Therapeutic intervention with maladjusted junior high school pupils.

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THERAPEUTIC INTERVENTION WITH

MALADJUSTED JUNIOR HIGH SCHOOL PUPILS

A Thesis Presented
By
JOSEPH JACOB SHAY

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of

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December 1974
Department of Psychology
THERAPEUTIC INTERVENTION WITH

MALADJUSTED JUNIOR HIGH SCHOOL PUPILS

A Thesis

By

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December 1974
ACKNOWLEDGEMENTS

Once upon a time all of my interest in doing research could have fit nicely on the head of a pin. Were it not for my relationship with Dr. Norman Watt, I might feel the same today. Largely as a result of the gentle way he introduced me to research and the not-so-gentle way he prodded me later, I have completed this thesis with a feeling of satisfaction and of competence. I thank him for that, but more importantly for the ways in which he allowed me to move nearer to the role of clinical psychologist and closer to him as a person. I wish also to thank Dr. Stuart Golann and Dr. Alan Lieberman who served as important resources during the original conceptual process and as helpful critics during the final stages. The guidance staffs, teachers, and students at Kiley and Forest Park Junior High Schools also contributed their efforts to the completion of this study and deserve appreciation. In particular, Henry Spring and Sylvia Pomerantz of Kiley Junior High School were instrumental in the creation and development of the counseling program. My appreciation to Sally Ives goes beyond the secretarial services she provided, and is offered more for the consideration and concern she has shown me for the past two and a half years. Above all, the two people who deserve my gratitude are Dorcas and Kevin who were there for me whenever I needed them and kept me in touch with myself.
ABSTRACT

A pilot study was done to evaluate whether group counseling with maladjusted junior high school pupils at two schools would effect changes in attitudinal, behavioral, and academic areas. Four counseling groups were comprised each with seven to nine youngsters classified as mildly, moderately, or severely maladjusted. Specific objectives of the group counseling process included the improvement of self-concept and of relationships with peers, parents, and teachers, as well as the reduction of absences, disciplinary referrals, and suspensions. No change was expected in academic performance or level of intelligence. A comparison of pre-treatment and post-treatment scores on a variety of measures revealed significant differences between treatment group members and their matched controls in self-concept improvement and two other attitudinal measures. No changes were found in behavioral or academic areas. This pattern of results taken together with significant correlations among several of the measures suggested a revised conceptualization of the treatment process, namely, that attitudinal change may be the most plausible primary target for group counseling, followed sequentially by behavioral and academic change.
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INTRODUCTION

Natural resources used by the American people are so largely taken for granted that we are often caught sitting on our hands when the continued presence of one of these resources is threatened. Last year, the threat of a severely diminished supply of oil for our use came to the public's attention and was brought into even sharper focus following the renewal of conflict in the Middle East and the subsequent oil embargo by the Arabian countries. Throughout the country Americans worried about the implications of having less oil during the nearing winter, while Congress took steps to minimize the negative consequences.

Recently, preparations for major conflict have once again been stepped up in the Middle East, leaving Americans with the unsettled feeling that our oil supply for the oncoming winter may be threatened. We would speculate, however, that many Americans have adopted the view that the United States will find some way to avoid the possible crisis proportions of this situation and of like situations in the future. After all, as the story goes, our country takes care of its own, and stands second to none in utilizing resources to their fullest potential. But is the story true? Or could one argue that major problems lie ahead for this country based on our poor track record of the past? Indeed, one might well point accusingly to our failure to develop our
single most important resource—namely, our children. Children, not oil, will interest us here.

**Throwaway Children**

In an address delivered to Congress, President John Kennedy said:

The future of any country which is dependent on the will and wisdom of its citizens is damaged, and irreparably damaged, whenever any of its children is not educated to the fullest extent of his capacity, from grade school throughout graduate school. Today, an estimated four out of every ten students in the fifth grade will not even finish high school—and that is a waste we cannot afford (1963, p. 10).

Of the more than fifty million children presently in elementary and secondary schools, then, almost twenty million will not complete high school if President Kennedy's estimate is yet accurate (Simon and Grant, 1970). For a variety of social, political and economic reasons, these dropouts not only will contribute little to the "growth" of the country, however broadly defined, but also will suffer more than their share of personal unhappiness. They will be poor, for the most part, and will agree with author Kurt Vonnegut's wry comment, "Poverty is no sin. But it might as well be."

Clearly, the lives of these individuals represent a resource wasted.

Another subset of the fifty million school children, many of them also among the dropout group, concerns us even more. They are the "troubled" children, the "maladjusted,"
the "emotionally disturbed," who, far from making any societal contribution, will drain the energies of many who come into contact with them, and cause almost as much suffering to those closest to them as they experience themselves. In addition, some of these children in later years will act out against strangers or institutions, leaving unhappiness and waste in their path, if not death. The failure of these children to thrive psychologically or to perform competently represents perhaps America's greatest failure to develop her own resources.

Scattered attempts to combat this failure have been made, to be sure, although less for reasons of maximizing contributions to society than for minimizing personal unhappiness. One of the most striking attempts is the recent adoption in Massachusetts of legislation to attack this problem on a monumental scale. This legislation, commonly referred to as Chapter 766, is designed to serve the diversity of children's special needs, including psychological needs. Unfortunately, Massachusetts is one of the few states in the Union with such a comprehensive plan, and even that plan is certain to suffer from severe underfunding.

The fact is that troubled children in this country are second-class citizens in terms of their right to a sound mind and equal opportunity. Although several judicial decisions in recent years suggest that this condition is being remedied (Rosenberg, 1974) we must not be misled into viewing the pro-
blem as anything less than enormous. Before turning to a discussion of the partial attempts to ameliorate it, the magnitude of the problems needs to be more clearly delimited, and an underlying assumption made explicit. We begin our review of the literature with a consideration of that assumption.
As the Twig is Bent

Virtually every effort to treat maladjusted children is predicated on the belief that, by and large, severe emotional or behavioral difficulties rarely disappear spontaneously. Stated another way, it is assumed that maladjusted children are good bets to remain that way for many years, often into adulthood. This assumption has been captured well by Alexander Pope in his famous couplet:

Tis education forms the common mind:
Just as the twig is bent, the tree's inclined
(Bartlett, 1948).

Not only have poets addressed this notion, however. Researchers have investigated it as well, and found, for the most part, that it stands up under scientific scrutiny (Lambert, 1969; Robins, 1966; Stennett, 1965; Westman et al., 1967; and Watt, 1970). A closer look at these empirical studies may prove instructive.

Lambert (1969), appearing before a Congressional Subcommittee on Education, reported a follow-up study of 52 students who were identified as being emotionally maladjusted in grades 4, 5, or 6; a like number of children deemed normally adjusted were also studied. No treatment of any directed sort was undertaken for any of the disturbed youngsters at the time of identification. Five years after identification,
the follow-up study occurred. It was found that the emotionally troubled children, in comparison to their controls, had committed during those five years significantly more penal code violations, made more police contacts, been referred more frequently to guidance clinics, health facilities, and school guidance personnel, incurred more school disciplinary actions, and been absent more often from school.

Also using a large population of fourth, fifth, and sixth graders, Stennett (1965) identified 22% of his sample as either moderately or seriously handicapped emotionally. The question at the heart of his study was: "To what extent are the adjustment problems of the emotionally handicapped children self-healing?" Follow-up over several years indicated that these troubled youngsters were not much helped by the passage of time. Instead, they fell increasingly further behind their peers in their academic and social development, leading Stennett to conclude, "A significant number of children identified as emotionally handicapped are not likely to resolve their adjustment problems without help" (p. 448).

Similar results were reported by Westman, Rice, and Ber- mann (1967) in a study of retrospective records of 130 youngsters from the preschool level to age 18. They found an extremely high correlation (.88) between signs of maladjustment occurring during the early school years and utilization of mental health clinical services in subsequent years. In accord with Stennett, they argue that the evidence "contradicts
the time-honored notion that children outgrow behavior problems seen in early life and supports the thesis that drastic shifts in manifest behavior tend not to occur during the first 18 years of life" (p. 728).

Perhaps the most extensive follow-up studies concerning the relationship between early and subsequent maladjustment are those done by Robins and her colleagues (Robins, 1966; Robins and O'Neal, 1958). In the 1920's, a sample was chosen of 524 youngsters who had contact with child guidance facilities; more than 100 problem-free controls were selected as well. These individuals were followed for the next thirty years, with the remarkably low attrition rate of less than 10%. At the end of the thirty-year period, sixty percent of the initial problem group had a history of psychosis, sociopathy, or alcoholism, compared to less than one-half percent of the problem-free controls. A corollary finding which is also of interest here is that antisocial behavior as a child allows for prediction of adult sociopathy with fifty percent accuracy, while absence of such childhood behavior virtually assures the absence of adult sociopathy. Lastly, the follow-up studies clearly indicate that the severity of adult adjustment is related to the severity of the childhood disorder. We see, then, in this monumental investigation, further support for the contention that early psychological disturbance often prefigures later disturbance.

To be sure, not all the research provides evidence as
striking as that reported above. Clarizio (1969), for example, reviewed several studies in which there is only modest correspondence between childhood and adult disorder. He proposes that stronger correspondence more frequently exists where there is early deviance of an extreme sort, such as that found in highly aggressive, antisocial behavior. The shy, withdrawn child is less likely to run into difficulty as an adult. Certainly in the field of schizophrenia research there is evidence to support Clarizio's view (Morris et al., 1954; Watt et al., 1970). In general, however, the preponderance of present evidence, including the sophisticated research of the Rochester group (Cowen et al., 1963, 1966, 1967; Zax et al., 1964) does suggest that early dysfunction has predictive meaning.

One far-reaching implication of our knowledge that troubled children often become troubled adults is that therapeutic intervention should be started shortly after identification of the troubled child. The issue of intervention becomes more complex, however, when several questions are raised. First, in light of the realization that all children experience adjustment difficulty at some time during their school years, it is critical to ask whether we can identify a maladjusted child with reasonable accuracy. Fortunately, the evidence points strongly to an affirmative answer provided one takes care in selecting his screening tools (Bower et al., 1958, 1961; Bower, 1969; Cowen et al., 1963, 1967; Ro-
bins, 1966; Zax et al., 1964). Even if we agree, however, that these children can be identified and that they will not outgrow their difficulties, we must also ask whether there are enough of them to justify not only the cost of the screening procedure, but also large-scale attempts to intervene in their lives.

**Many Is Plenty**

In a study of emotionally disturbed children in the Santa Barbara County school system, eleven percent of the school population were judged to be handicapped sufficiently to warrant immediate professional attention. This same study noted that some districts had significantly higher rates of handicap, one running as high as thirty-five percent of the children (Clancy and Smitter, 1953).

Glidewell and Swallow (1969), in a review of several maladjustment incidence studies, estimated that about thirty percent of all elementary school children have school adjustment problems. For about ten percent of the total school population these difficulties are sufficiently severe to warrant immediate professional attention. Several other studies indicate that a prevalence rate of ten percent would be a conservative estimate (Bower, 1969; Gordon et al., 1964; Stennett, 1964). To extrapolate this figure on a nationwide scale would be to consider five million pupils to be in need of immediate professional intervention. Only a select few receive it.
A Need for Emergent Approaches

The most obvious reason for this is a shortage of mental health manpower. In an article on nationwide manpower needs, George Albee (1959) summarizes the problem:

We must conclude this survey with the prediction that our country will continue to be faced with serious personnel shortages in all fields related to mental illness and mental health for many years to come. Barring the possibility of a massive national effort in all areas of education, with all of the social changes such an effort would imply, or the possibility of a sharp breakthrough in mental health research, the prospects are pessimistic for significant improvements in the quantity or quality of professional services in these fields (p. 259).

The problem is compounded, however, by several strands of evidence which suggest that those few children treated, typically with individual psychotherapy, do not improve in significant numbers. In the famous Cambridge-Somerville Youth Study (Powers and Witmer, 1951), for example, individual counseling did not result in improvement for the children treated on even a single evaluative measure. Indeed, a later finding was that boys who received psychotherapy were more likely to be convicted of subsequent offenses (Teuber and Powers, 1953). A replication of this study by Toby (1965) echoed the original results.

In his review of a large number of studies of psychotherapy with children, Levitt (1957) also concluded that successful treatment had not been demonstrated. Meyer, Borgatta and Jones (1965), in a study of several hundred girls in a
vocational high school, found no significant academic or behavioral differences between girls who received four years of intensive psychiatric social work counseling and girls who received no treatment.

Methodological questions may indeed be raised concerning these studies (cf. Bergin, 1963; Goodman, 1972), however "the important point is not that psychotherapy is ineffective but that there is reasonable doubt, since effectiveness has not been clearly demonstrated in the research that is available" (Lewis, 1967, p. 353). Thus, another critical question is raised concerning the issue of intervention with maladjusted children, namely, what kind of intervention seems indicated?

The manpower shortage and the current doubts about the efficacy of traditional intervention taken together suggest a need for innovative or emergent approaches to be tried. Although our concern here is with the development and evaluation of new secondary prevention approaches, aimed at reducing the duration and impact of the child's maladjustment, we do not mean in any way to downgrade the importance of primary prevention. Indeed, we feel it offers the best long-term solution with respect to maximizing psychological health, and are in agreement with Caplan (1961) who states:

The problem of mental disorders in children is . . . so vast and so depressing, and it is nowadays becoming so obvious that the treatment of children who have already become ill—even if their illness is detected in its early stages—is a community burden overtaxing all our possible therapeutic resources,
that it seems strategically imperative that we immediately explore the possible avenues of prevention (p. 7).

In recent years two exciting treatment approaches have been tried in residential treatment centers for disturbed children which are plainly different than the traditional psychotherapy intervention model (Lewis, 1967; von Hilsheimer, 1967). In addition, several innovative in-school programs have been developed, primarily for disturbed grade-school children, using "teacher-moms" (Donahue, 1967), "crisis teachers" (Morse, 1962), and "human service aides" (Klien, 1967). Each of these programs is designed to make therapeutic use of nonprofessionals in an attempt to reach a greater number of children.

We feel a particular affinity for those programs that center themselves directly in the school system. Bower (1969) expresses the main objective: "The purpose of the process of early identification is not to hasten children to child guidance clinics as quickly as possible, but to hasten them into more effective behavior and learning programs in school" (p. 4). Why in the school system? As Donahue (1967) concisely puts it, "The school system in America is the only social institution in our culture which is sufficiently impactful to come to grips systematically with the problems of the emotionally disturbed child" (p. 384).

Strangely, however, we were able to locate less than a
handful of in-school programs for junior high school youth (Caplan, 1957; Laxer et al., 1967) despite the obvious turmoil they go through during that period of their lives. Concerns over sexuality, identity, and values are widespread among these youth and become particularly troublesome for those who have never resolved the adjustment difficulties experienced in the past (Miller, 1974). It is a fact that the incidence of disciplinary problems reported during these years is greater than at any other level of the educational sequence (Grambs, 1961). Perhaps it is not so strange, then, that intervention in junior high schools is rare, considering the magnitude of the need. On the other hand, this need is so clear-cut and so great that it challenges one to try to meet it.

In only limited ways has the challenge been met by the Springfield Public School System in Massachusetts. Presently, emotionally troubled junior high school pupils are referred either to a psychiatrist who specializes in work with children, or to the Child Guidance Clinic program which operates in the city. A few children are treated by Children's Aid and Family Service, and a handful participate in the innovative program, Experiment with Travel, in which troubled youths leave the school setting once or twice weekly and engage in stimulating activities including rock-climbing, cave-exploring, and overnight camping.

Despite the help offered by these various sources and a
few others, the Springfield School System is seriously deficient in meeting the psychological needs of the majority of their maladjusted junior high school youngsters during the tumultuous years of their adolescence. The programs described above, limited by the amount of resources available to them, can serve only a handful of the disturbed children in school, and find themselves overloaded even at that level. In addition, our experience suggests that the children served by these programs (excepting Experiment with Travel) are rarely lower class or minority youngsters. This, of course, follows the common pattern of psychological care being less accessible to the poor and to minority individuals, due to economic limitations as well as mistrust of the institutions offering these services.

In short, the amount of service the Springfield School System is able to offer to disturbed junior high school youths is seriously deficient, and the nature of that service often excludes many of the children who need it most. The present study offers an evaluation of an experimental program designed to meet that service need in a limited way.
RATIONALE

It seems abundantly clear that maladjusted youngsters are given short shrift when it comes to the provision of psychological services. Even when these youngsters are treated, there is too little success to hang one's hat on. As noted previously, most attempts at individual psychotherapy or social work with maladjusted adolescent children have achieved little demonstrable success. The classic study performed by the Cambridge-Somervile Youth Study group (Power and Witmer, 1951) has, for example, been "evaluated, reevaluated, replicated, and dissected, always with the same result--social work with delinquents does not pay off . . ." (von Hilsheimer, 1967, p. 16). We speculate that one reason for the ineffectiveness of these attempts lies in their failure to make significant use of peer influences, which we believe to be critical during adolescence. In this view, we echo many of the sentiments of such diverse authors as Coleman (1965), Erikson (1968), Friedenberg (1965), Roszak (1969), and Sullivan (1953). Two researchers in separate investigations (Berenda, 1950; Sherif and Sherif, 1953) report experiments in which a majority of children were ready to modify their opinions in order to fall in line with what they perceived to be the views of their group, but were strongly resistant to the influence of the teacher.

Consider as well the following remarks by Glass (1969)
addressed to this issue:

Adolescents do relatively better in group work than either their older or younger counterparts. The need for group identity and the seeking of socialization with one's peers seems to have its strongest tendencies and bonds during adolescence. The cohesive effect of group interaction is most dramatic. The concept of oneself as a member of a group and the reinforcement that the group member derives from group activity are both rewarding to the individual and important to his emotional maturation. One of the current weaknesses of our entire educational system is the lack of emphasis and utilization of the group effect on adolescents (p. 100).

Agreement with this view is provided by Kaye and Rogers (1968):

The adolescent's peer group often governs his or her speech, dress, behavior and attitudes with a degree of inflexibility that is the despair of parents. In return for the almost total conformity which the peer-group exacts of its members, it offers a source of emotional security from within which the adolescent may safely proceed along that path of parental and adult defiance which is essential to the full development of his personality . . . . The peer group is a natural form of social organization for the secondary school child, and one in which powerful emotional mechanisms are already at work. The advantages of organizing groups on the basis of already existing emotional attachments hardly needs emphasizing (p. 77).

As a consequence of these considerations, our attempts at therapeutic intervention were geared primarily toward maximizing the influence of peers through group treatment strategies. These strategies varied among the four group leaders and were complemented at times by individual treatment. In general, however, the primary treatment focus rested with the
group process. (Greater detail concerning the various aspects of the group functioning appear in the METHODS section, under Procedures, and in the DISCUSSION section.)

In order to understand the objectives of our treatment programs and the hypotheses related to them, let us re-emphasize the point that the emotional turmoil experienced during the junior high years is unmatched by that at virtually any other period in their schooling (Ausubel, 1954; Glass, 1969; Kaye and Rogers, 1968; Miller, 1974). During these years, issues of puberty, identity and autonomyloom large for all youngsters and may have disruptive effects upon their functioning. The pressures and confusions to which they are subject are magnified manifold for disturbed youngsters, and often erupt in troubled relationships with peers or teachers or parents. The superordinate objective, then, which guided the counseling program, was to help the disturbed pupils deal more effectively with their inner turmoil, and its behavioral consequences in their lives. Now we will turn to a description of the specific objectives which serve this larger goal, and to the hypotheses which devolve from them.

**Improvement in Self-Concept**

There is much agreement among professionals that emotionally disturbed children hold poor opinions of themselves, sometimes so poor as to be depressing to an observer. Among the many sources for such low self-esteem, the most common seems to be lack of competence in educational and interper-
sonal areas. These children experience failure and shame continually in school, in relationships with their peers, and with authority figures, including their parents and teachers (Amos and Wellford, 1967; Coopersmith, 1967; Dye, 1968; Glasser, 1969; Grambs et al., 1961; Ohlsen, 1970). Many of the activities that were integral to the counseling program were intended to promote competence, particularly on the interpersonal level, and consequently to improve the self-concept. Thus, we have:

Hypothesis 1. Group counseling leads to significant improvement in self-image.

Improvement in Teacher Ratings

Many maladjusted youths have extremely few positive relationships with others their age. Typically their peer interactions are marked by aggression or withdrawal. One aim of the counseling program, then, was to help the youngsters develop more satisfying relationships with their peers.

In addition, during the junior high years, many children begin to experience a strong need to become more independent of their parents and other authorities in their lives. With disturbed youngsters, this need sometimes becomes exaggerated and results in rebellious and negativistic behavior of an extreme sort. Another important goal of the counseling program was, therefore, to provide appropriate channels for this need to be expressed, in the hope of improving the strained relationships between these children and their elders.
Teachers were chosen to rate changes in the above areas, leading us to our next hypothesis:

**Hypothesis 2.** Group counseling leads to significant improvement in the following behavioral and attitudinal dimensions, as rated by teachers: mood, tension, maturity, emotional control, adjustment, group participation, popularity, cooperation, consideration, disposition, conduct, self-assertion, and effort.

**Decrease in Absence, Disciplinary Referrals, and Suspension**

Experience clearly indicates that one concomitant of the difficulties of maladjusted youngsters is a poor record of school attendance. Difficulty and failure in school are undoubtedly weak motivating forces. A more clear-cut consequence of the troubles of disturbed youngsters is that they are frequently referred to the principal or assistant principal for disciplinary action. Sanctions taken against the youngsters range from scoldings to suspensions. It was our hope that, through the counseling process, we could decrease these absences, office referrals, and suspensions. Thus:

**Hypothesis 3.** Group counseling leads to significant reduction of absences from school.

**Hypothesis 4.** Group counseling leads to significant reduction in the number of referrals to disciplinary staff.

**Hypothesis 5.** Group counseling leads to significant reduction in the number of days suspended from school.
Correlations

It was our hope that as the youngsters in our groups began to improve in some of the ways delineated above, their teachers would respond to them more favorably and evaluate them more positively. Consequently, the following hypotheses were made:

Hypothesis 6. Improvement in teacher ratings correlates significantly with favorable changes in the self-concept profiles of the treated children.

Hypothesis 7. Improvement in teacher ratings correlates inversely with the number of disciplinary referrals for treated children.

Hypothesis 8. Improvement in teacher ratings correlates inversely with the number of suspensions for treated children.

Hypothesis 9. Improvement in the self-concept profile correlates inversely with the number of absences for treated children.

The least success was expected with the most severely maladjusted children, given the level of their difficulties and our lack of expertise in group counseling. We reasoned that the therapeutic process would move too slowly to keep them from getting immediately into hot water, resulting in their absence from a majority of group meetings. Therefore, we were led to the following hypotheses:

Hypothesis 10. Improvement in the self-concept profile correlates inversely with initial level of maladjustment.
Hypothesis 11. Improvement in teacher ratings correlates inversely with initial level of maladjustment.

Unchanged Level of Intelligence and Academic Performance

For two reasons we expected no change in measured level of intelligence as a result of group treatment. First, the stability of IQ scores is widely acknowledged by professionals, and second, our efforts were not directed toward improvement in these scores. In addition, little, if any, change in academic performance treated group members was expected, since the groups were not directly concerned with academic improvement so much as they were with emotional and behavioral improvement. Despite planned contacts between group leaders and teachers, the various parameters of learning (e.g. difficulty of subject matter, past failure, poor study habits, inability to read, and so on) were not expected to be influenced by the focus we provided. In short, the treatment was designed to change school behavior and attitudes primarily; intellectual and/or academic gains would be, at best, secondary objectives. Not that we weren't hoping to have an effect in these areas. We were simply trying to be realistic about what we could achieve given the short period of treatment and the variety of reasons for poor academic achievement. In large part, we chose to measure change in intelligence and performance to rule out the possibility that improved teacher ratings were more a result of these changes
than of group treatment. The above expectations of little change in intelligence or academic performance, although tested empirically and reported in the RESULTS section, have not been included in the formal hypotheses because stating them as such amounts to stating the null hypothesis.

Hopefully, we have made clear in the preceding pages the nature and magnitude of childhood disturbance in our society, the reasons for selecting group counseling with adolescents as the mode of treatment, and the specific objectives toward which the counseling program was directed. With these considerations in mind, we shall now describe the methodological framework of the investigation.
METHOD

Subjects

The Ss for this study were 82 adolescents enrolled in the seventh or eighth grades at two junior high schools in the Springfield Public School system. Fifty-two of the Ss were in the eighth grade at Kiley Junior High, while the other 30 were in either grade at Forest Park Junior High. All Ss were referred for inclusion in the study by school guidance counselors who served as liaisons between school teachers and our counseling staff. At this point it may be instructive to explain our choice of school guidance staff as referral sources.

Among the many screening devices available for identification of maladjusted children (Bower, 1969; Peterson and Quay, 1967; Robins, 1966; Zax et al., 1964), we determined it would be most efficient to use ratings of school guidance counselors to whom children are referred by their teachers. Bower (1969) cites more than half a dozen studies to support the conclusion that teacher ratings are valid, reliable indicators of adjustment and maladjustment, and are in much greater agreement with the judgment of clinicians than formerly thought. With teacher judgments achieving this high degree of accuracy, we considered it safe to assume that counselor ratings deriving from direct contacts with the teachers and children would also be accurate, perhaps even
more so, since guidance staff often have more experience in dealing with troubled children.

Several identifying criteria were suggested to guidance staff to help them make their referrals. We asked that priority for inclusion be given to children who were disruptive in class, emotionally withdrawn, alienated from teachers and/or peers, likely to be suspended, or living in family circumstances that promised a high risk of emotional disorder. Furthermore, we requested that each child be given a rating for his/her level of maladjustment, with a one (1) for "mildly maladjusted," two (2) for "moderately maladjusted," and three (3) given for "severely maladjusted." No child who was involved in any other treatment program of any sort, in school or out, was considered to be an apt referral.

Following the referral of the children by school guidance personnel, four counseling groups were formed (two at each junior high school) with each of the groups comprised of seven to nine youngsters cutting across all levels of maladjustment. In addition, each group had approximately the same number of white and minority youngsters. Only one of the groups included females. Resulting from this selection procedure were the groups described in Table 1 and Table 2.

As one can see from these tables, we were not able to form the groups with similar proportions of children at each level of maladjustment since the school guidance staff referrals did not fall evenly into the various categories. Also,
### TABLE 1

Group Composition Broken Down by Race

<table>
<thead>
<tr>
<th>RACE</th>
<th>Black or Puerto Rican</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiley</td>
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<tr>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*Two of the children in Group 1 were Black females and two were white females.
<table>
<thead>
<tr>
<th>Level of Maladjustment</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Group 2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Group 3</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Group 4</td>
<td>5</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
the attrition rate in groups 3 and 4 was so severe that some replacements of children had to be made, although with no change in the figures cited above. Children who were members of the counseling groups are referred to in this study as treatment group children. All youngsters who were not selected for inclusion in the groups served as controls in our study and are referred to as control group children.

Since the total number of students identified to us at Kiley Junior High was so great, we were able to provide each treatment child with at least one control child matched for level of maladjustment, race, sex, and grade; the control sample, however, contains more children than the treatment sample, for purposes of statistical treatment. At Forest Park Junior High it was not possible to match every treated child with a control child on every variable. Consequently, two of the fourteen treated children were mismatched for race.

Having completed the selection, permission for inclusion in the study was requested from parents or guardians. No information was given at the time of initial contact concerning the group for which the child was chosen. All the treated children were asked to participate in the groups on a voluntary basis.

**Measures**

To measure changes in self-concepts, the Piers-Harris Self-concept Scale (Appendix 1) was administered to all chil-
dren in both groups prior to the start of the first group meeting and again after the last meeting. Not all children were available for testing at the conclusion of our study, however, and consequently some were not included in the analysis of self-concept change. (The choice of this measure was related to the high test-retest reliability (.77) noted by Piers, 1969).

Improvement in relationships with teachers and peers was measured by asking the four major subject teachers for each child (i.e., teachers of English, Mathematics, Science, and Social Studies) to complete the Pupil Rating Form (Appendix 2) before and after the treatment program was carried out.

To test the third hypothesis, that treated children would undergo a relative decrease in absences as compared with the controls, a Weighted Absence Score was computed for each child for the first five months of the school year (pre-period) and also for the second five month period of the year (post-period). The Weighted Absence Score offers a more accurate index than the number of days absent, since it takes into account the total number school days in each five month period while excluding the number of days on suspension. Specifically,

\[
\text{Weighted Absence Score} = \frac{(100 \times \text{Number of days absent})}{(\text{Total number of school days} - \text{Number of days suspended})}
\]

A change score was then derived by subtracting the Weighted
Absence Score for the post-period from that of the pre-period. A positive change score thus reflects improvement (less truancy or at least less absence).

In a like manner, hypothesis four was tested by weighting the number of disciplinary referrals in each five month period to account for the number of days suspended or absent. In other words, the number of times a child is referred to the office for disciplinary action assumes greater meaning if we know how many days he/she was in school and available for referral. Thus, a child who was in school 75 days during the pre-period and referred three times may be in less difficulty than a child who was referred twice in only thirty days present. To determine the weighted disciplinary referral figure for each period, the following formula was used:

\[
\text{Weighted Disciplinary Referral Score} = \frac{(100 \times \text{Number of disciplinary referrals})}{(\text{Total number of school days} - (\text{Number of days suspended} + \text{days absent}))}
\]

Next, a change score was derived by subtracting the Weighted Disciplinary Referral Score for the post-period from that of the pre-period, with a positive change score reflecting improvement as with the Weighted Absence Score.

To test for changes in frequency of suspension, a change score was determined for each child by subtracting the weighted number of days suspended in the first five month period from the weighted number in the subsequent period. Weight-
ing, used to suppress contamination by absences, was determined according to the following formula:

\[
\text{Weighted Suspension Score} = \frac{(100 \times \text{Number of days suspended})}{\left(\text{Total number} - \text{(Number of days of school days)} - \text{absent}\right)}
\]

To measure changes in IQ scores, four subtests of the Wechsler Intelligence Scale for Children (vocabulary, information, block design, and similarities) were administered to each child studied, before the first group meeting and then after the last one.

Grade reports were used to determine changes in academic performance. After letter grades were made equivalent to numerical scores (E=0, D=1, C=2, B=3, A=4), a change score was determined for each major subject (English, Mathematics, Science, Social Studies). Thus, four change scores were derived for each child according to the following formula:

\[
\text{Subject (e.g. English) Change Score} = \frac{(\text{Post-period grade score} - \text{Pre-period grade score})}{2}
\]

Next, a composite change score was calculated for each child by combining the four subject change scores derived in the above manner. It was these composite change scores for treated and control children that were compared in the data analysis.

**Procedures**

Having selected the children for the treatment and control samples, the therapeutic intervention process was begun.
(At this time the reader is invited to recall our rationale for using a group counseling mode of intervention rather than an individual contact mode (see RATIONALE).)

Under the supervision of Dr. Norman F. Watt, Professor of Psychology, four psychologists-in-training selected from the University of Massachusetts, Department of Psychology, set up regular weekly counseling groups in the two junior high schools. Two groups were organized in each school, with each group comprised of seven to nine youngsters referred for some aspect of emotional vulnerability. Group meetings lasted approximately one hour, during which a variety of procedures were employed to achieve the changes desired in the children's adjustment.

Among these procedures, the foremost was counseling on a group level, with the counselor leading discussions that involved a host of topics. Following is a partial list of topics explored during the course of the year in the counseling groups: the development of friendship, relationships with the opposite sex, relationships with teachers, drug abuse, anger toward parents and toward oneself, impulse control, racism, and the effects of home difficulties on school behavior.

At Kiley Junior High, each group met approximately 25 times, while at Forest Park Junior High, approximately 14 meetings per group were held. Administrative difficulties in getting the groups started at Forest Park account for the lesser number of meetings at that school.
Individual counseling was also undertaken with some of the youngsters, although on an irregular basis. Originally, this form of intervention was intended to supplement group counseling in a more systematic way. Unfortunately, the psychologists-in-training found themselves involved in administrative detail to such a large extent that more frequent individual contacts with the children were impossible.

Although the counselors held a diversity of objectives, some objectives were shared in common. For example, one goal of the counselors in the group and individual meetings was to provide empathic support for students' attempts at self exploration, clarification and achievement of personal aims. In addition, the counselors hoped to provide group members with appropriate role models for interpersonal skills and problem-solving strategies.

Apart from group and individual counseling, other procedures included such activities as art work, gym and outdoor sports, party planning, word games, and the publication of a group newspaper. The counselors had access to all school facilities that were not being used at the time by other personnel.

Two other forms of activity were planned as integral features of the counseling program, but did not materialize. The first of these, extensive contact with teachers, was seen as an essential aspect of the program that was prohibited by time considerations. The second type of activity, also view-
ed to be quite important, was family therapy in a select number of cases. Lack of adequate facilities prevented this aspect of the program from becoming a reality.

Treatment of Data

As mentioned previously, change scores were determined for each child in the study on the following measures: Piers-Harris Self-concept Scale, Pupil Rating Form scales, weighted days absent, weighted number of disciplinary referrals, days suspended, intelligence, and grade reports. On each of these measures, the change score for each control child was subtracted from the change score for the treatment member with whom he/she was matched. This resulted in a difference score for every matched pair, with a positive score indicating that the treated child improved more than the control child on the measure under scrutiny. (Of course, in those cases where a treated child had two controls, it was the average change score of the controls that was subtracted from the change score of the treated child.)

The Wilcoxon matched-pairs signed-ranks test was then applied to these difference scores on every measure noted above. The first seven hypotheses were tested with the Wilcoxon. The remaining six hypotheses were tested by means of the Spearman Rank Correlation Coefficient.

Only treated children who had attended more than half the group meetings were considered in the data analyses. This 50% attendance cut-off criterion reduced the treatment
sample at Kiley Junior High from the original 17 to 12, and reduce the Forest Park Junior High sample from 14 to 6. As treated children were dropped from the study for failure to meet criterion, so were their matched controls.

Since a substantial number of control children at Forest Park were unavailable for post-period testing, some of them who had lost their yoked treatment mates were assigned to treated children who had lost their controls. This procedure resulted in a perfect match for five of the six treated children on the variables of grade, race, and level of maladjustment, and a near match for the sixth treated child (i.e., he was matched for race and grade, but his level of maladjustment was "mild" while that of his control was "moderate").
RESULTS

Table 3 presents a comparison of the pre- and post-period scores for the treatment and control groups, as well as a comparison of the mean change scores at Kiley Junior High School for all of the dependent variables. Change scores for the Piers-Harris Self-concept Scale, Average Teacher Ratings, WISC, and Grades were computed by subtracting the mean pre-period score from the mean post-period score for each subject. On the remaining measures (Disciplinary referrals, Days suspended, Absences), the procedure was reversed, thereby giving a positive number if the change scores on these measures showed a decrease as hypothesized. According to this method of computation, then, higher scores reflect greater improvement.

These data show that the treated children improved to a significantly greater extent than the controls on only one measure, the Piers-Harris Self-concept Scale. None of the differences on the other measures reached statistical significance according to the Wilcoxon matched-pairs signed-ranks test. For two of these measures, WISC and Grades, we expected no differences.

At Forest Park Junior High School, as Table 4 indicates, statistically significant differences were found to exist between the two groups on two of the 13 Teacher Rating Scales in the direction of greater improvement for the treatment
### TABLE 3
Means and Statistical Comparisons of Treated Children and Matched Controls at Kiley Junior High School for Changes on All Dependent Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Treatment N=12 means</th>
<th>Control N=12 means</th>
<th>Mean Differences Treatment-Control s.d. (t-test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-concept Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>46.55(^c)</td>
<td>53.98</td>
<td>-7.43</td>
</tr>
<tr>
<td>Post</td>
<td>46.00</td>
<td>50.86</td>
<td>-4.86</td>
</tr>
<tr>
<td>Pre-Post CS(^a)</td>
<td>-0.55 (^d)</td>
<td>-3.12</td>
<td></td>
</tr>
<tr>
<td>Average Teacher Rating of Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>1.83(^c)</td>
<td>1.89</td>
<td>-0.85</td>
</tr>
<tr>
<td>Post</td>
<td>1.51</td>
<td>1.65</td>
<td>-1.98</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>-0.32 (^e)</td>
<td>-0.24</td>
<td></td>
</tr>
<tr>
<td>Absences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>13.98</td>
<td>12.98</td>
<td>1.00</td>
</tr>
<tr>
<td>Post</td>
<td>19.88</td>
<td>12.56</td>
<td>7.32</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>-5.90</td>
<td>-4.42</td>
<td></td>
</tr>
<tr>
<td>Disciplinary Referrals</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>3.29</td>
<td>6.96</td>
<td>-3.67**</td>
</tr>
<tr>
<td>Post</td>
<td>2.79</td>
<td>5.94</td>
<td>-3.15**</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>-0.50 (^e)</td>
<td>1.02</td>
<td></td>
</tr>
<tr>
<td>Suspensions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>5.98</td>
<td>10.85</td>
<td>-4.88</td>
</tr>
<tr>
<td>Post</td>
<td>7.93</td>
<td>10.06</td>
<td>-2.17</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>-1.95 (^e)</td>
<td>0.79</td>
<td></td>
</tr>
</tbody>
</table>

\(a\) The Pre-Post Change Score (Pre-Post CS) represents the mean change score for each group. Throughout the table, the sign for this score is presented such that the greater score on each measure indicates greater improvement.

\(b\) All based on two-tailed tests of significance.

\(c\) N=11 means used in the computation of figures for self-concept scale and Teacher Ratings.

\(d\) Significances computed by sign-test rather than Wilcoxon matched-pairs signed-ranks test.
### TABLE 3
(continued)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean Pre-Period and Post-Period Scores and Mean Change Scores</th>
<th>Mean Differences Treatment-s.d. Control (t-test) (^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment N=12 means</td>
<td>Control N=12 means</td>
</tr>
<tr>
<td>WISC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>106.30(^f)</td>
<td>93.68</td>
</tr>
<tr>
<td>Post</td>
<td>111.50</td>
<td>100.20</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>5.20 ns</td>
<td>6.52</td>
</tr>
<tr>
<td>Grades</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>1.08</td>
<td>1.06</td>
</tr>
<tr>
<td>Post</td>
<td>1.04</td>
<td>1.29</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>- .04 ns</td>
<td>.23</td>
</tr>
</tbody>
</table>

\(^{e}\) No pre-post differences between the treatment and control groups reached significance according to the Wilcoxon test.

\(^{f}\) N=10 means used in the computation of figures for WISC measure.

\(^{g}\) Based on average of 13 scales.

* \(p < .05\)

** \(p < .10\)

*** \(p < .025\)

**** \(p < .01\)
### TABLE 4

Means and Statistical Comparisons of Treatment Children and Matched Controls at Forest Park Junior High School on Teacher Ratings, Absences, Suspensions, and Grades

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean Pre-Period and Post-Period Scores and Mean Change Scores</th>
<th>Mean Differences Treatment-Control (t-test)</th>
<th>s.d.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment N=6 means</td>
<td>Control N=6 means</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean Change Scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-Post CS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating of Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>1.70</td>
<td>1.75</td>
<td>-.05</td>
</tr>
<tr>
<td>Post</td>
<td>1.96</td>
<td>1.60</td>
<td>.36</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>.26</td>
<td>-.15</td>
<td></td>
</tr>
<tr>
<td>Absences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>16.25</td>
<td>19.48</td>
<td>-3.23</td>
</tr>
<tr>
<td>Post</td>
<td>21.10</td>
<td>27.91</td>
<td>-6.81</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>-4.85 ns</td>
<td>-8.43</td>
<td></td>
</tr>
<tr>
<td>Suspensions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>5.54</td>
<td>14.53</td>
<td>-8.99</td>
</tr>
<tr>
<td>Post</td>
<td>4.52</td>
<td>6.20</td>
<td>-1.68</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>1.02 ns</td>
<td>8.33</td>
<td></td>
</tr>
<tr>
<td>Grades</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>1.21</td>
<td>1.19</td>
<td>.02</td>
</tr>
<tr>
<td>Post</td>
<td>1.29</td>
<td>1.06</td>
<td>.23</td>
</tr>
<tr>
<td>Pre-Post CS</td>
<td>.08 ns</td>
<td>-.13</td>
<td></td>
</tr>
</tbody>
</table>

The Pre-Post Change Score (Pre-Post CS) represents the mean change score for each group. Throughout the table, the sign for this score is presented such that the greater score on each measure indicates greater improvement.

No mean differences between treatment and control groups during either the pre- or post-period reached significance.

A significance level of $p < .025$, one-tailed, was reached on two teacher rating scales: consideration and tension.

No pre-post differences between the treatment and control groups reached significance according to the Wilcoxon test.

Based on average of 13 scales.
group \( (p < .05, \text{ one-tailed}) \). These results will be discussed in more detail as we look more closely at each of the hypotheses in turn.

**Hypothesis 1:** Group counseling leads to significant improvement in self-image. In nine of the eleven matched pairs (data was missing for the twelfth pair), the treated children at Kiley Junior High improved more than their matched controls. According to the sign test this is a statistically significant result \( (p < .05, \text{ one-tailed}) \), confirming hypothesis 1. It is noteworthy that the two treatment children who did worse than their controls, both girls, had raw change scores of -25 and -29 points respectively. Their initial scores of 68 and 71 fell approximately one and a half standard deviations above the mean for the sample as a whole (46.55), indicating that they were extreme at initial assessment. Only one control child (a boy with a change score of -22 points) came within eight points of these large differences. We will argue in the discussion section that the drop in the scores of these two treatment group children represents improvement. Because of the large magnitude of the computed change scores, a Wilcoxon test does not reflect a significant difference between treatment and control groups, although it tends to corroborate the sign test \( (p < .20, \text{ one-tailed}) \). The sign test, which is based exclusively on frequency counts, was used to counteract the misleading statistical consequences of the large change scores in the data.
(Overall, the paired difference scores ranged from a high of 19.5 to a low of -38, with a median of 10.5.)

One might argue that the demonstration of a significant difference between groups on this measure may be linked to an initial difference between the groups prior to treatment. For example, if children entered treatment with lower self-concept profiles than their controls it could be argued that they had more room for improvement, and perhaps more motivation to improve. Conversely, one could make the case that if the children in treatment entered with higher scores than their controls, they might be more accessible to help of any kind and show improvement as a result of factors unrelated to treatment. The data in Table 3 describing the pre-period means of treated children and matched controls indicate that no significant difference existed between the two groups prior to treatment, which strengthens the conclusion that treatment favorably affected self-esteem. (It may be noted that, according to Piers (1969), average scores are usually considered to be those between 46 and 60. The mean of her normative sample was 51.84, with a standard deviation of 13.87.)

The black children in the study earned a significantly higher pre-period mean score than white children (57.08 versus 42.08, z = 2.39, p<.025); this difference in scores existed as well at the end of the study (55.58 versus 39.85, z = 3.01, p<.005). In light of this large difference in scores, it is important to note that group counseling did not
differentially affect self-concept scores of blacks and whites.

At initial assessment, self-esteem was inversely related to severity of problem (52.55 versus 48.71 versus 46.50 for increasing severity levels, respectively). Although none of the differences among levels reached statistical significance, this result offers some confirmation of the guidance counselors' intuitive assessment of problem severity. By the end of the study, however, this trend disappeared (55.25 versus 43.63 versus 53.50, ns) largely as a result of the positive differential effect treatment had on the severely maladjusted youngsters compared to the other two levels. This finding is analyzed in the discussion of hypothesis 13.

Because of the extremely high rate of absenteeism at Forest Park Junior High, not enough children were given the post-period Piers-Harris Scale to make statistical comparison of change scores meaningful. During the several days of post-period testing, seven of the original 29 youngsters took the test, 11 were on suspension, seven were absent, three had been transferred to other schools for disciplinary reasons, and one had moved to another state. Of the seven children tested, four were in the original treatment group sample and two of the four had a positive change score. Two of the three control children improved their score while the other lost several points.

Hypothesis 2: Group counseling leads to significant im-
Improvement on the following behavioral and attitudinal dimensions, as rated by teachers: mood, tension, maturity, emotional control, adjustment, group participation, popularity, cooperation, consideration, disposition, conduct, self-assertion, and effort. As Table 3 indicates, minimal differences existed between the Kiley treatment and control groups in the Average Teacher Rating scores, either at the beginning or end of the study. It can be seen that both groups received slightly poorer average ratings by teachers. This lack of significant difference is also reflected in the mean change scores for the two groups in Table 3.

The 13 Teacher Rating scales were evaluated separately with the Wilcoxon matched-pairs signed-ranks test. No significant differences between the treatment and control groups was found to exist on any of the scales when the pre-post differences were compared. Even when trends were sought by placing several scales together according to rational factors (e.g. Emotional Stability factor includes mood, tension, maturity, emotional control, and adjustment; Agreeableness factor includes cooperation, consideration, disposition, and conduct), no important differences were found.

At Forest Park, on the other hand, the treated children improved more than the controls in two respects: they became more considerate (x = 2.02, p < .025, one-tailed) and more calm (z = 1.99, p < .025, one-tailed). On scales for conduct, emotional control, and adjustment, differential improvement
by the treated children approached conventional levels of significance (p < .10, one-tailed). It is interesting that these five scales belong either to the Emotional Stability factor (tension, emotional control, adjustment) or the Agreeableness factor (consideration, conduct), while no improvement occurred on the other factors: (Scholastic Motivation (effort, reliability), Extraversion (group participation, popularity), or Assertiveness (self-assertion). When the Forest Park scores on these five scales were combined with the Kiley scores, these significant or near significant differences between treatment and control groups disappeared.

**Hypothesis 3:** Group counseling leads to significant reduction of absences from school. As Tables 3 and 4 show, this hypothesis was not confirmed at either school. Indeed, the trend of change scores at Kiley Junior High indicated that treated children were absent more frequently than their controls (p < .20). An intensive look at the raw data at Kiley (weighted according to the procedure described in the METHODS section) suggests that the increase of absences for the treatment group children by almost six units results largely from the increased rate of absence of three youngsters who attended the fewest number of group meetings. Indeed, during the five-month post-period, they attended very irregularly, but remained in the study, having reached the 50% attendance criterion. This situation is reflected well in the high inverse correlation between absences and group attendance (−.59,
Keeping this in mind, the pre-post change scores for the treatment and control groups may not be as divergent as they first appear. The results concerning this hypothesis were unchanged when scores from both schools were combined.

**Hypothesis 4:** Group counseling leads to significant reduction in the number of referrals to disciplinary staff. Data concerning this hypothesis were available only at Kiley Junior High School. As indicated in Table 3, no significant difference was found between the treatment and control groups by use of the Wilcoxon matched-pairs signed-ranks test.

**Hypothesis 5:** Group counseling leads to significant reduction in the number of days suspended from school. The Wilcoxon test revealed no significant differences among treatment and control groups on the dependent variable of suspensions. Table 4, however, presents data which describe a trend for the control children at Forest Park Junior High to decrease their rate of suspension more than their treatment mates. This trend is rendered less important, however, as we consider the weighted raw data. In doing so, we see that three of the four controls who were suspended less during the post-period than the pre-period were absent more during the post-period. In addition, we can recall from our discussion of hypothesis 3 that absences increased at a greater rate for the controls than for the treated children. Thus, as absence increased, suspensions decreased, a logical occurrence since one can be suspended only when in school. Although the
weighting procedure we used suppressed the contamination of the suspension measure by absences, it did not eliminate the distortion altogether, as reflected in the significant correlation between absences and suspensions (Spearman correlation coefficient = -.76, p < .05). These considerations suggest that the eight-unit difference between the two groups reflects primarily the greater rate of absence in the control group.

**Hypothesis 6:** Improvement in teacher ratings correlates significantly with favorable changes in the self-concept profiles of the treated children. It was our guess that improvement in the self-concept scores of the treated children would go hand in hand with improvement in their teacher ratings, and this was marginally true as shown in Table 5 (Spearman correlation coefficient = .44, p < .10, one-tailed). To state it more accurately, this correlation indicates that, in general, the children whose teacher ratings improved the most, or decreased the least (the reader will recall that the treated children as a whole dropped in their Average Teacher Rating Scores), were also the ones who most improved their self-concept scores.

No correlation could be determined at Forest Park since self-concept scores were unavailable.

**Hypothesis 7:** Improvement in teacher ratings correlates inversely with that of disciplinary referrals for treated children. Since the figures for disciplinary referrals were
## TABLE 5

Spearman Correlation Coefficients and Significance Levels for Hypotheses 8 Through 12 for Treated Children

at Kiley and Forest Park Junior High Schools

<table>
<thead>
<tr>
<th>Hypothesis 6</th>
<th>Hypothesis 7</th>
<th>Hypothesis 8</th>
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<tbody>
<tr>
<td>Teacher</td>
<td>Teacher</td>
<td>Teacher</td>
</tr>
<tr>
<td>ratings</td>
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<td>ratings</td>
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<tr>
<td>with</td>
<td>with</td>
<td>with</td>
</tr>
<tr>
<td>self-concept</td>
<td>disciplinary</td>
<td>Days</td>
</tr>
<tr>
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<td>referrals</td>
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</table>

**KILEY**

<table>
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<th>JUNIOR</th>
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<td>Teacher ratings with self-concept score</td>
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<td>p &lt; .10(^a)</td>
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<tr>
<td>Hypothesis 7</td>
<td>Teacher ratings with disciplinary referrals</td>
<td>r = .12</td>
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<td>Hypothesis 8</td>
<td>Teacher ratings with Days suspended</td>
<td>r = .33</td>
<td>p &lt; .20</td>
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<td>Absences with self-concept score</td>
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<td>Maladjustment level with self-concept score</td>
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<td>p &lt; .01</td>
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<td>Maladjustment level with Teacher ratings</td>
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\(^a\)All based on one-tailed tests of significance.
available at Kiley Junior High alone, we derived only the correlation coefficient for that school. The small size of this coefficient \( (r = .12) \) provides no support for our hypothesis that fewer disciplinary referrals would be associated with higher teacher ratings. Hindsight suggests that this hypothesis was an unrealistic one since a low correlation probably reflects the fact that the Average Teacher Rating measure comprises many behavioral observations by teachers, only a few of which are directly related to disciplinary action. It also implies that very little prejudice is created in teachers' minds by a child being frequently referred for disciplinary action; otherwise the correlation would be high.

Hypothesis 8: Improvement in teacher ratings correlates inversely with the number of suspensions for treated children. At neither school was this hypothesis borne out (see Table 5). It seems reasonable to assume that the argument made in the previous paragraph applies as well in this matter.

Hypothesis 9: Improvement in the self-concept profile correlates inversely with the number of absences for treated children. This hypothesis was tested only at Kiley Junior High School, with a result that is in the direction of the hypothesis \( (\text{Spearman correlation coefficient} = -.41, p < .20, \text{one-tailed}) \). Thus, there is slight support for the notion that self-esteem is associated with attendance at school, and at the groups.

Hypothesis 10: Improvement in the self-concept profile
correlates inversely with initial level of maladjustment. To our surprise, we found the exact reverse of our hypothesis. Namely, the greatest improvements in self-concept scores were made by the severely maladjusted youngsters, and the least improvement by the mildly maladjusted (Spearman correlation coefficient = .71, p < .01, one-tailed). This was a fascinating result in that it suggests the most severely troubled youngsters may be the most susceptible to attitudinal change. Our enthusiasm about this highly significant finding was tempered only slightly by the knowledge that the severely maladjusted youngsters who remained in the study were small in number. The original treatment sample of 17 had seven youngsters classified as severely maladjusted and four of these children were dropped from the study for lack of attendance resulting from serious disciplinary problems. (One of these four was transferred to another school, one was suspended so frequently he was given a home teacher, and one quit school when he became 16 years old.) Thus, the three severely maladjusted youngsters who remained in treatment may not represent the population of severely maladjusted children. Consider that at Forest Park Junior High, not a single subject classified at this level of maladjustment remained in the treatment sample, so those who do remain are highly selected and perhaps possess qualities that predispose them to achieve strong positive gains.

Hypothesis 11: Improvement in teacher ratings corre-
relates inversely with initial level of maladjustment. This hypothesis could not be tested at Forest Park Junior High since five of the six treatment group members were at the same level of maladjustment (mild). At Kiley Junior High we found the same result as described in the preceding paragraph: the greatest improvement in teacher ratings was made by the severely maladjusted youngsters, and the least by the moderately and mildly maladjusted children (Spearman correlation coefficient $= \cdot55$, $p<.05$, one-tailed). This result is interesting in that it suggests that even the severely maladjusted youngsters may be helped by a program such as ours. Again, as we reasoned above, this result may in part be attributable to the high attrition rate of severely disturbed youngsters, leaving the "better" therapy candidates in the treatment group.

Observations regarding informal expectations. As Table 3 indicates, the Wilcoxon test revealed no significant differences among the treatment and control groups for the WISC, thus confirming our expectation. (Only the children at Kiley Junior High were given the WISC prior to and at the end of treatment, thus no findings are reported in Table 4.) It is of interest that the mean of the treatment group was approximately 12 points higher than that of the control group before and after treatment. These differences were found to be statistically significant by a matched-pairs t-test performed on the mean differences for each group during the pre-period
(t = 2.50, df = 9, p < .025, one-tailed) and post-period (t = 2.15, df = 9, p < .01, one-tailed). It would obviously have been desirable to have both groups equated initially on intelligence, but since intelligence was not a variable of interest in the original assignment to groups, subjects were not matched for it, and by chance assignment the treatment group turned out to have higher intelligence as measured by the WISC. That this consistent difference between the two groups was not affected by treatment may be seen in the similarity of the pre-post change scores for the groups.

The expectation that group counseling would not lead to significant improvement in academic performance was also confirmed. We can see in Tables 3 and 4 that the differences between groups are nil. It is interesting to contrast this with group counseling at the college level which has been shown to make a difference in academic achievement (Spielberger and Weitz, 1964).

**Additional results of interest.** Of the several additional correlations studied, two were particularly interesting. First, improvement in teacher ratings at both schools tended to correlate with improvement in grades (combined correlation coefficient = .53, p < .025, one-tailed). This suggests that teachers gave higher ratings to those children who performed better academically, even though none of the 13 scales was directly related to academic achievement. A finding such as this becomes more important when seen in the
light of the next correlation.

This second result of interest was that improvement in grades was also correlated significantly with self-concept at Kiley Junior High (correlation coefficient = .62, p< .05, one-tailed). The above two findings, when considered together with the correlation between improvement in self-concept scores and teacher ratings described in Hypothesis 6, are depicted in Figure 1. Because of the experimental design of the study, there is a conceptual block to sorting out the meaning of the correlations, but one plausible explanation is that the attitudinal changes of the treated children, reflected by self-concept improvement, led to somewhat improved relationships with classroom teachers, and subsequently improved academic performance. Further research is needed to sort out the causal connections here and the directions of causal influence.
FIGURE 1

Self-concept scores

Grades

.62

.53

Teacher ratings

.44
DISCUSSION

This pilot study indicated that the principal effect of group treatment was upon the attitudes of the youngsters involved, rather than upon their classroom conduct or achievement. We were heartened by the striking improvement in the self-concept profiles of the children, and also by the strong association of this improvement with both teacher ratings and grades. In addition, the encouraging gains made in emotional stability and agreeableness at one school also point to attitudinal improvement.

On the other hand, this picture of improvement was mitigated somewhat by the lack of hoped-for improvement in school attendance and behavior, reflected in little change in rates of absenteeism, disciplinary referrals, and suspensions. Neither did change in achievement occur. This result was expected, however, since the primary treatment focus was upon changing the basic orientation of the youngsters toward themselves, peers, and adults.

When taken together, these findings suggest to us a slightly different conceptualization of our treatment program than the one with which we started. We shall argue that attitudinal changes, rather than ones in conduct or achievement, are the most legitimate targets for counseling intervention, and may indeed precede improvement in school behavior and/or achievement. To help breathe life into this position, let us
first consider in specific detail what transpires in a group counseling session, and then refer to anecdotal reports which further describe the impact of counseling upon the youngsters.

In a small room are six children with a counselor who is pleased that he knows them. What is it to know these children? It is to know that they are alienated from the adults in their lives, from many of their peers, and from a positive image of themselves. It is to realize that they move in a world which is hostile and punitive, ready to ignore or extrude them.

The counselor initiates a discussion on friendship and watches the children make hesitant, disconnected remarks borne of awkwardness in discussing personal issues. Sensing a relaxation of the tension that characterizes the first portion of the session, he introduces the topic of heterosexual friendships in such a way as to lead to the boys and girls speaking directly to one another. With the counselor's gentle prodding and embracing concern, the children shed their reluctance and become highly involved in the discussion and share their fears about being rejected by the opposite sex as well as concerns over being used. One girl blurts out that nobody at all likes her because she's too ugly, and smilingly blushes when a boy disagrees with her self-characterization.

In an environment such as this, the youngsters begin to feel welcome and important in a world which has had little place for them. As they begin to make sense of personal di-
lemmas, value conflicts, and ambivalent feelings, they change
the very nature of their orientation to their surroundings
and to themselves. It is this kind of attitudinal change
that the group treatment may be most able to effect. In the
study reported here, the reader will recall, we have shown
that significant improvement occurred in the self-concepts of
nine of the eleven youngsters in the treatment group. (We
may note here that in our view the decrease in the scores of
the other two youngsters also represents improvement. Ini-
tially, both of them earned such dramatically high scores (68
and 71 points respectively, out of a possible 80) it was
clear they were being either dishonest or extremely defen-
sive. Since much of the treatment process encouraged them to
gain a more accurate awareness of themselves and to share it,
it was no surprise that their scores plummeted by 25 and 29
points respectively. Contrast this with two control children
whose inflated initial scores matched those of the treatment
youths, with very little loss by year's end. We submit that
in instances such as these, ostensible losses may in fact
represent gains.)

To highlight this issue of attitudinal change, consider
these two remarks about youngsters in the groups drawn from
counselors' records:

Jim's weaknesses, when they show through, center
around a lack of self-confidence, or to rephrase
that, low self-esteem. Positions of responsibility
seem to be a key factor in dealing with this pro-
blem, and with proper guidance will help him overcome this personal obstacle. This did hold true in our group experience, and I suspect might also apply to his school environment.

And:

David is a shy boy who is basically good-natured. Very much in need of father. Low self-esteem ... I had an excellent relationship with David. One time he called me "dad" and on most occasions took me as a father. We discussed his mother's death at some length early in the year and related it to feeling bad, unworthy, responsible for her death, etc. In our most intense talk about race he walked to the corner of the room, sat down, folded his head in his arms and cried ... During the next to last group meeting, when I asked "What have you found to be good in the group?", David spoke up first and said that it was good because they could discuss feelings--"you know, personal stuff." The other members agreed.

Examples such as these above are plentiful and are the ones the group counselors themselves consider representative of their major impact. In retrospect, then, the attitudinal improvements made in conjunction with the general pattern of results described previously, lead us to a clearer conceptualization of our pilot treatment program. It is a construction which not only offers a plausible explanation for the results we found, but suggests as well directions for future intervention.

It seems most reasonable to expect that a group counseling program such as we have described above will primarily effect changes in the children's attitudes toward themselves, since that is the very stuff of the group meetings. The
changes in this realm might then sequentially effect some modification in attitudes toward teachers and the school setting, followed by improved evaluations by teachers. Finally, we expect that the transformed orientation toward themselves and school might translate into changes in academic performance and achievement. As this process unfolds, of course, these troubled children will begin to attend school more regularly while being disciplined less.

With this explanation in mind, the results of this study become more comprehensible. Given the very short treatment period of approximately seven months, it is not surprising that significant improvement occurred mainly in self-concept. The high correlation of self-concept with teacher ratings and grades suggests that we were moving nearer to the next links in the sequential chain. These empirical results are congruent with our clinical impressions regarding the nature of the change process.

The question arises whether there are modes of intervention which might speed up this process, and therefore lead to significant academic and behavioral gains as well as attitudinal ones. As mentioned previously, there were three modes apart from group counseling which were built into our design but were not tried systematically as a result of time considerations and administrative difficulties. These were individual counseling, family counseling, and extensive contacts with teachers. We are confident that the addition of these
modalities of intervention would hasten the development of attitudinal change (on the part of teachers and parents as well as the children) and soon have rippling effects upon behavioral and achievement indices. Indeed, we are presently undertaking a treatment program based upon the conceptualization which grew out of this pilot study, and incorporates the features of individual and family therapy, as well as broadened teacher contacts. As before, the primary intervention tool is group counseling, with increased emphasis on attitudinal change as the foundation upon which to build behavioral and academic gains.

Throughout the study described here, we were concerned with the growth of the youngsters in the treatment groups. It is important to report that the counselors underwent transforming changes as well. These are well captured in the following self-description by one of the group counselors:

I want to add a note about this experience in my development as a clinician. Clinical work in this school setting— I suppose in any school setting— is alive with the stresses and crises of conflicted institutional life. Outside the comforting aura of the professional clinic and stripped of my title as therapist, I was asked to employ my clinical skills in an exceptionally demanding social setting—often an arena of expectations, beliefs, and actions antithetical to my goals. I found this work difficult and frustrating; a challenge to my beliefs and skills as a mental health worker. I have grown personally in this experience perhaps most in my confidence that my clinical skills, nurtured in the shelter of the professional clinic, could be successfully used in less structured, more stressful environments . . . I have a new respect for mental health workers who can function conscientiously and effectively in the school system.
We feel compelled to add a final word concerning the potential benefit of programs such as the one described in this thesis. Despite the frustrations and lack of immediate results inherent in working with a population of emotionally troubled adolescents, the possible gains made are extremely important. Assuming even a minimal level of success, several youngsters will have been helped to think more highly of themselves, to provide less of a drain on their families and teachers, and to relate better to their peers. Year after year these children, who have experienced a variety of difficulties in their interpersonal relationships and academic performance, have been unable to step away from the path of continued maladjustment despite their desperate wish to do so.

The unhappiness and anxiety they suffer is obvious to virtually every sensitive observer with whom they come into frequent contact. It is depressing as well. There is a tremendous need for treatment programs that provide a setting and an atmosphere in which these children can take tentative steps toward improved adjustment, and perhaps to multiply those steps. Although to intervene in the lives of these children seems sufficient in itself, a broader benefit might also ensue.

A successful program designed and carried through by graduate students in clinical psychology opens the door to the selection and training of paraprofessionals and/or teachers who demonstrate an interest in this type of program. We
could set our sights toward the day when many children deemed by guidance staff to need immediate attention would be placed in groups led by concerned individuals from the community, such as the "teacher-moms" noted previously, and helped to become happier, less troubled, and less troublesome youths. Previous use of paraprofessionals with other disturbed populations (Donahue, 1967; Gruver, 1971; Holzberg et al., 1967; Greenblatt, 1962; Lewis, 1967; Rioch et al., 1967) has resulted in moderate to excellent success, serving as one potent response to the glaring manpower shortage previously described. Personal changes in paraprofessionals have also been documented (Golann et al., 1973; Holzberg et al., 1964, 1966; Umbarger et al., 1962), leading one to wonder whether alumni of treatment programs might not be recycled into them to continue their own growth as well as to facilitate growth in others. Many successful self-help groups, for example, Alcoholics Anonymous, Synanon, and Recovery, Inc. incorporate this notion in their programs.

Thus, the potential short-term and long-term benefits to be gained from the success of such treatment programs seem clearly to warrant future attempts to provide them. We have just begun.
SUMMARY

A pilot study was done to evaluate whether group counseling with maladjusted junior high school pupils at two schools would effect changes in attitudinal, behavioral, and academic areas. Group treatment was considered important in view of the limited ability of the Springfield Public School System to provide services for the large number of emotionally troubled adolescent youngsters. In addition, the lack of encouraging results concerning individual psychotherapy with these children when combined with the recognized importance of peer group interaction also led to the design of a group intervention program.

Eighty-two children in the seventh or eighth grades at the two schools were recommended for the treatment groups by school guidance personnel. Priority for inclusion was given to youngsters disruptive in class, emotionally withdrawn, negativistic toward teachers and/or peers; at high risk for disciplinary action or suspension, or living in a family environment that promised a high risk of psychological difficulty. Guidance staff classified the children as either severely, moderately, or mildly maladjusted, following which random assignments of the children were made to treatment or control groups. Four treatment groups were comprised with seven to nine youngsters in each, cutting across all levels of maladjustment and including both white and minority young-
sters. (One of the groups included females.) Each youngster in the treatment group was assigned at least one control matched for level of maladjustment, race, sex, and grade.

Headed by a psychologist-in-training from the University of Massachusetts, each treatment group met one hour weekly for approximately seven months. Specific objectives of the group counseling process included the improvement of self-image, peer relationships, and relationships with parents and authority figures. The counselors hoped, as well, to reduce the rate of absences, disciplinary referrals, and suspensions of the treated youngsters.

These objectives were approached through a variety of activities, the primary one being counseling on a group level, with the counselor leading discussions on such topics as relationships with the opposite sex, relationships with parents and teachers, and drug abuse. Other activities included gym and outdoor sports, art work, and trips taken to several community facilities. Although individual and family counseling as well as extensive teacher contacts were designed into the program, their realization was prevented by administrative considerations.

Evaluation of the treatment program consisted of a comparison of pre-treatment and post-treatment scores on a variety of dependent measures. As predicted, the self-concepts of treated youngsters improved significantly, and this improvement was correlated with better evaluations by teachers
and higher grades. In addition, at one school, improvement occurred in the area of emotional stability and agreeableness as evaluated by teachers. Contrary to our predictions, however, no significant changes occurred on the behavioral measures which included absences, suspensions, and disciplinary referrals. As expected, there were no significant changes in academic performance or intelligence level.

The pattern of results found in this pilot study suggested to us a revision of our previous conceptualization. It seems most plausible to construe the group treatment process with this population of troubled youngsters as one which affects attitude primarily, and conduct and academic achievement as a sequential development dependent upon attitudinal change. Based upon this view, subsequent programs similar to ours might direct themselves more explicitly toward attitudinal change, supplementing these efforts with individual and family counseling and expanded contacts with teachers to catalyze the process. We are presently engaged in a program with precisely this thrust and are encouraged by some of the preliminary clinical impressions we have gathered.
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APPENDIX 1

THE PIERS-HARRIS
CHILDREN'S SELF CONCEPT SCALE
(The Way I Feel About Myself)

by
ELLEN V. PIERS, Ph.D.
and
DALE B. HARRIS, Ph.D.

Published by
Counselor Recordings and Tests

BOX 6184 ACKLEN STATION
NASHVILLE, TENNESSEE 37212
THE WAY I FEEL ABOUT MYSELF

NAME .................................................................

AGE ............................................................... GIRL OR BOY .................................

GRADE ............................................................. SCHOOL ......................................

DATE .................................................................

© Ellen V. Piers and Dale B. Harris, 1969
Here are a set of statements. Some of them are true of you and so you will circle the yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me ........................................ yes no
2. I am a happy person ......................................................... yes no
3. It is hard for me to make friends ........................................ yes no
4. I am often sad ............................................................... yes no
5. I am smart ................................................................. yes no
6. I am shy ................................................................. yes no
7. I get nervous when the teacher calls on me ....................... yes no
8. My looks bother me ....................................................... yes no
9. When I grow up, I will be an important person .................. yes no
10. I get worried when we have tests in school ......................... yes no
11. I am unpopular ......................................................... yes no
12. I am well behaved in school ............................................ yes no
13. It is usually my fault when something goes wrong ................ yes no
14. I cause trouble to my family ........................................... yes no
15. I am strong ............................................................... yes no
16. I have good ideas ........................................................ yes no
17. I am an important member of my family ................................ yes no
18. I usually want my own way ............................................ yes no
19. I am good at making things with my hands ......................... yes no
20. I give up easily ........................................................ yes no
21. I am good in my school work ........................................... yes no
22. I do many bad things ..................................................... yes no
23. I can draw well ............................................................ yes no
24. I am good in music ........................................................ yes no
25. I behave badly at home ................................................... yes no
26. I am slow in finishing my school work ............................. yes no
27. I am an important member of my class ............................. yes no
28. I am nervous ............................................................... yes no
29. I have pretty eyes ........................................................ yes no
30. I can give a good report in front of the class ...................... yes no
31. In school I am a dreamer ................................................. yes no
32. I pick on my brother(s) and sister(s) ................................. yes no
33. My friends like my ideas ................................................. yes no
34. I often get into trouble ................................................. yes no
35. I am obedient at home .................................................. yes no
36. I am lucky ................................................................. yes no
37. I worry a lot ............................................................... yes no
38. My parents expect too much of me ................................. yes no
39. I like being the way I am ................................................. yes no
40. I feel left out of things .................................................. yes no
41. I have nice hair ............................................. yes no
42. I often volunteer in school ..................................... yes no
43. I wish I were different ............................................. yes no
44. I sleep well at night ............................................. yes no
45. I hate school ............................................. yes no
46. I am among the last to be chosen for games ..................... yes no
47. I am sick a lot ............................................. yes no
48. I am often mean to other people ..................................... yes no
49. My classmates in school think I have good ideas ................. yes no
50. I am unhappy ............................................. yes no
51. I have many friends ............................................. yes no
52. I am cheerful ............................................. yes no
53. I am dumb about most things ............................................. yes no
54. I am good looking ............................................. yes no
55. I have lots of pep ............................................. yes no
56. I get into a lot of fights ............................................. yes no
57. I am popular with boys ............................................. yes no
58. People pick on me ............................................. yes no
59. My family is disappointed in me ............................................. yes no
60. I have a pleasant face ............................................. yes no
61. When I try to make something, everything seems to go wrong . . . . yes no
62. I am picked on at home . . . . . . . . . . . . . . . . . . . . . . . yes no
63. I am a leader in games and sports . . . . . . . . . . . . . yes no
64. I am clumsy . . . . . . . . . . . . . . . . . . . . . . . . . yes no
65. In games and sports, I watch instead of play . . . . . . . . yes no
66. I forget what I learn . . . . . . . . . . . . . . . . . . . . yes no
67. I am easy to get along with . . . . . . . . . . . . . . . . yes no
68. I lose my temper easily . . . . . . . . . . . . . . . . . . yes no
69. I am popular with girls . . . . . . . . . . . . . . . . . . yes no
70. I am a good reader . . . . . . . . . . . . . . . . . . . . yes no
71. I would rather work alone than with a group . . . . . . yes no
72. I like my brother (sister) . . . . . . . . . . . . . . . . yes no
73. I have a good figure . . . . . . . . . . . . . . . . . . . . yes no
74. I am often afraid . . . . . . . . . . . . . . . . . . . . yes no
75. I am always dropping or breaking things . . . . . . . . yes no
76. I can be trusted . . . . . . . . . . . . . . . . . . . . yes no
77. I am different from other people . . . . . . . . . . . . yes no
78. I think bad thoughts . . . . . . . . . . . . . . . . . . yes no
79. I cry easily . . . . . . . . . . . . . . . . . . . . . . yes no
80. I am a good person . . . . . . . . . . . . . . . . . . yes no

Score: ___
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<tr>
<td>2. confidence</td>
<td>insecure: 1, 2, 3, 4, 5 confident</td>
</tr>
<tr>
<td>3. loquaciousness</td>
<td>silent: 1, 2, 3, 4, 5 talkative</td>
</tr>
<tr>
<td>4. leadership</td>
<td>leader: 1, 2, 3, 4, 5 follower</td>
</tr>
<tr>
<td>5. cooperation</td>
<td>compliant: 1, 2, 3, 4, 5 negativistic</td>
</tr>
<tr>
<td>6. activity level</td>
<td>low: 1, 2, 3, 4, 5 high</td>
</tr>
<tr>
<td>7. attention</td>
<td>distractible: 1, 2, 3, 4, 5 attentive</td>
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<tr>
<td>8. mood</td>
<td>somber: 1, 2, 3, 4, 5 cheerful</td>
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<tr>
<td>9. group participation</td>
<td>little: 1, 2, 3, 4, 5 much</td>
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<td>assertive: 1, 2, 3, 4, 5 passive</td>
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<td>11. consideration</td>
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<td>12. inhibition</td>
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### Raw Data for Each Subject--Kiley Junior High School

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**Note:** Figures in parentheses were not included in statistical analyses.

- **a**3 = severely maladjusted, 2 = moderately maladjusted, 1 = mildly maladjusted.
- **b**This figure is computed by adding up all scores of the four teachers for each subject across the 12 scales described in the text and dividing by 52 (i.e. 4x13). Thus, the figure reflects the average teacher rating for each subject. A score of "0" refers to the poorest evaluation on the rating scale, while a score of "4" refers to the highest evaluation.
- **c**This figure is computed by adding up each subject's grades in each time period for English, Math, Science and Social Studies, and dividing by 8, since two grades are reported for each course per time period. Thus, this figure reflects the average grade for each subject. 4=A, 3=B, 2=C, 1=D, 0=E.
### Raw Data for Each Subject—Forest Park Junior High School

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<sup>a</sup>Severely maladjusted, 2=moderately maladjusted, 1=mildly maladjusted.

<sup>b</sup>This figure is computed by adding up all scores of the four teachers for each subject across the 13 scales described in the text and dividing by 52 (i.e. 4x13). Thus, the figure reflects the average teacher rating for each subject. A score of "0" refers to the poorest evaluation on the rating scale, while a score of "4" refers to the highest evaluation.

<sup>c</sup>This figure is computed by adding up each subject's grades in each time period for English, Math, Science and Social Studies, and dividing by 8, since two grades are reported for each course per time period. Thus, this figure reflects the average grade for each subject. 4=A, 3=B, 2=C, 1=D, 0=E.