are all above .90; the male peers and female peers subscales have alphas of .94 in total, and at all high school grade-levels. Likewise, the examiner’s manual includes documentation of the test’s validity in measuring the constructs intended. Overall, the CAIR allowed for the measurement of changes in the self-reported quality of the participants’ male and female peer relationships over the course of the study.

Clinical Assessment of Behavior

The Clinical Assessment of Behavior (CAB) uses parent and/or teacher observations to assess children and adolescents' behavior. Like the CAIR, the CAB is a well-developed, standardized instrument with more than adequate reliability and validity. The examiner's manual contains ample evidence of construct validity. For the purposes of this study, we used the Teacher Rating Form (CAB-T) because, as a school-based intervention, the effects of pair counseling on the students' school behavior were of greatest importance. Although it we hoped that, because of the intervention, improvements in observable school behavior would generalize to behavior outside of school, it was of key importance that students display their best behavior at school to help them achieve their full academic potential; on this basis, the CAB-T was used to assess their school behavior.

The CAB-T is a 70-item instrument; teachers read statements and then rate "how often the student has engaged in the behavior *lately*," (Bracken & Keith, 2004, p.1, emphasis in original) with five scaling choices ("Always or Very Frequently," "Often," "Occasionally," "Rarely," or "Never"). Computerized scoring yields a number of results. In this study, we used only the Internalizing Behaviors (INT) and Externalizing Behaviors (EXT) scales. The INT subscale measures behaviors that comprise the CAB's Anxiety Cluster (ANX) and Depression Cluster (DEP) subscales, whereas the EXT subscale examines behaviors comprising the CAB's Anger (ANG), Aggression (AGG), Bullying (BUL), and Conduct Problems (CP) subscales. The INT and EXT scales quantify observable behaviors of pair counseling's matching of withdrawn or internalizing children and aggressive or externalizing youth. The coefficient alphas for

the INT and EXT subscales of the CAB-T clinical sample were .85 and .96, respectively, more than adequate for the needs of this exploratory research.

Because more than one teacher submitted CAB-T forms for some children, the issue arose of which teachers' completed CAB-T form to use to assess each child's internalizing and externalizing behaviors. Many teachers who completed the CAB-T on a pretest basis did not do so on a posttest basis and vice-versa. Therefore, the first criterion developed in deciding which teachers' CAB-T forms to use was completion of both the pre- and posttest measures. Given the relative importance and emphasis placed on the core subjects of English, mathematics, social studies, and science, the next criterion used was that when more than one teacher completed both pre and posttest CAB-T forms for a particular child to choose those from core subject teachers, rather than from teachers of elective subjects. If more than one core subject teacher completed both forms, we selected the teacher who knew the student the longest. Finally, if teachers knew the student for the same length of time, we chose the teachers of English and mathematics over those for social studies and science, following the principle of selecting the most crucial subjects. Given the pre- and post-CAB-T forms completed and the use of these criteria, there was one teacher identified for each student in the intervention group whose CAB-T results we used in the statistical analysis. For the comparison group, we used the AVID teachers' CAB-T scores as they completed them on both a pre and posttest basis, because they knew their students better than other teachers did, given the nature of the AVID program.

We administered the Rel-Q and CAIR instruments to the students individually in the intervention group prior to and after the first and last pair counseling sessions,

respectively, and in a group format to the students in the comparison groups during the same time that the students in the intervention group took them. Students completed the pretests in early February 2007 and the posttests during the last week of May 2007 and the first week of June 2007. Likewise, teachers individually completed the CAB-T forms just prior to the start of the intervention in February 2007, and right after the end of the intervention in June 2007. In case there was any learning effect from taking the two student instruments in one session, we alternated the administration of which was given first, the Rel-Q or the CAIR, between the members of each pair and the group administrations to the AVID classes.

Procedures

In addition to the procedures for selecting research participants and administering the pre- and posttests, we implemented a number of other procedures in the course of this study. Neither intervention nor comparison group participants were told of each other's participation in order to minimize several threats to internal and external validity. We asked the comparison group participants to complete two brief questionnaires twice, with an interval of several months, for a research study dealing with relationships among high school students. Rather than take a negative tone, focusing on the lack of social and friendship skills, and aggressive or withdrawn behaviors, we told intervention group participants about the potential benefits of pair counseling, and that their participation would help us in studying its use in high schools. The goal was to make them feel good about participating in the intervention, rather than labeling them as students identified by teachers as having serious relationship issues. We told teachers which students were selected for the experimental group, but they were instructed not to discuss the

intervention with the students. The participants' classmates were unaware of the study, unless informed by the research participants against the instructions of the researcher. Therefore, other students knew only that the guidance office called for the participants from time to time.

We conducted the pair counseling sessions in accordance with our adaptation criteria. Because of the length of time it took to administer the pretests to the comparison group participants (typically an entire class session), we administered the instruments individually to the intervention group participants, rather than devoting a pair counseling session to this purpose, as we had planned originally. Instead, during each initial pair counseling session, we explained the rationale, rules, and procedures of pair counseling, and we gave the participants many opportunities to ask questions and time for introduction to each other by the researcher/pair counselor. The pair counseling process and techniques employed reflected the approach developed and described systematically in Karcher's (2003) manual. However, Karcher described pair counseling as a play therapy technique appropriate for preschoolers to eighth graders, and the types of play discussed were not always appropriate for high school students. Therefore, pair counseling for older adolescents was adapted for a high school population for this study.

Much of the "play" of high school students involves relationships and talking about relationships. Within each pair, the students decided on a home base or standard activity (Karcher, 2003) that they could always fall back on if they could not think of anything else to do, or found that they had little to talk about during that session. Home-based activities included board games, card games, video games (in which students played in cooperative mode, on the same side or team, against the gaming system to

promote advancement toward the mutual or third-person level of psychosocial maturity), sports, Internet searching on a single computer, and taking walks outside on school grounds. As Karcher (2003) suggested, we limited sports, such as basketball and other indoor sports that students can play at school, to no more than 25 percent of the sessions.

Not including the first orientation session and a closing celebratory session, each pair participated in an average of ten pair counseling sessions. Although Karcher (2004) recommends 20 sessions for pair counseling, the length of time available for the intervention after obtaining all necessary approvals for a sufficient number of participants, and the difficulty involved in arranging for the sessions once the intervention started, dictated that we conduct fewer than 20 sessions.

The original intent was to conduct at least 15 pair counseling sessions, excluding the first orientation and final celebration session, over the course of which 15 key relationship characteristics identified by Bracken (2006) would be briefly discussed in the context of friendships and peer relationships. Although this necessitated a minute or two of didactic instruction, the intent was to have the pair counselor introduce each relationship characteristic and have the students in the pair discuss their feelings and beliefs about them. In reviewing the relationship literature in creating the CAIR, Bracken (2006) reported 15 relationship characteristics identified in the literature: Companionship (social support), Emotional Support (warmth, esteem support, nurturance, prosocial support, compassion), Guidance (informational support), Emotional comfort (mutuality), Reliance (dependability, instrumental support, tangible support, reliability), Trust, Understanding (profound knowledge of), Conflict, Identification (equality, sameness, striving to be like), Respect (positive regard), Empathy. Intimacy (self-disclosure,

sharing, openness), Affect (affection), Acceptance (belonging), Shared values.

With the reduced number of potential sessions, which could last no longer than roughly half a class period (about 45 minutes), we decided not to discuss the 15 relationship characteristics. Instead, during the introductory session we discussed the concept of psychosocial maturity and the four levels Selman proposed. The participants were told that a focus of each pair counseling session was to continuously encourage and promote the pairs' interactions to rise to ever-increasing levels of psychosocial maturity. This intentional and deliberate development of growth in psychosocial maturity is consistent with both the purpose and techniques of pair therapy and pair counseling (Karcher, 2003; Selman et al., 1997).

The pair counseling sessions, roughly 45 minutes in length, followed this format: (a) discussing what went well the previous session and what did not work (5 to 10 minutes); (b) deciding what to do during the half-hour session and following through, keeping in mind the three pair counseling rules (Selman & Schultz, 1990) of "We decide together and have to agree on what to do during the session," "Whatever we choose, we must do together," and "We may not hurt each other, the counselor or the property in the room"; and (c) deciding what went well during the session and what to do differently next time (5 to 10 minutes).

At the end of each school week, the researcher sent e-mails to teachers concerning when would be the best day and time during the following week to pull their students from class for the pair counseling sessions. During the weekend, the researcher formulated a tentative schedule based on any responses received and sent teachers the proposed schedule for their review. Based on responses received and follow-up calls on

the first day of the next school week, we finalized the schedule to the extent possible. Following any schedule depended on student attendance, which we had to check each day, due to many absences. This and other unforeseen circumstances required that the schedule remain flexible and open to each day's events.

When both members of an identified pair were at school and could leave class at the same time, we called each student to the guidance office and they waited in the office lobby. The researcher brought the students back to the conference room used for most sessions and started off each meeting by reviewing what happened the previous session. We asked the students what they did well and what they wanted to focus on during the current session. As the pairs functioned at such a high level of psychosocial maturity, most of this discussion focused on the activity for the upcoming session. Although the counselor suggested possible activities at the start of the intervention, the participants chose what to do. The only parameters given were that they had to complete the activity in the school building or on the school grounds, the researcher would furnish reasonably priced materials, and they could complete the activity during subsequent sessions if it would last more than one session. Once the pairs decided on an activity, and what to focus on in terms of their relationship (typically, continuing compromise resulting in mutual collaboration), the pair counselor served to monitor the pair's interactions, answer any questions, and deal with any concerns. However, he allowed the students to control the content and direction of the sessions. If neither of the students acted as an effective timekeeper, the pair counselor would let the pair know when they had just a few minutes remaining to conclude their activity.

We kept the ending discussion of what went well during the session, and what

they could improve upon, brief to allow each member of the pair at least a minute or two to record any comments that they had about the session. The comments were free form, but we suggested that the students note their feelings about the preceding session and the pair counseling process, overall. In addition, we reminded participants that they could use that opportunity to confidentially ask any questions of the pair counselor or seek individual counseling if they put their names on their comment cards (blank index cards). Otherwise, the students did not have to write their names on the cards, in hopes that they would be more open and forthcoming if their comments remained anonymous. The pair counselor collected and reviewed comment cards, but did not share them with the participants.

The pair counselor maintained session notes, charting progress toward learning and practicing friendship establishment, maintenance, and valuation skills, and any signs of growth in psychosocial maturity levels. Overall progress, and results and individual concerns about any student or pair were discussed during clinical supervision between the pair counselor and a licensed professional counselor qualified to provide such supervision during 50 minute long sessions held at least every other week, and weekly, when possible.

Data Analysis

The independent variable in this study was the pair counseling intervention. The comparison group participants received another intervention (the AVID program), but our purpose was not to compare program effectiveness, but to evaluate pair counseling. Ideally, we would have chosen suitable pair counseling participants and randomly assigned them to experimental and control groups, but this would not have been ethical.

Therefore, we used pre-existing comparison groups in this quasi-experimental exploratory research.

According to Gall, Gall, and Borg (2003), the most often-used quasi-experimental research design in education is the non-equivalent control group design. The essential feature of this design is that rather than researchers randomly assigning participants to groups, they administer groups a pretest and a posttest. Gall, Gall, and Borg (2003) noted that, if possible, all groups should receive a treatment, as was the case in this study.

SPSS was used to compute descriptive statistics and then to conduct paired sample *t*-tests to test the hypotheses. The small sample size made the use of paired sample *t*-tests more appropriate than the original plan to use ANCOVA (Bracken, personal communication, August 29, 2006). Given that there were five dependent variables, we changed the alpha level from the originally planned .05 to .01 to control for alpha slippage.

Limitations

As is often the case with exploratory research, limitations affect the internal and external validity of the study. One of the most significant limitations in this study was a lack of statistical power due to the small sample size. Other limitations include the lack of treatment fidelity (not focusing on the planned 15 relationship characteristics), the use of a convenience sample, and the shortened length of the intervention relative to the minimum time that it usually takes for developmental growth to be observed and measured (Faubert et al., 1996). To overcome this lack of power, the pair counseling intervention would have to have a very strong effect. Observing statistically significant improvement for the students in the intervention group on one or more of the dependent

measures would indicate the efficacy of pair counseling in high schools and the need for further research.

Gall, Gall, and Borg (2003) discuss several of the threats to internal and external validity applicable here. Possible threats to internal validity included 5 of 12 they describe: (a) history, (b) maturation, (c) testing, (d) instrumentation, and (e) experimental mortality (attrition).

With respect to history, conducting the intervention as the school year ended meant some students might have focused more on summer vacation than school. As for maturation, although the intervention duration was about 4 months, the Intervention participants knew they would be participating approximately 2 months prior to its start. Psychological development, including growth in psychosocial maturity may have occurred during this 6-month period without the intervention. Testing the students in both groups with same measures only 4 months apart, might have produced a practice test effect. Instrumentation problems included the fact that conscious or unconscious desires to show either student improvement or regression might have influenced teachers' observations on the CAB-T. As for experimental mortality, although only one intervention group student had to withdraw from the study (leaving the minimal number of students needed for the planned statistical analysis), his departure and the mid-intervention replacement of a new pair partner likely affected the pair partner who participated for the duration of the study.

Gall, Gall, and Borg (2003) also grouped threats to external validity according to population and ecological validity. The main threat to population validity in our study is the use of a convenience sample drawn from only one predominately-Caucasian (about

80 percent) suburban high school in a relatively high socioeconomic status area with a comparison group that was predominately African American, limiting generalization. There were several likely threats to ecological validity.

Multiple treatment interference. Both intervention and comparison group participants might have received treatments other than those planned.

Hawthorne effect. Selection for the intervention group resulted in participants receiving more attention and a pleasant break in their routine might have caused them to behave well in order to ensure their continued participation.

Novelty and disruption effects. The intervention lasted about 4 months, so the novelty might not have worn off for the participants who demonstrated the highest level of psychosocial maturity throughout the study.

Experimenter effect. Although the pair counselor closely followed Karcher's (2003) standardized approach, albeit revised for older students, the fact that the counselor was also the researcher might have affected the intervention, making it difficult to replicate with other pair counselors holding differing attitudes and employing varying therapeutic styles.

Pretest sensitization. The two measures completed by both the intervention and comparison group participants may have sensitized them to the nature of the research and influenced their response choice and later behaviors. Gall, Gall, and Borg (2003) note that pretest sensitization is most likely to occur with pretests measuring a self-report of attitude or personality as was the case with the assessments given.

Posttest sensitization. The participants might have surmised the purpose of the intervention when taking the posttests, affecting their responses to the test items.

Interaction of history and treatment effects. While anecdotal evidence exists that the intervention was effective for the intervention group participants, it might not have the same beneficial effects if repeated.

We controlled these threats to internal and external validity to the greatest extent possible through research methodology, conferral with dissertation committee members, and clinical supervision. However, the most significant threats were the small sample size ($N = 31$), the compressed time (4 months) during which to conduct the intervention (which limited power, such that only a strong treatment effect could yield significant results), and the lack of treatment fidelity.

The lack of treatment fidelity and other deviations from the original study plan call into question the appropriateness of the dependent measures used. This is not to say the assessments were problematic, but perhaps the assessments used were the wrong ones for this intervention. Departures from the original research proposal include: a reduced sample size; using a sample of convenience; intervention group members with normal range pre test scores; gender and race disparities between intervention and comparison group members; teachers not completing pre and posttest CAB-T forms; lack of treatment fidelity; shortened treatment duration; ANCOVA deemed inappropriate for sample size; and exclusive use of AVID students for the comparison group as students from other targeted programs were not available.

Chapter Four: Results

We utilized a pretest-posttest nonequivalent comparison group quasi-experimental design to examine the effectiveness of pair counseling with high school students in a public school setting.

Research Hypotheses

Hypothesis One

Psychosocial maturity levels will increase significantly for intervention group participants, but not for comparison group participants.

Hypothesis Two

Male peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants.

Hypothesis Three

Female peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants.

Hypothesis Four

Internalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants.

Hypothesis Five

Externalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants.

Statistical Analysis

Given the small size of the final sample ($N = 31$), a paired samples t -test was the appropriate statistic, rather than ANCOVA, which requires a larger sample size (Bracken,

personal communication, August 29, 2006). The paired samples t -test is a robust statistic suitable to test the mean difference of scores for repeated measures from the same groups (Kiehl, 2002). See summary statistics in Tables 3, 4, and 5.

Table 3

Pre- and Posttest Summary Statistics for Rel-Q Composite Scores

Basis	Group	N	M	SD
Pre	Intervention	15	2.14	0.21
Post	Intervention	15	2.14	0.24
Pre	Comparison	16	2.17	0.24
Post	Comparison	16	2.1	0.26

Table 4

Pre- and Posttests Summary Statistics for CAIR Peers Scores

Male Peers Scale	Basis	Group	N		<i>M</i>	<i>SD</i>	<i>t</i>
	Pre	Intervention	15		102.73	14.94	-1.44
	Post	Intervention	15		106.93	17.97	
	Pre	Comparison	16		113.25	16.576	0.11
	Post	Comparison	16		112.88	16.132	
Female Peers Scale	Basis	Group	N	...	<i>M</i>	<i>SD</i>	<i>t</i>
	Pre	Intervention	15		99.47	11.69	-0.51
	Post	Intervention	15		100.6	16.58	
	Pre	Comparison	16		127.75	9.83	0.21
	Post	Comparison	16		124.88	15.30	

Table 5

Pre-and Posttests Summary Statistics for CAB Scores

Internalizing Scale	Basis	Group	N	M	SD	t
	Pre	Intervention	15	53.07	6.54	1.71
	Post	Intervention	15	50.00	9.06	
	Pre	Comparison	16	43.00	10.70	-.72
	Post	Comparison	16	43.44	9.51	
Externalizing Scale	Basis	Group	N	M	SD	t
	Pre	Intervention	15	47.13	9.71	.21
	Post	Intervention	15	46.87	12.20	
	Pre	Comparison	16	42.25	7.63	-1.12
	Post	Comparison	16	43.13	6.90	

Results

The paired samples *t*-tests did not reveal significant differences at alpha levels of .01; thus, we found support for none of the hypotheses. Details of the corresponding results of the paired samples *t*-test for each of the five hypotheses are as follows:

Hypothesis One

Psychosocial maturity levels will increase significantly for intervention group participants, but not for comparison group participants. The results of the one-tailed paired samples *t*-tests did not reveal significant differences for the intervention group ($t_{(14)} = -.061; p > .01$) or for the comparison group ($t_{(15)} = .872; p > .01$).

Hypothesis Two

Male peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants. The results of the one-tailed paired samples *t*-tests did not reveal significant differences for the intervention group ($t_{(14)} = -1.438; p > .01$) or for the comparison group ($t_{(15)} = .113; p > .01$).

Hypothesis Three

Female peer relationship quality will improve significantly for intervention group participants, but not for comparison group participants. The results of the one-tailed paired samples *t*-tests did not reveal significant differences for the intervention group ($t_{(14)} = -.512; p = > .01$) or for the comparison group ($t_{(15)} = 1.204; p = > .01$).

Hypothesis Four

Internalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants. The results of the one-tailed paired samples *t*-tests did not reveal significant differences for the intervention group

difference for the intervention group ($t_{(14)} = 1.711$; $p = > .01$) or for the comparison group ($t_{(15)} = -.723$; $p = > .01$); therefore the hypotheses is not accepted.

Hypothesis Five

Externalizing behaviors will decrease significantly among intervention group participants, but not among comparison group participants. The results of the one-tailed paired samples t -tests did not reveal significant differences for the intervention group ($t_{(14)} = .213$; $p = > .01$) or for the comparison group ($t_{(15)} = -1.123$; $p = > .01$).

Chapter Five: Discussion

In this study, we examined the use of pair counseling with high school students. School personnel use pair counseling effectively as a play therapy technique in elementary and middle school settings. It teaches friendship establishment, maintenance and valuation skills to socially isolated, aggressive, and withdrawn youth (Selman et al., 1997; Karcher, 2003). However, researchers have not discussed its efficacy or conducted trials involving high school students. This exploratory research adapted pair counseling for use in a high school setting to examine its effectiveness.

The statistical analyses of the results obtained were not significant. Neither the students in the pair counseling intervention nor the participants in the comparison group exhibited (a) significant gains in psychosocial maturity as measured by the composite score of the Relationship Questionnaire (Rel-Q), 4th edition (Group for Interpersonal Development, 1998); (b) increases in self-reported male and female peer relationship quality as assessed by the male and female peers subscales of the Clinical Assessment of Interpersonal Relations (CAIR) (Bracken, 2003); or (c) decreases in teacher observed externalizing (EXT) and internalizing (INT) behaviors as determined by the EXT and INT subscales of the Clinical Assessment of Behavior (CAB) (Bracken & Keith, 2004). Therefore, the hypotheses that pair counseling would lead to significant differences in the five measures listed versus comparison group scores were not accepted.

There are several possible reasons that we failed to find that pair counseling is effective for adolescents to justify its use in high schools. The study's limitations undoubtedly contributed to the lack of significant results. Therefore, the methodology,

rather than the pair counseling technique, may account for the lack of support for the hypotheses.

One significant problem with the methodology was the limited sample size (N = 31, 15 participants in the intervention group and 16 in the comparison group) drawn from a convenience sample representing just one high school and an off-site alternative school for its students. A greater number of participants drawn from a larger number of high schools, representing more geographic areas, races, ethnicities, and socioeconomic backgrounds would have provided the greater power needed to achieve statistical significance. The smaller sample size also meant that we could conduct only paired sample *t*-tests to analyze the data, rather than the planned ANCOVA.

There were also issues with intervention and comparison group selection. Teachers were asked to nominate aggressive and withdrawn student who seemed to be socially isolated and had problems establishing, maintaining, and/or valuing friendships. Although approximately half of the students in the school were male, and half female, and about 78 percent of students were Caucasian and 20 African American, the majority of students nominated were Caucasian males. Although the teachers may have considered these students to have the most extensive friendship and interpersonal relationship problems, they may not have been the students with the most problems or who were most likely to benefit from pair counseling (Selman et al, 1997).

Although parents gave permission for their teens to participate, another weakness of the study was that we did not ask the parents about their children's friendship and interpersonal relationship status at home. None of the participants stated that they were totally without friends, but the parents could have provided additional information about

their children's social life and habits. Simply giving their permission for their children's participation did not necessarily mean that the children were the most appropriate candidates for the study.

A third limitation of the intervention participant selection was the lack of quantitative measures to justify their inclusion. For the most part, the pretest data did not match the teachers' perceptions that the students warranted inclusion in the study. Only five of the students had CAB INT scores in the mild clinical risk range, and just one student had a CAB EXT score in the significant clinical risk range. The other students' CAB INT and EXT scores placed them in the normal range. Likewise, only two students had Rel-Q composite scores greater than one standard deviation ($SD = .20$) above the Rel-Q pretest mean composite score ($M = 2.16$), and just one student's Rel-Q composite score was more than one standard deviation below the intervention group's mean Rel-Q score. Because it took so long to find participants, we made the matches and began the pair counseling intervention based on teacher observation and individual participant interviews, thus, we were unable to use any empirical justification to select the students or form the pairs.

Researchers have found that teacher nomination may lead to selection of students who scored within normal ranges on pretest measures, rather than the identification of adolescents with scores outside the normal ranges. Green, Beck, and Forehand (1980) suggest that teachers can identify which children are having problems in class, but are less accurate in differentiating among different types of problems. In the case at hand, the teachers may have been able to identify children with behavioral issues, but they may not have been able to nominate students with peer relationship and friendship difficulties and

adolescents exhibiting internalizing and externalizing behaviors. Auger (2004) found that teachers' identification of students with internalizing symptoms of depression did not correlate well with students' self-reports; thus, in our study, teachers' nominations may not have matched students' self-perceptions, as evidenced by the students' normal range pretest scores. Adams (1982) found that students' self-reports and teacher nominations are unrelated assessments of adolescent social relations. The use of sociometric assessments is preferable to teacher nominations, according to Foster, Bell-Dolan, and Berler (1986). Another concern about our reliance on teacher nominations is that many teachers did not complete both the pre- and posttest CAB-T forms.

The difficulties in finding intervention participants extend to comparison group selection, as well. We planned originally to choose the comparison group participants from among several school groups and programs providing interventions for students with social problems and other issues. However, the only individuals available were those in the AVID program, designed to help prepare potential first generation college students for success in college in several ways, including improving their social and relationship skills. As with the students nominated for the intervention, this group was not representative of the school population. It was comprised predominately of African American females. Thus, the comparison group members were not truly comparable to the intervention participants. Thirteen comparison group participants were African Americans and females, whereas 13 intervention group participants were males, and 14 were Caucasian.

The short duration of the treatment is another significant weakness of the study. Karcher (2003) suggested that 20 sessions are needed for effective pair counseling, and

even at the start, we planned for 17 sessions per pair. Given the unexpected length of time it took to secure authorization to conduct the study and get parental permission for participation, it began later in the school year than planned. Compounding this problem were the difficulties involved in scheduling pair counseling sessions. It proved unrealistic to pre-schedule sessions. Instead, we had to hold the sessions on an ad-hoc basis, which did not provide much regularity for the participants. We conducted an average number of only 10 sessions per pair, half of what Karcher (2003) recommended. These sessions took place over about 4 months; one a third of the 1-year period that Faubert, Locke, Sprinthall, and Howland (1996) concluded students need for developmental growth to occur.

The Hawthorne effect may also have been a major limitation. We told the intervention group participants the purpose of the study and gave them a general sense of what the assessments measured. We also informed them about the psychosocial maturity levels, and the behaviors associated with the highest level. Throughout the intervention, the participants consistently behaved in accordance with this highest level of psychosocial maturity by collaborating and not engaging in any self or other transforming behaviors. Although they knew how to act optimally during sessions and did so throughout the intervention, their posttest Rel-Q scores did not reflect that they had experienced developmental growth during the intervention that would generalize and sustain these mutually collaborative behaviors outside of the sessions. Telling participants how we hoped they would act may well have become a self-fulfilling prophecy.

Pair counseling is a developmental intervention aimed at promoting growth in

psychosocial maturity through play, guided by a counselor monitoring the pair's interactions as they relate to friendship establishment, maintenance, and valuation skills. The process is very similar to the Deliberate Psychological Education (DPE) model developed by Sprinthall and Mosher (1978), used successfully to promote cognitive development. The DPE model has five components: (a) a significant role-taking or perspective-taking experience; (b) praxis or reflection on the experience; (c) proper amounts of the role-taking experience and later reflection; 4) a fine balance between support and challenge; and 5) continuity or continuance of the DPE program for a year to bring about development (Faubert et al., 1996). In our adaptation of pair counseling for high school students, we did not address a number of the elements adequately. Specifically, we did not spend much time on reflection, and did not provide continuity. Perhaps if the adaptation of pair counseling had more closely followed the outlines of the DPE model, we might have achieved the expected results.

Another DPE component lacking in our study was the balance between support and challenge. In this study, the participants all behaved in accordance with the third or top level of Selman's perspective-taking theory of mutual collaboration. Because they were already exhibiting behaviors characteristic of this level, we did not sufficiently challenge them. The participants received much support in the form of praise for how they behaved when paired. Perhaps an appropriate adaptation of pair counseling for high school students, which would align it more closely with the DPE model, would be to require students to choose among session activities that would provide a significant challenge for them, rather than letting them engage in familiar activities. Such challenging activities might include participating in a ropes course, a wilderness

experience, or a volunteer experience. Such challenges may be more readily available outside of a regular high school setting, hence the need to consider that it might be best to conduct pair counseling for high school students outside of the regular school setting and school day. Altering pair counseling in this fashion would allow inclusion of a host of more challenging activities than can be conducted in 45 minutes at school, eliminate the problems involved in removing students from class, and reduce the difficulties in scheduling sessions. However, there is no reason why the students in the pair cannot participate fully in the selection of available challenges that would be of greatest interest to them.

Selman (1990) theorized that aggressive and withdrawn children who have poor peer relations and related problems in establishing, maintaining, and valuing friendships have interpersonal negotiation strategies that lag behind their level of perspective-taking ability. Given their behavior during the pair counseling sessions, the participants all seemed to be able to employ interpersonal negotiation strategies that match Selman's theorized highest level of perspective-taking ability, despite their reputations and history of not doing so in school. Our study provided no evidence about why this was the case other than the unique circumstance of participation in closely monitored and contained sessions.

Perhaps continued success in pair counseling sessions might have extended to the participants' social environment resulting in (a) growth in psychosocial maturity matched with appropriate interpersonal negotiation strategies displayed in the sessions; (b) improvements in the quality of their male and female peer relationships; and (c) reductions in externalizing and internalizing behaviors, given the benefits of improved

interpersonal relations and satisfactory friendships. However, this is speculative.

We did make some interesting observations during the study. Foremost was that all pairs got along well and interacted in a mutually collaborative way with minimal instruction and almost no prompting from the pair counselor. This was surprising, given the adults' perceptions of the children involved and the contrasting interpersonal negotiation strategies found in each pair. The participants were also able to find a number of school-appropriate shared session activities, in addition to simply talking. As anticipated, talking was the primary activity, but students sometimes combined it with various forms of game playing. Participants' underlying issues did come to the surface and they sometimes talked about these topics during the sessions. If inappropriate for discussion by the pair, the pair counselor and other adults dealt with these issues outside of the sessions. Thus, the pair counseling sessions served as the catalyst for needed change regarding other issues.

While the quantitative measures did not support the effectiveness of pair counseling, school personnel and parents had favorable impressions of the intervention. With each pair, there was anecdotal evidence of student improvement in school and/or at home, some of which the participants attributed to the intervention. However, in the absence of statistical support, the methodological limitations, and potentially confounding variables, we cannot attribute any of these benefits to the technique of pair counseling, specifically, or the intervention, in general.

Implications for Counselors and Counselor Educators

Our study has some implications for school counselors and counselor educators. While we did not establish the usefulness of pair counseling in promoting psychosocial

maturity, improving the quality of peer relations, or improving behavior, as evidenced by reductions in externalizing or internalizing behaviors at the high school level; we did not find evidence against it. Given the evidence of pair counseling's effectiveness, Moody (1997) suggests using the technique when other interventions fail to work; we encourage Pre-K to Grade 8 school counselors to consider this. This technique, by design, is easy to teach and to learn for professionals and paraprofessionals alike. Counselor educators, particularly those teaching school counseling, should be familiar with pair counseling, and inform their students about the technique and sources for more information.

Recommendations for Further Research

Despite the limitations of this study, once the intervention began, it proceeded smoothly (with the exception of the difficulties involved in arranging sessions), and without any known or reported harm to the participants. All participants reported enjoying and benefiting from the process in some way. None of the students' teachers complained that the intervention caused the students to miss too much class. The fear that matching students with contrasting interpersonal negotiation strategies, such as pairing aggressive with withdrawn students, would result in problems within the matches was unfounded. Although the potential benefits of replicating the study may outweigh the risks, we do not recommend such a repetition.

Conducting this quantitative study has revealed a number of ways in which we could have improved it. Pair counseling, by design, is a counseling technique both professional and paraprofessionals can use without much training. Researchers' time would be better spent training teachers and aides how to be effective pair counselors than serving as pair counselor for every pair and facilitating every session. A true

experimental design with random assignment or at least a quasi-experimental design with a better comparison group could be undertaken. Identifying emotionally disturbed (ED) special education students in the spring, whose Individual Education Plans (IEP) included goals and objectives for improved peer relations or social skills training, and seeking parental permission to undertake an intervention during the following academic year, would allow for a longer intervention. Researchers could build pair counseling sessions into special education classes for ED students or into their resource room time, thereby limiting or perhaps eliminating the need to pull students from other classes and have them miss instructional time. ED students' case managers would be well suited to observe the students' behavior and contact parents for their input concerning the children's social function at home, if this information was not already available in special education eligibility evaluation reports.

Researchers could conduct a formal and more comprehensive process of collecting qualitative data from the participants apart from the pair counseling sessions to yield data to supplement a quantitative study. Alternatively, one could undertake a rigorous qualitative to buttress the anecdotal evidence of effectiveness provided by the case study approach that predominates in the pair counseling literature. In addition to a larger number of participants and pair counselors, more schools within one or more districts representing different geographic areas, and socioeconomic groups could be used and matched more closely for age, grade, gender, race, and other demographic characteristics with those included in a control or comparison group.

The anecdotal evidence in the pair counseling literature and in this study suggests that perhaps we chose the wrong dependent measures. A longer intervention, lasting

perhaps at least an academic year, which incorporates challenging activities conducted outside of a high school setting, may well lead to developmental growth in psychosocial maturity suggested by the DPE model. As such, the Rel-Q to measure may remain an appropriate measure to evaluate pair counseling. However, in our study several students disclosed that their participation made them feel better about themselves and their futures, rather than focusing on its leading to better peer relationships or improving their behavior. Other instruments that measure alternative dependent variables focusing on self-concept, particularly self-esteem, may represent better choices to gauge the effectiveness of pair counseling for high school students. Thus, we may have looked at less suitable dependent measures, and used the wrong instruments.

The use of more challenging activities and increased amounts of guided reflection to conform more closely to the DPE model, without interfering with instructional time or the school day, also suggests that future research not be limited to the school building and the school day. Pair counseling may indeed be an effective intervention for high school students, but not one that lends itself to application within the schools. Alternative settings, activities, and other dependent measures may help prove the technique's effectiveness in future research.

Conclusions

This exploratory research failed to provide statistical support for pair counseling as an effective intervention. However, this lack of statistical support does not allow drawing firm conclusions about the use of pair counseling in high schools. Given the challenges in conducting this study and our results, future researchers conducting quantitative studies would perhaps find significant results by improving their methods

and supervising the intervention, rather than assuming the dual role of researcher and pair counselor. Despite our inconclusive findings and the difficulties inherent in future research, we hope that well designed and executed quantitative and rigorous, formal qualitative studies will supplement the existing case studies and anecdotal evidence with research-based evidence of pair counseling's effectiveness.

Appendix A - The Relationship Questionnaire, 4th edition

GSID Relationship Questionnaire**Grades 4+**

* Version 4.0 *

This questionnaire is not a test and there are no right or wrong answers to any of the questions. Each student will have different opinions, thoughts, and feelings about different issues or situations. We are interested in your experiences and what you think about certain things. We hope you will find these questions interesting.

STUDENT INSTRUCTIONS:

- ☞ 1. For each incomplete sentence, indicate with a check mark whether you think that each sentence completion choice is **POOR**, **OK**, **GOOD**, or **EXCELLENT**.
- ☞ 2. Next, write the letter (a, b, c, or d) of the choice that you think is the best in the box provided.

EXAMPLE

	Poor	OK	Good	Excellent
It is good to work hard in school because				
a. you might win an award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. you don't have a choice about being there, so you might as well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. you will feel good about yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. it will make your parents happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

I AM A GIRL I AM A BOY

1. Someone is a good friend because he or she:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. does what you ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. lives close by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. shares his or her feelings with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. will keep your secrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

2. A good teacher:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. does not yell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. keeps the class quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. lets the students help make some decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. listens to students' ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

3. When you trust someone it is because they:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. give you presents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. mean what they say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. are loyal to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. keep your secrets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

4. The best reason to explain why kids your age get into fights is:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. they get mad at people who talk behind their back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. they were hit by another kid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. they can't see any other way to deal with some people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. they like fighting to show who's boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

5. The best reason to explain why some kids your age *don't* get into fights is:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. they don't like fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. they know how to see each person's point of view in an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. they are not good fighters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. they have learned other ways to deal with problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

6. The best reason to explain why someone your age joins gangs is:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. to show off in front of other girls or boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. because they want to be cool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. they just like being in a gang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. being in a gang gives them a feeling of belonging to a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

7. Jody doesn't like the idea of shoplifting or stealing things from stores. One day Jody's best friend Naomi says she is going to steal something from a store and asks Jody to go with her. Jody says she doesn't want to, and Naomi calls her a wimp. Jody could

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. tell Naomi not to steal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. explain to Naomi why she thinks stealing is wrong and talk her into not stealing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. persuade Naomi that stealing is not worth the risk of getting caught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. just walk away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

8. Steve and Carlos are friends. One day at school, they try to decide what they want to do that night. Steve wants to invite a new kid in school to go the movies with him and Carlos. Carlos wants to go to the movies alone with Steve. Carlos could

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. tell Steve that he can't go because he's sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. tell Steve he won't go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. explain to Steve why he wants the two of them to go alone, ask Steve to explain his position, and then figure out what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. tell Steve he'll go to the movies with Steve and the new kid if he and Steve can do something alone together later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

9. The principal of the school has told the student council that this year there are no funds for after-school activities such as sports and art. Because a lot of students in the school are upset about losing these activities, Leticia and the other members of the student council need to decide what to do. Leticia and the other student council members could

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. begin an awareness campaign to get parents to understand how important sports and art are for the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. offer to paint the school building in return for money for after-school programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. don't do their school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. go to the next school board meeting and tell people to get the money for sports and art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

10. Gladys, who has a ten o'clock curfew, goes to a party one Saturday night. She gets home at 12:00 and her father is waiting up for her. He is very angry and grounds her for a month. Gladys feels that the punishment is too severe and thinks she is old enough to stay out past 10:00. Gladys could

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. storm out of the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. tell her father he can't tell her what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ask her father to work with her on an agreement which would allow her to stay out later on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. explain to her father why she feels she's old enough to stay out late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

11. Amy is very athletic and likes sports. She particularly likes baseball and decides to try out for the neighborhood Little League team one spring, even though there are no other girls on the team. During the tryouts, some of the boys start "dissing" her, saying that baseball is for boys and that they don't want her on the team. Amy tries out anyway, but the next day when the coach announces who made the team, Amy is not chosen. Amy could

- | | <u>Poor</u> | <u>OK</u> | <u>Good</u> | <u>Excellent</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. tell the coach "I know I played better than some of the boys who made the team and you know I deserve to be on it." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. say to the coach what she thinks about not making the team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. slam her locker door and tell her friends what she thinks of the coach. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. go to the coach to hear his reasons for not putting her on the team and explain her point of view to him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

12. Holly is baby-sitting for her little brother, Max, so her parents can enjoy a Saturday out. Before they leave for the evening, they tell Holly to be sure not to let Max watch any TV after 9:00. Holly sends Max to bed at 9:00 and stays up to watch a movie she's been wanting to see. At 9:30, Max comes downstairs, awakened by a bad dream, and asks to stay up and watch TV with Holly because he can't sleep. Holly should say to Max

- | | <u>Poor</u> | <u>OK</u> | <u>Good</u> | <u>Excellent</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. "I'll let you stay up; I know you're scared." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. "You can stay up. Just be quiet so I can watch the movie." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. "You can stay up—Mom and Dad will understand that I let you stay up because you had a bad dream." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. "You can stay up—Mom and Dad wouldn't want you to be alone when you're afraid." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

13. Tanya and Stanley have a date to go rollerskating. An hour before she is supposed to leave home to meet Stanley, Tanya gets a call from a friend who has an extra ticket to a football game and would like Tanya to come with her. The game starts at the same time Tanya is to meet Stanley. Tanya calls Stanley to change their plans, but gets Stanley's answering machine. Tanya should

- | | <u>Poor</u> | <u>OK</u> | <u>Good</u> | <u>Excellent</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. leave the message "A friend called and offered me a ticket to today's football game, so I'm going. I'll call you when I get back." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. leave the message "I know you'll be disappointed, but I have to change our plans. I was looking forward to seeing you, and I'm sorry about this. I'll call you when I get back." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. leave the message "I have to change our plans to go skating. I'll call you later." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. call back after the game. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box

14. Dan's grandfather doesn't speak English and needs to find a job. Dan, who does speak English, goes out with his grandfather to help him find work. Dan sees a restaurant with a Help Wanted sign in the window and goes inside to speak with the owner. Because his family needs money so badly, Dan lies to the man, telling him that his grandfather knows how to cook. Dan also lies to his grandfather, telling him the owner has hired him even though he *knows* he isn't a cook. Dan lies to his grandfather because he

- | | <u>Poor</u> | <u>OK</u> | <u>Good</u> | <u>Excellent</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. is thinking only about himself and not about how his grandfather might feel. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. is thinking about earning money to feed his family, and so he didn't think about how his grandfather might feel. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. thought that once he had time to explain the situation to his grandfather, he'd understand and forgive him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. thought his grandfather would be upset if he knew Dan had lied to the man hiring cooks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

15. My closest friends are important to me because:

- | | <u>Poor</u> | <u>OK</u> | <u>Good</u> | <u>Excellent</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. they make me feel better about myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. they like me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. they help me stay out of trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. we can talk to each other about anything | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

16. My parents are important to me because:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. they make me feel better about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. they just are important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. they help me stay out of trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. they provide the support that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

17. When I get in fights or arguments with other people, it is because

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. they get in my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. they talk about me behind my back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. if I don't fight they'll think I'm afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I keep my self-respect by not backing down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

18. When I don't get in fights or arguments with other people, it is because:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. it's not part of who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. not fighting is the only solution to all problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. nobody likes their friends to fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I'm in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

19. If someone calls my mother a name or insults me in school I would FIGHT THEM because:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. if I let them get away with it once they'll do it again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. it gets me mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. even though I know that fighting is not always in my best interest, sometimes there's no other way to deal with disrespect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. you don't let anybody mess with you or your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

20. If someone calls my mother a name or insults me in school I would NOT FIGHT THEM because:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. I could get hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't want to get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I only fight when someone hits me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. fighting's not going to make me feel better or solve anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

21. My best friend and I do things separately sometimes because:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. we ignore each other when we've had a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. we can't agree about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. we like to do different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. our friendship is secure without always being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

22. When my best friend and I don't agree on what to do, I might:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. try to convince my friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. listen to my friend and work it out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. get upset and go away to be by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. go along with my friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

23. When I don't agree with the adult I am closest to, I might:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. try to convince them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. just forget it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. listen to them and work it out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. get so upset I run into my room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

24. I sometimes don't agree with what my teachers tell me at school because:

	<u>Poor</u>	<u>OK</u>	<u>Good</u>	<u>Excellent</u>
a. they blame me for things I don't do, and that makes me mad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I need to stick up for what I think and believe is right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't think they understand my point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I don't listen to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Write the letter (a, b, c, or d) of the choice that you think is the best in this box:

25. During the past SIX MONTHS, how many times, if any, were you in a physical fight?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

Appendix B - Parent Consent Letter Draft

Date

Name
 Address Line 1
 Address Line 2

Dear (Name of parent/guardian):

I want to thank you again for speaking with me about (Name of child). With you and (Name of child)'s help, this exploratory research may show that pair counseling is an effective intervention for high school students perhaps allowing its use for the benefit of other high school students in the future. As we discussed, I need your written consent so that your (son, daughter, niece, etc.) can participate in the study. Please sign the attached permission form and have (Name of Child) return it to me.

To refresh your memory, let me review what the study will involve for (Name of child) as follows:

- Completion of two standardized instruments, the Relationship Questionnaire and the Peers Subscale of the Assessment of Interpersonal Relations, before and after the study taking less than an hour each time. All results from these assessments will remain confidential.
- If selected for the intervention group, attendance at 17 pair counseling sessions. These sessions will be scheduled so that (Name of Child) will only miss about half a block of each class just once a month for a few months until all 17 sessions are completed. The sessions will last about 50 minutes each, and during them I will be supervising and closely monitoring (Name of Child)'s interactions with another student in the pair to help teach them friendship and interpersonal relationship skills. The pair will talk in session, they may play a game of their choice, a different characteristic of good interpersonal relations will be discussed each session and finally we will review how the session went.

Please remember participation is voluntary and that either you or (Name of child) can elect to stop participation in the study at any time. If you have any questions, please do not hesitate to contact me at the school at xxx-xxxx, and leave a voice mail message if I am not available. I can also be reached on my cell phone at xxx-xxx-xxxx or by e-mail at hortonk@____.k12.va.us. Again, please feel free to contact me for any reason.

This study has been approved by the Human Subjects Committee of the Internal Review Board of The College of William and Mary. If you have any questions of them, please call the committee office at 221-3901 or Dr. Thomas Ward, Associate Dean of the School of Education, at 221-2317 or by e-mail at tjward@wm.edu. You are also welcome to contact the chair of my dissertation committee, Professor Rick Gressard, at 221-2352

or by e-mail at cfgres@wm.edu. The study has also been approved by the _____ School District and the school's principal, Mr. _____, who you can call at his office at xxx-xxxx or contact by e-mail at @.k12.va.us. Thanks again for your help.

Sincerely,

Kent Horton

I, _____ give my permission for

(Your printed name)

(Student's Name)

to participate in the pair counseling study, as discussed and as described in the informed consent letter sent to me attached to this form, by signing below.

(Your signature)

Date

Appendix C - Student Assent Letter Draft

Date

Dear Student:

Thanks again for speaking with me concerning my project to adapt pair counseling for high schools. With your and other students' participation, this exploratory research may show that pair counseling works as well for high school students as it does for younger students. If so, I hope that this may promote and allow its use for the benefit of other high school students in the future. As we discussed, I need your signed written assent (your agreement to be involved), in addition to your parents'/guardians' written consent (permission), so that you can participate in the study. If you are still interested, please sign the attached assent form, have your parent or guardian sign the consent form and return both to me. I greatly appreciate your help.

To refresh your memory, let me review what the study will involve, as follows:

- Completion of two brief questionnaires, the Relationship Questionnaire and the Peers Subscale of the Assessment of Interpersonal Relations, before and after the study taking less than an hour each time. All results from these assessments will remain confidential.
- Attendance at about a dozen pair counseling sessions with me as your pair counselor. These sessions will be scheduled so that you will only miss about half a block of each class just once a month for a few months, until all sessions are completed. The sessions will last about 50 minutes each. During them you will: learn about and practice friendship and interpersonal relationship skills with your pair partner; talk with your partner; you may both together play a game or work on an activity of your mutual choice; a different characteristic of good interpersonal relations will be briefly discussed each session; and finally we will review how the session went.

Please remember that your participation is voluntary, and you can withdraw from the study at any time. The potential benefits of your participation may include improved quality of friendships, better interpersonal relations with peers and adults, and perhaps fewer problems in class, if applicable, which may help you to do better academically. The risks of emotional distress or harm to you are minimal. There is no more risk involved in pair counseling than with any other type of school based counseling. However, if any potential problems start to arise, they will be dealt with either right away during session or later on in private with me and/or your counselor, as you desire. If you have any questions, please do not hesitate to contact me at the school or to e-mail me at hortonk@k12.va.us. Again, please feel free to contact me if you have any questions, concerns or comments.

This study has been approved by the Human Subjects Committee of the Internal Review Board of The College of William and Mary. If you have any questions of them, please call the committee office at 221-3901; or call Dr. Thomas Ward, Associate Dean of the School of Education, at 221-2317 or e-mail him at tjward@wm.edu. You are also welcome to contact the chair of my dissertation committee, Professor Rick Gressard, by phone at 221-2352 or by e-mail at cfgres@wm.edu. The study has also been approved by the _____ School District and your principal, Ms. _____, who you talk to at school or contact by e-mail at @wjcc.k12.va.us. Don't forget as well that your counselor, Mr. _____, is always willing to see you at an appropriate or scheduled time.

Thanks again for your help. I really look forward to working with you and your pair partner.

Sincerely,

Kent Horton

I, _____ agree to participate in the pair counseling study,
(Student's printed name)

as discussed with Mr. Horton and as described in the letter attached to this form, by signing below.

(Student's signature)

Date

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